2022 External Quality Review

WELLCARE PRIME BY ABSOLUTE TOTAL CARE

Submitted: March 2, 2023

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

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EXECUTIVE SUMMARY

At the request of the South Carolina Department of Health and Human Services (SCDHHS), The Carolinas Center for Medical Excellence (CCME) conducted an External Quality Review (EQR) of Wellcare Prime (Wellcare), a South Carolina Healthy Connections Prime Medicare-Medicaid Plan operated by Absolute Total Care (ATC). This review focused on network adequacy for home and community-based services (HCBS) providers and behavioral health providers, over- and under-utilization, and care transitions.

The goals of the review are to:

- Determine if Wellcare is in compliance with service delivery as mandated in the contract with SCDHHS and in the federal regulations.
- Evaluate the status of deficiencies identified during the 2021 annual external quality review and any ongoing quality improvements taken to remedy those deficiencies.
- Provide feedback for potential areas of continued improvement.
- Validate that contracted health care services are being delivered and are of acceptable quality.

Methodology

The process CCME used for the EQR is based on the protocols the Centers for Medicare & Medicaid Services (CMS) developed for Medicaid MCO EQRs. The review includes a desk review of documents and a virtual onsite visit conducted on February 1, 2023, and February 2, 2023.

Summary and Overall Findings

An overview of the findings for each section follows and is detailed in the tabular spreadsheet (Attachment 1). CCME classifies areas of review as meeting a standard "Met," acceptable but needing improvement "Partially Met," or failing a standard "Not Met."

Network Adequacy:

Wellcare is required by the *SCDHHS Contract* to maintain a network of Home and Community Based Services (HCBS) providers sufficient to provide all enrollees with access to a full range of covered services in each geographic area. SCDHHS established a minimum of at least two providers for each service in each county except Anderson, Charleston, Florence, Greenville, Richland, and Spartanburg. For these larger counties, a minimum of three providers for each service was established. The HCBS services include:

- Adult Day Health
- Case Management

- Home Delivered Meals
- Personal Emergency Response System (PERS)
- Personal Care
- Respite
- Telemonitoring

CCME requested a complete list of all contracted HCBS providers currently in Wellcare's network. The minimum number of required providers for each county was calculated and compared to the number of current providers for the seven different services. The HCBS adequacy rate for this year was calculated as 99.7% (321 service minimums out of 322 services were met). Aiken county only had one unique Adult Day Health provider contracted. The minimum number required for Aiken County is two. CCME would recommend Wellcare recruit additional Adult Day Health providers who can serve members in Aiken County.

Refer to *Table 1: HCBS Provider Adequacy Results* for a detailed breakdown by county and service.

TABLE 1: HCBS Provider Adequacy Results

County/Services	Unique Providers	Minimum Required	Score
Abbeville			
Adult Day Health	4	2	Met
Case Management	3	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	24	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Aiken			
Adult Day Health	1	2	Not Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	20	2	Met
Respite	5	2	Met
Telemonitoring	2	2	Met
Allendale			
Adult Day Health	2	2	Met
Case Management	5	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	14	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Anderson			
Adult Day Health	4	3	Met
Case Management	3	3	Met
Home Delivered Meals	3	3	Met
PERS	17	3	Met
Personal Care	32	3	Met
Respite	11	3	Met
Telemonitoring	3	3	Met
Bamberg			
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Barnwell			
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	18	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Beaufort			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	16	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Berkeley			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	19	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Calhoun			
Adult Day Health	5	2	Met
Case Management	4	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	19	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Charleston			
Adult Day Health	6	3	Met
Case Management	6	3	Met
Home Delivered Meals	4	3	Met
PERS	16	3	Met
Personal Care	22	3	Met
Respite	8	3	Met
Telemonitoring	4	3	Met
Cherokee			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	2	2	Met
PERS	16	2	Met
Personal Care	18	2	Met
Respite	6	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	4	2	Met
Chester			
Adult Day Health	6	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	23	2	Met
Respite	10	2	Met
Telemonitoring	3	2	Met
Chesterfield			
Adult Day Health	2	2	Met
Case Management	3	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	18	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Clarendon			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	18	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Colleton			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	19	2	Met
Respite	7	2	Met
Telemonitoring	4	2	Met
Darlington			

