



## Your Partner in Quality Health Care

We provide innovative services and cost-effective solutions to create healthier communities through improved care and reduced costs.

### Who We Are

As a 501(c)(3) nonprofit organization, The Carolinas Center for Medical Excellence (CCME) has been an established and trusted leader in health care quality for more than 30 years. We have earned this merit through our work in quality improvement initiatives, Medicaid review and program integrity, analytics, and consulting services.

With a team of highly trained professionals, CCME provides clinical review and technical assistance to help our clients ensure the care delivered is safe, effective, equitable, timely, and patient-centered. We achieve this by implementing best-practices and proven solutions improving population health, reviewing the financial integrity of health systems, and ensuring private practices and networks of providers have access to the latest technology and data-driven analytics.

Since 1984, CCME has performed utilization review and quality improvement activities as a CMS-designated Quality Improvement Organization (QIO)—and with the evolution of the system into Quality Innovation Networks—as a Quality Innovation Network-Quality Improvement Organization (QIN-QIO). We currently serve as the QIO for South Carolina and as a member of the Atlantic Quality Innovation Network. For 30 years we served as the QIO for North Carolina and now as a CMS-designated QIO-like entity.

### Our Partnerships

We have formed strong relationships across the continuum of care:



Federal Agencies



State Agencies



Hospitals



Home Health Agencies



Physician Offices



Nursing Homes



Pharmacies



Accountable Care Organizations



Hospitals Networks

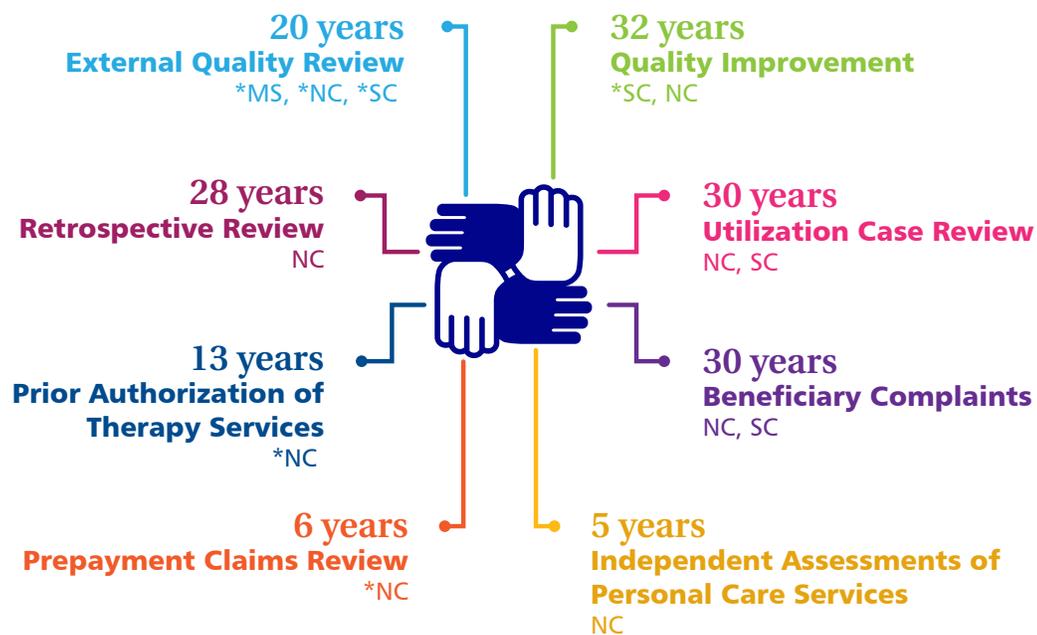


Managed Care Organizations

In addition to our quality improvement expertise, CCME has more than 20 years of experience providing multiple types of review services to state Medicaid agencies. Our review services include external quality review, prepayment claims review, prior authorization, and retrospective reviews.

## Scale of Our Expertise

CCME has more than 30 years of experience improving health care across multiple states.



## Empowering Excellence, Improving Care

With our experience in both quality improvement and review services, CCME stimulates collaboration and innovation among large-scale networks of health care providers, community leaders and stakeholders, and consumers to help transform health care models and processes, and improve patient outcomes.

