



Participant Advisory Committee/NE
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



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External Attendance Record

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

Sept	Name	Title
X	CC	LTSS
X	JRW	LTSS
X	TMS	LTSS
	DH	LTSS
X	MG	LTSS
	JAR	LTSS



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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 1:10 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	<p>Marci Kramer, Director of Quality Improvement, explained to the Participants that the committee is for them. Pa Health & Wellness (PHW) wants to get your honest and open feedback. If we don't know the answer to your question, we will get the answer and get back to you.</p> <p>She informed the Participants that after the meeting we do formal meeting minutes. We also send out the slideshow so they have it to review.</p> <p>She explained that we will start with the overview of the Participant Advisory Committee (PAC). Just the scope, the roles, what the committee structure will look like when it is fully built and the meetings are held quarterly. For this meeting we just have the Participants but in December we will have some community partners, some of our vendors, and some PHW employees from other departments.</p> <p>Greg Hershberger, Community Outreach Specialist – Chairperson,</p>	N/A	N/A	<p>Marci Kramer</p> <p>Greg</p>

+Informational or Old Business

*Action Required

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	<p>explained the goal of the PAC is to solicit Participant input based on experience and their needs. The scope is to act as a focus group and facilitate the Participants perspective on the quality of care and services offered by PHW. To offer recommendations for improvement based on your experience.</p> <p>The purpose includes review of the Participant satisfaction survey results, Member Services telephone performance levels, Participant education materials for relevance, understand and ease of use, and/or other topics as defined by the Quality Management Committee (QMC).</p> <p>We value all of the Participant input. We know there will be negative comments but we take that back to our leadership and work to correct.</p> <p>The Participant Advisory Committee is for different zones. This meeting is for the Northeast region which is part of what we call the T-Zone. The other regions in the T-Zone are Northwest and Lehigh Capital. We also have the Southeast and Southwest regions.</p> <p>Our standard agenda is any PHW updates or proposed changes. Then we go into our slide deck where we talk about Complaints and Grievances, Quality Improvement strategies or implementations. We reach out to the Participants for questions or input to make sure they understand.</p>			Hershberger

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<p>B. Assessment of Healthcare Providers & Systems (CAHPS) Survey</p>	<p>At this time we do not have transportation on this meeting however we will have them in the meeting in December to discuss any concerns they may have. We are aware of a lot of the issues or concerns, but each region may be different.</p> <p>Marci explained that one of the things that PHW does on an annual basis is conduct what you may think of as a Member Satisfaction Survey. Our surveys are titled the Consumer Assessment of Healthcare Providers and Systems otherwise known as CAHPS.</p> <p>At this time we do not have any data for any of the regions in the T-Zone. What is being presented today is the outcome from our annual survey that we conducted for 2020 data.</p> <p>Marci explained that CAHPS is an annual survey we are required to do based on regulations and state requirements. What the survey does is assess the Member experience. When we administer the survey it is administered by phone and internet.</p> <p>The survey has several different measures called composite measures. Basically what that means is there are a bunch of questions rolled up into an overall category. Some of the major categories are the rating of the health care you have received. The rating of your personal doctor or primary care physician (PCP). The rating of your specialist if you are seeing a specialist. The rating of your health plan overall. We look at how well your</p>			

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C. Complaints	<p>doctors communicate with you. We look at the plans customer service when you call into the Customer Service Center. We look at how you get your needed care such as if it is timely or not and then getting care quickly so that is the ease of getting appointments with your specialists. The ease of getting tests and other treatments that you need. Those are the big categories that we look at.</p> <p>Marci explained that we are looking at successes and area for improvement. Some of the improvements from last year are the rating of your personal doctor, the rating of the health plan, and also coordination of care. Coordination of care is really important because we need to make sure the Participant is being taken care of along the continuum of care from the PCP to the specialist and any other care provider that they may have.</p> <p>Areas that we are looking to improve are getting needed care to make sure the Participant is getting timely care. The score is lower than we liked. Other ones are how well doctors communicate, customer service and the rating of the health care that the Participant receives.</p> <p>When the results are received back, we have a team that meets and looks at the results. We put strategies in place to help improve the measures. We will go to the Participants for suggestions on how they think we can improve your care.</p> <p>Marci presented the Complaints and Grievances second quarter.</p>			