County/Services	Unique Providers	Minimum Required	Score
Adult Day Health	2	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Met
PERS	16	2	Met
Personal Care	21	2	Met
Respite	6	2	Met
Telemonitoring	2	2	Met
Dillon			
Adult Day Health	2	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	19	2	Met
Personal Care	17	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Dorchester			
Adult Day Health	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	20	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Edgefield			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	2	2	Met
Fairfield			
Adult Day Health	5	2	Met
Case Management	4	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	27	2	Met
Respite	9	2	Met
Telemonitoring	3	2	Met
Florence			
Adult Day Health	3	3	Met
Case Management	5	3	Met
Home Delivered Meals	4	3	Met
PERS	19	3	Met
Personal Care	24	3	Met
Respite	6	3	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	20	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Greenville			
Adult Day Health	5	3	Met
Case Management	4	3	Met
Home Delivered Meals	4	3	Met
PERS	18	3	Met
Personal Care	33	3	Met
Respite	13	3	Met
Telemonitoring	5	3	Met
Greenwood			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	26	2	Met
Respite	10	2	Met
Telemonitoring	2	2	Met
Hampton			
Adult Day Health	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	14	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Horry			
Adult Day Health	3	2	Met
Case Management	7	2	Met
Home Delivered Meals	2	2	Met
PERS	17	2	Met
Personal Care	19	2	Met
Respite	5	2	Met
Telemonitoring	2	2	Met
Jasper			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	4	2	Met
Kershaw			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	28	2	Met
Respite	11	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Lancaster			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	22	2	Met
Respite	12	2	Met
Telemonitoring	2	2	Met
Laurens			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	33	2	Met
Respite	12	2	Met
Telemonitoring	4	2	Met
Lee			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	12	2	Met
Telemonitoring	3	2	Met
Lexington			
Adult Day Health	7	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	35	2	Met
Respite	10	2	Met
Telemonitoring	4	2	Met
Marion			

County/Services	Unique Providers	Minimum Required	Score
Adult Day Health	3	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	22	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Marlboro			
Adult Day Health	2	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	19	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
McCormick			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	18	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Newberry			
Adult Day Health	10	2	Met
Case Management	6	2	Met
Home Delivered Meals	5	2	Met
PERS	17	2	Met
Personal Care	27	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Oconee			
Adult Day Health	2	2	Met
Case Management	2	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	22	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Orangeburg			
Adult Day Health	7	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	25	2	Met
Respite	9	2	Met
Telemonitoring	4	2	Met
Pickens			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	31	2	Met
Respite	12	2	Met
Telemonitoring	4	2	Met
Richland			
Adult Day Health	8	3	Met
Case Management	6	3	Met
Home Delivered Meals	4	3	Met
PERS	17	3	Met
Personal Care	40	3	Met
Respite	12	3	Met
Telemonitoring	4	3	Met
Saluda			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	23	2	Met
Respite	7	2	Met
Telemonitoring	3	2	Met
Spartanburg			
Adult Day Health	6	3	Met
Case Management	5	3	Met
Home Delivered Meals	3	3	Met
PERS	17	3	Met
Personal Care	32	3	Met
Respite	14	3	Met
Telemonitoring	5	3	Met
Sumter			
Adult Day Health	7	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	24	2	Met
Respite	9	2	Met
Telemonitoring	2	2	Met
Union			
Adult Day Health	7	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	25	2	Met
Respite	10	2	Met
Telemonitoring	4	2	Met
Williamsburg			
Adult Day Health	4	2	Met
Case Management	7	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	19	2	Met
Respite	6	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
York			
Adult Day Health	5	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	23	2	Met
Respite	12	2	Met
Telemonitoring	2	2	Met
Total that Met Minimum (sum of all services across 46 counties with minimum required providers met)	321		
Total Required (sum all of services across 46 counties: (46 counties, 7 services for each county)	322		
Percentage Met	99.7%		
VALIDATION DECISION	**MET**		

Validation Decision Categories: Met = 91% or higher; Partially Met = 51% -90%; Not Met = <50%

Plans are also required to have a network of behavioral health (BH) providers to ensure a choice of at least two providers located within no more than fifty miles from any enrollee unless the plan has a SCDHHS-approved alternative time standard. All network providers must serve the target population (i.e., adults aged 65 and older) and at least one of the BH providers used to meet the two providers per 50-mile requirement must be a Community Mental Health Center (CMHC).

