2023 External Quality Review

MOLINA HEALTHCARE OF SOUTH CAROLINA

COORDINATED AND INTEGRATED CARE FOR MEDICARE-MEDICAID RECIPIENTS

Submitted: June 16, 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 Molina Healthcare of South Carolina's (Molina) Coordinated and Integrated Care for Medicare-Medicaid recipients. This review focused on network adequacy for home and community-based service (HCBS) and behavioral health providers, over- and under-utilization, and care transitions.

The goals of the review are to:

- Determine if Molina is following service delivery as mandated in the contract with SCDHHS and in the federal regulations.
- Evaluate the status of deficiencies identified during the 2022 annual external quality review and any ongoing quality improvements taken to remedy those deficiencies.
- Provide feedback for potential areas of further improvement.
- Validate contracted health care services are being delivered and of good 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 May 17 and 18, 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:

Molina 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 Molina'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. All 46 counties in SC had at least one member in the MMP Member Demographics 2022 file received with the desk materials. Of the 322 services across 46 counties, there were 41 services that did not meet the requirements and 281 that met the minimum requirements. This yielded a validation score of 87% (281/322). Only five counties met the minimum requirements for case management services. 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	3	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	6	2	Met
PERS	20	2	Met
Personal Care	44	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Aiken			
Adult Day Health	7	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	57	2	Met
Respite	17	2	Met
Telemonitoring	3	2	Met
Allendale			
Adult Day Health	7	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	43	2	Met
Respite	12	2	Met
Telemonitoring	4	2	Met
Anderson			
Adult Day Health	9	3	Met
Case Management	0	3	Not Met
Home Delivered Meals	6	3	Met
PERS	22	3	Met
Personal Care	68	3	Met
Respite	18	3	Met
Telemonitoring	4	3	Met
Bamberg			
Adult Day Health	9	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	48	2	Met
Respite	13	2	Met
Telemonitoring	4	2	Met
Barnwell			
Adult Day Health	6	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	46	2	Met
Respite	15	2	Met
Telemonitoring	4	2	Met
Beaufort			
Adult Day Health	5	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	45	2	Met
Respite	17	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Berkeley			
Adult Day Health	8	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	48	2	Met
Respite	16	2	Met
Telemonitoring	4	2	Met
Calhoun			
Adult Day Health	11	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	50	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Charleston			
Adult Day Health	9	3	Met
Case Management	0	3	Not Met
Home Delivered Meals	5	3	Met
PERS	18	3	Met
Personal Care	57	3	Met
Respite	16	3	Met
Telemonitoring	4	3	Met
Cherokee			
Adult Day Health	3	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	43	2	Met
Respite	14	2	Met
Telemonitoring	5	2	Met
Chester			

County/Services	Unique Providers	Minimum Required	Score
Adult Day Health	8	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	46	2	Met
Respite	17	2	Met
Telemonitoring	3	2	Met
Chesterfield			
Adult Day Health	4	2	Met
Case Management	2	2	Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	43	2	Met
Respite	16	2	Met
Telemonitoring	3	2	Met
Clarendon			
Adult Day Health	6	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	19	2	Met
Personal Care	56	2	Met
Respite	19	2	Met
Telemonitoring	3	2	Met
Colleton			
Adult Day Health	8	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	43	2	Met
Respite	15	2	Met
Telemonitoring	4	2	Met
Darlington			
Adult Day Health	3	2	Met
Case Management	2	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	19	2	Met
Personal Care	58	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
Dillon			
Adult Day Health	3	2	Met
Case Management	2	2	Met
Home Delivered Meals	4	2	Met
PERS	19	2	Met
Personal Care	50	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
Dorchester			
Adult Day Health	9	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	48	2	Met
Respite	15	2	Met
Telemonitoring	4	2	Met
Edgefield			
Adult Day Health	3	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	41	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Fairfield			
Adult Day Health	8	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	63	2	Met
Respite	18	2	Met
Telemonitoring	3	2	Met
Florence			
Adult Day Health	4	3	Met
Case Management	2	3	Not Met
Home Delivered Meals	4	3	Met
PERS	19	3	Met
Personal Care	64	3	Met
Respite	16	3	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	6	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	59	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Greenville			
Adult Day Health	9	3	Met
Case Management	0	3	Not Met
Home Delivered Meals	6	3	Met
PERS	22	3	Met
Personal Care	78	3	Met
Respite	17	3	Met
Telemonitoring	5	3	Met
Greenwood			
Adult Day Health	4	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	6	2	Met
PERS	19	2	Met
Personal Care	57	2	Met
Respite	16	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Hampton			
Adult Day Health	5	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	37	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Horry			
Adult Day Health	6	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	56	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
Jasper			
Adult Day Health	5	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	38	2	Met
Respite	15	2	Met
Telemonitoring	4	2	Met
Kershaw			
Adult Day Health	11	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	19	2	Met
Personal Care	63	2	Met
Respite	20	2	Met
Telemonitoring	3	2	Met
Lancaster			

