pa health & wellness

Participant Advisory Committee/NW

September 29, 2020

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

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

Sept	PHW Staff/Observers	Title
X	Greg Hershberger	Community Outreach Specialist - Chairperson
X	Marci Kramer	Director, Quality Improvement
	Jim Amato	Supervisor of Resolutions/Supervisor for Transportation
	Melinda Clesca	Envolve Dental
	Linzi Driver	Envolve Dental PA Contract Manager
X	Shirley A. Stahler	Quality Improvement Specialist I
	Vicki Durkin	Director, Grievance & Appeals
	Heather Eilert	Manager, HEDIS Operations (Non-Clinical)
	Mollie Lewis	Provider Engagement Communications & Training Specialist
	Angela F. Lucente-Prokop	Vice President – Operations
	Gary Law	Manager, Operations
	Jessica Muldowney	Manager, Operations Medicare
	Julia Prine	HEDIS Coordinator
	Olivia Martin	Director, Service Coordination
	Lauren Mujic	Manager, Provider Relations
	Rachel Donington	Community Outreach Specialist
	Robena Spangler	Community Advocate
	Malik Haynes	Director, Quality Program Strategy
	Kay Gore	Manager, Community Relations & Outreach
Sept	**ADHOC**	**Title**

+Informational or Old Business

*Action Required

External Attendance Record

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

Sept	Name	Title
	TB	LTSS
	RQS	LTSS
	JB	LTSS
X	ADG	LTSS
X	ZD	Caregiver – Royal Homes

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
I. Call to Order	Greg Hershberger called the meeting to order at 3:17 PM.	N/A	N/A	Greg Hershberger
II. Announcements +	Roll call was conducted.	N/A	N/A	Greg Hershberger
III. Review/Approval of the Minutes *	This was the first meeting for the Northeast.	N/A	N/A	N/A
V. New Business A. Overview of the PAC	Marci Kramer, Director of Quality Improvement, told the Participants in our meetings we would have Participants, Community Partners, Service Coordination entities as well as some of our providers. We are also required to have a behavioral health provider in our meetings. This is in our contract with the state. This meeting we only have Participants because we wanted to give an overview of what to expect. Marci explained that we meet on a quarterly basis. There is a slide show that is presented during the meeting. For this meeting we are using the slide deck from the southwest meeting. We wanted to show them the kind of information they can expect to see in our meetings. We will go through the slide deck and after the meeting, we will forward it to you. We will also do meeting minutes that will be forwarded to them for their review. We have created an acronym list for the Participants to utilize. We	N/A	N/A	N/A

+Informational or Old Business
*Action Required

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	tend to use acronyms and this way they will be able to see the meaning of the acronym. We will send the list out to all of you along with the slide deck and minutes. ZD asked what our goal is with this? Marci explained that Greg Hershberger, Community Outreach Specialist, will go through the scope, the purpose, and all of the pieces with them. She said basically our goal is to solicit input from the Participants on all kinds of information we will be providing. Such as the members satisfaction survey results, complaints and grievances, Customer Service, Performance Improvement projects and many, more things. Provider Relations will participate and will be looking for topics for provider education. They look to our Participants to give them topics of interest. There has been some good input. An example is we had some doctors who said they were ADA (Americans with Disabilities Act) accessible when in fact they were not. PHW went to the providers and educated them on what true ADA means. The personal assistant service providers were also educated. We have one lady who has been blind since birth and she just wanted respect by putting stuff back where it is taken from. She is used to navigating through the house a certain way and if things are out of place it makes it difficult for her.			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	AG stated that they have been trying for about 12 weeks to get an answer on a question and hitting roadblocks. He wants to know how they come up with the hours that an individual is allotted. Marci stated that she could not answer that question directly, but she knows that the service coordinators provide the information to a team and they make a determination based on the information they receive. There have been Participants who file a complaint or grievance. The Participant will provide additional information that justifies their request for the additional hour above and beyond what was initially approved. AG stated that in the beginning they requested 40 hours a week. He went through the process, he is a lower left amputee, had triple bypass surgery last year, and a sternotomy revision, so his whole chest is titanium. He also has diabetes, high blood pressure, and is blind. He was only granted 24 hours. He has no coverage on the weekends. He filed a grievance and the girl has been working hard to try to get him 40 hours so he has coverage on the weekends. Right now it is up to his family and friends to help him. Greg told him that he may want to go back to his service coordinator and ask them to revisit your situation especially if there has been a change in condition. He said he believes they are doing rounds for the PCSP shortly and he may want to check with			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	them. Greg told the Participants that typically we go through a welcome and we have a lot more PHW leadership from program coordination as well as service coordination. We also have medical management and quality management on the meeting. He told them that we solicit their input to quality management based on their experiences. We are acting as a focus group to facilitate their perspective on the quality of care and the services offered by PHW. We want them to offer recommendations for improvement based on their experience. We want to hear how their transition from continuity of care went also how everything else is going. We want their input so we can improve our processes. We go through role call, review the minutes from the previous meeting, announce any PHW updates or changes. We go through these steps then we move on to complaints and grievances. We help to facilitate any of the complaints and grievances. After that we move on to quality improvement strategies or implementations. At the end we go through health education but it is open to any questions or concerns that you may have.			
B. Assessment of	Marci presented the CAHPS survey. She explained that it is the consumer assessment of healthcare providers and systems	N/A	N/A	N/A

