



Constellation
Quality Health

SOUTH CAROLINA SOLUTIONS

2025 EXTERNAL QUALITY REVIEW

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

2025 External Quality Review

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ACRONYMS, ABBREVIATIONS, AND INITIALISMS

ADA.....	Americans with Disabilities Act
BOD.....	Board of Directors
CMO	Chief Medical Officer
CMS	Center for Medicare & Medicaid Services
Constellation.....	Constellation Quality Health
CQMC.....	Compliance & Quality Management Committee
DR.....	Disaster Recovery
EPN.....	Enhanced Provider Network
EQRO	External Quality Review Organization
FWA.....	Fraud, Waste, and Abuse
HIPAA.....	Health Insurance Portability and Accountability Act
HCBS.....	Home and Community Based Services
MCCW.....	Medically Complex Children’s Waiver
MSR.....	Monthly Summary Report
MUSC.....	Medical University of South Carolina
PCCM.....	Primary Care Case Management
PCSP.....	Person Centered Service Plan
PCP.....	Primary Care Provider/Physician
QIP	Quality Improvement Project
SBU.....	Strategic Business Unit
SC.....	South Carolina
SCDHHS.....	South Carolina Department of Health and Human Services
SLED	South Carolina Law Enforcement Division
Solutions	South Carolina Solutions
SQP	Strategic Quality Plan

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EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 mandates that State Medicaid Agencies contracting with Managed Care Organizations assess their compliance with both state and federal requirements, as outlined in *42 Code of Federal Regulations (CFR) §438.358*. This report outlines the methodology and findings of the 2025 External Quality Review (EQR) conducted by Constellation Quality Health (Constellation) on behalf of the South Carolina Department of Health and Human Services (SCDHHS). The purpose of the review is to assess the performance of South Carolina Solutions (Solutions) since the 2024 Annual Review.

The primary goals and objectives of the review are to:

- Assess whether Solutions is delivering services in accordance with its contract with SCDHHS and applicable federal regulations.
- Evaluate progress made in addressing deficiencies identified in the 2024 EQR and the effectiveness of ongoing quality improvement efforts.
- Identify opportunities for further improvement.
- Confirm that contracted primary care case management (PCCM) services are being delivered effectively and meet quality standards.

Constellation conducted the EQR in accordance with protocols developed by the Centers for Medicare & Medicaid Services (CMS). The review process included a comprehensive desk review of documentation and a one-day virtual onsite visit.

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:

- Coordination and Continuity of Care (§ 438.208)
- Confidentiality (§ 438.224)
- Health Information Systems (§ 438.242)
- Quality Assessment and Performance Improvement Program (§ 438.330)

To assess Solutions' compliance with the quality, timeliness, and accessibility of services, Constellation's review was divided into four areas. The following is a high-level summary of the review results for those areas.

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Administration

§ 438.224, § 438.242, § 457.1233

South Carolina Solutions describes processes for creating and maintaining policies and procedures for all functional areas of business. A master list of policies is maintained by the Compliance Department, which notifies the Strategic Business Unit (SBU) leader of annual reviews. Policies are reviewed and revised as needed. Employees are informed of policy revisions during quarterly meetings and may access all policies as needed.

Dr. Barbara Freeman leads Solutions in a dual role as Chief Medical Officer (CMO) and Executive Director, providing both day-to-day operational oversight and strategic clinical leadership. She collaborates with key departmental directors to align operations with clinical and regulatory standards. Clinical consultation is further supported by Dr. Kent Jones, who serves as Medical Advisor. Key positions are fully staffed, and hiring efforts are underway to address remaining openings.

Credentialing and re-credentialing processes for nursing and clinical staff are governed by policies and procedures. All required licenses and certifications are validated at hire and prior to expiration, which is tracked using a formal credentialing system. The personnel file review confirmed overall compliance with credentialing protocols and proper documentation of key hiring requirements, including licenses, required years of experience and auto insurance.

Solutions' maintains an active exclusion monitoring program as referenced in Policy CHS.COMP.ALL.02.01. All employees are screened against federal and state exclusion lists upon hire and monthly thereafter.

All staff complete onboarding and annual regulatory training including Health Insurance Portability and Accountability Act (HIPAA), Fraud, Waste, and Abuse (FWA) prevention, and role-specific content through various formats. The Compliance Department monitors completion rates and enforces disciplinary actions for non-compliance.

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

Solutions' hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday, with seven scheduled holidays. Hours of operation are published in participant materials and are provided on the Solutions' website and in the Provider Manual.

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Solutions' Organizational Chart depicts statewide service coverage and oversight divided into two regions. Per policies and onsite explanation, ride-alongs requested by SCDHHS occur within five business days and are conducted by the Care Coordinator and Regional Manager. Employees, participants, and providers are informed in a variety of materials and on Solutions' website of the importance of the protection of confidential information and trade secrets.

Data systems and security policies and procedures are in place that adhere to industry standards and best practices. Security policies and procedures are regularly reviewed, updated, and approved by management. Solutions has implemented a comprehensive business continuity plan which 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 responded to several severe storms in the last few years that tested the organization's preparedness.

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 anonymous reporting options and their responsibility to report instances of or suspected FWA and/or impropriety. The Employee Handbook outlines clear guidelines and outcomes for disciplinary action if an employee fails to meet the company's conduct and/or performance expectations.

Provider Services

Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training, outlines initial and ongoing provider training requirements. Initial training must be completed within 30 days of provider enrollment and is offered in multiple formats for convenience. Formal retraining occurs every three years. The policy also requires annual updates on program changes, training opportunities, and contractual revisions; Solutions staff reported that the update process is under development. Review of Policy CHS.PM.MCCW.01.01 confirmed Solutions incorporated recommendations for revisions to this policy that were offered during the previous EQR.

The Enhanced Provider Network Provider Training document used for orientation is comprehensive; however, it does not cover requirements for medical record documentation and accessing language services. The 2025 Provider Manual does educate providers about the standards for medical record documentation, storage, confidentiality, and release, as well as accessing language services. Constellation recommends adding information to the Provider Manual that providers may contact the participant's Care Coordinator for assistance with language services, as reported during the onsite visit.

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In the previous EQR, Solutions was found to be noncompliant with requirements for conducting provider retraining every three years. To address this, Solutions launched a comprehensive initiative ensuring all enhanced provider network providers completed the required training. Solutions is now at 100% compliance. Solutions implemented a software system that automates training tracking, issues reminders, and records attestations.

Quality Improvement

§ 438.330 (a)(b), § 457.1240

Solutions' Quality Program focuses on improving health outcomes, regulatory compliance, and fostering continuous improvement across the organization. The 2025 SQP emphasizes collaboration, data-driven performance tracking, and addressing care variances through root cause analysis and corrective actions.

Currently, Solutions has implemented two Quality Improvement Projects (QIPs): Enhanced Provider Network Training and Annual Visits and Initial Monthly Summary Reports.

- The Enhanced Provider Network Training QIP aims to ensure all Enhanced Provider Network providers receive mandatory initial and ongoing training. The project targets 100% training compliance, tracked through attestations and training rosters, while addressing educational gaps and implementing a structured accountability system.
- The Annual Visits and Initial Monthly Summary Reports QIP focuses on strengthening physician collaboration and oversight of Person Centered Service Plans (PCSPs). The goal is to increase the percentage of Monthly Summary Reports (MSRs) that primary care physicians (PCPs) review, sign, and return following initial and annual visits.

Both QIPs have met their established goals, and processes are in place to sustain performance and remediate identified barriers. Implementation of an additional QIP is recommended to ensure ongoing compliance with waiver timeliness requirements for annual level of care re-evaluations, quarterly face-to-face visits, and monthly non-face-to-face contacts.

The Compliance & Quality Management Committee (CQMC) is charged with overseeing and implementing the SQP, including directing and reviewing quality improvement activities and initiatives. The committee's membership consists of both voting and non-voting members, with the CMO and Executive Director serving as chairperson. Among its responsibilities is the oversight and annual review of all functional activities delegated to subcontractors. Recently, Solutions delegated credentialing for certain providers to the Medical University of South Carolina (MUSC); however, the results of Solutions' pre-delegation audit were not discussed during the committee meeting.

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Annual work plans track activities such as emergency preparedness, quality projects, committee meetings, and accreditation, with quarterly updates. In 2025, Solutions aims to enhance provider training, adapt to waiver changes, and continue its compliance and quality improvement focus.

Care Coordination/Case Management

§ 438.208, § 457.1230

Solutions' Medically Complex Children's Waiver (MCCW) Program structure, objectives, and care management process are outlined in the health plan's 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. The member materials continue to reflect inaccurate information if a member desires to file a complaint.

Upon referral, an assessment is completed, and a PCSP is developed to outline the participant's goals and needs. However, the sample of case management files revealed that PCSPs lacked a clear distinction between short- and long-term goals, target dates for achieving goals, and documentation of physician involvement in the development of the PCSPs. Once the PCSP is developed, participants receive care management based on their identified needs, and quality assurance is maintained through several measures such as supervisory ride along visits, chart audits, etc.

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.

Quality Improvement Plans and Recommendations from Previous EQR

Constellation requires Solutions to submit a Quality Improvement Plan for each standard identified as not fully met. Technical assistance is 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 the actions had been implemented and the deficiency was corrected. Details regarding the 2024 Quality Improvement Plan can be found in [Attachment 3](#).

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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.	<ul style="list-style-type: none"> Coordination and Continuity of Care (§ 438.208, § 457.1230) 	14	11	79%
Administration, Section I. E. – Confidentiality	<ul style="list-style-type: none"> Confidentiality (§ 438.224) 	1	1	100%
Administration, Section I. F. Data Systems/Security	<ul style="list-style-type: none"> Health Information Systems (§ 438.242, § 457.1233) 	2	2	100%
Quality Improvement Section, Section III.	<ul style="list-style-type: none"> Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240) 	7	7	100%

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

Table 2 summarizes the results of the current annual review in comparison to the 2024 findings. In 2025, 52 of the 56 standards were rated as “Met,” while four standards were rated as “Partially Met.”

Table 2: Scoring Overview

	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
Administration							
2024	30	0	0	0	0	30	100%
2025	30	0	0	0	0	30	100%
Provider Services							
2024	4	1	0	0	0	5	80%
2025	4	1	0	0	0	5	80%

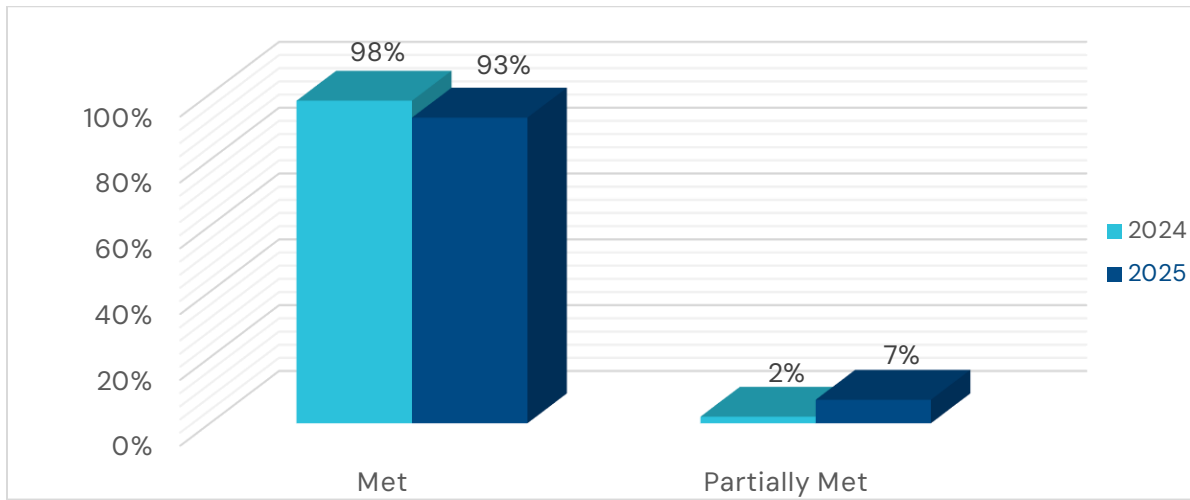
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	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
Quality Improvement							
2024	7	0	0	0	0	7	100%
2025	7	0	0	0	0	7	100%
Care Coordination/Case Management							
2024	14	0	0	0	0	14	100%
2025	11	3	0	0	0	14	79%
Totals							
2024	55	1	0	0	0	56	98%
2025	52	4	0	0	0	56	93%

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

As shown in *Figure 1*, 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: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

Recommendations and Opportunities for Improvements

Table 3 details Solutions' strengths, while *Table 4* details recommendations or opportunities for improvement. Further details of strengths, weaknesses, and recommendations can be found in the sections that follow.

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Table 3: 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.	✓		
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.	✓		

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Table 4: Weaknesses Related to Quality, Timeliness, and Access to Care

Weakness	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>	✓		✓
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>	✓		

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Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
Both QIPs have met their established goals, and processes are in place to sustain performance and remediate identified barriers.	<i>Recommendation: Implement an additional QIP to ensure ongoing compliance with waiver timeliness requirements for annual level of care re-evaluations, quarterly face-to-face visits, and monthly non-face-to-face contacts.</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>	✓		
<p>Several issues were identified when reviewing the process for PCSP development and physician oversight, including:</p> <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>	✓	✓	
<p>Constellation's review of the case management files identified the following findings:</p> <ul style="list-style-type: none"> Seven files did not comply with Policy CHS.CM.MCCW.01.08, as there was no evidence that care planning documents were sent to or signed by a physician as required. 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. 	<i>Quality Improvement Plan: Establish procedures for monitoring the case management files to ensure compliance with policy regarding physician review of the monthly summaries and the documentation of a Team Medical Conference as required by the SCDHHS contract.</i>	✓		

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Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
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.	<i>Recommendation: Increase the number of visits documented in the client record.</i>	✓		

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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 (refer to [Attachment 1](#)). 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 at Constellation's office (refer to [Attachment 1](#) and [Attachment 2](#)). 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 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

The EQR findings are summarized below and are based on the regulations set forth in *42 CFR Part 438 Subpart D*, the Quality Assessment and Performance Improvement Program requirements described in *42 CFR § 438.330*, and the contract requirements between Solutions and SCDHHS. Strengths, weaknesses, and recommendations are identified where applicable. Areas of review that met a standard were scored as "Met;" areas deemed acceptable but needing improvement were scored as "Partially Met;" areas that failed a standard were scored as "Not Met."

A. Administration

§ 438.224, § 438.242, § 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 master list of policies and notifying the SBU leader of the location where the policies are stored for

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access. The documentation did not clearly indicate whether Solutions policies are submitted to SCDHHS for review and approval prior to implementation.

Dr. Barbara Freeman currently serves in a dual leadership role as both CMO and Executive Director of Solutions. In these roles, she is responsible for overseeing day-to-day operational functions and providing strategic clinical leadership to ensure the delivery of high-quality care. She works closely with departmental leaders, including the Directors of Care Coordination, Care Advocate Programs, and Quality Management to align program initiatives with clinical standards and regulatory requirements. Supporting her in clinical oversight is Dr. Kent Jones, who serves as Medical Advisor and provides clinical consultation and guidance to Care Coordinators and healthcare providers across the continuum of care.

During the onsite review, Dr. Freeman shared staffing updates, including efforts to fill vacant positions as well as the addition of several positions to address the increase in referrals. An additional Care Coordinator was recently hired, and an additional Parent Advocate position is in the approval process.

Credentialing and recredentialing of nursing and clinical staff in care management roles are administered by Solutions in accordance with Policy CHS.ADM.MCCW.01.101, Clinical Staff Credentialing and Re-Credentialing. This policy requires the validation of all relevant licenses and certifications at the time of hire and again prior to expiration. To ensure continuous compliance, Solutions uses a formal credential tracking system that monitors expiration dates and alerts staff accordingly. A review of a representative sample of personnel files confirmed adherence to credentialing protocols. Documentation was available reflecting that Solutions consistently verifies key compliance items, including auto insurance, driver's licenses, drug screenings, and active nursing licenses.

Solutions also maintains an exclusion monitoring program governed by Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks, Monitoring, Oversight, and Reporting. In accordance with this policy, all employees are screened against the Office of Inspector General List of Excluded Individuals/Entities and applicable State Medicaid exclusion lists upon hire and monthly thereafter. The review of personnel files demonstrated compliance with SLED background check requirements outlined in the *SCDHHS HCBS Provider Manual*. According to this guidance, a SLED background check must be completed and maintained in the personnel record for all Case Managers and Case Management Supervisors, with updates required every ten years.

Personnel records and training rosters demonstrate that employees complete required training during onboarding and on an annual basis. Annual training is delivered through multiple formats including classroom instruction, online modules, and read-and-sign materials and covers essential regulatory topics such as HIPAA, FWA prevention, and role-specific compliance content. The

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Compliance Department actively monitors training completion, issues reminders, and enforces deadlines. Staff who fail to complete required modules and assessments by the internal deadline are subject to disciplinary action, up to and including termination of employment.

