



Constellation
Quality Health

South Carolina External Quality Review

Comprehensive Technical Report for Contract Year 2025 – 2026

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Prepared on behalf of the
South Carolina Department
of Health and Human Services

2025–2026 External Quality Review

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ACRONYMS, ABBREVIATIONS, AND INITIALISMS

BBA	The Balanced Budget Act
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMO	Chief Medical Officer
CMS	Center for Medicare & Medicaid Services
Constellation	Constellation Quality Health
CQMC	Compliance & Quality Management Committee
DR	Disaster Recovery
ePHI	Electronic Protected Health Information
EPN	Enhanced Provider Network
EQR	External Quality Review
EQRO	External Quality Review Organization
FWA	Fraud, Waste, and Abuse
HIPAA	Health Insurance Portability and Accountability
MCCW	Medically Complex Children's Waiver
MCOs	Managed Care Organizations
MSR	Monthly Summary Report
PCCM	Primary Care Case Management
PCP	Primary Care Provider/Physician
PCSP	Person Centered Service Plan
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
QIP	Quality Improvement Project
SBU	Strategic Business Unit
SCDHHS	South Carolina Department of Health and Human Services
Solutions	South Carolina Solutions
SQP	Strategic Quality Plan

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EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 (BBA) requires State Medicaid agencies that contract with Managed Care Organizations (MCOs) to evaluate the MCOs' compliance with state and federal regulations in accordance with *42 Code of Federal Regulations (CFR) § 438.358*. To meet this requirement, the South Carolina Department of Health and Human Services (SCDHHS) contracted with Constellation Quality Health (Constellation), an external quality review organization (EQRO), to conduct External Quality Review (EQR) for all managed care organizations (MCOs) participating in the Healthy Connections Choices and/or Healthy Connections Prime Programs. The MCOs, also referred to as health plans, for the Healthy Connections Choices Programs include:

- Absolute Total Care
- Healthy Blue
- Humana Healthy Horizons
- Molina Healthcare of South Carolina
- Select Health of South Carolina

For the Healthy Connections Prime Programs, the Coordinated and Integrated Care Organizations include:

- First Choice VIP Care Plus by Select Health of South Carolina
- Molina Healthcare of South Carolina
- Wellcare Prime by Absolute Total Care

Constellation is also required to conduct EQR for SC Solutions (Solutions), a Primary Care Case Management (PCCM) program providing care coordination for the Medically Complex Children's Waiver (MCCW) program.

In 2024, CMS approved SCDHHS's request to amend the State Plan to limit the number of Medicaid MCOs operating in the state. The amendment aimed to streamline the managed care delivery system and ensure existing plans could continue delivering high-quality services to Medicaid beneficiaries. In place of EQRs, MCOs were required to complete an MCO Certification process conducted by SCDHHS. Therefore, as instructed by SCDHHS, Constellation did not conduct an EQR for the MCOs for contract year 2025 - 2026. For Solutions, the 2025 EQR was completed in September 2025. This report summarizes those findings.

The process Constellation used for the EQR is based on the Centers for Medicare & Medicaid Services (CMS) EQR Protocols, February 2023, developed for the review of Medicaid MCOs. The review included a desk review of documents and a virtual onsite visit.

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Summary and Overall Findings

Federal regulations require managed care entities to undergo a review to determine compliance with federal standards set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*. Specifically, the requirements are related to:

- Disenrollment Requirements and Limitations (§ 438.56)
- Enrollee Rights Requirements (§ 438.100)
- Emergency and Post-Stabilization Services (§ 438.114)
- Availability of Services (§ 438.206, § 457.1230)
- Assurances of Adequate Capacity and Services (§ 438.207, § 457.1230)
- Coordination and Continuity of Care (§ 438.208, § 457.1230)
- Coverage and Authorization of Services (§ 438.210, § 457.1230, § 457.1228)
- Provider Selection (§ 438.214, § 457.1233)
- Confidentiality (§ 438.224)
- Grievance and Appeal Systems (§ 438.228, § 457.1260)
- Subcontractual Relationships and Delegation (§ 438.230, § 457.1233)
- Practice Guidelines (§ 438.236, § 457.1233)
- Health Information Systems (§ 438.242, § 457.1233)
- Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240)

For Solutions, the evaluation was limited to regulatory requirements pertaining to Coordination and Continuity of Care, Confidentiality, Health Information Systems, and the Quality Assessment and Performance Improvement Program.

To assess Solutions' compliance with the quality, timeliness, and accessibility of services, Constellation's review was divided into four areas:

- Administration
- Provider Services
- Quality Improvement
- Care Coordination/Case Management

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The following is a high-level summary of the review results for those areas. Additional information regarding the reviews, including strengths, weaknesses, and recommendations, is included in the narrative of this report.

Administration

Solutions maintains comprehensive policies and procedures, overseen by the Compliance Department, with annual reviews and employee training. Credentialing processes ensure compliance with licensing and certification requirements. Solutions has an active exclusion monitoring program and conducts onboarding and annual regulatory training. The Corporate Board oversees quality performance improvement, while the organization adheres to robust data security and business continuity practices.

Provider Services

Solutions ensures initial and ongoing provider training, with retraining every three years. A software system tracks training compliance, achieving 100% compliance. Recommendations for improving provider manuals and language services access were noted.

