



**Participant Advisory Committee/LC**

*June 9, 2021*

**Internal Attendance Record** (Quorum, if applicable = [# needed or NA])

(X = phone conference, P = in person attendance)

Mar	June	PHW Staff/Observers	Title
X	X	Greg Hershberger	Community Outreach Specialist - Chairperson
X	X	Marci Kramer	Director, Quality Improvement
X	X	Shirley A. Stahler	Quality Improvement Specialist I
X	X	Heather Eilert	Manager, HEDIS Operations (Non-Clinical)
X		Tanika Taylor	Director, Operations
X	X	Joanna Lewis	Manager, Operations
X		<del>Auren Weinberg, MD</del>	<del>Chief Medical Officer</del>
X		Jay Pagni	Senior Director, External Relations & Business Development, G&A
		Dr. Venkateswara Davuluri	Acting Chief Medical Director
	X	Kay Gore	Manager, Community Relations & Outreach
Mar	June	ADHOC	Title
X	X	Pamela Suhan	Quality Improvement Coordinator I
X	X	Hollie Worthington	Quality Improvement Project Manager
	X	Keri Harmicar	Director, Marketing & Communications
	X	Olivia Martin	Director, Service Coordination
	X	Rebecca Nissley	Supervisor, Grievance & Appeals

**External Attendance Record**

(X = phone conference, P = in person attendance)

Mar	June	Name	Title
X	X	RB	LTSS Participant
		PB	LTSS Participant
		KY	LTSS Participant
	X	KC	LTSS Participant
		JJ	LTSS Participant



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	X	Melanie Westfall	CHC Care Manager, Magellan Behavioral Health
	X	Jane Alwalah, RN	Adult Day Program Director Westminster Village Allentown
	X	Bailey Carey	PA Health Management



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Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
<b>I. Call to Order</b>	Greg Hershberger called the meeting to order at 10:51 AM.	N/A	N/A	Greg Hershberger
<b>II. Announcements +</b>	Greg conducted the roll call.	N/A	N/A	Greg Hershberger
<b>III. Old Business</b> A. Review/Approval of the Minutes *	Meeting minutes were accepted without any changes.	Accepted	N/A	N/A
<b>IV. New Business</b> A. Complaints and Grievances 1 <sup>st</sup> Quarter 2021	<p>Rebecca Nissley presented the Complaints and Grievances Quarter 1 2021. She explained that Access &amp; Availability had the most complaints for the Northeast. Marci asked why this is and Rebecca responded it could be a dental item that was denied or PAS hours were denied. Basically it is a denial of a request for an item.</p> <p>Rebecca also informed the Committee that Access &amp; Availability was the only grievances that were made for the Lehigh Capitol region.</p> <p>For further detail please see slides 35 – 38 of the slide deck.</p>	N/A	N/A	N/A
B. Customer Service 1 <sup>st</sup> Quarter results	Joanna Lewis presented the Customer Service results for the first quarter of 2021. She explained that for the first quarter there were 46,489 Participant calls. The average speed to answer was 18 seconds which met the goal of 30 seconds or less. The abandoned rate was 1.34% which is less than the goal of 5%. For the year to date results, all of the goals were	N/A	N/A	N/A

+Informational or Old Business  
\*Action Required

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<p>C. LTSS Active Participation Report Spring 2021</p>	<p>also met.</p> <p>She informed the Committee that the number of calls for the Providers was 22,260. The average speed to answer was 17 seconds which met the goal of 30 seconds or less. The abandoned Rate was 1.15% which met the goal of 5% or less. For the year to date results, all of the goals were also met.</p> <p>For further detail, please review slides 41 and 42 of the slide deck.</p> <p>Olivia Martin presented the LTSS Active Participation Report for Spring 2021. She explained that she gave a glossary for acronyms that she uses in her report.</p> <p>She told the Committee that the goal of the program is to have 85% of Participants receive an initial assessment and at least one additional interactive contact. Quarters 2 and 4, the goal was met. For Quarters 1 and 3 the goals were not met. Some of the rates were lower than the 2019 rates. COVID-19 is a huge reason with the restricted visitation and contact with Nursing Facility Participants. There are other reasons that caused the decline in rate.</p> <p>There are four actions intended to be implemented to help with the rates.</p> <p>Bailey Carey asked Olivia if she knew if Nursing Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

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	<p>were allowing psychiatrist and therapists to practice inside of the facility at this time. Olivia responded that as far as she knows it is being left up to the facility. She also stated that vendors are not allowed in Nursing Facilities at this time. She was not sure if they would be considered vendors or not.</p> <p>For further detail please review slides 43 – 47 of the slide deck or review the report that was provided in the meeting packet starting on page 46.</p>			
<b>VII. Next Meeting Date +</b>	Next meeting will be held on September 8, 2021.	N/A	N/A	N/A
<b>VIII. Adjournment *</b>	Greg adjourned the meeting at 11:10 AM.	Adjourned	N/A	N/A

Respectively submitted,

<b>Minutes prepared by (name &amp; title):</b> Shirley A. Stahler, Quality Improvement Specialist I	<b>Signature:</b>	<b>Date:</b> 6/16/21
<b>Minutes approved by (name &amp; title):</b>	<b>Signature:</b>	<b>Date:</b>