Solutions' Corporate Board of Directors meets each quarter and is responsible for overall quality 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.

Solutions' hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday, with seven scheduled holidays. Hours of operation are published on Solutions' website, in participant materials, and in the Provider Manual.

Solutions' Organizational Chart depicts statewide service coverage and oversight divided into two regions, upper/midlands, and lower midlands/low country. Policy CHS.CM.MCCW.05.01, Ride Along Supervisory Visits, states that if a ride-along is requested by SCDHHS, it will occur within five business days and will be conducted by the Care Coordinator and regional manager.

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.

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 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 Systems Capabilities

§ 438.242, § 457.1233

Data systems and security policies and procedures are in place that adhere to industry standards and best practices. Solutions require all ePHI to be encrypted at rest and during transmission. This ePHI encryption requirement also applies to removable devices or 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.

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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.

Figure 2 illustrates the findings for the Administration section of the review in 2024 and 2025. In 2025, 100% of the standards were assessed as “Met.”

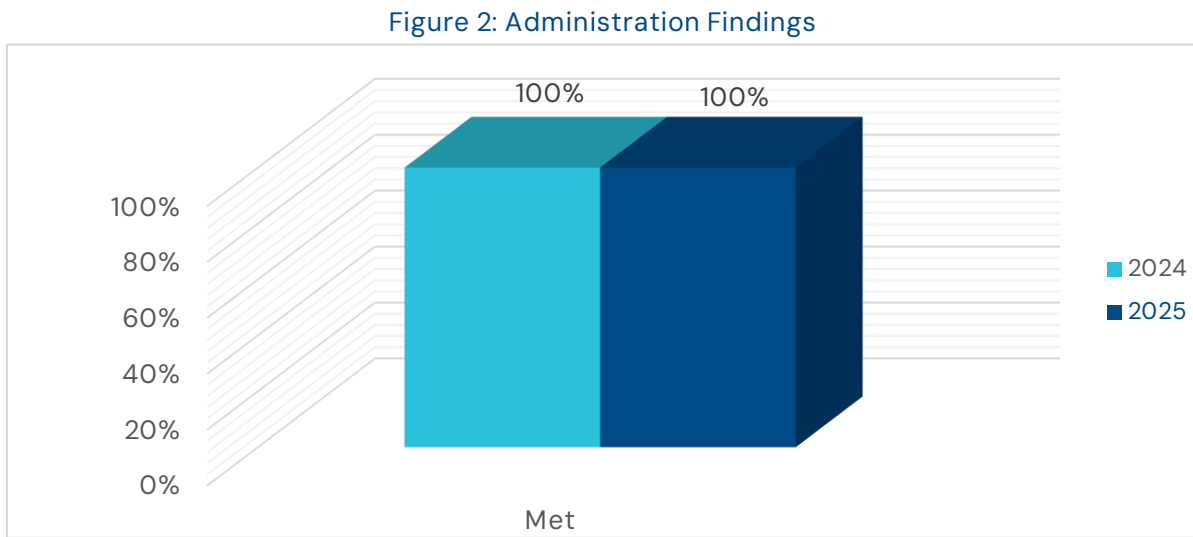


Table 5 details Solutions’ strengths in the Administration section, while Table 6 details recommendations or opportunities for improvement.

Table 5: Administration Strengths

Strengths	Quality	Timeliness	Access to Care
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 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.	✓		

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Table 6: Administration Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
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>		✓	

The following table presents the completed tool used to evaluate the Administration section, including detailed comments.

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I. ADMINISTRATION

Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
I. ADMINISTRATION/ORGANIZATION ACTIVITIES						
I A. General Approach to Policies and Procedures						
1. Policies and procedures are organized, reviewed, and available to staff.	X					<p>Policies and procedures are created and maintained for all functional areas of business as outlined in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. Policies are reviewed and revised for approval annually by the appropriate internal department leadership. The documentation did not clearly indicate whether Solutions policies are submitted to SCDHHS for review and approval prior to implementation. The Compliance Department is responsible for maintaining a master list of policies and notifying the SBU leader of the location where the policies are stored.</p> <p><i>Recommendation: Ensure policies are submitted and approved by SCDHHS prior to implementation.</i></p>
I B. Organizational Chart / Staffing						
1. The organization's infrastructure complies with contract requirements. At a minimum, this includes designated staff performing the following activities:						

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.1 Administrative oversight of day-to-day activities of the organization;	X					Solutions Organizational Chart dated 05/25 lists Dr. Barbara Freeman as Chief Medical Officer and Executive Director of Solutions. Dr. Freeman provides administrative oversight to the organization.
1.2 Care coordination and enhanced case management;	X					Care Coordinators and Care Coordination Directors are licensed Registered Nurses in South Carolina.
1.3 Provider services and education;	X					Laura Allen, RN, serves as Director of the Enhanced Provider Network. Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training, addresses initial training and ongoing educational efforts.
1.4 Quality assurance;	X					Tammy Stone, RN, serves as the Director of Quality. Tamra Mahaffee, RN works as the Quality Program Coordinator.
1.5 Designated compliance officer;	X					Patricia Russell serves as the Compliance Officer and oversees the Compliance Program as defined in The Code of Ethical Conduct dated 5/21/2025.
2. 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:						
2.1 Criminal background checks are conducted on all potential employees.	X					Policy CHS.CRED.MCCW.03.06. Clinical Staff Credentialing and Re-Credentialing requires criminal background checks for all potential employees.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.2 Screening all employees and subcontractors monthly to determine if they have been excluded from participation in state or federal programs.	X					The sample of audited employee files determined that employees and subcontractors are screened monthly to confirm eligibility of participation in state or federal programs. Copies of the OIG search records were present in the personnel files audited.
2.3 Ensuring Care Coordinators meet all contract requirements.	X					Personnel files contained documentation of appropriate licenses, background screenings, resumes to determine prior work experience to ensure Care Coordinators meet all contract requirements for employment.
2.4 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.	X					Solutions' Code of Ethical Conduct, page 2, states that upon hire and at least annually, every employee affirms their understanding and responsibilities in the Code.
3. Employee personnel files demonstrate compliance with contract and policy requirements.	X					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>
I. C. Governing Board/Advisory Board						
1. The Organization has established a governing body or Advisory Board.	X					The 2025 Strategic Quality Plan indicates that Solutions' Corporate Board of Directors meets each quarter and is responsible for overall quality performance improvement.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined.	X					The 2025 Strategic Quality Plan defines the roles, goals, and responsibilities of the governing body and its committees, and how they relate to the organization and provider network.
I. D. Contract Requirements						
1. The organization carries out all activities and responsibilities required by the contract, including but not limited to:						
1.1 Available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday.	X					Solutions' hours of operation are 8:00 a.m. to 5:00 p.m., Monday through Friday, with seven scheduled holidays. Hours of operation are published in participant materials and are provided on the Solutions' website and in the Provider Manual.
1.2 Adherence to contract requirements for holidays and closed days.	X					Solutions is closed for seven scheduled holidays, which are indicated in the provider portal. A list of scheduled closings and holidays is provided by Solutions to SCDHHS on or around September 1 annually.
1.3 Processes to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS.	X					Policy CHS.CM.MCCW.05.01, Ride Along Supervisory Visits, states that if a ride-along is requested by SCDHHS, it will occur within five business days.
1.4 Organization and participant record retention and availability as required by the contract.	X					Policy CHS.ISP.ALL.11.45, Record Retention Destruction, states that the Company and Subcontractors maintain records for a period of 10 years from either the date of final payment under the Contract, or completion of the Contract, whichever is later.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.5 Processes are in place to ensure care coordination services are available statewide.	X					Solutions' Organizational Chart depicts statewide coverage and oversight divided into two regions, upper/midlands, and lower midlands/low country.
I. E. Confidentiality § 438.224						
1. The organization formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health and information privacy.	X					The Employee Handbook informs staff of the importance of the protection of confidential business information, client information, and trade secrets. Policy CHS.ISP.ALL.11.21, Security & Privacy Training Awareness, describes the HIPAA Security and Awareness Training program provided to ensure that employees and management staff are aware of the organization's security policies and procedures.
I. F. Data Systems/Security § 438.242, § 457.1233						
1 Policies, procedures and/or processes are in place for addressing data, system, and information security and access management.	X					Data systems and security policies and procedures are in place that adhere to industry standards and best practices. Solutions requires all ePHI to be encrypted at rest and during transmission.
2. The organization has a disaster recovery and/or business continuity plan that has been tested and the testing documented.	X					Solutions has implemented a comprehensive business continuity plan which offers clear instructions on how to either sustain or reinstate operations in the event of a disruptive incident.
I G. Compliance and Program Integrity						

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1. The organization has policies/procedures in place designed to guard against fraud, waste, and abuse, and including the following:						
1.1 Written policies, procedures, and standards of conduct comply with federal and state standards and regulations.	X					Employees, providers, and participants are made aware of their responsibility to report instances of or suspected fraud, impropriety, waste, and/or abuse. This is emphasized in the Employee Handbook, Provider Manual, the Report Fraud, Waste, and Abuse Flyer for all participants, and Solutions' website.
1.2 A compliance committee that is accountable to senior management.	X					The 2025 Compliance Program Description provides an overview of the Compliance Program, responsible for educating and encouraging employees, members, and business associates to report potential problems, conducting appropriate internal inquiries, and implementing corrective action when indicated.
1.3 Employee education and training that includes education on the False Claims Act, if applicable.	X					Policy CHS.COMP.ALL.01.01, False Claims Act, and the 2025 Compliance Program document include employee education and training information in compliance with applicable false claims act.
1.4 Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers.	X					The 2025 Compliance Plan document indicates that the Compliance Officer is responsible for ensuring open and effective communication with all Solutions' employees, and being visible for routine staff meetings, corporate events, and other functions.
1.5 Enforcement of standards through well-publicized disciplinary guidelines.	X					The Employee Handbook outlines clear guidelines and outcomes for disciplinary action If an employee fails to meet or has

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						difficulty meeting the Company's conduct and/or performance expectations.
1.6 Provisions for internal monitoring and auditing.	X					The Employee Handbook states, "To ensure compliance with this policy, computer and e-mail usage may be monitored and audited. Employees do not have a reasonable expectation of privacy in any communications on the Company's computer and/or email system."
1.7 Provisions for prompt response to detected offenses and development of corrective action initiatives.	X					Solutions outlines prompt response to reported or detected offenses and corrective actions in the Employment Handbook.
1.8 A system for training and education for the Compliance Officer, senior management, and employees.	X					The New Care Coordinator Checklist – (Week 1 and 2-4) Orientation and Training document lists training provided to new employees, and to all employees annually thereafter. Solutions' values and standards of conduct, the employees' duty to identify and report actual or potential violations, guidance on handling protected health information, and Solutions' non-retaliation policy are described.
1.9 Processes for immediate reporting of any suspicion or knowledge of fraud and abuse.	X					Information about the options for reporting instances or suspected fraud, waste, and abuse are provided in Solutions' Employee handbook, the Reporting Fraud, Waste, and Abuse flyer, and on Solutions' website.

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B. Provider Services

Processes for initial and ongoing provider training are outlined in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training. The policy specifies that initial provider training is conducted within 30 days of a provider's network enrollment through in-person sessions, virtual live sessions, or provision of training materials. Provider attestation of completion is required. Formal retraining is conducted every three years. Additionally, providers receive annual updates regarding program changes, available training, and contractual revisions. The policy describes processes for addressing non-compliance with required training, including potential disenrollment for non-compliance and guidelines for reinstatement once training requirements are fulfilled. Review of Policy CHS.PM.MCCW.01.01 confirmed Solutions appropriately addressed the recommendations from the previous EQR to revise the policy to include detailed information about processes for conducting initial and ongoing provider education and providing annual updates.

Topics addressed during the initial provider orientation are outlined in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training. During the orientation session, Solutions reviews the Enhanced Provider Network Provider Training document. This document is comprehensive and covers a variety of topics including but not limited to the MCCW program and related objectives, staffing, participant eligibility, the referral process, and participant monitoring activities.

Although not addressed in the training document, the 2025 Provider Manual includes requirements for medical record documentation elements, storage, confidentiality, and release. The 2025 Provider Manual also informs providers they may contact the Americans with Disabilities Act (ADA)/Civil Rights Official to obtain free language services. Solutions' staff reported that providers may contact the participant's Care Coordinator to obtain assistance with language services, but this information is not included in the 2025 Provider Manual. Additional resources, such as links to Solutions' 2025 Provider Manual and the Training Attestation document, can be found on Solutions' website.

During the previous EQR, it was found that Solutions was not in compliance with policy requirements for annual provider updates and formal retraining every three years. As a result of this finding, Solutions implemented a comprehensive initiative to conduct the required training for all providers in the enhanced provider network. Solutions staff reported that 100% of the enhanced provider network providers have now completed the required training. Additionally, Solutions implemented a credentialing management software system (Verifiable) that automates tracking of provider training, issues reminders at provider enrollment and 30 days before retraining deadlines, and logs provider training attestations for ongoing compliance. Solutions is also working to build a secure provider website that will house provider training materials and

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collect attestations online. These enhancements will streamline compliance monitoring and help to ensure timely completion of required provider training. Solutions staff reported that they are working to finalize a process for providing the annual updates and are considering using quarterly provider newsletters as a vehicle for these updates.

As noted in *Figure 3*, 80% of the standards in the Provider Services section were scored as “Met.”

Figure 3: Provider Services Findings

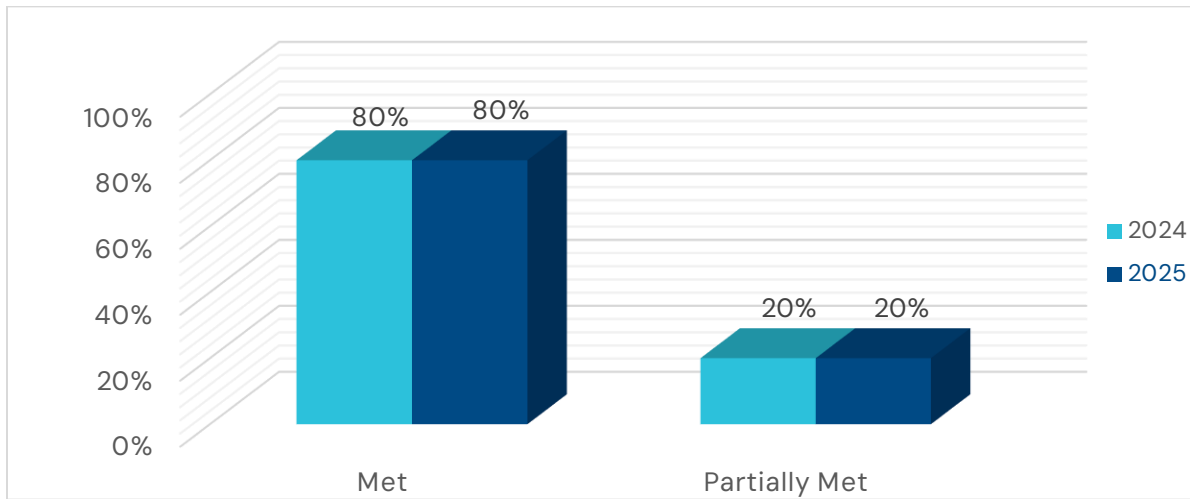


Table 7 details Solutions’ strengths in Provider Services, while *Table 8* details recommendations or opportunities for improvement.

Table 7: Provider Services Strengths

Strengths	Quality	Timeliness	Access to Care
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.	✓		

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Table 8: Provider Services Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
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>	✓		✓
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>	✓	✓	

The following table presents the completed tool used to evaluate the Provider Services section, including detailed comments.