Quality Improvement

Solutions focuses on improving health outcomes and regulatory compliance through its 2025 Strategic Quality Plan (SQP). Two Quality Improvement Projects (QIPs) have successfully met their goals: Enhanced Provider Network Training and Annual Visits/Monthly Summary Reports. The Compliance & Quality Management Committee (CQMC) oversees quality initiatives and subcontractor activities.

Care Coordination/Case Management

Solutions' MCCW Program supports participants through assessments, Person Centered Service Plans (PCSPs), and multidisciplinary care management. However, gaps were identified in PCSP documentation, Team Medical Conference frequency, and physician review of Monthly Summary Reports (MSRs).

Quality Improvement Plans and Recommendations from Previous EQR

Constellation required Solutions to submit a Quality Improvement Plan for each standard identified as not fully met. Technical assistance was provided until all deficiencies are corrected. During the current EQR, Constellation assessed the degree to which Solutions implemented the actions to address the deficiency identified during the previous EQR. It was found that the actions had been implemented and the deficiency was corrected. Details regarding the 2024 Quality Improvement Plan can be found in *Attachment 1*.

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Conclusions

Solutions successfully met all requirements related to confidentiality, health information systems, and the quality improvement program. However, deficiencies were noted in the Care Coordination/Case Management sections, specifically in policies and case management files. *Table 1* presents a summary of Solutions’ compliance scores for each of the three Subpart D and QAPI standards outlined above.

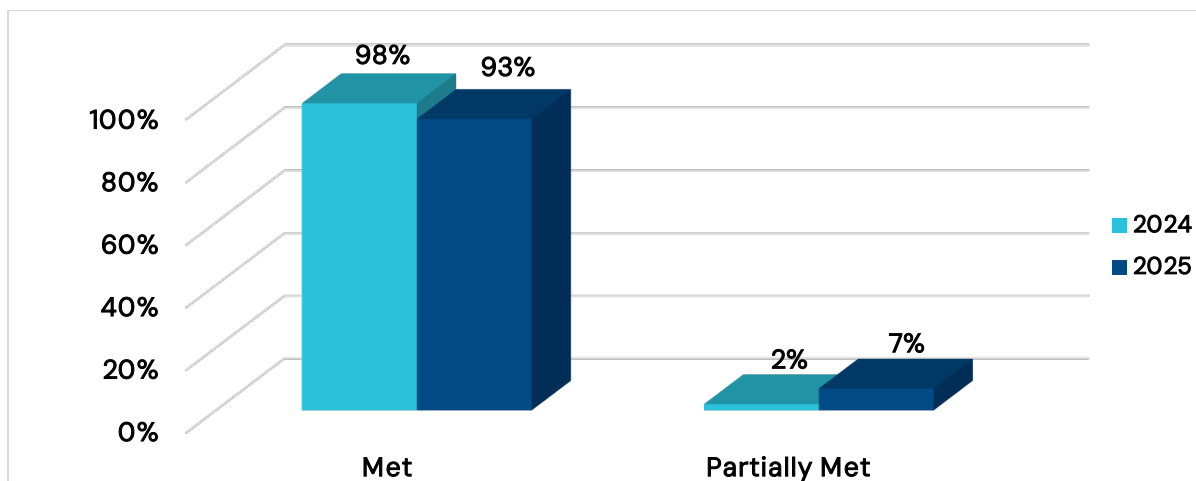
Table 1: Compliance Review Results for Part 438 Subpart D and QAPI Standards

Standards	Category	Total Number of Standards	Number of Standards Scored as “Met”	2025 Overall Score
Care Coordination/Case Management, Section IV.	Coordination and Continuity of Care (42 CFR § 438.208, 42 CFR § 457.1230)	14	11	79%
Administration, Section I. E. – Confidentiality	Confidentiality (42 CFR § 438.224)	1	1	100%
Administration, Section I. F. Data Systems/Security	Health Information Systems (42 CFR § 438.242, 42 CFR § 457.1233)	2	2	100%
Quality Improvement, Section III.	Quality Assessment and Performance Improvement Program (42 CFR 4§ 438.330, 42 CFR § 457.1240)	7	7	100%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

As shown in *Figure 1* below, Solutions achieved compliance with 93% of the standards in the 2025 Annual EQR. *Figure 1* also compares these results to the 2024 review findings.

Figure 1: Solutions’ Annual EQR Comparative Results



Scores were rounded to the nearest whole number

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METHODOLOGY

The process Constellation used for the EQR was based on protocols CMS developed for the EQR of a Medicaid MCO and focused on *Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations*.

On June 23, 2025, Constellation sent notification to Solutions that the Annual EQR was being initiated. This notification included a list of materials required for a desk review and an invitation to a teleconference where Solutions could ask questions regarding the EQR process and the requested desk materials.

The review consisted of two segments. The first was a desk review of materials and documents received from Solutions on August 7, 2025, and reviewed by Constellation. These items focused on administrative functions, committee minutes, provider educational materials, and the Quality Improvement and Case Management/Care Coordination Programs. A review of personnel and case management files was also included in the desk review.

The second segment was a virtual onsite review conducted on August 13, 2025, which focused on areas not covered in the desk review or in need of clarification. The virtual onsite activities included an entrance conference, interviews with Solutions administration and staff, and an exit conference. All interested parties were invited to the entrance and exit conferences.

