



Participant Advisory Committee/SE
December 2, 2020

Internal Attendance Record (Quorum, if applicable = [# needed or NA]
 (X = phone conference, P = in person attendance)

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

Participant Advisory Committee/SE

December 2, 2020

External Attendance Record

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

Mar	Jun	Sept	Dec	Name	Title
X	X	X	X	CC	Participant & Your Destiny Home Care
X	X	X	X	WK	Caregiver for LTSS Participant
X		X		JHK	LTSS Participant (WK Caregiver)
X				JP	Caregiver for LTSS Participant
X	X	X	X	ADD	LTSS Participant
X	X		X	RH	LTSS Participant
X		X	X	ZL	LTSS Participant
X	X	X	X	Fermina Maddox	Executive Director Liberty Resources Home Choices
X	X			OR	LTSS Participant

Participant Advisory Committee/SE

December 2, 2020

Agenda Item	Discussion	Decision (Approved or Denied)	Follow-up Action Needed (Date)	Responsible Party
<p>C. PAS Rating System</p>	<p>are working together to provide bus passes. Jim stated that the trail passes and SEPTA cards will be moving transitioning to reloadable cards for some of our Participants. CC asked if the trail passes will continue to be sent to Participants until the transition is made. Jim stated that he will look into it. Greg Hershberger will get the information on these Participants so they could provide input to Jim.</p> <p>Dr. Weinberg, Chief Medical Director, informed the Participants that PHW is having conversations with the State re: the PAS rating system.</p>		<p>Participants will continue to get Trail Passes.</p> <p>Greg to provide Jim with Participant information.</p>	<p>Greg Hershberger</p>
<p>IV. New Business A. Complaints & Grievances 3rd Quarter Results</p>	<p>Marci Kramer, Director of QI, presented the Complaints & Grievances results for the third quarter. She informed the Participants that Jay Pagni is providing oversight of the Complaints & Grievances Department.</p> <p>Marci stated that out of the five NCQA complaint categories, Access and Availability has the most complaints the 3rd quarter. Additionally, for all three quarters of 2020, for all five regions of PA, Access and Availability was the category with the most complaints. Attitude and Service was the second highest, with Billing and Financial as the third highest. Access and Availability is also the top grievance for the 3rd quarter. For the five grievance categories, there were no other grievances.</p> <p>Marci described the Quality of Care (QOC) category and</p>			

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	<p>how QOC grievances are investigated and reported including review by the Peer Review Committee when indicated.</p> <p>ZL asked if the Participant is notified of the details of the outcome of the QOCs. Marci stated that an acknowledgement letter is sent out to the Participant when the QOC is filed. Participants are not notified of the details of the investigation, findings, and potential corrective action plans due to confidentiality. ZL asked if not notifying the Participant of the details of the outcome is a regulation or an internal PHW policy. Marci stated that she would check with Jay and let the PAC know the reason.</p> <p>ZL asked how we calculate the complaints per Thousand. Marci stated there is a formula and she will provide that at the next meeting.</p> <p><i>Post meeting:</i> <i>Formula for Calculating Complaints per 1K Member months is below:</i></p> $\frac{\text{Total number of complaints} \times 1000}{\text{Member Months.}}$ <p>Marci told the Participants that the Access and Availability category has the highest volume for grievances. ZL asked if a higher number or a lower number is better. Marci</p>	<p>N/A</p> <p>N/A</p>	<p>Determine reason for details of QOC investigation not being shared with Participants.</p> <p>Provide Complaints per 1000 Member Months formula</p>	<p>Marci Kramer & Jay Pagni</p> <p>Marci Kramer</p>

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December 2, 2020

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B. Customer Service 3 rd Quarter results	<p>confirmed that a lower number is better.</p> <p>RH filed a grievance and stated that he did not get a response. Jay Pagni’s information was provided to him and he will follow-up with Jay.</p> <p>He said that when he called Customer Service in August this year, and requested the letter to be remailed, Customer Service told him that they do not have access to the letters to remail them. He asked if this is correct information.</p> <p>Gary Law will follow up on this issue and let RH know what he finds out.</p>	N/A	Follow-up on Customer Service access to letters.	Gary Law
	<p>Gary Law, Manager Operations, presented the third quarter Customer Service results. He explained that they had over 51,000 Participant calls. The average speed of answer was 16 seconds which is 88% of calls were answered within the goal of 30 seconds. The goal was met. The abandoned rate was 3.25% with a goal of less than 5%. This goal was also met.</p> <p>In the third quarter they answered over 26,000 calls from providers. The average speed to answer was 17 seconds which is 89% were answered within 30 seconds. This goal was met.</p> <p>The abandoned rate was 3.08% with a goal of less than</p>	N/A	N/A	N/A

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C. Provider Training Topics for 2021	<p>5%. This goal was also met.</p> <p>Mollie Lewis asked the Participants if they had any suggestions for provider trainings for 2021. Some of the trainings that have been completed in 2020 were Compliance, Cultural Competency, Dementia, Administrative Processes, Behavioral Health 101, Provider communicating with patients (this will be offered two times in 2021), COVID training, and Behavioral Health and Physical Health.</p> <p>ADD suggested they offer trainings on the following topics:</p> <ul style="list-style-type: none"> • How to speak to the disabled as human beings • Getting prescriptions for repairs for DME signed within 48 hours • Not rushing the patient. They should take the time with the patient to understand their issues. <p>Mollie thanked the committee for their input.</p>	N/A	N/A	N/A
VII. Next Meeting Date +	Next meeting will be in March 2021 – exact date and time to be determined. The 2021 meeting schedule will be distributed with the Q1 2021 meeting packet.	N/A	N/A	N/A
VIII. Adjournment *	Greg adjourned the meeting at 11:20 am.	Adjourned	N/A	N/A

Respectively submitted,

Minutes prepared by (name & title): Shirley A. Stahler, Quality Improvement Specialist I	Signature:	Date: 12/4/20
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Minutes approved by (name & title):	Signature:	Date:
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