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II. PROVIDER SERVICES

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
II. PROVIDER SERVICES						
1. The organization formulates and acts within policies and procedures related to initial and ongoing education of providers.	X					<p>Solutions conducts initial provider training within 30 days of a provider’s enrollment into the network. Onsite discussion confirmed initial education is provided through in-person sessions, virtual live sessions, or through provision of training materials with receipt of provider attestation of completion. These processes are detailed in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training. The policy indicates providers receive annual email updates about program changes, available training, and contractual revisions and that formal retraining occurs every three years. Additionally, it details the process followed when providers are non-compliant with required training, resulting in disenrollment for non-compliance, and a process through which providers may be reinstated once the required training is completed.</p> <p>Review of Policy CHS.PM.MCCW.01.01 confirmed Solutions appropriately addressed recommendations from the previous EQR to revise the policy to include detailed information about processes for conducting initial and ongoing provider education and providing annual updates.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Solutions staff reported during onsite discussion that non-participating providers can attend the live training sessions if desired.
2. Initial provider education includes:						
2.1 Organization structure, operations, and goals.	X					<p>Topics covered during initial provider orientation are listed in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training. During the orientation session, Solutions reviews the Enhanced Provider Network Provider Training document. This document is comprehensive and addresses:</p> <ul style="list-style-type: none"> • the MCCW program and Federal-State partnership structure • MCCW organizational elements • program objectives • staffing and participant monitoring activities • care advocacy • State Plan services available in the MCCW • participant eligibility • the referral process • Medical Eligibility Assessments • the enhanced provider network, role of an EPN provider, and credentialing and recredentialing, • fraud, waste, and abuse and associated contact information • confidentiality <p>Additional information, including links to Solutions' 2025 Provider Manual and the Training Attestation document, is available on Solutions' website.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>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.</p> <p><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></p>
2.2 Medical record documentation requirements, handling, availability, retention, and confidentiality.	X					<p>The 2025 Provider Manual informs providers of their responsibilities for maintaining complete participant medical records and that Care Coordinators review the medical records monthly in preparation for participant contact. The Provider Manual also addresses medical record storage and confidentiality, release of medical records, and required documentation elements.</p>
2.3 How to access language interpretation services.	X					<p>The 2025 Provider Manual states SCDHHS provides free:</p> <ul style="list-style-type: none"> • language services to people whose primary language is not English • qualified interpreters and qualified sign language interpreters • information written in other languages • written information in other formats (large print, braille, audio, accessible electronic formats, other formats) <p>Readers are directed to contact the ADA/Civil Rights Official to access these services and</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>provides associated telephone, email, and mail contact information.</p> <p>During onsite discussion, Solutions staff reported that providers may also contact the Care Coordinator to obtain assistance with language services through Solutions. This information is not included in the 2025 Provider Manual.</p> <p><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></p>
<p>3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures.</p>		X				<p>Per Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training, formal provider retraining occurs every three years and includes the full original curriculum.</p> <p>During the previous EQR, it was found that Solutions was not in compliance with policy requirements for annual provider updates and formal retraining every three years. Solutions developed an ongoing action plan to address the previous deficiency. Solutions implemented a comprehensive initiative to ensure all providers in the enhanced provider network complete the training as well as processes to ensure all providers complete future training within the required three-year timeframe.</p> <p>Solutions staff reported that as of the date of the onsite, 100% of providers in the enhanced provider network have completed the required training. Additionally, Solutions has implemented a</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>credentialing management software system (Verifiable) that automates tracking of provider training, issues reminders at provider enrollment and 30 days before retraining deadlines, and logs provider training attestations for ongoing compliance. Solutions is also working to build a secure provider hub website that will house provider training materials and collect attestations online. These enhancements will streamline compliance monitoring and help to ensure timely completion of future training requirements.</p> <p>Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation_Training, states providers receive annual updates about program changes, available training, and contractual revisions. Per onsite discussion, Solutions is still developing the process that will be used to provide the annual updates and is considering using quarterly provider newsletters as a vehicle for the updates.</p> <p><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></p>

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C. Quality Improvement

§ 438.330 (a)(b), § 457.1240

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. Some of the goals of the SQP include:

- Improve health outcomes for each enrolled member.
- Define, oversee, evaluate, and improve the quality and efficiency of healthcare delivered.
- Ensure availability, accessibility, and delivery of medically necessary services.
- Monitor and evaluate systems and processes.

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 aim of the Enhanced Provider Network Training QIP is to ensure mandatory initial and ongoing training for all Enhanced Provider Network (EPN) providers to improve compliance with evolving program requirements, support effective utilization management, and enhance access to care for a complex pediatric population. The project seeks to achieve 100% training compliance, tracked through attestations and training rosters, while addressing gaps in provider education and implementing a structured system for training accountability. The project document indicated that as of June 2025, the project achieved a 99% training compliance rate. Three non-compliant providers were sent certified non-compliance letters warning that disenrollment would proceed if they failed to complete the required training. Solutions provided an update during the onsite and indicated that 100% of the providers had received the required training or had disenrolled from the program. This project will remain open and be reevaluated during the fourth quarter of 2025.

The aim of the Annual Visit and Initial Monthly Summary Reports project is to enhance client safety by ensuring physician collaboration and oversight of PCSPs. Specifically, the project seeks

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to increase the percentage of MSRs that are reviewed, signed, and returned by PCPs after initial and annual visits. The organizational goal is to achieve 90% compliance with signed MSRs being received and uploaded to the Electronic Medical Record. Subset goals include ensuring 95% compliance with Care Coordinators requesting MSRs to be sent and Care Advocates sending MSRs for review and signature. As of the latest evaluation in April 2025, the compliance rate for signed MSRs being received and uploaded was 90.1%, which met the organizational goal of 90%. However, monthly results have shown variability, with dips in certain months and recovery in others. Efforts are ongoing to ensure consistent performance and address identified barriers. Those efforts include ongoing staff education, systematic performance reviews, and expanded electronic health record access to address barriers and ensure sustained compliance.

Organizational leaders compile an annual work plan to uniformly communicate the operational initiatives and progress toward achieving goals. At least quarterly, the work plan is updated to identify progress and evaluated by the CQMC and then presented to the Board of Directors annually. Solutions provided the 2024 and 2025 work plans. The work plans cover various activities including emergency preparedness, QIPs, committee meetings, and accreditation. The start dates, estimated completion dates, and quarterly updates are included in the work plans.

The CQMC is responsible for overseeing and implementing the SQP. Its key responsibilities include directing and reviewing quality improvement activities and initiatives. Membership includes voting members and non-voting members. The CMO and Executive Director serves as chairperson. This 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.

Each year, the CQMC reviews and updates the program-specific quality goals and objectives and submits a comprehensive report to the Board of Directors. The 2024 Annual Report for Community Health Solutions of America highlights the organization's quality and performance improvement efforts. It details the outcomes of Solutions' care management initiatives, compliance activities, satisfaction metrics, and quality assessment efforts. Looking ahead to 2025, Solutions plans to strengthen provider training, respond to waiver modifications, and maintain their focus on compliance and ongoing quality improvement.

As shown in *Figure 4*, Solutions met all the requirements in the Quality Improvement section for the 2025 EQR.

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Figure 4: Quality Improvement Findings

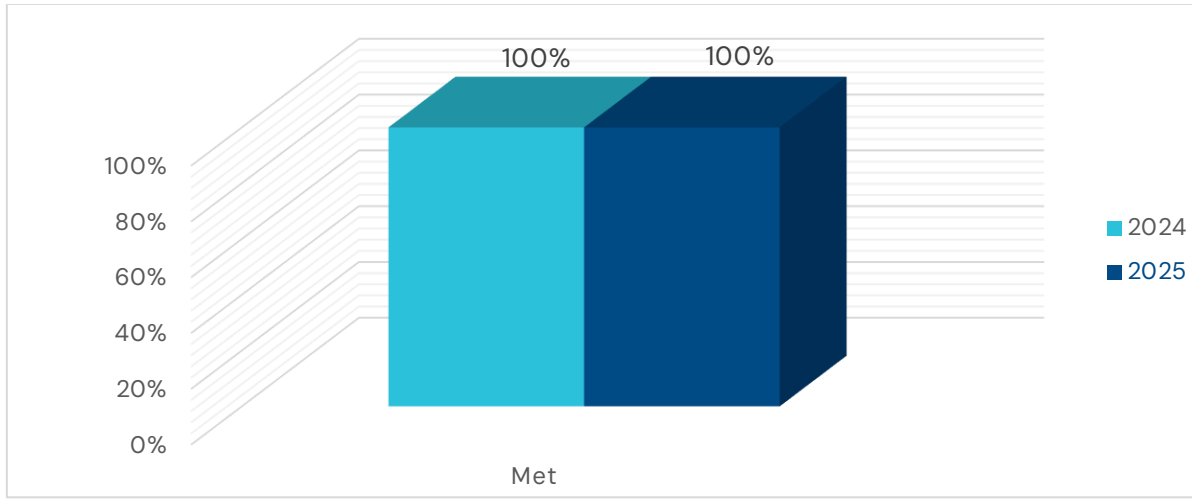


Table 9 details Solutions’ strengths in Quality Improvement, while Table 10 details recommendations or opportunities for improvement.

Table 9: Quality Improvement Strengths

Strengths	Quality	Timeliness	Access to Care
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.	✓		
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.	✓		

Table 10: Quality Improvement Weaknesses and Recommendations

Weakness	Recommendation	Quality	Timeliness	Access to Care
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	<i>Recommendation: Include delegation oversight in the QI Work Plan, the program evaluation, and on the CQMC meeting minutes.</i>	✓		

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Weakness	Recommendation	Quality	Timeliness	Access to Care
the pre-delegation audit conducted by Solutions were not addressed during the committee meeting.				
Both QIPs have met their established goals, and processes are in place to sustain performance and remediate identified barriers.	<i>Recommendation: Implement an additional QIP to ensure ongoing compliance with waiver timeliness requirements for annual level of care re-evaluations, quarterly face-to-face visits, and monthly non-face-to-face contacts.</i>	✓	✓	

The following table presents the completed tool used to evaluate the Quality Improvement section, including detailed comments.