FINDINGS

SCDHHS contracts with Solutions to provide primary care case management and care coordination for the MCCW Program. Constellation’s review focused on administrative functions, committee minutes, member and provider educational materials, and the Quality Improvement (QI) and Care Coordination/Case Management Programs.

Standards were scored as meeting all requirements (“Met”), acceptable but needing improvement (“Partially Met”), or failing a standard (“Not Met”). An overview of the findings for each section follows. The tables reflect the scores for each standard evaluated in the EQR. The arrows indicate a change in the score from the previous review. For example, an arrow pointing up (↑) indicates the score for that standard improved from the previous review, and a down arrow (↓) indicates the standard was scored lower than the previous review. Scores without arrows indicate there was no change in the score from the previous review.

Administration

42 CFR § 438.224, 42 CFR § 438.242, 42 CFR § 457.1233

Solutions outlines their approach to policy development in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. Policies are reviewed and revised for approval annually by the appropriate internal department. The Compliance Department is responsible for maintaining a

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master list of policies and notifying the Strategic Business Unit (SBU) leader of the location where the policies are stored for access. The documentation did not clearly indicate whether Solutions' policies are submitted to SCDHHS for review and approval prior to implementation.

Dr. Barbara Freeman serves in a dual role as Chief Medical Officer (CMO) and Executive Director of Solutions and is responsible for operational oversight and clinical leadership. In this capacity, she provides strategic direction to support the delivery of care and collaborates with departmental leadership, including Care Coordination, Care Advocate Programs, and Quality Management, to ensure alignment with applicable clinical standards and regulatory requirements. Clinical oversight is supplemented by Dr. Kent Jones, Medical Advisor, who provides clinical consultation and guidance to Care Coordinators and healthcare providers across the continuum of care. During the onsite review, leadership reported staffing updates, including efforts to address vacancies and expand staffing levels in response to increased referral volume. At the time of review, one additional Care Coordinator had been hired, and approval for an additional Parent Advocate position was pending.

Solutions administers credentialing and recredentialing of nursing and clinical care management staff in accordance with Policy CHS.ADM.MCCW.01.101, including verification of licenses and certifications at hire and prior to expiration. A credential tracking system is used to monitor expirations, and personnel file review confirmed compliance with credentialing and related requirements. Solutions also conducts exclusion monitoring pursuant to Policy CHS.COMP.ALL.02.01, with the Office of Inspector General and State Medicaid exclusion checks completed at hire and monthly thereafter. Personnel file review confirmed compliance with the South Carolina Law Enforcement Division background check requirements outlined in the SCDHHS Home and Community Based Services Provider Manual.

Personnel records and training rosters demonstrate completion of required onboarding and annual training. Training covers key regulatory and compliance topics and is actively monitored by the Compliance Department, with enforcement actions applied for noncompliance.

Solutions' Corporate Board of Directors meets each quarter and is responsible for overall quality and performance improvement. The 2025 SQP defines the roles, goals, and responsibilities of the governing body and its committees, and how they relate to the organization and provider network.

Employees are informed of the importance of the protection of confidential business information, client information, and trade secrets in the Employee Handbook. Policy CHS.ISP.ALL.11.21, Security & Privacy Training Awareness, describes the HIPAA Security and Awareness Training program provided to ensure that all employees are aware of the organization's security policies and procedures.

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The 2025 Compliance Program description provides an overview of the Compliance Program and the roles and responsibilities of the Compliance Officer. Employees, providers, and members are made aware of their responsibility to report instances of or suspected Fraud, Waste, and Abuse (FWA) and/or impropriety. Reporting options are described in the Employee Handbook, Provider Manual, the Report Fraud, Waste, and Abuse Flyer for all participants, and Solutions’ website. The Employee Handbook outlines clear guidelines and outcomes for disciplinary action if an employee fails to meet or has difficulty meeting the Company’s conduct and/or performance expectations.

Information Management Systems Assessment

42 CFR § 438.242, 42 CFR § 457.1233

Data systems and security policies and procedures that adhere to industry standards and best practices are in place. Solutions requires all electronic protected health information (ePHI) to be encrypted at rest and during transmission. This ePHI encryption requirement also applies to removable devices and storage. Security policies are regularly reviewed, updated, and approved by management.

Solutions has implemented a comprehensive business continuity plan that offers clear instructions on how to either sustain or reinstate operations in the event of a disruptive incident. In addition to a yearly disaster recovery tabletop test exercise, Solutions has had to respond to several severe storms in the last few years that tested the organization’s preparedness. A disaster response report was included for the most recent incident (Hurricane Helene, 2024). The report demonstrates the organization's ability to adhere not only to its own disaster recovery and business continuity plans but also to adapt to the State's post-disaster requirements.

Table 2 presents the completed tool used to evaluate the Administration section.