Information about BH providers was submitted to the desk materials. The requirements as set forth by the State were compared to submitted information. The Quest Analytics' GeoAccess Network Analysis report showed that 99.9% had access to a psychiatrist; 99.4% had access to a psychologist; 100% had access to a social worker; and 99.9% had access to a CMHC. Wellcare met all network adequacy requirements for BH providers.

Evaluation of Over/Under Utilization:

Over- and under-utilization focuses on five key indicators: 30-day hospital readmission rates for any potentially avoidable hospitalization, length of stay for hospitalizations, length of stay in nursing homes, emergency room utilization, and the number and percentage of enrollees receiving mental health services.

Wellcare submitted reports on utilization in the five required services, as well as other services. Length of stay for hospitalizations declined from 11.5 to 11.2 in quarter three but was still above the expected rate of 6.5 days. The readmission rate increased from 12.4% in quarter one to 13.8% in quarter three. However, this rate remains below the target rate of 14.5%. The Behavioral Health service rate was at 2.2% in September 2022, which was a reduction from the January 2022 rate of 4.2%. The Skilled Nursing Facility length of stay rate showed an overall decline from 27 days in quarter one to 20 days in quarter four. Emergency room visits per 1000 increased in October (745) and November 2022 (744) relative to the September 2022 rate of 653 per 1000 enrollees. The reason for the emergency room visits were not reported in the trending report. CCME found no issues with Wellcare's evaluation of their over- and under-utilization reports.

Care Transitions:

The Healthy Connections Prime Care Management Program Description 2022 defines the program's purpose, scope, goals, objectives, and structure, and describes Care Management processes.

CCME reviewed care transitions files for a sample of members who were noted to have a readmission for specific diagnoses within 30 days of a previous discharge. Overall, the files reflected good documentation of supports needed by members after discharge, as well as barriers and interventions to address those barriers. The files also reflected attempts to obtain alternate contact information for members who were difficult to reach, letters to members notifying them of unsuccessful outreach attempts, and documentation of medication reconciliations.

Issues noted in the files included untimely attempts to contact members/caregivers within 72-hours of discharge for eight member files; lack of documentation of interaction with facility Case Managers or Discharge Planners for six files; and lack of documentation of collaboration with the PCP for three files. These are all repeat findings from the previous EQR. *Table 2: Previous Care Transitions Quality Improvement Items* displays the findings from the 2021 EQR and Wellcare's response.

Table 2: Previous Care Transitions Quality Improvement Items

Standard	EQR Comments
III. Care Transitions	
1. The CICO conducts appropriate care transition functions, as defined by the CICO 3-Way Contract, Section 2.5 and 2.6, to minimize unnecessary complications related to care setting transitions.	The Healthy Connections Prime Care Management Program Description 2021 provides an overview of the program's purpose, scope, structure, goals, and objectives. Related policies, such as Policy SC.MMP.CM.24, Discharge Planning and Outreach, and SC.MMP.UM.02, Care Transitions, provide additional information