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III. QUALITY IMPROVEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
III. QUALITY IMPROVEMENT						
III A. The Quality Improvement (QI) Program § 438.330 (a)(b), § 457.1240						
1. 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.	X					<p>For this review, Solutions provided the 2025 Strategic Quality Plan. This plan details the organization’s program focusing on improving health outcomes, 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. Some of the goals of the SQP include:</p> <ul style="list-style-type: none"> • Improve health outcomes for each enrolled member. • Define, oversee, evaluate, and improve the quality and efficiency of healthcare delivered. • Ensure availability, accessibility, and delivery of medically necessary services. • Monitor and evaluate systems and processes. <p>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.</p> <p>The Quality Management Program Process involves Tracking performance using data sources like claims,</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>medical records, and complaints. Identifying and addressing variances in care or service through root cause analysis and implementing corrective actions to resolve issues.</p> <p>Solutions submitted the two QIPs that are underway. Topics include Enhanced Provider Network Training and Annual Visit and Initial Monthly Summary Reports.</p> <p>The aim of the Enhanced Provider Network Training QIP is to ensure mandatory initial and ongoing training for all EPN providers to improve compliance with evolving program requirements, support effective utilization management, and enhance access to care for a complex pediatric population. The project seeks to achieve 100% training compliance, tracked through attestations and training rosters, while addressing gaps in provider education and implementing a structured system for training accountability. The project document indicated that as of June 2025, the project achieved a 99% training compliance rate. Three remaining non-compliant providers were sent a certified non-compliance letters, and disenrollment will proceed if they fail to complete the required training. Solutions provided an update during the onsite and indicated that 100% of the providers had received the required training or had disenrolled from the program. This project will remain open and be reevaluated during the fourth quarter of 2025.</p> <p>The aim of the Annual Visit and Initial Monthly Summary Reports project is to enhance client safety by ensuring physician collaboration and oversight of PCSPs.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>Specifically, the project seeks to increase the percentage of MSRs that are reviewed, signed, and returned by Primary Care Physicians after initial and annual visits. The organizational goal is to achieve 90% compliance with signed MSRs being received and uploaded to the Electronic Medical Record. Subset goals include ensuring 95% compliance with Care Coordinators requesting MSRs to be sent and Care Advocates sending MSRs for review and signature. As of the latest evaluation in April 2025, the compliance rate for signed MSRs being received and uploaded is 90.1%, which met the organizational goal of 90%. However, monthly results have shown variability, with dips in certain months and recovery in others. Efforts are ongoing to ensure consistent performance and address identified barriers. Those efforts include ongoing staff education, systematic performance reviews, and expanded electronic health record access to address barriers and ensure sustained compliance. Both QIPs have met their established goals, and processes are in place to sustain performance and remediate identified barriers.</p> <p><i>Recommendation: Implement an additional QIP to ensure ongoing compliance with waiver timeliness requirements for annual level of care re-evaluations, quarterly face-to-face visits, and monthly non-face-to-face contacts.</i></p>
2. 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.	X					Organizational leaders compile an annual work plan to communicate uniformly the operational initiatives and progress toward achieving goals. At least quarterly, the work plan is updated to identify progress and evaluated by the CQMC and then presented to the

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Board of Directors annually. Solutions provided the 2024 and 2025 work plans. The workplans covered 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.
III B. Quality Improvement Committee						
1. The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities.	X					<p>The CQMC is responsible for overseeing and implementing the SQP. Its key responsibilities include directing and reviewing quality improvement activities and initiatives. Membership includes voting members and non-voting members. The Chief Medical Officer and Executive Director serves as chairperson.</p> <p>This 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.</p> <p><i>Recommendation: Include delegation oversight in the QI Work Plan, the program evaluation, and on the CQMC meeting minutes.</i></p>
2. The QI Committee meets at regular intervals.	X					The CQMC convenes at least once each quarter. Solutions submitted meeting minutes covering the period from June 2024 through May 2025. These records confirmed that the committee met consistently at the required quarterly intervals.

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
3. Minutes are maintained that document proceedings of the QI Committee.	X					The quorum for the CQMC is defined as at least 50% of voting members. Non-voting members are expected to attend and participate but do not have voting rights. Minutes are maintained for all CQMC meetings as part of the documentation process for quality management activities.
III C. Annual Evaluation of the Quality Improvement Program						
1. A written summary and assessment of the effectiveness of the QI program for the year is prepared annually.	X					Each year, the CQMC reviews and updates the program-specific quality goals and objectives and submits a comprehensive report to the Board of Directors. The 2024 Annual Report for Community Health Solutions of America highlights the organization's quality and performance improvement efforts. It details the outcomes of Solutions' care management initiatives, compliance activities, satisfaction metrics, and quality assessment efforts. Looking ahead to 2025, Solutions plans to strengthen provider training, respond to waiver modifications, and maintain their focus on compliance and ongoing quality improvement.
2. The annual report of the QI program is submitted to the QI Committee.	X					The 2024 Annual Report for Community Health Solutions of America was submitted to the Board of Directors and to the CQMC.

2025 External Quality Review

D. Care Coordination/Case Management

§ 438.208, § 457.1230

Solutions' MCCW Program structure, objectives, and care management process are outlined in the health plan's 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.

Upon referral, participants receive a Medical Eligibility Assessment. If deemed eligible, a Pre-Admission Screening is completed to initiate enrollment. The health plan also conducts a Level of Care assessment to assess further needs and develops a PCSP. However, file reviews revealed several issues regarding PSCP development. The PCSPs lacked a clear distinction between short- and long-term goals, a required element per policy. In addition, target dates for achieving goals were missing, and there was no documented evidence of active physician involvement in the development of the PCSP. PCPs contributed to the care planning process by reviewing MSRs and providing clinical recommendations.

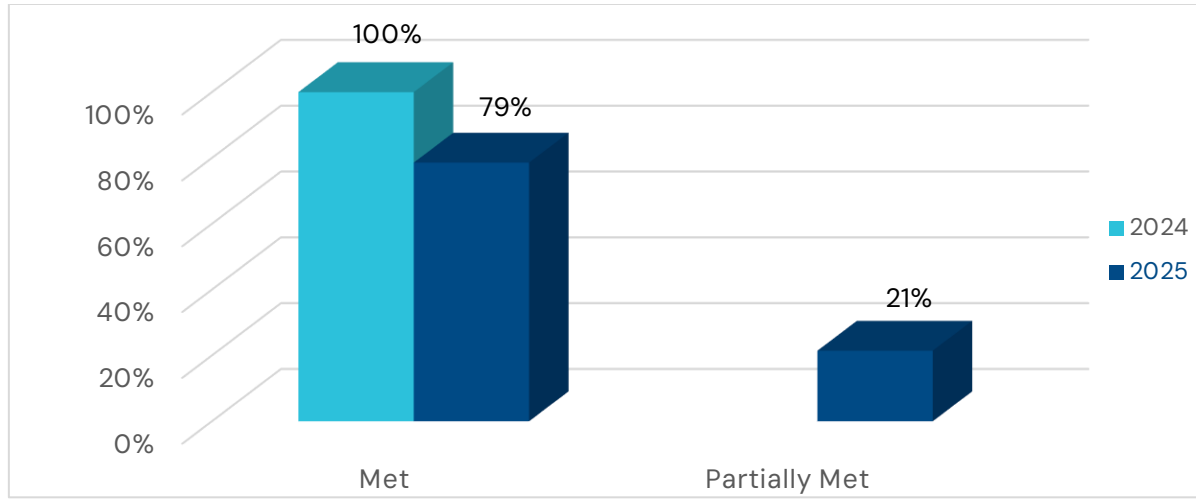
Participants receive support from a dedicated team including Care Coordinators, Care Advocates, Parent Advocates, and Durable Medical Equipment staff, ensuring comprehensive coordination of services. Quality assurance is maintained through regular chart audits, staff supervision, and previously through ride-along visits, which are now conducted on an as-needed basis. However, results from the ride-along visits conducted in 2024 indicated a passing score of 90% or higher for staff. The member materials continue to reflect inaccurate information if a member desires to file a complaint.

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.

As shown in *Figure 5*, Solutions achieved a score of 79% for Care Coordination/Case Management in the 2025 EQR.