Table 2: Solutions Administration Findings

Standard	Score
General Approach to Policies and Procedures	
Policies and procedures are organized, reviewed, and available to staff	Met
Organizational Chart / Staffing	
The organization’s infrastructure complies with contract requirements. At a minimum, this includes designated staff performing the following activities:	Met
Administrative oversight of day-to-day activities of the organization	Met
Care coordination and enhanced case management	Met
Provider services and education	Met

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Standard	Score
Quality assurance	Met
Designated compliance officer	Met
The organization formulates and acts within policies and procedures which meet contractual requirements for verification of qualifications and screening of employees. At a minimum, the following are included: Criminal background checks are conducted on all potential employees	Met
Screening all employees and subcontractors monthly to determine if they have been excluded from participation in state or federal programs	Met
Ensuring Care Coordinators and Pre-Admission Screening staff meet all contract requirements	Met
Ensuring staff are independent of the service delivery system and are not a provider of other services which could be incorporated into a participant's Person-Centered Service Plan	Met
Employee personnel files demonstrate compliance with contract and policy requirements	Met
Governing Board/Advisory Board	
The Organization has established a governing body or Advisory Board	Met
The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined	Met
Contract Requirements	
The organization carries out all activities and responsibilities required by the contract, including but not limited to: Available by phone during normal business hours 8:30 a.m. to 5:00 p.m. Monday through Friday	Met
Adherence to contract requirements for holidays and closed days	Met
Processes to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS	Met
Organization and participant record retention and availability as required by the contract	Met
Processes are in place to ensure care coordination services are available statewide	Met
Confidentiality	
The organization formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health and information privacy	Met
Data Systems/Security	
Policies, procedures and/or processes are in place for addressing data, system, and information security and access management	Met
The organization has a disaster recovery and/or business continuity plan that has been tested and the testing documented	Met

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Standard	Score
Compliance and Program Integrity	
The organization has policies/procedures in place designed to guard against fraud, waste, and abuse, and including the following: Written policies, procedures, and standards of conduct comply with federal and state standards and regulations	Met
A compliance committee that is accountable to senior management	Met
Employee education and training that includes education on the False Claims Act, if applicable	Met
Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers	Met
Enforcement of standards through well-publicized disciplinary guidelines	Met
Provisions for internal monitoring and auditing	Met
Provisions for prompt response to detected offenses and development of corrective action initiatives	Met
A system for training and education for the Compliance Officer, senior management, and employees	Met
Processes for immediate reporting of any suspicion or knowledge of fraud and abuse	Met

Provider Services

Provider training requirements are outlined in Policy CHS.PM.MCCW.01.01, which specifies initial training within 30 days of network enrollment, triennial retraining, and annual program updates. Training completion attestation is required, and the policy includes corrective actions for noncompliance, up to and including disenrollment. Review of the policy confirmed revisions were made in response to the prior EQR recommendations.

Initial provider orientation covers MCCW program requirements and operational processes through a comprehensive training document. While certain documentation and language access requirements are addressed in the 2025 Provider Manual, information regarding obtaining language services through the Care Coordinator is not included. Additional training resources are available on Solutions’ website.

In response to the prior EQR finding on missed annual updates and triennial retraining, Solutions completed required training for 100% of enhanced network providers. A new credentialing system (Verifiable) now tracks training, issues reminders, and logs attestations. Solutions is also developing a secure provider website for training materials and online attestations. The process for delivering annual updates is still in development.

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For Provider Services, 80% of the Provider Services standards were scored as “Met.” Table 3 shows the scoring for each of the standards reviewed.

Table 3: Provider Services Findings

Standard	Score
Provider Services	
The organization formulates and acts within policies and procedures related to initial and ongoing education of providers	Met
Initial provider education includes: Organization structure, operations, and goals	Met
Medical record documentation requirements, handling, availability, retention, and confidentiality	Met
How to access language interpretation services	Met
The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures	Partially Met

Quality Improvement

42 CFR §438.330 (a)(b) and 42 CFR §457.1240(b)

Solutions provided the 2025 SQP that details the organization’s program for improving health outcomes, ensuring compliance with regulations, and fostering a culture of continuous improvement. The SQP applies to all departments, services, and providers, emphasizing collaboration and integration across the organization. The program's objectives are focused on aligning performance improvement activities with strategic goals, ensuring leadership and staff understanding of quality principles, and establishing a data-driven approach to quality improvement. The Quality Management Program Process involves tracking performance using data sources such as claims, medical records, and complaints. The process also involves identifying and addressing variances in care or service through root cause analysis and implementing corrective actions to resolve issues.

Solutions submitted the two QIPs that are underway: Enhanced Provider Network Training and Annual Visit and Initial Monthly Summary Reports. The Enhanced Provider Network Training QIP aims to ensure mandatory initial and ongoing training for all Enhanced Provider Network (EPN) providers, supporting compliance, utilization management, and access to care for a complex pediatric population. Training compliance is tracked via attestations and rosters. As of June 2025, compliance was 99%, with non-compliant providers warned of potential disenrollment. By the onsite review, 100% of providers had completed training or disenrolled. The project remains open for reevaluation in Q4 2025.

The Annual Visit and Initial Monthly Summary Reports project aims to enhance client safety by ensuring physician review and oversight of PCSPs. The goal is 90% compliance for signed MSRs received and uploaded, with subset goals of 95% compliance for requests and

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submissions. As of April 2025, overall compliance was 90.1%, meeting the target. Monthly performance has varied, and ongoing efforts, including staff education, performance reviews, and expanded electronic health record access are in place to maintain consistent compliance.

