



**Participant Advisory Committee/NW**  
*June 22, 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		Jim Amato	Supervisor of Resolutions/Supervisor for Transportation
X		Melinda Clesca	Engolve Dental
X	X	Shirley A. Stahler	Quality Improvement Specialist I
X	X	Heather Eilert	Manager, HEDIS Operations (Non-Clinical)
X	X	Joanna Lewis	Manager, Operations
		Jay Pagni	Senior Director, External Relations – Complaints and Grievances
	X	Kay Gore	Manager, Community Relations & Outreach, G&A-Marketing
		Angela F. Lucente-Prokop	Vice President – Operations
X		<del>Auren Weinberg, MD</del>	<del>Chief Medical Officer</del>
	X	Keri Harmicar	Director, Marketing & Communications, G&A-Marketing
	X	Anthony Balouris	Manager, Grievance & Appeals
Mar	June	ADHOC	Title
X	X	Pamela Suhan	Quality Improvement Coordinator I
X	X	Hollie Worthington	Quality Improvement Project Manager
	X	Olivia Martin	Director, Service coordination, MED-Case Management
	X	Rebecca Nissley	Supervisor, Grievance & Appeals

External Attendance Record  
 (X = phone conference, P = in person attendance)

Mar	June	Name	Title
X		TB	LTSS Participant
		RS	LTSS Participant
X		JB	LTSS Participant
X	X	AG	LTSS Participant

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X		ZD	Caregiver – Royal Homes
X		Ed Butler	OLTL
	X	Carrie Bach	Voice for Independence
	X	Scott Jenco	Operations Manager Legacy Home Care, Inc.
X	X	Linzi Driver	Involve Dental PA Contract Manager

<b>Agenda Item</b>	<b>Discussion</b>	<b>Decision (Approved or Denied)</b>	<b>Follow-up Action Needed (Date)</b>	<b>Responsible Party</b>
<b>I. Call to Order</b>	Greg Hershberger called the meeting to order at 1:34 pm.	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 were the only grievances that were made for the Northeast.</p> <p>Greg asked Carrie Bach if she was hearing any complaints or grievances in her office from Participants. Carrie told Greg that she would let him know if she hears any grievances or</p>	N/A	N/A	N/A

+Informational or Old Business

\*Action Required

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<p>B. Customer Service 4<sup>th</sup> Quarter results</p>	<p>complaints.</p> <p>For further detail please see slides 35 – 38 of the slide deck.</p> <p>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 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>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>C. LTSS Active Participation Report Spring 2021</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.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

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	<p>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>AG asked if they track the number of employees working at the facility. He had just been discharged from a facility and that facility they had one nurse and one aid for 32 patients. He said that was too much for the nurse and the aid.</p> <p>Olivia said they do not track the staff. She said that maybe the Office of Long-Term Living (OLTL) tracks the staff. She said she would take that back to subject matter experts to find out and follow up with him.</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>V. Next Meeting Date +</b>	Next meeting will be held on September 14, 2021	N/A	N/A	N/A
<b>VI. Adjournment *</b>	Greg adjourned the meeting at 1:55 pm.	Adjourned	N/A	N/A



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Respectively submitted,

<b>Minutes prepared by (name &amp; title):</b> Shirley A. Stahler, Quality Improvement Specialist I	<b>Signature:</b>	<b>Date:</b> 6/30/21
<b>Minutes approved by (name &amp; title):</b>	<b>Signature:</b>	<b>Date:</b>