2025 External Quality Review

Figure 5: Care Coordination/Case Management Findings



Scores were rounded to the nearest whole number

Table 11 details Solutions’ strengths in Care Coordination/Case Management, while Table 12 details recommendations or opportunities for improvement.

Table 11: Care Coordination/Case Management Strengths

Strengths	Quality	Timeliness	Access to Care
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 12: Care Coordination/Case Management Weaknesses and Recommendations

Weakness	Recommendation	Quality	Timeliness	Access to Care
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>	✓	✓	

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Weakness	Recommendation	Quality	Timeliness	Access to Care
<p>Several issues were identified when reviewing the process for PCSP development and physician oversight, including:</p> <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. 	<p><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></p>	<p>✓</p>	<p>✓</p>	
<p>Constellation's review of the case management files identified the following findings:</p> <ul style="list-style-type: none"> Seven files did not comply with Policy CHS.CM.MCCW.01.08, as there was no evidence that care planning documents were sent to or signed by a physician as required. 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>Quality Improvement Plan: Establish procedures for monitoring the case management files to ensure compliance with policy regarding physician review of the monthly summaries and the documentation of a Team Medical Conference as required by the SCDHHS contract.</i></p>	<p>✓</p>		
<p><i>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.</i></p>	<p><i>Recommendation: Increase the number of visits documented in the client record.</i></p>	<p>✓</p>		

The following table presents the completed tool used to evaluate the Care Coordination/Case Management section, including detailed comments.

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IV. CARE COORDINATION/CASE MANAGEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
IV. Care Coordination/Case Management § 438.208, § 457.1230						
1. The organization formulates written policies and procedures and/or a program description that describe its care coordination and case management programs.	X					The South Carolina Solutions Medically Complex Children Waiver Program Description, along with related policies, outlines the key components of the MCCW, the PCCM Program, and the care management services offered to enrolled participants.
2. Policies and procedures and/or the program description address the following:						
2.1 Structure of the program.	X					The MCCW Program Description and various policies describe the prescreening process, assessment procedures, and care management activities provided to program participants.
2.2 Lines of responsibility and accountability.	X					The CMO oversees the daily operations of the program. Responsibilities include monitoring clinical performance outcomes, conducting peer reviews, chairing various committees, and managing credentialing processes, as outlined in the Strategic Quality Plan and the MCCW Program Description. The CMO collaborates closely with the Directors of Care Coordination, Care Advocate Programs, Network Programs, and Quality to ensure program goals and objectives align with contractual requirements and policy standards. Care Coordinators provides clinical support to participating families and collaborates with non-clinical team members, including Care Advocates,

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>Parent Advocates, and the Durable Medical Equipment Team. This team ensures that participants and their families have access to all available resources. They also handle communications with responsible parties and upload required documentation to SCDHHS in accordance with Policy CHS.CM.CA.MCCW.01.01: Advocate Staff Workflow Process.</p> <p>To ensure quality assurance, chart audits are conducted regularly, and staff receive ongoing support through monthly meetings, one-on-one supervision, and on-demand email assistance. Additionally, ride along visits are performed to monitor and assess staff during home visits. While these visits were discontinued in April 2024 and are now conducted only on an as-needed basis, the most recent 2024 audit showed that staff consistently achieved passing scores of 90% or higher.</p>
2.3 Goals and objectives of Care Coordination/Case Management.	X					<p>The Solutions MCCW Program Description and Strategic Quality Plan outline the overarching goals and objectives of the health plan.</p> <p>The 2024 re-hospitalization rate for MCCW Enhanced Provider Network participants within 30 days of discharge was 4.63%, a decrease from 7% in 2023. Re-hospitalizations within 72 hours of discharge were 1.32% in 2024, remaining relatively consistent with the 1% reported in 2023.</p>
2.4 Intake and assessment processes for Care Coordination/Case Management.	X					<p>Policies CHS.CM.MCCW.1.02, MCCW Medical Eligibility Assessment and CHS.CM.MCCW.01.01, Intake/Admissions define Solutions' procedures for</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						referral, intake, and eligibility determination. Upon receipt of a referral and completion of eligibility verification, an intake process and Medical Eligibility Assessment are initiated to determine whether the participant meets program criteria. The assessment process encompasses a range of clinical factors, including the frequency of prescribed medications, need for private duty nursing, history of hospitalizations, emergency room visits, sick visits, and the requirement for specialty physician care and skilled service interventions, as outlined in the relevant policies. During the onsite discussion, Solutions shared that they utilize a three-tier acuity level framework as an internal tool to categorize participants into low, moderate, or high acuity levels. This stratification supports appropriate resource allocation and ensures that each participant receives the level of care and support suited to their individual needs.
2.5 Providing required information to participants at the time of enrollment.		X				<p>Most of the member materials provided for review included both English and Spanish versions. However, within the member materials there are various numbers for participants to file 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 and awaiting approval from SCDHHS.</p> <p><i>Quality Improvement Plan: Update materials to ensure members know how to file a complaint.</i></p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.6 Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable.		X				<p>As outlined in various policies and the Provider Manual, the PCSP is an individualized plan of care developed in collaboration with the participant and their family. The PCSP is maintained in the Phoenix system, and the Care Coordinator is responsible for its development, implementation, coordination, and ongoing monitoring. To support this process, the Monthly Summary Report serves as a tool to document and track the participants' progress toward their identified goals.</p> <p>The SCDHHS Contract, Appendix B requires a Team Medical Conference be conducted for members receiving enhanced primary care case management services. The contract specifies that 25 minutes per month should be allocated for this activity. During onsite discussion, Solutions shared that Medical Team Conferences are currently held on an as-needed basis, and that there is no formal documentation or policy in place that defines the process or frequency of these conferences.</p> <p><i>Quality Improvement Plan: Develop a policy to clearly define the process for conducting Team Medical Conferences as required by the SCDHHS contract.</i></p>
2.7 Processes to develop, implement, coordinate, monitor, and update individual Person-Centered Service Plans.	X					<p>As outlined in various policies and the Provider Manual, the PCSP is an individualized care plan developed in collaboration with the participant and their family. The PCSP is maintained in the Phoenix system, and the Care Coordinator is responsible for its development, implementation, coordination, and ongoing monitoring. To support this process, the Monthly Summary Report is used as a tool to</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>document and track the participant’s progress toward the goals outlined in the PCSP.</p> <p>According to Policy CHS.CM.MCCW.01.18, Person-Centered Service Plan, the PCSP must identify participant needs, long-term and short-term goals, as well as patient-specific interventions. However, during the file review, it was noted that the distinction between short-term and long-term goals was not identified in the PCSPs. Additionally, target dates for achieving goals were not included in the plans. The review also revealed a lack of documented physician involvement in the development of the PCSP. During onsite discussion, Solutions staff explained that PCSPs are not sent to physicians for review.</p> <p><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></p>
2.8 Processes to ensure caregiver/parent participation in and understanding of the Person-Centered Service Plan.	X					<p>As outlined in Policy CHS.CM.MCCW.01.16, Person-Centered Service Plan Signature Page, and Policy CHS.CM.MCCW.01.18, Person-Centered Service Plan, the PCSP is developed upon the participant’s initial enrollment and reviewed annually in collaboration with the participant and their family. The PCSP Signature Page is reviewed and signed by the</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						responsible party and/or participants that have the capacity to provide informed consent. The purpose of the signature page is to document the active involvement of the guardian and/or participant in the development of the PCSP.
2.9 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.	X					Policy CHS.CM.MCCW.03.02, Discharge Planning for Hospitalized Enrolled Participants, outlines the procedures for managing the hospital discharge process. Discharge planning begins at the time of admission and is led by the care coordinator. The care coordinator is responsible for monitoring the participant's status, coordinating necessary services, and ensuring continuity of care following discharge from the hospital.
2.10 Processes for reporting suspected abuse, neglect, or exploitation of a participant.	X					Policy CHS.CM.MCCW.01.12, Child and Adult Protective Services, outlines the procedures for reporting suspected abuse, neglect, or exploitation of a participant. Care Coordinators, Care Advocates, and all staff are responsible for reporting such concerns to the appropriate authorities. During the Pre-Admission Screening visit and annually thereafter, the Care Coordinator reviews the Child Protective Services information and contact forms with the responsible party and obtains their signature. When a report of suspected abuse, neglect, or exploitation is made, the Care Coordinator must document the incident by entering a Critical Incident in the participant's Phoenix chart within 24 hours or by the next business day. Ongoing monthly contacts will include assessment and follow-up on the reported incident, with appropriate support or intervention provided as needed.