Organizational leaders compile an annual work plan to uniformly communicate the operational initiatives and progress toward achieving goals. Solutions provided the 2024 and 2025 work plans. The work plans cover various activities including emergency preparedness, quality improvement projects, committee meetings, and accreditation. The start dates, estimated completion dates, and quarterly updates are included in the work plans.

The CQMC oversees implementation of the SQP and quality improvement activities and is responsible for annual review of delegated functions. While Solutions recently delegated certain credentialing activities to Medical University of South Carolina, results of the pre-delegation audit were not addressed by the committee.

The CQMC annually reviews and updates program-specific quality goals and reports to the Board. The 2024 Annual Report highlights care management, compliance, satisfaction, and quality improvement outcomes, with 2025 priorities focused on provider training, waiver changes, and continued compliance and quality improvement efforts.

Solutions met all the requirements in the Quality Improvement section for this EQR, as shown in *Table 4*.

Table 4: Quality Improvement Standards and Findings

Standard	Score
The Quality Improvement (QI) Program	
The organization formulates and implements a formal quality improvement program with clearly defined goals, structure, scope and methodology directed at improving the quality of health care delivered to participants	Met
An annual QI work plan is in place which includes activities to be conducted, follow up of any previous activities where appropriate, timeframe for implementation and completion, and the person(s) responsible for the activity	Met
Quality Improvement Committee	
The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities	Met
The QI Committee meets at regular intervals	Met
Minutes are maintained that document proceedings of the QI Committee	Met
Annual Evaluation of the Quality Improvement Program	
A written summary and assessment of the effectiveness of the QI program for the year is prepared annually	Met
The annual report of the QI program is submitted to the QI Committee	Met

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Care Coordination/Case Management

42 CFR § 438.208

Solutions’ Care Coordination and Case Management program structure, objectives, and care management process are outlined in their program description and policies. Program oversight is led by the CMO, who works collaboratively with key department directors to ensure alignment with both contractual obligations and policy standards.

Following referral, participants undergo eligibility and level-of-care assessments and, if approved, a PCSP is developed. File reviews identified deficiencies in PCSPs, including a lack of distinction between short- and long-term goals, missing target dates, and limited documentation of physician involvement.

Participants are supported by a dedicated care team, with quality oversight through chart audits, supervision, and as-needed ride-along monitoring, which met performance standards in 2024. Member materials were found to contain inaccurate complaint-related information.

While Solutions’ contract with SCDHHS specifies the frequency for Team Medical Conferences to occur for participants receiving Enhanced PCCM, Solutions reported that these meetings are currently held only on an as-needed basis, and that there was no formal policy or documentation available to define the process or frequency for Team Medical Conferences. In review of the case management files, 21 lacked documentation confirming that a Team Medical Conference was conducted. In addition, seven files did not comply with the policy requirement for physician review of the MSRs at the specified intervals.

Table 5 offers an overview of the scores for the Care Coordination/Case Management section.

Table 5: Care Coordination/Case Management Findings

Standard	Score
Care Coordination/Case Management	
The organization formulates written policies and procedures and/or a program description that describes its care coordination and case management programs	Met
Policies and procedures and/or the program description address the following: Structure of the program	Met
Lines of responsibility and accountability	Met
Goals and objectives of Care Coordination/Case Management	Met
Intake and assessment processes for Care Coordination/Case Management	Met
Providing required information to participants at the time of enrollment	Partially Met ↓
Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable	Partially Met ↓
Processes to develop, implement, coordinate, monitor, and update individual Person-Centered Service Plans	Met

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Standard	Score
Processes to ensure caregiver/parent participation in and understanding of the Person-Centered Service Plan	Met
Processes for following up with participants admitted to the hospital and actively participate in discharge planning	Met
Processes for reporting suspected abuse, neglect, or exploitation of a participant	Met
A back-up service provision plan to ensure that the Participant receives the authorized care coordination services and a process to notify SCDHHS if services cannot be provided	Met
The organization provides a written, formal evaluation of the Person-Centered Plan to SCDHHS every 6 months or upon request	Met
The organization conducts Care Coordination and Case Management functions as required by the contract	Partially Met ↓

FINDINGS SUMMARY

Table 6 provides an overview of the scoring for each section of Solutions’ EQR. The percentages highlighted in green indicate a sustained score or showed an improvement over the prior review findings. Those highlighted in yellow represent a reduction in the prior review findings.

Table 6: Scoring Overview

	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
Administration							
2023	30	0	0	0	0	30	100%
2024	30	0	0	0	0	30	100%
2025	30	0	0	0	0	30	100%
Provider Services							
2023	5	0	0	0	0	5	100%
2024	4	1	0	0	0	5	80%
2025	4	1	0	0	0	5	80%
Quality Improvement							
2023	7	0	0	0	0	7	100%
2024	7	0	0	0	0	7	100%
2025	7	0	0	0	0	7	100%
Care Coordination/Case Management							
2023	14	0	0	0	0	14	100%

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	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
2024	14	0	0	0	0	14	100%
2025	11	3	0	0	0	14	79% ↓
Totals							
2023	56	0	0	0	0	56	100%
2024	55	1	0	0	0	56	98%
2025	52	4	0	0	0	56	93% ↓

*Percentage is calculated as: $(\text{Total Number of Met Standards} / \text{Total Number of Evaluated Standards}) \times 100$

Solutions' specific strengths, weaknesses, and recommendations are displayed in Tables 7 and 8.