CCME believes effective collaboration has played a vital role in advancing our nation's health care system, and we take pride in our role as a reliable and trusted partner. Health care providers recognize our expertise, clinical knowledge, and objectivity. As a result, we have led and participated in numerous concerted projects focused on patient safety, chronic disease prevention, and care transitions that have made a meaningful difference in the quality care across the health care landscape.

*\*Currently under contract to perform specific work*

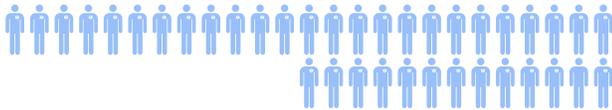
## COST SAVINGS & ROI

**\$68.6M** net cost-avoidance **savings\***

**\$131M** in **total savings** associated with **all Prepay** cost-savings **related activities**

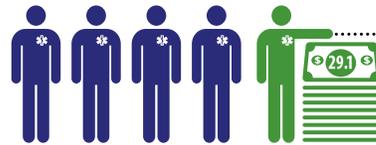
## IMPACT ON NETWORK

<**1%** of the entire NC Medicaid Network has been **impacted by the Program**



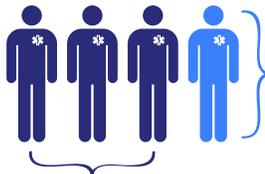
Almost **1 in 5** are referred for potential fraud or abuse investigation

**62%** are accepted for prosecution



**\$29.1M** annually in Medicaid billings are associated with these providers

### Process Completion & Compliance\*\*



Almost **1 in 4** never bill a single claim while on Prepay

**1 in 6** that submit  $\geq 1$  claim, never submit any medical records

The Prepay Program is conducted by CCME on behalf of the Program Integrity (PI) Unit, part of the North Carolina Department of Health and Human Services' (NC DHHS) Division of Medical Assistance (DMA).

\* CCME conservative calculation based only on providers terminated by DMA's PI Unit. Calculation data – 2010 (Program Inception) to June 2017.

\*\* Program compliance is defined as the submission of at least one claim and one medical record.

## Sharing Knowledge, Improving Quality CREATING HEALTHIER COMMUNITIES

To improve the quality of health care Americans receive, the U.S. Department of Health and Human Services established the National Quality Strategy. This strategy focuses on three broad aims: better health care, better health for people and communities, and affordable care through lowering costs by improvement.

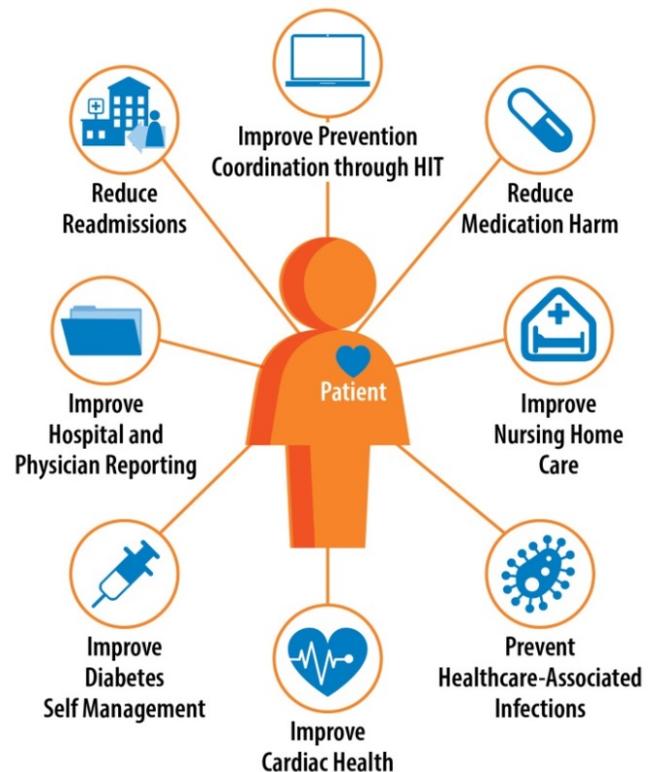
The Carolinas Center for Medical Excellence (CCME), a member of the Atlantic Quality Innovation Network (AQIN), partners with providers and stakeholders to meet objectives in support of the National Quality Strategy aims.