Standard	EQR Comments
	and guide staff in conducting transition of care (TOC) activities for members transitioning between care settings. CCME reviewed 36 files for members who were readmitted within 30 days of a hospital discharge and noted an overall improvement in the frequency of interdisciplinary care team meetings. The files reflected staff make multiple attempts to contact members after discharge, including attempting to get additional or alternate contact information from providers, facilities, etc. Overall, the files included documentation of clinical and non-clinical barriers and support. Issues identified through the file review included: •Lack of documentation of interaction with facility Case Managers or Discharge Planners was noted for six files. •Lack of documentation of collaboration with the PCP was noted for seven files. •Untimely – or no – attempts to contact members/caregivers within 72-hours of discharge in five files. •Lack documentation of completion of a full assessment post discharge was noted for 13 files. It was noted that Policy SC.CM.24, Discharge Planning and Outreach – MMP, indicates "A subsequent HRA and ICT meeting is scheduled if hospitalization resulted from change in condition or functional status" and that if "admission resulted in minor changes in health condition" the Care Coordinator may update only applicable components of the health risk assessment specific to the condition in a clearly documented outreach note. However, the *SC CICO Three-Way Contract, Section 2.6.3.9.4*, requires the CICO to conduct a reassessment and ICP update upon any of the following trigger events: hospital admission, care setting transition, change in functional status, loss of caregiver, changes in or additions of a diagnosis, and if requested by the member of the multidisciplinary team. Also, in some notes included in the files, the admission and discharge date fields were not completed, making it difficult to associate the note to a particular admission event. *Quality Improvement Plan: Ensure files include thorough and complete documentation of all required activities, including collaboration with facility Case Managers or Discharge Planners, collaboration with the PCP, a post-discharge TOC assessment within 72-hours of discharge, and completion of a full assessment when there is a hospital admission or other care setting transition. Also, ensure the admission and discharge date fields are entered on case notes to allow the notes to be associated with an admission/transition event, where applicable.*
Wellcare Response: See Policy SC.CM.24 and Retraining	

Wellcare collects data on member transitions resulting in a higher level of care. During the previous (2021) EQR, CCME could not determine if data for transitions to higher levels of care was analyzed and discussed to evaluate for contributing factors or to identify improvement opportunities. Wellcare addressed this issue with a Quality Improvement Plan. The table that follows provides an overview of the previously identified issue and Wellcare's response.

Table 3: Care Transition Analysis Quality Improvement Items

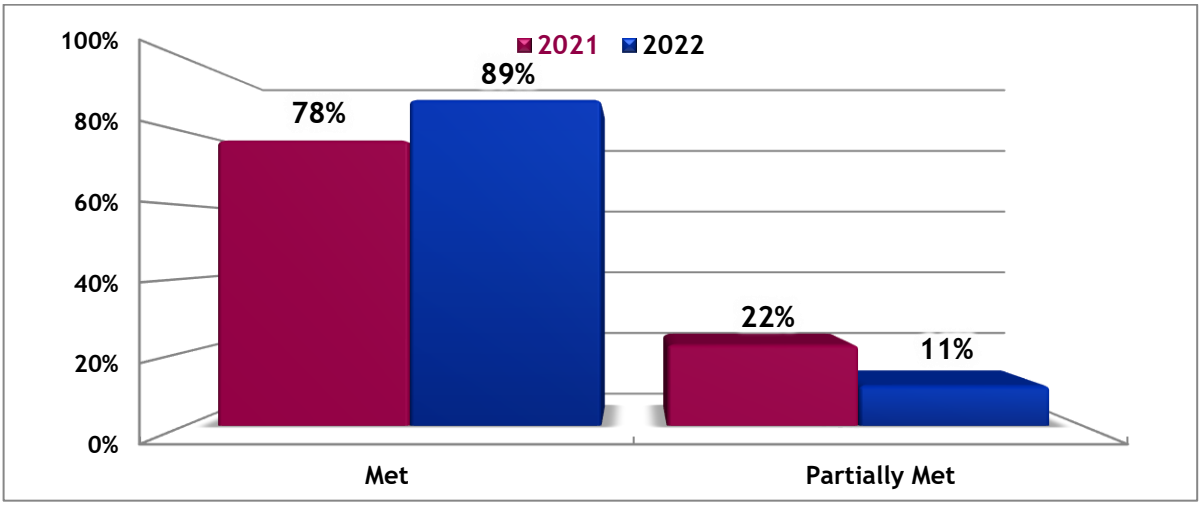
Standard	EQR Comments
III. Care Transitions	
2. Transitions that result in a move to a higher level of care are analyzed to determine factors that contributed to the change and actions taken by the CICO to improve outcomes.	ATC tracks and monitors member transitions resulting in a higher level of care. During the period of December 2020 to November 2021, 1,225 MMP members experienced a transition of care. Of the 1,225 members, 154 (13%) transitioned to a higher level of care. CCME could not identify documentation that ATC analyzed or reviewed the 154 transitions that resulted in a higher level of care to identify barriers or improvement opportunities, or any actions taken to improve outcomes. Quality Improvement Plan: Develop and implement a process to analyze and review member transitions to a higher level of care to identify contributing factors and to implement actions to improve outcomes.
Wellcare Response: See Policy SC.CM.24 and Retraining	