Table 7: Solutions' Strengths Related to Quality, Timeliness, and Access to Care

Strengths	Quality	Timeliness	Access to Care
Administration			
Solutions maintains policies and procedures for all functional areas that are reviewed annually and are made available to all employees for review.	✓	✓	
Care Coordinators meet or exceed all contract requirements for minimum years of pediatric experience working with medically complex or chronically ill children.	✓		
In addition to a yearly disaster recovery (DR) tabletop test exercise, Solutions demonstrates the organization's ability to adhere not only to its own DR and business continuity plans but also to adapt to the State's post disaster requirements.	✓		
Employees, providers, and participants are made aware of their responsibility to report instances of or suspected fraud, impropriety, waste, and/or abuse in a variety of anonymous options.	✓		
Provider Services			
Solutions ensured required training was completed by 100% of the Enhanced Provider Network.	✓	✓	
Solutions implemented a software system that automates tracking of provider training, issues reminders at specified timeframes, and logs completion of provider training activities.	✓		
Quality Improvement			
The 2025 Strategic Quality Plan is well-structured, focusing on improving health outcomes, compliance with regulations, and fostering a culture of continuous improvement across all departments and services.	✓		
The program uses root cause analysis and corrective actions to address variances in care or service, ensuring continuous improvement.	✓		

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Strengths	Quality	Timeliness	Access to Care
Despite variability in monthly results, the program has shown resilience and recovery, with ongoing efforts to maintain consistent performance.	✓		
The SQP ensures the availability, accessibility, and delivery of medically necessary services, enhancing overall healthcare quality.	✓		
Care Coordination/Case Management			
The 30-day rehospitalization rate for MCCW Enhanced Provider Network participants decreased from 7% in 2023 to 4.63% in 2024.	✓		
Ride along visits conducted in 2024 demonstrated that staff consistently achieved audit scores of 90% or higher.	✓		

Table 8: Solutions’ Weaknesses, Recommendations, or Quality Improvement Plans

Weaknesses	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
Administration				
Solutions outlines their approach to policy development in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. The documentation did not clearly indicate whether Solutions policies are submitted to SCDHHS for review and approval prior to implementation.	<i>Recommendation: Ensure policies are submitted and approved by SCDHHS prior to implementation.</i>	✓		
Per personnel file review and onsite discussion, Solutions lacks updated job descriptions that align with current practice regarding requirements of cardiopulmonary resuscitation certification and tuberculosis testing for work from home positions.	<i>Recommendation: Revise relevant job descriptions to reflect current policies and practices.</i>		✓	
Provider Services				
Information about key operational processes, such as billing guidance and durable medical equipment referral workflows were not noted in the Provider Manual or Enhanced Provider Network Provider Training document.	<i>Recommendation: Revise the Provider Manual and Enhanced Provider Network Provider Training document to include key operation processes, including billing guidance and referrals for durable medical equipment.</i>	✓		✓
The 2025 Provider Manual does not include information that providers may contact a participant’s Care Coordinator to obtain assistance with language services.	<i>Recommendation: Revise the 2025 Provider Manual to inform providers that they may also contact the participant’s care coordinator when language services are needed.</i>	✓		✓

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Weaknesses	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
Per onsite discussion, Solutions is still developing the process that will be used to provide the annual updates to providers.	<i>Quality Improvement Plan: Finalize and implement a process to provide at least annual provider updates about program changes, available training, contractual revisions, etc. Identify in the Enhanced Provider Network Orientation Training how changes will be communicated to the Enhanced Provider Network.</i>	✓	✓	
Quality				
The Compliance & Quality Management Committee is responsible for overseeing and conducting an annual review of all functional activities delegated to subcontractors. Recently, Solutions delegated credentialing for certain providers to MUSC. However, the results of the pre-delegation audit conducted by Solutions were not addressed during the committee meeting.	<i>Recommendation: Include delegation oversight in the QI Work Plan, the program evaluation, and on the CQMC meeting minutes.</i>	✓		
Care Coordination/Case Management				
Member materials provide different contact numbers for filing a complaint. During onsite discussion, Solutions shared that they are still in the process of updating their member materials to reflect the correct contact information.	<i>Quality Improvement Plan: Update materials to ensure members know how to file a complaint.</i>	✓		✓
The process for conducting a Team Medical Conference required by the SCDHHS contract is not outlined in a policy, procedure, or program description.	<i>Quality Improvement Plan: Develop a policy to clearly define the process for conducting Team Medical Conferences as required by the SCDHHS contract.</i>	✓	✓	
Several issues were identified when reviewing the process for PCSP development and physician oversight, including: <ul style="list-style-type: none"> The distinction between short-term and long-term goals was not identified in the PCSPs. Target dates for achieving goals were not included in the PCSPs. There was no documented physician involvement in the development of PCSPs. PCSPs are not sent to physicians for review, despite the physician’s role in monitoring progress and recommending updates. 	<i>Recommendation: Collaborate with SCDHHS to explore options for adding short-term and long-term goals and the target dates for meeting these goals on the Person-Centered Service Plan as required by Policy CHS.CM.MCCW.01.18. In addition, explore options for adding a designated section for physician signatures and/or comments to ensure formal physician involvement in the development and review of the PCSP.</i>	✓	✓	
Constellation’s review of the case management files identified the following findings: <ul style="list-style-type: none"> Seven files did not comply with Policy CHS.CM.MCCW.01.08, as there was no 	<i>Quality Improvement Plan: Establish procedures for monitoring the case management files to ensure compliance with policy regarding</i>	✓		