County/Services	Unique Providers	Minimum Required	Score
Adult Day Health	7	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	55	2	Met
Respite	17	2	Met
Telemonitoring	3	2	Met
Laurens			
Adult Day Health	4	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	7	2	Met
PERS	20	2	Met
Personal Care	69	2	Met
Respite	18	2	Met
Telemonitoring	5	2	Met
Lee			
Adult Day Health	4	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	19	2	Met
Personal Care	54	2	Met
Respite	18	2	Met
Telemonitoring	3	2	Met
Lexington			
Adult Day Health	10	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	84	2	Met
Respite	18	2	Met
Telemonitoring	4	2	Met
Marion			
Adult Day Health	3	2	Met
Case Management	1	2	Not Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	56	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
Marlboro			
Adult Day Health	3	2	Met
Case Management	2	2	Met
Home Delivered Meals	3	2	Met
PERS	19	2	Met
Personal Care	46	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
McCormick			
Adult Day Health	2	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	39	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Newberry			
Adult Day Health	10	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	5	2	Met
PERS	18	2	Met
Personal Care	61	2	Met
Respite	17	2	Met
Telemonitoring	3	2	Met
Oconee			
Adult Day Health	5	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	5	2	Met
PERS	21	2	Met

County/Services	Unique Providers	Minimum Required	Score
Personal Care	52	2	Met
Respite	18	2	Met
Telemonitoring	4	2	Met
Orangeburg			
Adult Day Health	14	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	72	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Pickens			
Adult Day Health	6	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	6	2	Met
PERS	21	2	Met
Personal Care	65	2	Met
Respite	17	2	Met
Telemonitoring	5	2	Met
Richland			
Adult Day Health	14	3	Met
Case Management	1	3	Not Met
Home Delivered Meals	4	3	Met
PERS	18	3	Met
Personal Care	96	3	Met
Respite	19	3	Met
Telemonitoring	4	3	Met
Saluda			
Adult Day Health	6	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	5	2	Met
PERS	18	2	Met
Personal Care	48	2	Met
Respite	14	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Spartanburg			
Adult Day Health	6	3	Met
Case Management	1	3	Not Met
Home Delivered Meals	6	3	Met
PERS	20	3	Met
Personal Care	76	3	Met
Respite	18	3	Met
Telemonitoring	5	3	Met
Sumter			
Adult Day Health	6	2	Met
Case Management	3	2	Met
Home Delivered Meals	5	2	Met
PERS	19	2	Met
Personal Care	68	2	Met
Respite	19	2	Met
Telemonitoring	3	2	Met
Union			
Adult Day Health	8	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	51	2	Met
Respite	16	2	Met
Telemonitoring	4	2	Met
Williamsburg			
Adult Day Health	5	2	Met
Case Management	1	2	Not Met
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	54	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
York			

County/Services	Unique Providers	Minimum Required	Score
Adult Day Health	6	2	Met
Case Management	0	2	Not Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	56	2	Met
Respite	18	2	Met
Telemonitoring	3	2	Met
Total that Met Minimum (sum of all services across 46 counties with minimum required providers met)	281		
Total Required (sum all of services across 46 counties: 46 counties, 7 services for each county)	322		
Percentage Met	87%		
VALIDATION DECISION	**Partially Met**		

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

CICOs are required to maintain a network of behavioral health (BH) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services. Plans are required to have a network of behavioral health providers to ensure a choice of at least two (2) providers located within no more than fifty (50) 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). At least one of the behavioral health providers used to meet the two (2) providers per fifty (50) mile requirement must be a Community Mental Health Center (CMHC).