For this EQR, Wellcare submitted the 2022 Transition to Higher Level of Care Analysis that covered January through November 2022. Of the 1523 care transitions in 2022, 174 were to a higher level of care. This represented 11.4% of all transitions according to the report. Specific events are researched in depth to identify barriers, problems, or opportunities to address those barriers. The results of this report are reported to the Utilization Management Committee.

Conclusions

The 2022 Annual EQR found that 89% of the standards reviewed were scored as "Met." As the following chart indicates, 11% of the standards were scored as "Partially Met." The chart that follows provides a comparison of the current review results to the 2021 review results.

Figure 1: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

During the 2021 EQR, there were two standards scored as "Partially Met" and no standards received a "Not Met" score. Following the 2021 EQR, Wellcare submitted a Quality Improvement Plan to address the deficiencies identified. CCME reviewed and accepted the Quality Improvement Plan on April 8, 2022. The following is a high-level summary of those deficiencies:

- CCME reviewed 36 files for members who were readmitted within 30 days of a hospital discharge. Issues identified through the file review included:
  - Lack of documentation of interaction with facility Case Managers or Discharge Planners was noted for six files.
  - Lack of documentation of collaboration with the PCP was noted for seven files.
  - Untimely – or no – attempts to contact members/caregivers within 72-hours of discharge in five files.
  - Lack documentation of completion of a full assessment post discharge was noted for 13 files. It was noted that Policy SC.CM.24, Discharge Planning and Outreach – MMP, indicates "A subsequent HRA and ICT meeting is scheduled if hospitalization resulted from change in condition or functional status" and that if "admission resulted in minor changes in health condition" the Care Coordinator may update only applicable components of the health risk assessment specific to the condition in a clearly documented outreach note. However, the *SC CICO Three-Way Contract, Section 2.6.3.9.4* requires the CICO to conduct a reassessment and ICP update upon any of the following trigger events: hospital admission, care setting transition, change in functional status, loss of caregiver, changes in or additions of a diagnosis, and if requested by the member of the multidisciplinary team.

- Also, in some notes included in the files, the admission and discharge date fields were not completed, making it difficult to associate the note to a particular admission event.

- CCME could not identify documentation that ATC analyzed or reviewed the 154 transitions that resulted in a higher level of care to identify barriers or improvement opportunities, or any actions taken to improve outcomes.

During the current EQR, CCME assessed the degree to which the health plan implemented the actions to address these deficiencies and found that all issues identified in the Care Transitions files were repeat findings from the previous EQR.

Table 4: Scoring Overview, provides an overview of the scoring of the current annual review as compared to the findings of the 2021 review. For 2022 review, eight out of nine standards received a score of "Met." One standard related to care transition functions received a "Not Met" score.

Table 4: Scoring Overview

	Met	Partially Met	Not Met	Total Standards	*Percentage Met Scores
Provider Network Adequacy					
2021	2	0	0	2	100%
2022	2	0	0	2	100%
Evaluation of Over/Under Utilization					
2021	5	0	0	5	100%
2022	5	0	0	5	100%
Care Transitions					
2021	0	2	0	2	0%
2022	1	1	0	2	50%
Totals					
2021	**7**	**2**	**0**	**9**	**78%**
2022	**8**	**1**	**0**	**9**	**89%**