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Weaknesses	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
<p>evidence that care planning documents were sent to or signed by a physician as required.</p> <ul style="list-style-type: none"> Twenty-one files lacked documentation confirming that Enhanced Primary Care Case Management participants received the required monthly Team Medical Conferences in accordance with the contract. 	<p><i>physician review of the monthly summaries and the documentation of a Team Medical Conference as required by the SCDHHS contract.</i></p>			
<p>The review of case management files confirmed that monthly visits were completed in accordance with contractual requirements. The reviewer was unable to determine if additional visits were made.</p>	<p><i>Recommendation: Increase the number of visits documented in the client's record.</i></p>	✓		

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ATTACHMENTS

Attachment 1: Assessment of Quality Improvement Plan from Previous EQR

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ASSESSMENT OF QUALITY IMPROVEMENT PLANS FROM PREVIOUS EQR

SC Solutions 2024 EQR Quality Improvement Plan Response and Review

2024 EQR Findings	Actions Taken by Solutions to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
PROVIDER SERVICES			
3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures			
<p>As noted above, Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, page two, item four states, "Ongoing training includes at a minimum annual update with any changes to the program and comprehensive re-training which is conducted every three years as a part of their re-credentialing process."</p> <p>Constellation discussed processes for provider orientation, ongoing provider education, and provider updates with Solutions staff during the onsite. Solutions staff reported the following:</p> <ul style="list-style-type: none"> • Currently, most provider education is conducted by emailing a packet to the provider and asking them to review the information and return the attestation form to Solutions. Recently, some virtual provider education sessions have been conducted. • Solutions is not currently giving the required annual provider updates, but occasional individual updates have been sent. <p>Solutions provided a copy of an untitled document (file name "Provider Training Rosters") that displays providers along with</p>	<p>Please see the QIP timeline below starting with 2024 Q1.</p> <p>01/29/2024: Training attestation uploaded to website. The goal in doing this was to make it more accessible to the providers as the training material is uploaded to the website as well.</p> <p>02/20/2024: Performance issues recognized and addressed by elimination E. Morris. L. Allen appointed to oversee EPN services.</p> <p>05/22/2024: LA met with CMO to discuss and got approval to launch Provider Communication Site via SharePoint. The provider communication site will be a site where providers can go to obtain necessary training.</p> <p>06/20/2024: LA met with IT to discuss SharePoint site. Goal for launch is prior to July 24, 2024.</p> <p>07/09/2024: Per IT, inability to create SharePoint site with public anonymous access. Alternative solution provided was Microsoft Sway but LA expressed concerns that this might not be user friendly for physicians or easy to update. At this point, we were brainstorming a way where we could not just deliver the information to only the EPN providers but also log their participation on the site. Barriers were determined to be the fact that the EPN providers are not employees of CHS/SCS and</p>	✓	

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2024 EQR Findings	Actions Taken by Solutions to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
<p>training dates, training materials sent dates, and attestation received dates. A total of 108 providers listed in the document have a notation of “No active MCCW patients” in the “Provider Training” column. Solutions reported that in the past, providers with no active participants were not prioritized for training but will be included in provider training going forward. This is not in compliance with Policy CHS.PM.MCCW.01.01.</p> <p>The following information was noted on the 2023 Quality Work Plan, line 22 and the 2024 Quality Work Plan, line 21:</p> <ul style="list-style-type: none"> • The Q1 2023 update column indicates, “CMO requested a document from DNP for Tiered Implementation of Retraining for all Part A Providers in the Enhanced Provider Network. Some are being done onsite and some are being done via Zoom meeting. Met, worked through, and created a schedule for reeducation for 100% of our EPN.” • The Q2 2023 update column indicates, “GOAL: By Sept. 2023, at least 50% of the PCPs will be trained/retrained either onsite or virtually. By December 2023 100% of PCPs will be trained/retrained.” • The Q3 2023 update column indicates, “9/15/23–Training held for Prisma EPN Physicians...” • The Q4 2023 update column indicates, “EM states new PCP number currently is 362. Training has occurred for 180 currently or 50%” • The Q1 and Q2 2024 update columns do not address the status of provider training. <p><i>Quality Improvement Plan: Implement processes to ensure provider education is conducted within the required timeframe of every three years and that at minimum, annual updates are provided, as required by Policy CHS.PM.MCCW.01.01, Enhanced</i></p>	<p>therefore would require additional Microsoft licenses making this cost prohibitive given the size of the network.</p> <p>07/17/2024: Discussion with IT that a more permanent solution would be adding the content to the existing SC Solutions site (WordPress). IT was unsure whether or not this could be added behind a login for provider access and monitoring. Was instructed to connect with Allison Schmidt as she is currently overseeing the existing SC Solutions website. During this time newly appointed EPN staff member, L. Allen completed a thorough review of the network and determined that efforts should be focused on improving overall management and oversight with the assistance of a credentialing management software. Research for software began at this time.</p> <p>09/17/2024: Discussed at CQMC meeting that QIP may be closed and another may be started. Decision was delayed due to unknown variants with workflows within the new credentialing management software.</p> <p>09/18/2024: Verifiable Software Implementation initiated.</p> <p>11/16/2024: Discussion with CMO regarding state of the program and integration and implementation of the software. Program management software will include functionalities and workflows that can be used to enhance overall program management. This includes credentialing and provider training. Decision was made to hold off on any process change or implementation until we had a better understanding of the program and how we will utilize it. This will prevent duplication of work within a short period of time and unnecessary utilization of staffing resources. Goal for software launch is 01/2025.</p> <p>12/5/2024: Verifiable implementation meeting to review provider application and discuss functionality to assist with tracking provider training and training oversight. Determined that there is a functionality within the program that can trigger the training attestation be sent to the provider for signature. It was determined that an external site can be used to publish training materials and updates while the attestation can be used to verify review of materials. LA will plan to meet with IT during trip to corporate office in January to discuss this.</p>		

