



**Participant Advisory Committee/SW**  
*December 7, 2021*

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

Mar	June	Sept	Dec	PHW Staff/Observers	Title
X	X	X	X	Greg Hershberger	Community Outreach Specialist, Committee Chairperson
X	X	X	X	Marci Kramer	Director, Quality Improvement
X	X	X	X	Shirley A. Stahler	Quality Improvement Specialist I
X	X	X	X	Joanna Lewis	Manager, Operations
X	X		X	Heather Eilert	Manager, HEDIS Operations (Non-Clinical)
X			X	Malik Haynes	Director, Quality Program Strategy
	X	X		Dr. Venkateswara Davuluri	Acting Chief Medical Director
	X	X		Kay Gore	Manager, Community Relations, G&A-Marketing
	X			Jennifer Burnett	Senior Director Operations
		X		Michael Zimage	Quality Improvement Coordinator I
		X	X	Keri Harmicar	Director, Marketing & Communications
		X	X	Tanika Taylor	Director, Grievance & Appeals
			X	Sandra Greenawalt	Senior Accreditation Specialist
			X	Olivia Martin	Director Service Coordination
			X	Joseph Elliot	Director Operations

**ADHOC ATTENDEES**

Mar	June	Sept	Dec	PHW Staff/Observers	Title
X	X	X		Hollie Worthington	Quality Improvement Project Manager
	X			Samantha Kater	HEDIS Coordinator
	X			Brendin Tupta	HEDIS Coordinator
			X	Susan Minarik	Quality Improvement Coordinator I
			X	Tamra Nakamura	Quality Improvement Coordinator II
			X	Susan Foster	Supervisor, Case Management
			X	Ralph Ramos	Supervisor, Case Management

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		X	Nichole Gilligan	Project Manager II
	X	X	Jessica Kemp	Care Coordinator

External Attendance Record

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

Mar	June	Sept	Dec	Name	Title
X				MM	LTSS Participant
X	X	X	X	KK	LTSS Participant
		X		GL	Participant
X	X	X		PF	LTSS Participant
X		X	X	LA	LTSS Participant
				CJ	Participant
X				Carol Jones	TRIPIL
X				Isaac Perry	TRIPL
X	X	X	X	Sarah McElhattan	Service Access and Management
				Marsha Simonds	PH Provider
				Matt Perkins	CEO from Service Coordination Unlimited
	X			Linzi Driver	Account Manager Envolve Vision
		X		Beverly A. Feragotti, MLS, MBA, BA, R.T.(R)(ARRT)	Director of Reimbursement, Lutheran SeniorLife
		X		Yaasmiyn White	OLTL
		X	X	Maureen Hager	OLTL
			X	Julie Bercaw	Service Coordination Unlimited



PAC Slides.pptx



SW Participant  
Advisory Committee A

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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 1:35 PM.	N/A	N/A	Greg Hershberger
<b>II. Announcements +</b>	Greg informed the Committee, that he checked to see if PHW would be able to provide a gift card to the Participants for attending these meetings. He stated that he was told that we could not provide the Participants with a gift card based on the agreement with the State.	N/A	N/A	Greg Hershberger
<b>III. Old Business</b> <b>A. Review/Approval of the Minutes *</b>	Meeting minutes were accepted without any changes.	Accepted	N/A	N/A
<b>IV. New Business</b> <b>A. Complaints &amp; Grievances Quarter 3 (Q3), 2021</b>	<p>Tanika Taylor presented the Q3 Complaints &amp; Grievances (C&amp;G) report. She explained that Access and Availability (A&amp;A) category had the highest volume of complaints in Q3. The volume has come down significantly for Q3. The volume for Q2 was 1,394 and the volume for Q3 was 86. The volume decreased due to collaborating with Customer Service and the Service Coordinators.</p> <p>A&amp;A is the highest category for grievances. The greatest issue is home health and personal assistance hours.</p>	N/A	N/A	N/A
<b>B. Customer Service Quarter 3 (Q3), 2021</b>	Joanna Lewis presented the Q3 Customer Service Report. She stated that Q3 and the year-to-date goals were all met for Participant Customer Services. .	N/A	N/A	N/A

+Informational or Old Business

\*Action Required

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C. Transportation	<p>She then presented the Provider Customer Service metrics for Q3. All goals were met for Q3 and for year- to -date.</p> <p>Joanna Lewis presented the transportation report for January through September 2021. In April, there was an increase in transports, which is attributed to adult daycare opening back up. The number of transports remained steady from April through September.</p> <p>The number of provider no-shows remains low. The highest months were April and May with 9 no-shows per month. The no-shows are addressed with all providers by the Logistics team. If a Participant calls concerning a no-show, MTM will dispatch a new transport.</p> <p>KK asked why there are no-shows for the providers. Joanna stated she would look into the reasons and follow up.</p> <p>Next the Participant no-shows were addressed. She stated that April had the highest number of no-shows at 20. Participants are educated on cancellations to help prevent future no-shows.</p>	N/A	Look into why there are no-shows by the providers.	Joanna Lewis
D. Cultural Competence and Linguistics Assistance (CCLAS)	<p>Tamra Nakamura presented the Cultural Competence and Linguistics Assistance (CCLAS) Program Description. She explained that the National Committee for Quality Assurance (NCQA) identifies organizations that lead the market in</p>	N/A	N/A	N/A



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<p>Program Description</p>	<p>providing culturally and linguistical sensitive services, working to reduce health care disparities, and having a focus on addressing social determinants of health (SDOH).</p> <p>PA Health &amp; Wellness (PHW) has adopted the 15 National Standards for Cultural and Linguistically Appropriate Services (CLAS) as a foundation for their CCLAS Program. CLAS standards ensure services comply with the Office of Civil Rights guidelines for culturally and linguistically appropriate access to health care services. This can be found in Title VI of the Civil Rights Act.</p> <p>The principal CLAS standard is, “Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.”</p> <p>Standard 9 establishes culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.</p> <p>PHW has set goals to meet the needs of the targeted population by focusing on five areas:</p> <ol style="list-style-type: none"> <li>1. Organizational and Administrative Improvements- PHW addressed this by adopting new policies i.e., PA.QI.CLAS.29 Cultural and Linguistic Policy</li> <li>2. Cultural Competency-Addressed with PHW Cultural</li> </ol>			

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E. Employment	<p>Competency Training 101, completion rate of 91%, goal to increase completion rate to 94% in 2022.</p> <p>3. Health Equity-CAHPS results for Getting Needed Care showed a composite score of 89.9 % satisfaction rate for White Participants and 80.8% for Black Participants. 2022 goal is to increase member satisfaction among Black Participants by 2%.</p> <p>4. Language Services- Goal is to build strong processes around identifying and analyzing CLAS complaints and appeals and implementing resolutions.</p> <p>5. Health Literacy- Goal is to promote at least one health literacy tool or skill building educational material to PHW providers in 2022.</p> <p>Tamra stated that this was a high-level view of the process and she would continue to update the Committee going forward.</p> <p>KK inquired if there was a breakdown that was more than the specified white and black, i.e., Nepalese population, in relation to the CAHPS study and the Getting Needed Care question. Malik responded that yes there are additional breakdowns, however we are concentrating on the area showing the greatest disparity which the composite scores indicated were between white and black respondents.</p> <p>Ed Butler from the state was not available for the call. Greg stated that there are State programs available to Participants to help with securing employment if they are interested. Greg will</p>			

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	invite Ed Butler to the next Committee meeting.			
<b>VII. Next Meeting Date +</b>	Next meeting will be March 2022.	N/A	N/A	N/A
<b>VIII. Adjournment *</b>	Greg adjourned the meeting at 2:00 pm.	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> 12/9/21
<b>Minutes approved by (name &amp; title):</b>	<b>Signature:</b>	<b>Date:</b>