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
Healthcare Providers & Systems (CAHPS) Survey	(CAHPS). This survey is completed on an annual basis for our Medicaid Participants. The results that we are presenting today are from the review period of 2019. The results were just received back about a month ago. It is a member experience survey or member satisfaction survey. This survey is done for accreditation purposes and it is required through regulations. The survey assesses member experience. We look at several domains of care in the CAHPS survey. The major domains we look at are: • The rating of your healthcare. • The rating of your personal doctor. • The rating of your health plan. • How well doctors communicate with you. • The plans customer service. • Getting needed care. • Getting needed care quickly. We have the results of the last CAHPS survey and we will send them to you in the slide deck so you can see the rates for the 2019 period. You will be able to look at our successes as well as areas where we need to improve. From the prior year's survey we have improved in the rating of your personal doctor and the health plan. Coordination of care which is very important to us, especially for community health choices population.			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	Areas that we have identified for improvement are getting needed care, how well doctors communicate, customer service, and rating of your health care. We actually have a CAHPS work group and the group meets at least once a month and goes through the measures. During the meetings interventions are developed and we look at areas that need targeted where we think we can improve. Malik Haynes who normally presents the CAHPS survey will report to the committee on a quarterly basis. He will tell you what has come from the interventions, what the process is, and challenges that they have run into as far as developing the interventions to improve the measures. The survey is conducted either by phone or by the internet. It is a random sample of all of our Participants. Some Participants may get the survey and others may not. Next year they may get the survey. It is a long survey. There are over 50 questions. If they get the chance to take the survey and take it, we appreciate it because it gives us good information and it is totally anonymous. Marci explained that one of the other surveys we do on an annual basis is the home and community based services CAHPS survey. This is geared more toward home and community based services. It looks at the personal assistant service providers, it looks at community integration, it looks at how you rate your provider in home and it is longer than the regular CAHPS survey.			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
C. Complaints & Grievances 2nd Quarter Results	This survey begins in August and then they interview in September and October. There may be a chance that you get this survey because you have to be enrolled six months before they select the survey. This survey give us some great information. Marci explained to the Participants that what we did was pulled the complaints and grievances from the southwest region to let them see what is reported on a quarterly basis. Vicki Durkin, Director of Complaints and Grievances, or one of her staff will present the complaints data and the grievance data for their region. For the southwest region most of the complaints fall into the access and availability category. When they receive the slides they will see that quarter one and quarter two the majority of the complaints are in the access and availability category. There are five different categories that we put the complaints in. One is the access and availability, the second one is billing and financial, third is quality of care in the providers office, and the final one is attitude and service. Since access and availability is normally the highest number of complaints we have broken out the type of complaints that fall into this category. The first one is lack of providers which includes being able to find in network providers to deliver needed services. The next one is wait times which is related to the length of time to obtain appointments with the providers office or wait times for	N/A	ADG's information will be forwarded to Vicki Durkin.	Greg Hershberger