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2024 EQR Findings	Actions Taken by Solutions to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
<p><i>Provider Network Orientation/Training. Provide the timeframe within which this compliance will be achieved.</i></p>	<p>12/18/2024: EQR response received with request for clarification on QIP.</p> <p>01/15/2025: Corporate trip cancelled due to inclement weather. Virtual meeting request sent to IT to discuss provider website (formally referred to as SharePoint site). Meeting with CMO to discuss plans for ongoing program management improvement. Decision made to continue current QIP focusing on provider training as upcoming projects related to training specifically aim to enhance overall program efficiency and assist in obtaining NCQA CVO certification. Determined that quarterly newsletter will be used to provide program updates. Newsletter will be sent via email to all EPN providers. Current provider training status is as follows: 103 out of 337 (30.6%) trained based on attestations received.</p> <p><i>Upcoming goals with dates:</i></p> <p>February 15, 2025: Software implementation completed. Go live including training function anticipated. New EPN program management policies to be written and implemented with go live. This includes an update to the CHS.PM.MCCW.01.01 training policy.</p> <p>March 1, 2025: Initial quarterly newsletter to go out to all providers.</p> <p>March 30, 2025: 100 additional providers will be trained by March 30, 2025. This will be 60% of EPN providers. For this goal we will use current training power point and the training attestation workflow in the new software system. Providers selected for this phase are providers that are either delegated providers or are not due for recredentialing. This enables us to tie the remaining training to the re-credentialing date to streamline process.</p> <p>April 30, 2024: Anticipate that provider training website will be ready to go live.</p> <p>June 30, 2024: Remaining 134 providers will be receive training via provider website with training attestation workflow. After attestation received, date training website was reviewed will be input into system and will trigger a new attestation be sent every three years ensuring that we are following policy regarding necessary training.</p>		

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2024 EQR Findings	Actions Taken by Solutions to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
	<p>2/5/25 Revised response to ensure full compliance by February 28, 2025. Provider trainings will be scheduled via Microsoft Teams over the next several weeks, offering multiple scheduling options to maximize attendance and ensure compliance of all providers.</p> <p>SCS will notify all practices of the available training dates, allowing providers to select a session that best fits their schedule. Below is the detailed timeline outlining our outreach, training sessions, and follow-up strategy.</p> <p>TRAINING AND OUTREACH PLAN:</p> <p>Week One (February 3 – 7, 2025)</p> <ul style="list-style-type: none"> • Notify practice managers that provider training is mandatory for continued participation in the network. • Obtain provider email addresses to send invitations and track attendance. • Schedule three to four training sessions per week to ensure flexibility. <p>Week Two (February 10 – 14, 2025)</p> <ul style="list-style-type: none"> • Conduct virtual training sessions via Microsoft Teams on: <ul style="list-style-type: none"> ○ February 11 at 12:15 PM ○ February 12 at 6:00 PM ○ February 13 at 12:15 PM ○ February 14 at 6:00 PM <p>Week Three (February 17 – 21, 2025)</p> <ul style="list-style-type: none"> • Follow up with practice managers regarding providers who have not yet attended training. • Conduct additional training sessions on: <ul style="list-style-type: none"> ○ February 18 at 6:00 PM 		

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2024 EQR Findings	Actions Taken by Solutions to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
	<ul style="list-style-type: none"> ○ February 19 at 12:15 PM ○ February 20 at 6:00 PM ○ February 21 at 12:15 PM <p>Week Four (February 24 – 27, 2025)</p> <ul style="list-style-type: none"> ● Conduct final outreach to practice managers regarding non-compliant providers. ● Offer last training sessions on: <ul style="list-style-type: none"> ○ February 25 at 12:15 PM ○ February 26 at 6:00 PM ○ February 27 at 12:15 PM <p>February 28, 2025 – Compliance Audit & Submission</p> <ul style="list-style-type: none"> ● Conduct a final audit of attendance records. ● Contact office managers to schedule in-person meetings with non-compliant providers to discuss participation requirements and conduct training as needed. <p>Submit the training workbook to the EQR for review, along with documentation of all training rosters and outreach efforts along with a plan for ongoing provider engagement</p>		