Molina provided information regarding their in-network BH providers. The file demonstrated 100% of members had access to at least two BH providers and one CMHC in that access area. Allendale County did not meet the standard of 90% for an opioid treatment clinic nor a psychologist provider group. Bamberg County did not meet the 90% standard for the opioid treatment clinic. This is similar to the previous year’s findings. All counties had 100% of members showing access to at least two types of 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.

Molina conducts an analysis of utilization data to evaluate the effectiveness of program interventions and to identify any opportunities to modify and improve these programs. Molina provided their over and under utilization data for the following categories:

- Length of Stay-Hospitalization
- Length of Stay-Long Term Care (skilled intermediate and/or assisted living facility)
- Emergency Room utilization
- Number and percentage of enrollees receiving mental health services

The hospitalization length of stay rate declined from 7.9 days to 7.3 days. The length of stay of skilled nursing facilities also declined from 21.4 days to 18.3 days. The ER utilization rate declined from 907 per 1000 enrollees to 783 per 1000 enrollees. Readmissions declined from 61 in the previous year to 46 in the current year. For members receiving behavioral health services, the rate increased from 7.9% to 8.5%.

These rates are monitored, trends are analyzed, and any identified issues are addressed.

Care Transitions:

Molina's Transition of Care Program aims to identify and address the member's transition needs through assessments, care planning and engaging others to address any gaps or deficits related to the member's transition. The SC MMP Care Transition Program Description, Policy MHSC-HCS-CM-068-MMP, Molina Transitions of Care, and the associated procedure describe Molina's care transition process.

CCME reviewed a sample of 30-day readmission files submitted by Molina. The initial review findings were discussed during the onsite. Additional information was provided, and the following is a summary of the issues identified after reviewing the additional information:

- Files lack documentation of collaboration with the facility Case Management or Discharge Planning staff to ensure a safe transition. Most of the documentation was the communication to the facility regarding the approval of the admission.
- Documentation of any needed clinical and non-clinical supports, transition/aftercare appointments, and any barriers for after-care was lacking in two files.
- Three files lacked documentation of outreach to the member to conduct the 72-hour follow-up post discharge. For one of the three files, the attempt to reach the member was documented; however, this attempt was outside of the 72-hour window.
- Medication monitoring adherence after the initial 72-hour follow-up was not evident in four files.

- Some files did not provide evidence of reassessments following a trigger event or an explanation for why one was not done.

These findings were the same or similar to the findings from the 2022 EQR. *Table 2: Previous Care Transitions Quality Improvement Items* provides an overview of the deficiency and Molina's response.

Table 2: Previous Care Transitions Quality Improvement Items

Standard	EQR Comments
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.	Care transition processes and staff activities are described in Policy MHSC-HCS-CM-068-MMP, Molina Transitions of Care, and the associated procedure. Molina's Transition of Care (TOC) Program is applicable to any members with transitions to and from home, hospitals, skilled nursing, rehabilitation, inpatient psychiatric care, etc. The role of TOC Coaches is to assist with coordination of care activities throughout the transition period to ensure aftercare is scheduled, services, and supports are in place, and transition needs are met. A review of a sample of TOC files revealed the following: •Some calls were documented to check on the member's inpatient status, but very few instances of collaboration with facility Case Management or Discharge Planning staff to ensure safe transition were documented. •Primary care provider (PCP) notifications of admission and discharge were inconsistent. Some files had no documentation of notification, while others stated the PCP could not be notified due to no PCP on file, etc. Some files indicated the TOC/CM staff would work to engage the member with a PCP, but no further action was documented. •Documentation of identified needed clinical and non-clinical supports, transition/aftercare appointments, and barriers to after-care was lacking in most files. •Some files had no documented attempts to contact the member to conduct the 72-hour follow-up post discharge. However, some files did include documented attempts to conduct the 72-hour follow-up, but many of the first attempts were outside of the 72-hour window. •Few files included documentation of post-discharge assessments. Molina documented that some of the members could not be contacted, but for others, there was no explanation included in the file.

Standard	EQR Comments
	These findings were discussed with Molina during the onsite visit, and Molina explained issues they had identified, and actions taken to resolve the identified issues. *Quality Improvement Plan: Review existing processes and make necessary changes to ensure TOC files reflect clear documentation of all activities required by the CICO 3-Way Contract, Section 2.5 and 2.6. All files should include documentation of:* *•Collaboration with facility Case Management/Discharge Planning staff.* *•PCP notification of each admission and discharge.* *•Activities undertaken to engage members with a PCP when no PCP is on file.* *•Identified clinical and non-clinical supports needed, transition/aftercare appointments, and barriers to after-care,* *•Attempts to contact the member to conduct the 72-hour follow-up within 72 hours of the member's discharge, and* *•Attempts to conduct post-discharge assessments for any of the trigger events noted in the CICO 3-Way Contract, Section 2.6.3.9.4.*

Molina Response:
In October 2021, we started assigning CMs to perform their own TOC processes. We have seen an improvement in TOC activities since that time. Prior to October, we had 2 TOC personnel assigned to these tasks. They struggled to complete outreaches to facilites, PCPs and members with the volume of admisions the MMP was experiencing.
1. UM Collabaration: Medicare Care Management is currently working to coordinate TOC efforts with the Enterprise Medicare Units UM (EMU) Team which is currently responsible for notifying CM and the PCP of admissions. There was a period during the transition to the EMU UM that SC CMs did not have access to EMU cases/information in our QNXT and UMK2 systems. Key UM information was not transferring to our Care Mgt System for a period of time in Summer 2021. Five out of six of the charts reviewed were from admissions during May, June and July. We continue to struggle to receive timely discharge information from facilities which leads to inaccuaracies in the daily inpatient census. This census is the primary source of information regarding admissions and discharges that is used my Molina CMs.
Goals:
A. Work toward a more streamlined hand-off between our internal Care Management and the inpatient UM staff who are working closely with hospital discharge planners. Update: 6.14.22 sucessfully re-instated direct notification from UM to the assigned CM when a member is discharged.
B. Collaborate with the Enterprise Medicare UM to identify stategies to make the current Inpatient Census more accuarate or investigate other sources of Admission Discharge and Transfer information from facilities. Target completion: July 2022

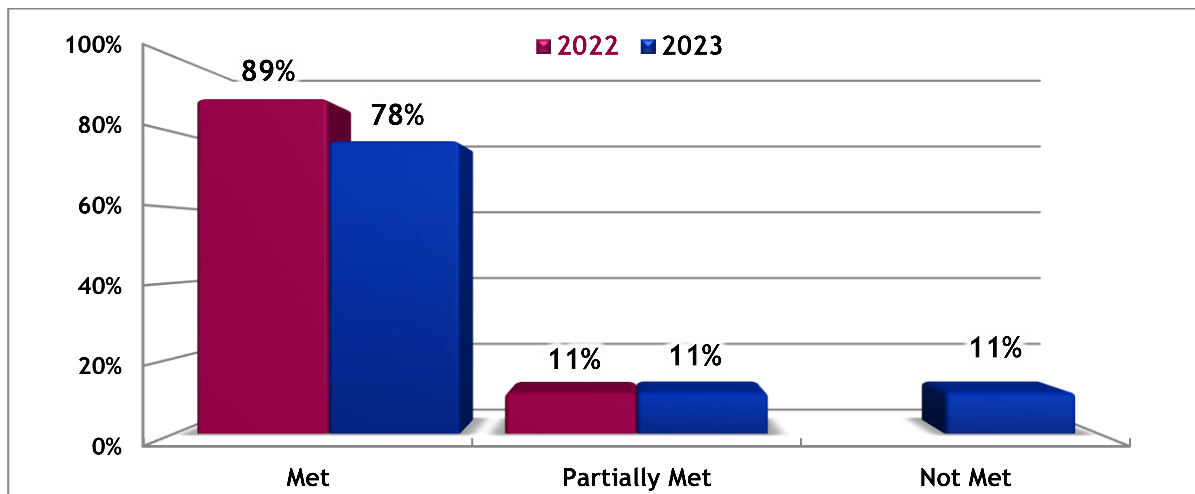
C. Train the Care Managers to phone the PCPs office immediately if a UM Admission notification fax to the PCP was not sent. Training completed 5.25.22

Standard	EQR Comments
D. Require all Care Managers to complete an online training course on how to request a PCP assignment, if one was not auto-assigned and the member has identified a PCP. Training completed 5.25.22 E. Update TOC Quick Reference Guides and audit forms to reflect changes in processes.Completed 6.08.22 F. Require all CMs to research UM DC planning case notes and facility contacts and upload into the CM documentation system. Completed 6.08.22 2. Auditing: Our plan for 2021 to perform real-time audits of 100% of cases with re-admisions was not successfully implemented. These duties have been reassigned to a staff member with more bandwidth to complete these audits. These audits will more accurately identify to the completion of crtical activties. This will help us note trends in outreach-timing, PCP notification, and TOC assessment completion. These audits will also allow us an opportunity to address and performance issues in a more timely manner. In progress and will contune on an on-going basis. 3. Work Group: Establish a work group of front-line CMs to work with Leadership to review audits and identify opportunities to further refine and streamline TOC processes. Group formed May 2022.	