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	scheduled appointments. The next type is non-emergency medical transportation. The is related to getting to and/or from non-emergency medical appointments. The next one is non-medical transportation. These complaints are related to getting to and/or from appointments and other activities. The last type is communication barriers. These complaints are related to the lack of or ineffective language interpreters including sign language at the provider's office. This could also be other communication issues between the Participant and providers office staff. This could be that they were unable to find a provider that spoke the same language as the Participant does. In the grievances, you will find the same thing. Access and availability, billing, quality of care, quality of providers office site, and attitude and service. The majority of the grievances are also access and availability. ADG had a question on the grievance process. He said he knows that Marci said that a grievance is a denial of services. He believes that the way that we do a denial of services is incorrect. When he asked for 40 hours and was granted 24 hours, he was told by someone from PHW that he was able to file a grievance which he did. He called back in 30 days, which he was told to do, and that person told him that he was never denied anything because he			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	was granted 24 hours and no grievance was ever filed on his behalf. He said that he waited 30 days when he thought something was being taken care of and in reality the definition of loss of service was not getting what he asked for in the beginning. He stated that was kind of a gray area for him because he didn't see how that would not be a denial of services. Marci stated that is a reduction in services but that falls under grievances also. ADG said he did not file a grievance because he was told he was not allowed to. Marci was going to check into this for him. He was told to go back to Pa Health Management, which they did, but what he wanted to express was there was a disconnect in that time period. That is where people end up having problems. He had an extra month without weekend coverage. He wound up taking two trips to the hospital because his sugar dipped because he did not have help. He also told Marci that the guy he was talking to was very uncooperative and very unhelpful. He basically kept telling him and hammered the point home that he could not file a grievance because he was not denied anything. Marci asked if he received a letter informing him of the decrease in hours. ADG told her that he did get a letter of the decrease and it told them how to file a grievance or appeal. That is why he called in and spoke to someone who was supposed to have filed a			

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
	grievance for him. ADG stated that when he spoke with the second representative, the representative told him that there was no letter in our system. ADG was trying to tell the representative that his health care worker told him that on the back of the letter it had a grievance and appeals process. The representative said that did not sound like any of PHW's letters. ADG said he put ZD on the phone to read the letter to the representative. This did not help, the representative just told them to go back to the health management plan. Marci said she would take the information back to Vicki Durkin. Marci told ADG that on one of our other regions PAC call, the Participant told us how she provided more information and was able to get her original hours reinstated. She also informed him that she was instant messaging the director of complaints and grievances. She wants to know what is needed from her. ZD and ADG said the hours have been handled after many calls back and forth. They wanted to make us aware that this is happening and there may be a breakdown. They had to call back several times and each time they had to start from the beginning that is another problem. Greg told them to send him the information and he would get the information to the proper people to review. Marci said that she	N/A	Send information on AD to Vicki Durkin.	Greg Hershberger

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
D. Customer Service Report Q2	asked Vicki if we gave her his information, would she have someone from her department check in on it and do some backtracking and investigation. She said that she would do that. Greg said he would send all of the information to Vicki. Marci presented the Customer Service Report. She informed the Participants that on a quarterly basis this will be reported. We look at the number of inbound calls, the speed to answer, which is from the time they call in to when they get connected to a live agent. Our goal is to make sure that we get them connected with a live agent within 30 seconds or less. Another thing that is looked at is the abandonment rate. Our goal is 5% or less for the abandonment rate. The abandonment rate is 1.71% so that is below the goal. For the provider calls, the goals are the same. The speed of answer is 13 seconds so that is 94% of calls are answered within the 30 seconds or less. The abandonment rate is 1.55%. Both the provider and customer service centers statistics are good. This does not address the quality so we have people listen in on the customer service lines to make sure the call is a quality call. If things are identified, they will be addressed to the individual and/or the team.	N/A	N/A	N/A
VII. Next Meeting Date +	TBD	N/A	N/A	N/A

+Informational or Old Business
*Action Required

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
VIII. Adjournment *	Greg adjourned the meeting at 3:52 PM.	Adjourned	N/A	N/A

Respectively submitted,

Minutes prepared by (name & title): Shirley A. Stahler, Quality Improvement Specialist I	**Signature:**	**Date:** 10/5/20
Minutes approved by (name & title):	**Signature:**	**Date:**