### Improving SC Health Care!

Providers, stakeholders, patients, and caregivers are invited to participate in statewide quality improvement programs. The AQIN South Carolina team facilitates education, via Learning and Action Networks with subject matter experts, sharing of best practices, and development of collaborative solutions to improve health care in the region. Each program works in concert with other national programs, including the Million Hearts® Campaign and the Advancing Excellence in Nursing Homes initiative.

### Learning and Action Networks

AQIN South Carolina is engaging health care providers, stakeholders, and patients in Learning and Action Networks (LANs) **at no charge** to lead rapid, large-scale change in health care quality. LANs convene stakeholders, providers, and improvement experts in an “all teach, all learn” model. They also provide educational webinars and conferences, encourage peer sharing, allow rapid testing of change ideas, and support for adapting and spreading successful improvements.



Source: TMF Quality Innovation Network

### Available Networks

- **Partners in Practice for Healthy Communities**
  - Preventing one million heart attacks and strokes by 2017
  - Improving health outcomes for people with diabetes and helping eliminate health disparities
  - Improving prevention coordination through meaningful use of health information technology
  - Assisting physicians, hospitals, and other providers with value-based payment and quality reporting programs

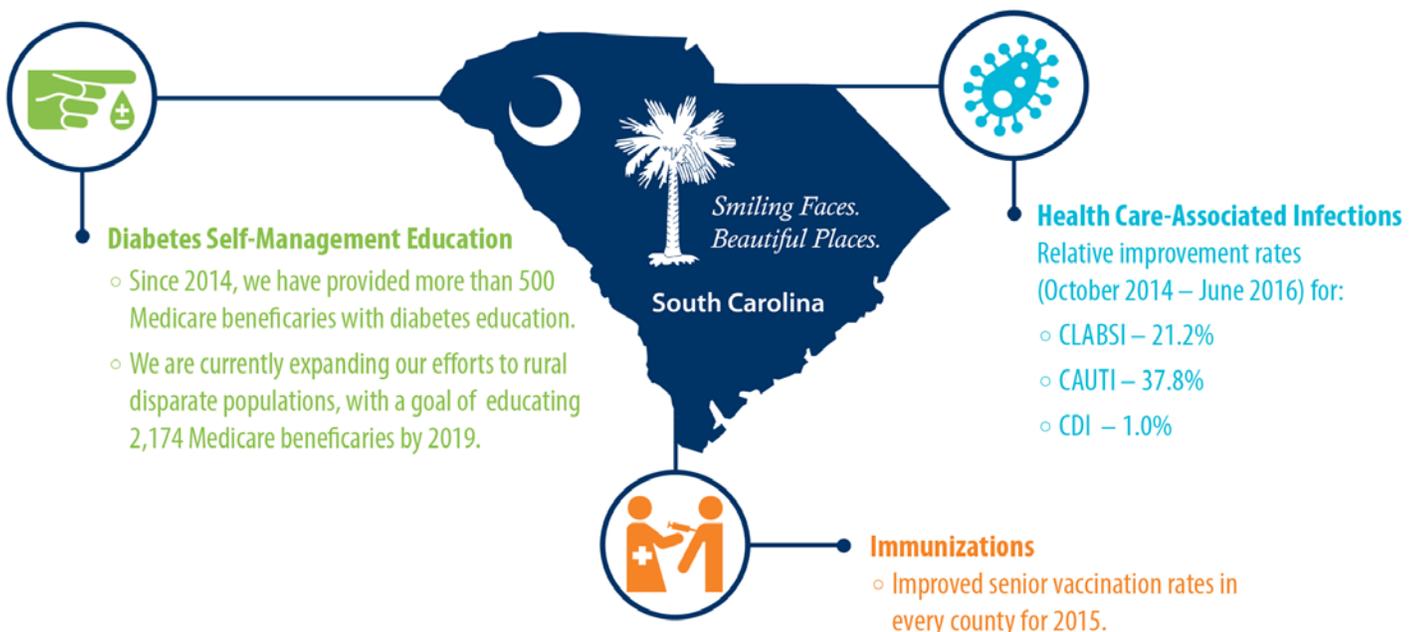
- **Health Care-Associated Infections**
  - Reducing health care-associated infections in hospitals
- **Nursing Home Quality Improvement**
  - Reducing health care-acquired conditions and improving the quality of care in nursing homes
- **Community Coalitions**
  - Identifying and targeting special populations affected by poor care coordination
  - Reducing avoidable hospital readmissions by improving the quality of patients' transitions between health care settings
  - Improving drug safety practices, reducing medication-related harm, and developing innovative care standards
  - Increasing senior vaccinations