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.11 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.	X					Policy CHS.CM.MCCW.04.02, Backup Service Provision, outlines the process to ensure continuity of care when a current Care Coordinator is unable to provide services to a participant. In such cases, Solutions will assign backup personnel located in close proximity to the participant to continue coordinating care. If backup services cannot be provided, Solutions will notify SCDHHS within five business days.
3. The organization provides a written, formal evaluation of the Person-Centered Plan to SCDHHS every 6 months or upon request.	X					<p>The initial PCSP is submitted to Phoenix and updated by the Care Coordinator twice a year, or more frequently as needed. The MSR serves as a comprehensive overview of the PCSP, confirming that it is reviewed and updated in Phoenix during both semiannual and annual visits, and whenever necessary, as described in Policy CHS.CM.MCCW.01.18, Person Centered Plan, and Policy CHS.CM.MCCW.01.16, Person Centered Service Plan Signature Page.</p> <p>Policy CHS.CM.MCCW.03.01, Discharge Planning/Disenrollment, outlines the procedures to follow when participants no longer meet eligibility for the MCCW program. When disenrollment occurs, participants and their designated representatives are provided with information on alternative resources and services. Care Coordinators also assist by referring individuals to other appropriate programs and supporting them through the application process to ensure continuity of care.</p>
4. The organization conducts Care Coordination and Case Management functions as required by the contract.		X				Constellation's review of the case management files identified the following findings:

2025 External Quality Review

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<ul style="list-style-type: none"> Seven files did not comply with Policy CHS.CM.MCCW.01.08, as there was no evidence that care planning documents were sent to or signed by a physician as required. 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>Quality Improvement Plan: Establish procedures for monitoring the case management files to ensure compliance with policy regarding physician review of the monthly summaries and the documentation of a Team Medical Conference as required by the SCDHHS contract.</i></p> <p><i>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.</i></p> <p><i>Recommendation: Increase the number of visits documented in the client record.</i></p>

2025 External Quality Review

ATTACHMENTS

- Attachment 1: Initial Notice and Materials Requested for Desk Review
- Attachment 2: Materials Requested for Onsite Review
- Attachment 3: Assessment of Quality Improvement Plans from Previous EQR

2025 External Quality Review

Attachment 1: Initial Notice and Materials Requested for Desk Review



June 23, 2025

Dr. Bobbie Freeman
SC Solutions
PO Box 1763
Columbia, SC 29202

Dear Dr. Freeman:

At the request of the South Carolina Department of Health and Human Services (SCDHHS) this letter serves as notification that the 2025 External Quality Review (EQR) of South Carolina Solutions (Solutions) is being initiated. An external quality review (EQR) conducted by Constellation Quality Health (Constellation) is required by your contract with SCDHHS in relation to your organization's administration of the Medically Complex Children's Waiver program for Medicaid recipients.

The methodology used by Constellation to conduct this review will follow the protocols developed by the Centers for Medicare and Medicaid Services (CMS) for external quality review of Medicaid Managed Care Organizations. As required by these protocols, the review will include both a desk review, virtual onsite visit and will address all contractually required services as well as follow-up of any areas of weakness identified during the previous review. The Constellation EQR team plans to conduct the virtual onsite on August 13th. In preparation for the desk review, the items on the enclosed desk materials list should be provided to Constellation Quality Health no later than July 7, 2025.

To help with submission of the desk materials, we have set up a secure file transfer site to allow health plans under review to submit desk materials directly to Constellation through the site. The file transfer site can be found at: <https://eqro.thecarolinascenter.org>

An opportunity for a conference call with your staff, to describe the review process and answer any questions prior to the onsite visit, is being offered as well. Please contact me directly at 803-212-7582 if you would like to schedule time for either of these conversational opportunities.

Thank you and we look forward to working with you.

Sincerely,

A handwritten signature in black ink that reads "Sandi Owens".

Sandi Owens, LPN
Project Manager, External Quality Review

cc: SCDHHS

South Carolina Solutions

External Quality Review

MATERIALS REQUESTED FOR DESK REVIEW

1. Copies of all current policies and procedures, as well as a complete index which includes policy name, number, and department owner. The date of the addition/review/revision should be identifiable on each policy.
2. A current Organizational chart listing staff for all functions. Include the number of employees in each department, any vacancies, and key managers responsible for those departments. If this is a corporate organizational chart, please identify those staff who are responsible for overseeing South Carolina Solutions activities. *From the organizational chart, we will randomly select personnel files to be submitted for review and provide a list of the file components needed.*
3. A list of all employees that includes the employee's date of hire, credentials, and area(s) of responsibility.
4. A description of any updates or changes in requirements disseminated by SCDHHS.
5. Current membership demographics including total enrollment and distribution by age ranges, sex, and county of residence.
6. A current provider list/directory as supplied to members.
7. A copy of the current Compliance Plan or policies and procedures addressing compliance, fraud, waste, and abuse.
8. A copy of the Quality Improvement, Care Coordination/Case Management Program Descriptions.
9. The Quality Improvement work plans for 2024 and 2025.
10. The most recent reports summarizing the effectiveness of the Quality Improvement and Care Coordination/ Case Management Programs.
11. A committee matrix for all committees. For each committee, please include the following:
 - a. A copy of the committee charter. Include the committee's responsibilities, meeting frequency, and the required voting quorum.

- b. Membership list indicating which members are voting members. Include the professional specialty of any non-staff members.
12. Minutes of all meetings for all committees reviewing or taking action on SC Solutions-related activities from June 2024 to May 2025. All relevant attachments (e.g., reports presented, materials reviewed) should be included. If attachments are provided as part of another portion of this request, a cross-reference is satisfactory, rather than sending duplicate materials.
13. A complete list of all members enrolled in the care coordination/case management programs from June 2024 to May 2025. Please include open and closed cases, the member's name, Medicaid ID number, referral date, and condition or diagnosis which triggered the need for care coordination or case management services. Also, indicate which members are receiving Enhanced Primary Care Case Management services. *From these files we will randomly select specific files for review.*
14. A copy of staff handbooks/training manuals, orientation, and educational materials. Please include training dates and rosters for all internal and external staff.
15. A copy of written information provided to new participants.
16. A copy of materials used for initial provider training/orientation. Please include training dates and rosters for all provider trainings/orientation conducted within the past 12 months.
17. A copy of any member and provider newsletters, educational materials, and/or other mailings.
18. A copy of the provider handbook or manual, if applicable.
19. A sample provider contract.
20. Please provide a completed Information Systems Capabilities Assessment (ISCA) form. Areas on the ISCA form not applicable to your organization may be marked as N/A.
21. A copy of the Business Continuity/Disaster Recovery Plan. The Business Continuity plan should include policy and associated action steps to ensure staffing when participants exercise freedom of choice of care coordinator.
22. A copy of the most recent disaster recovery or business continuity plan test results.
23. An organizational chart for the IT/IS department and a corporate organizational chart that shows the location of the IT organization within the corporation.
24. A description of the data security policy with respect to email and PHI.

25. Copies of the June 2024 to May 2025 monthly reports submitted to SCDHHS as required by Appendix B, Scope of Service, number 4.

These materials:

- should be organized and uploaded to the secure Constellation Quality Health EQR File Transfer site at <https://egro.thecarolinascenter.org>
- submitted in the categories listed

2025 External Quality Review

Attachment 2: Materials Requested for Onsite Review

SC Solutions

External Quality Review 2025

MATERIALS REQUESTED FOR ONSITE REVIEW

1. Copies of all committee minutes for committees that have met since the desk materials were submitted.
2. Documentation of provider trainings completed since July 2024.
3. Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks.

2025 External Quality Review

Attachment 3: Assessment of Quality Improvement Plans from Previous EQR

ASSESSMENT OF QUALITY IMPROVEMENT PLANS FROM PREVIOUS EQR

SC Solutions 2024 EQR Quality Improvement Plan Response and Review

2024 EQR Findings	Actions Taken by the Health Plan 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 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</p>	<p><i>Please see the QIP timeline below starting with 2024 Q1:</i></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 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</p>	<p>✓</p>	

2024 EQR Findings	Actions Taken by the Health Plan to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
<p>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 Provider Network Orientation/Training. Provide the timeframe within which this compliance will be achieved.</i></p>	<p>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> <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</p>		

2024 EQR Findings	Actions Taken by the Health Plan to Address Findings	2025 EQR Findings	
		Corrected	Not Corrected
	<p>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> <p>2/5/25 Revised health plan 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>		

2024 EQR Findings	Actions Taken by the Health Plan to Address Findings	2025 EQR Findings	
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	<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 ○ 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 		

2024 EQR Findings	Actions Taken by the Health Plan to Address Findings	2025 EQR Findings	
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	<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>		