Conclusions

The 2023 Annul EQR of Molina shows that 78% of the standards received a "Met" score. Network Adequacy and Care Transitions were the areas not meeting the requirements. The chart that follows provides a comparison of the current review results to the 2022 review results.

Figure 1: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

A. Attachment 1: Tabular Spreadsheet

The Carolinas Center *for* Medical Excellence

CCME CICO Data Collection Tool

Plan Name:	Molina Healthcare of SC MMP
Collection Date:	2023

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 Molina'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. All 46 counties in SC had at least one member in the MMP Member Demographics 2022 file received with the desk materials. Of the 322 services across 46 counties, there were 41 services that did not meet the requirements and 281 that met the minimum requirement. This yielded a validation score of 87% (281/322). Only five counties met the minimum requirements for case management services. *Quality Improvement Plan: Recruit additional case management providers for the 41 counties not meeting the minimum requirements for case management services.*

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
2. The CICO maintains a network of behavioral health (BH) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			Molina provided information regarding their in-network BH providers. The file demonstrated 100% of members had access to at least two BH providers and one CMHC in that access area. Allendale County did not meet the standard of 90% for an opioid treatment clinic nor a psychologist provider group. Bamberg did not meet the 90% standard for the opioid treatment clinic. This is similar to the previous year's findings. All counties had 100% of members showing access to at least two types of 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:				Molina conducts an analysis of utilization data to evaluate the effectiveness of program interventions and to identify any opportunities to modify and improve these programs. Molina provided their over- and under utilization data for the following categories: • Length of Stay-Hospitalization • Length of Stay-Long Term Care (skilled intermediate and/or assisted living facility) • Emergency Room utilization • 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 declined from 61 in the previous year to 46 in the current year.
1.2 Length of stay for hospitalizations;	X			The hospitalization length of stay rate declined from 7.9 days to 7.3 days.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
1.3 Length of stay in nursing homes;	X			The length of stay of skilled nursing facilities also declined from 21.4 days to 18.3 days.
1.4 Emergency room utilization;	X			The ER utilization rate declined from 907 per 1000 enrollees to 783 per 1000 enrollees.
1.5 Number and percentage of enrollees receiving mental health services.	X			For members receiving behavioral health services, the rate increased from 7.9% to 8.5%.
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 SC MMP Care Transition Program Description, Policy MHSC-HCS-CM-068-MMP, Molina Transitions of Care, and the associated procedure describe Molina's care transition process. CCME reviewed a sample of 30-day readmission files submitted by Molina. The initial review findings were discussed with Molina onsite. Additional information was provided, and the following is a summary of the issues identified after reviewing the additional information: • Files lack documentation of collaboration with the facility Case Management or Discharge Planning staff to ensure a safe transition. Most of the documentation was the communication to the facility regarding the approval of the admission. • Documentation of any needed clinical and non-clinical supports, transition/aftercare appointments, and any barriers for after-care was lacking in two files. • Three files lacked documentation of outreach to the member to conduct the 72-hour follow-up post discharge. For one of the three files, the attempt to reach the member was documented, however this attempt was outside of the 72-hour window.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				• Medication monitoring adherence after the initial 72-hour follow-up was not evident in four files. • Some files did not provide evidence of reassessments following a trigger event or an explanation for why one was not done. These findings were the same or similar to the findings from the 2022 EQR. *Quality Improvement Plan: Make necessary changes to ensure the requirements for member transitions are met. The TOC files should contain:* • *Documentation of the collaboration with the facility Case Management/Discharge Planner.* • *Any identified clinical and non-clinical support needed, transition/aftercare appointments, and barriers to after-care.* • *Documentation of contact with the member and/or care giver within 72 hours of the member's discharge.* • *Medication monitoring adherence after the initial 72-hour follow-up.* • *Attempts to conduct post-discharge reassessments for any of the trigger events.*
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			