### Benefits of Participation

- Improved quality outcomes and patient/family satisfaction
- Access to tools and resources
- Technical assistance
- Peer discussion groups
- Continuing education credit for certain activities
- Access to quality improvement and subject matter experts

### Improvement to Date

**Achieving success with SC Department of Health & Environmental Control and other partners!**





## CCME External Quality Review

We apply broad, insightful expertise to ensure Medicaid recipients receive high-quality, accessible, and timely care.

### External Quality Review

The Code of Federal Regulations, 42 CFR §438, requires every state with a Medicaid Managed Care program to provide an annual external independent review to assess the quality, timeliness, and accessibility of the care and services delivered to the Medicaid members enrolled in each of the health plans. As a External Quality Review Organization (EQRO), we have a thorough understanding of these federal requirements and the External Quality Review (EQR) protocols developed by the Centers for Medicare & Medicaid Services.

### EQR Experience

As a multistate EQR vendor, The Carolinas Center for Medical Excellence (CCME) provides EQR services for states that contract with Medicaid Managed Care Organizations (MCOs) or Prepaid Inpatient Health Plans (PIHPs). With 29 combined years' experience in delivering EQR services in North Carolina, South Carolina, and Mississippi, we provide:

- Comprehensive review of compliance with state and federal requirements
- Information systems capability assessment
- Readiness reviews for new health plans
- Performance measures validation
- Performance improvement projects validation
- Consumer and provider satisfaction survey validation
- Ongoing training, education, and technical assistance for plans
- Evaluation of state's quality strategy



Empowering Excellence,  
Improving Care

Since the 1980s, CCME has partnered with health care entities and consumers to create healthier communities. Our work in quality improvement initiatives, Medicaid review and cost reduction services, health information technology, and data analytics have made a meaningful difference in how providers deliver care and how patients receive care.





**CCME is privileged to have the distinction as the sole EQRO for the South Carolina Department of Health and Human Services.**

### **South Carolina EQR Contractor**

CCME has held the EQR contract with the South Carolina Department of Health and Human Services (SCDHHS) since 1996. A trusted partner, CCME has developed a comprehensive knowledge of South Carolina's Medicaid population and a strong record of delivering quality services for SCDHHS. With our newest contract, which began in 2014, CCME assembled a team with extensive EQR experience to provide the best and most efficient solutions to SCDHHS.

### **Our Results**

We are knowledgeable and experienced, yet flexible – allowing us to meet changing needs and requirements that occur with the ever-evolving Medicaid landscapes. CCME provides efficient, cost-effective, and flexible solutions to SCDHHS and helps to ensure MCOs provide high-quality, accessible, and timely services to the SC Medicaid recipients. For SCDHHS, CCME has completed:

- 18 Readiness Reviews
- 50 Annual Reviews
- 34 Telephone Access Studies
- 175 Progress Reports Since 2009

### **Current Contract Deliverables**

Our current scope of work includes three mandatory activities and two optional review activities:

- Compliance Reviews
  - ▶ Readiness Reviews
  - ▶ Annual Reviews
- Technical Assistance
- Performance Measures Validation
- Performance Improvement Validation
- Benchmark Reviews

As a South Carolina Department of Health and Human Services contractor since 1986, CCME has developed a comprehensive knowledge of South Carolina's Medicaid population – but more importantly, we have made it our passion to help South Carolina citizens receive the best health care services possible because it is our community too. We have met 100% of contract deliverables and performance requirements.



[www.thecarolinascenter.org](http://www.thecarolinascenter.org)