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

ATTACHMENTS

Attachment 1: Tabular Spreadsheet

A. Attachment 1: Tabular Spreadsheet

The Carolinas Center *for* Medical Excellence

CCME CICO Data Collection Tool

Plan Name:	**Wellcare Prime by Absolute Total Care**
Collection Date:	2022

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
I. Provider Network Adequacy				
1. The CICO maintains a network of Home and Community Based Services (HCBS) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			CCME requested a complete list of all contracted HCBS providers currently in Wellcare's network. The minimum number of required providers for each county was calculated and compared to the number of current providers for the seven different services. The HCBS adequacy rate for this year was calculated as 99.7% (321 service minimums out of 322 services were met). Aiken county only had one unique Adult Day Health provider contracted. The minimum number required for Aiken County is two. *Recommendation: Recruit additional Adult Day Health providers who can serve members in Aiken County.*
2. The CICO maintains a network of behavioral health (BH) providers in each geographic area that is sufficient to provide	X			Information about BH providers was submitted with the desk materials. The requirements as set forth by the State were compared to submitted information. The Quest Analytics' GeoAccess Network Analysis report found that 99.9% had access

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
all enrollees with access to a full range of covered services.				to a psychiatrist; 99.4% had access to a psychologist;100% had access to a social worker; and 99.9% had access to a CMHC. Wellcare met all network adequacy requirements for BH providers.
II. Evaluation of Over/Under Utilization				
1. The CICO monitors and analyzes utilization data to look for trends or issues that may provide opportunities for quality improvement. Utilization data monitored should include, but not be limited to:				Over- and under-utilization focuses on five key indicators: 30-day hospital readmission rates for any potentially avoidable hospitalization, length of stay for hospitalizations, length of stay in nursing homes, emergency room utilization, and the number and percentage of enrollees receiving mental health services.
1.1 30-day hospital readmission rates for any potentially avoidable hospitalization (enrollees readmitted with a diagnosis of Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, and Skin Ulcers);	X			Readmissions increased from 12.4% in Q1 to 13.8% in Q3 but remains below the target rate of 14.5%.
1.2 Length of stay for hospitalizations;	X			Length of stay for hospitalizations declined from 11.5 to 11.2 in Q3 but was still above the expected rate of 6.5 days.
1.3 Length of stay in nursing homes;	X			Skilled Nursing Facility length of stay showed an overall decline from 27 days in Q1 to 20 days in Q4.
1.4 Emergency room utilization;	X			Emergency room visits per 1000 increased in October (745) and November 2022 (744) relative to the September 2022 rate of 653 per 1000 enrollees. The reason for visits were not reported in the trending report.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
1.5 Number and percentage of enrollees receiving mental health services.	X			The Behavioral Health service rate was at 2.2% in Sept 2022 which was a reduction from Jan 2022 at 4.2%.
III. Care Transitions				
1. The CICO conducts appropriate care transition functions, as defined by the CICO 3-Way Contract, Section 2.5 and 2.6, to minimize unnecessary complications related to care setting transitions.		X		The Healthy Connections Prime Care Management Program Description 2022 defines the program's purpose, scope, goals and objectives, and structure, and describes Care Management processes. CCME reviewed a sample of care transitions files for 35 members who were noted to have a readmission for specific diagnoses within 30 days of a previous discharge. Overall, the files reflected good documentation of supports needed by members after discharge, as well as barriers and interventions to address those barriers. The files also reflected attempts to obtain alternate contact information for members who were difficult to reach, letters to members notifying them of unsuccessful outreach attempts, and documentation of medication reconciliations. Issues noted in the files included: •Untimely attempts to contact members/caregivers within 72-hours of discharge for eight member files. •Lack of documentation of interaction with facility Case Managers or Discharge Planners was noted for six files. •Lack of documentation of collaboration with the PCP was noted for three files.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				Quality Improvement Plan: Ensure files include thorough and complete documentation of all required activities, including collaboration with facility Case Managers or Discharge Planners, collaboration with the PCP, and post-discharge TOC assessment within 72-hours of discharge.
2. Transitions that result in a move to a higher level of care are analyzed to determine factors that contributed to the change and actions taken by the CICO to improve outcomes.	X			For this EQR, Wellcare submitted the 2022 Transition to Higher Level of Care Analysis that covered January through November 2022. Of the 1523 care transitions in 2022, 174 were to a higher level of care. This represented 11.4% of all transitions according to the report. Specific events are researched in depth to identify barriers, problems, or opportunities to address those barriers. The results of this report are reported to the Utilization Management Committee.