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<p>& Grievances 2nd Quarter Results</p>	<p>She explained that these are discussed on a quarterly basis. We look for trends across the quarters. For an example, we have the data for the southwest.</p> <p>She explained that complaints are categorized into five different major categories. They are access and availability, billing and financial, quality of care, quality of the practitioners office site, and attitude and service. These categories are looked at monthly to identify trends.</p> <p>The major categories for quarter one and quarter two is access and availability. Marci informed the Participants that for the first quarter in the SW region there were 61 complaints regarding access and availability and for the second quarter there were 24 complaints. These totals surpass all other categories.</p> <p>CC asked what the total people in the SW region was. Greg informed her that we have over 3,500 Participants. So that is less than one percent of complaints for the quarter. Each time we meet, we will have the information for their specific region and we can provide them with the breakout of enrollment in the region.</p> <p>The access and availability complaint category was broken down into categories within that category. The breakdown includes lack of providers which includes Participants not able to find network providers to deliver services. Wait times is another one, this could include the wait time to obtain appointments or the wait time in</p>			

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	<p>the office.</p> <p>The next category is non-emergency medical transportation. This could be complaints related to getting to and/or from medical appointments. Then we have non-medical transportation which could be complaints related to getting to and/or from appointments and other activities. The last category is communication barriers. This is complaints related to lack of or ineffective interpreters at the providers office or other issues between the Participant and provider’s office staff. It could also include not being able to find a practitioner that speaks the Participant’s primary language.</p> <p>Marci informed the Participants that Vicki Durkin is our Director of Complaints and Grievances. Either Vicki or one of her staff will be on the phone to present the data on a quarterly basis.</p> <p>For grievances, access and availability is the highest category also. For grievances the access and availability category has different categories under it. The first category is Dental – dentures and includes denials of dentures. The next category is Dental – other which includes denials of dental services other than braces or dentures.</p> <p>Our next category is Durable Medical Equipment (DME). This is not related to dental, vision or hearing. It would be wheelchairs, hospital beds, walkers, etc. The next category is Home Health Skilled Services which includes RN and LPN, physical therapy,</p>		<p>Talk to Vicki Durkin to see if she can give us Q1 and Q2 data for the NE.</p>	<p>Greg Hershberger /Marci Kramer</p>

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<p>D. Customer Service Report Q2</p>	<p>occupational therapy, speech therapy, and home health aide services.</p> <p>Personal Assistance Service is next which includes personal assistance services by an agency or Participant directed model. This could be for the reduction of personal assistant service hours. We also see grievances for Out Patient Medical Services which include outpatient visits, labs, radiology, and testing.</p> <p>Pharmacy is another category. This includes denials of brand or generic prescription medications. Denials for physical health service not included in one of the other categories. The last one is Other-Long Term Service and Support (LTSS). This is denials for LTSS services not included in one of the other categories.</p> <p>Marci presented the Customer Service Report for quarter 2. She explained that we have someone that presents the telephone statistics for calls coming in and Customer Service goals if they meet them or not.</p> <p>She informed the Participants that we look at the number of inbound calls and the average speed to answer. We look at that from the time the call comes in to the time that it is actually connected to a live agent. We look at the average speed of answer within 30 seconds or less. That is the goal we try to achieve.</p> <p>The Customer Service report is for all regions because we can not break it out by zip code. The Participant inbound calls we had in</p>			

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	<p>quarter 2 was 44,934. The average speed of answer was 13 seconds which is well below the 30-second goal. For the abandonment rate, the goal is under 5% and we had 2.24%.</p> <p>We also look at the provider calls. The goals are the same for these calls. We had 25,790 provider calls and the average speed to answer was 13 seconds. The rate within 13 seconds or less was 94% and our goal is 85%. The abandoned rate was 1.8% which is below our goal.</p> <p>Marci explained that we have Ambetter which is our Marketplace product and the coverage areas are small. The number of inbound calls for this was 1739 with an average speed to answer of 16 seconds. This is a 93% rate within the 30 seconds. For the abandonment rate it was a 5.35% which is above the 5% goal.</p>			
VII. Next Meeting Date +	TBD	N/A	N/A	N/A
VIII. Adjournment *	Greg adjourned the meeting at 1:40 PM.	Adjourned	N/A	N/A

Respectively submitted,

Minutes prepared by (name & title): Shirley A. Stahler, Quality Improvement Specialist I	Signature:	Date: 10/1/20
Minutes approved by (name & title):	Signature:	Date: