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Date: 7/7/2021

Event: Managed Long-Term Services and Supports Meeting

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>> CART PROVIDER: Captions will appear here. Thank you.
>> What just happened?
>> Did we lose the -- (music playing)
>> Good morning.
>> Morning. (echo)
>> Good morning.
>> Okay you guys, just in case I'm giving my update um I'm battling with some um breathing issues the last couple of days, so if I, if I go mute while I'm talking it's only because I am coughing. [LAUGHTER]
>> Okay.
>> Right back to you, I promise. I don't expect it to happen, but it's happened to me a couple of times this morning so far. So I figured I better just let you know. I didn't drop off, I didn't get kicked off, I just need to cough so that not everybody hears me.
>> Okay. Thanks. (silence)
>> Are we still waiting for, for folks?
>> Yes Jillian, committee members that are slowly joining.
>> Jill: Okay.
>> This is Luba, just let me know when you would like me to start with membership attendance. Thank you.
>> Jill: Okay, I think --
>> LUBA SOMMITS: I think I see ten.
>> I think Luba you have about eleven committee members right now.

>> LUBA SOMMITS: Okay. Would you like to wait just a few more minutes? ?
>> I guess whatever you and Jill would like to do.
>> Yeah I'm fine to get started. We want to make sure that we have that time at the end for questions, but I didn't know if you were waiting. Is Linda joining today or --
>> LUBA SOMMITS: Um I'm not sure if Linda is joining today or not.
>> Yeah if you would like to --
>> LUBA SOMMITS: Happy to start with member attendance, if that's okay with everyone. Because I would like for there to be um, you know that time for questions and comments at the end.
>> Right, yep.
>> LUBA SOMMITS: Okay. So I'll start with member attendance, welcome everyone to the sub-committee meeting. First person is Ali, Ali I see that you are on. Good morning.
>> ALI KRONLEY: Good morning.
>> LUBA SOMMITS: Next is Cindy. Cindy Celi.
>> CINDY CELI: Yes, good morning.
>> LUBA SOMMITS: Good morning. Neil, I see you are on as well.
>> NEIL BRADY: Yes, good morning.
>> Good morning. David Johnson?
>> David: Good morning.
>> LUBA SOMMITS: Good morning. And Denise Curry, are you on the line?
>> I don't see Denise Luba.
>> LUBA SOMMITS: Next would be Gail Weidman, I see you are on the line.
>> GAIL WEIDMAN: Good morning.
>> LUBA SOMMITS: Good morning German, I don't believe that he is on at this point.
>> I don't see him either.
>> LUBA SOMMITS: Okay next is Heshie, I believe that he is on vacation, so he will not be joining us today. Juanita are you on the call?
>> I don't see Juanita.
>> LUBA SOMMITS: Um hopefully she will be able to join us shortly. Lloyd, Lloyd?
>> LLOYD WERTZ: Hello.
>> LUBA SOMMITS: Hello Lloyd, good morning.
>> LUBA SOMMITS: Good morning.
>> LUBA SOMMITS: Matthew Seeley, I see you are on the call. Good morning. Um Mark Gusek? By chance are you on the call?
>> I don't see Mark.
>> LUBA SOMMITS: Up next is Mike, Mike Grier and yes I see that you are on, good morning.
>> MIKE GRIER: Yes, good morning.
>> LUBA SOMMITS: And Monica, I see that you are on the call, Monica Vaccaro. Richard Wellins is on vacation, he will not be joining us today. Sarah, I see that you are on the call, good morning.
>> Good morning.
>> LUBA SOMMITS: And sister Catherine Higgins, by chance are you on the call? Okay. Tonya is next. Tonya, are you on the call?

>> Sister Catherine is on, but it looks like she self muted.
>> LUBA SOMMITS: Okay. Welcome sister Catherine. Um Tanya, any chance Tanya might be on the call? And um our last um committee member to be recognized would be William Spotts and I see that you are on the call. Thank you members for attending today.
>> Hello?
>> LUBA SOMMITS: Yes, hello?
>> Oh I'm sorry, I didn't want to interrupt I was having trouble with my audio, this is Mary Catherine, you can hear me. I returned from the dark side of the moon.
>> LUBA SOMMITS: [LAUGHTER] Okay, welcome Sister Catherine.
>> LUBA SOMMITS: Glad you are with us. Next I'll do the housekeeping talking points for us and um I'll start with the committee rules. Please keep your language professional during our meeting and this meeting is being conducted as a Webinar with remote streaming, all Webinar participants, except for committee members and presenters will be in listen only mode during the Webinar, while committee members and presenters will be able to speak during the Webinar, we ask that you use the mute button or feature on the phone when not speaking. This will help to minimize background noise and improve the sound quality of the Webinar. We ask participants to please submitted your questions and comments into the chat box located into the GoToWebinar pop-up window on the right side of your computer screen. To enter a question or comment type into the textbooks under questions and press send. Please hold all questions and comments until the end of each presentation as your question may
be answered during the presentation. Please keep your questions and comments concise, clear and to the point. The meeting minutes, transcripts and meeting documents are posted on the list serve under MLTTS meeting minutes.
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services website. Thank you. Now I think we can hand the updates over to Jill.
>> Jill: Thank you Luba, good morning everyone. So Jamie Bucaneer [Name?] is on vacation this week so you'll be stuck with me giving the OLTL updates. You can move on to the next slide. So today I'm going to cover um some updates about the financial management services session. The American Rescue Plan Act or ARPA, preliminary spending plan. And some CHC program considerations. Okay FMS Transition. Um the Financial Management Services or FMS Transition. This is the program that um is the participant [audio cut out] services where the participant is the employer um currently we are transitioning from um the departments um FMS vendor and it was being brought in to the um community HealthChoices MCOs, so the second stakeholder

meeting for the FMS Transition was held on June 28th. And at that time OLTL provider update for service holders, just a refresher, if everyone wasn't aware, we are looking to combine our service waiver support for FMS with
um the office of developmental programs and their procurement. So that was provided during that stakeholder meeting. And then the CHCMCOs provided updates for the CHC program and they announced their selected vendor, Tempus unlimited, Inc. Any questions on that? Okay.
>> Is Jill, this is Lloyd.
>> LLOYD WERTZ: Is Tempus a new organ graduation where they recently incorporated, do we know anything about their history?
>> Jill: They did give overview of their organization, they are not new. And I do believe that the materials for that um were submitted through our list-serve. So Lloyd I can make sure that you get them. There is a --
>> LLOYD WERTZ: Thank you.
>> Jill: Yeah they provided some backgrond on their organization.
>> LLOYD WERTZ: Thank you very much, I appreciate that.
>> Jill: Okay. Okay so um if there is no more questions we can move on. The ARPA Preliminary Spending Plan on um I think everyone already knows on June 14th um the Department of Human Services submitted a preliminary spending plan to the Centers for Medicare and Medicaid services or CMS, that serves as a foundation for our state's planning efforts and it outlined our principles and over-arching priorities. So DHS collected um public comments through committee meetings, a public comment period and public comment Webinar sessions and we're currently continuing to evaluate all the potential changes to the preliminary spending plan as each priority is operationalized. We don't have a lot of details, we do have um the priority set that were shared in the past, I think is on the next slide but um we um may not have all of the details on how we're going to operate each priority at this point. Next slide. Um so we're over-arching DHS priorities that
specifically are impacting office of long-term living programs. Some of them we have discussed in this, with this group in the past and other stakeholders, so we want to provide financial support to adult daily living providers to make physical operational or other changes to ensure services are being delivered safely during the reopening of day centers. So um, so to provide additional support to those adult daily living centers um is one of the areas of focus for DHS and our priorities. We also want to increase payment rates for direct care workers in community HealthChoices and our OBR waivers, and looking to increase rates for the elderly Living program or LIFE program and finally develop a registry of direct care workers that allows participants to locate, review and contact direct care workers who will be best to meet their care needs so a lot of time participants may not come with someone that they want to um engage as direct care worker, so this registry will assist in participants and identifying and being able to review potential candidates. Any questions on that?
>> Jill, hi this is Mike Grier from PIKL [Name?] in addition to priorities listed has there been any consideration given to relocation for folks that potentially could want to transition out of Nursing Homes?
>> Jill: Um so um so you mean additional support for Nursing Home transition?
>> MIKE GRIER: yes, correct.

>> Jill: I do know they are continuing discussions about that, you know, do you recall this is not an all encompassing list.
>> MIKE GRIER: Right, right, right, that's what I was asking.
>> Jill: Yeah.
>> MIKE GRIER: All right, thank you.
>> Jill: Uh-huh. Next slide. Um so um again we, you'll see this, Mike, further down. We're um looking to also purchase remote supportive technology for home and community base providers to enhance transparency and Quality Assurance in service delivery. Provide funding for assistive and remote support technology to enhance service delivery and enhance transitions to the community by incense advertising manage care organizations to make Nursing Home transition goals. And purchase um housing adaptations for those transitioning from institutional or congregate settings. Next slide.
So um next, is there any questions on the ARPA um points? Okay. So CHC program considerations, as everyone knows you know, we have been rolling out the community HealthChoices program since 2018 um we're fully operational and state wide as of January 1, 2020 and we um are continually evaluating um the success of the program, taking feedback um looking at that areas for process improvement. Service coordination has continued to be an area of focus for the department. And the manage care organizations um so we're currently reviewing the community HealthChoices service coordinator trainings to determine if changes are necessary and I do want to provide some background on that, I think some of you are involved in all of this, but during the beginning the rollout of community HealthChoices, the existing department service coordination training um was specifically provided um and given to the manage care organizations to assist them in developing their own training and understanding the requirements of the community HealthChoices agreement. So during that time um the CHC MCOs did develop service coordinator trainings and we're currently now reviewing them to ensure that that we don't need to make any tweaks to that or look to see if we need to enhance it in any way. The requirements addressing frequency of comprehensive needs assessments or looking at that um I do know that there were a set of more frequent um assessments being conducted that may not have been related to a trigger event, and I know that our manage care organizations are reevaluating um the frequent of those needs assessments. And also um looking at service coordinator response timeliness um and looking at the um standards around um response times from service coordinators to our participants. Next slide. We're also looking at Person-Centered Service Plans, currently office of long-term living it conducting analysis of service plan reductions um and we're using the
results of this analysis to determine if additional compliance requirements or community HealthChoices agreement revisions are necessary. And we're also evaluating current language included in informal policies to determine if any revisions there are necessary. We're also focusing on the appeal process um currently engaged advocacy groups have been providing feedback regarding the appeal process, um and we're looking um we're engaging them to assist us in better educating our participants on the process itself. We do have a lot of information out on our website, during implementation we have a large community campaign and there are a lots of information still out on our website about the program and about the appeal process um there is fact sheets out there. I know that some of our stakeholders also have done their own

training on the appeal process um so we're currently looking at those materials and looking to engage our advocacy groups on a reeducation if
you will, sometimes it's helpful to revisit the training that you've done, especially once you get to a steady state and reeducate folks about um what they, what they need to know. They need to make sure they know where the information is. And how to appeal if they agree with an outcome. So more currently in the process of reviewing all the materials on the website and making sure that folks know where to find things. And finally our direct care workers always focus discuss on the ARPA plan, we are looking to um find ways to elevate this workforce, there are key components to the success of our program um and so we are looking for ways to support the direct care worker workforce. Next slide. This slide um we can leave out for a little, these are your resources and I always like to try and remind folks just in case, you know, if approximate there are any issues that you might have that you need to address or get um information from your manage care organizations, the
participant help lines are listed here for each one of the manage care organizations. Our community HealthChoices website um can be found at that address on the slide. There is also called an RA box or resource account. It is an e-mail box that we have multiple folks able to monitor it, so if there is ever any questions or you are not sure where to send something, that's always a good spot to go um because it will get routed to um the appropriate party to assist you um or resolve your issue. Then our RRTL provider line, that number has not changed, nor has participant line F there is issues you may have as a provider, you may always contact our provider line as well as our participant lines if folks are not able to um, you know, get the information that they need or resolve their issue with their managed care organization, you can always contact LL TL at any time at that participant line. And finally the independent enrollment broker, telephone number and website is
there. That's how you would enroll with CHC and/or make a change to your managed care organization if you are looking to um explore um changing your CHC MCL. And I believe that's it for me. Are there any additional questions?
>> MIKE GRIER: Yeah Jill, Mike Grier here again in your training of service coordinators I hope there is an ability to focus somewhat on their understanding and capturing of behavioral health issues as they might prove themselves during the comprehensive needs assessment on, ongoing basis. I don't know if folks are trained in mental health, first aid wouldn't be a bad idea. But some way to improve insight they might bring to the situation, they are not going to be clinicians and should not be expected to be clinicians. But they should be expected to be able to pick up signs and symptoms and discuss with the participant in order to ensure those needs are being met. s that being reviewed at all, are you aware?
>> LLOYD WERTZ: Yes and Lloyd I can tell you that is something we looked at on the onset, any indication behavioral health services might be needed, the managed care organizations do work very closely with their behavioral health managed care counterparts. And you have that handoff or collaboration if you will that we are looking at um, at that in the service coordinator training as well. Yes.
>> LLOYD WERTZ: Thank you. Is there a potential for assessing um, you know, what the expectations are eventually for providing behavioral health services as part of the delivery process for the CHC? Is there a way to measure if there was in-patient admission for a person

who didn't have a behavioral health component in place. Is that reviewed there an expectation on LL TL part of any sort in this regard?
>> Jill: Are you talking about in-patient stay related to behavioral health condition?
>> LLOYD WERTZ: Well, sure, yeah if you see something like that come up yet no assessment that shows need for behavioral health service that, might suggest you can look a little forward into the background to find out if that got missed, initial comprehensive needs assessment. I'm just wondering if there is a way that LL TL is planning on going forward, establishing expectations in behavioral health world much as there kind of are on physical health side for completeness of the comprehensive needs assessment and the service packages that are being delivered. There --
>> Jill: I can tell you Lloyd that we are working very closely with the Office of Mental Health and Substance Abuse Services. There are many pieces to the community HealthChoices agreement that are similar to physical health services agreement and there is that expectation for collaboration um with the behavioral health managed care organizations. So absolutely they are looking at how that handoff might occur and those types of events. I'm not quite sure once we get to open comment period if any one of the CHC MCOs wants to speak a little more as to how that might occur now.
>> LLOYD WERTZ: That would be good, I've been hearing on the physical health side there is a kind of case management, case management decision that is made in that program that is not part of the agreement for community HealthChoices. That might be an area to look into. It sounds like reasonable kind of a care assessment process that might be functional and again to achieve mental health and be able to move out of institutional settings as much possible, which I know is a goal of the program and a goal of yours.
>> Jill: Sure, great feedback Lloyd, thank you.
>> LLOYD WERTZ: You bet.
>> Jill: Any other questions for me?
>> If no committee members have questions Jill, I do have a couple from the audience.
>> Jill: Okay.
>> So the first one is from Catherine [Name?] is there consideration in sustainability of the increased wages for past workers?
>> Jill: Oh absolutely, we're working very closely with our, all of the program offices are working very closely with our budget office um to examine, you know, all of the proposals um and looking at sustainability, absolutely. That's kind of why we can't provide um any kind of details on how things are going to get operationalized. So yes that is absolutely a consideration.
>> Okay, thank you. Then from Bridget Lowry from ARPA, what does does enhancing for HCBS programs.
>> Jill: Hi Bridget, so I don't have the details, if you can go back to that slide a second Pat, want to pull out that statement that she is referencing. I think it's, isn't it on the next slide there? I think it is on slide 8.
>> He yes there you go.
>> Jill: Provide funding for assistive and remote supportive technology. So we are looking um for those ways to um enhance giving Assistive Technology in the home, whether that be um, you know, just to ensure that folks have um, you know, Wi-Fi or um those types of things in the

home to help with service delivery, so we're looking at ways that we may be able to enhance support technology um in homes that may not have that capability. And I think she was talking about the first bullet there um purchase remote support technology. So, you know, across the board with um, you know, public health emergency we have all learned and had an absolute um example of how important telehealth types of technology may be and those ways to, to really enhance types of, you know, remote support so whether it be through ensuring that folks have the capability to do some sort of a Web, Web or face-to-face virtual check-in or um that type of thing so that's kind of what we're looking at
there. It's really to make sure that if folks have that capability um then, you know, we have really broadened um our ability to ensure that folks are um safe, you know, they are receiving quality services at this point a lot of folks do not have that technology available to them, so that's really where we're going with um looking at some sort of support technology to help with those types of um check-ins and virtual meetings and that kind of thing for our participants. I hope that answered Bridget's question.
>> **Pat:** I don't see a follow-up so I think it does. So the next question is from Amy [Name?] when you say that you are evaluating informal support policies, are those the MCO policies or OLTL policies? If MCO policies, do the MCOs have specific formal policies regarding informal supports or are their policies more in the form of practices that are not written down.
>> **Jill:** Hi Amy, thank you for the question. I think at this point we're focusing on our internal OLTL policies um regarding um informal supports. And honestly um I really don't have more detail than that. It's just an area that, you know, we're looking, we're looking at under the hood at all of um this um related information about service coordination and person-centered service plans. So um it's really um current language um in our informal support policies.
>> **Pat:** Okay, next question is also from Catherine [Name?] where new CHC MCO contract be including requirement for specific time frame for review and update of training for service coordinators.
>> **Jill:** Um so that's one of the areas that we're looking at, we haven't um really um finalized any updates to next year's community HealthChoices um agreement language um but that could be something that we would include or enhance the existing language. Depending on the outcomes of our reviews --
>> **Pat:** Okay next question is from Jeff [Name?], Jill can you tell if there will be any changes in assigning consumers, assisting, I'm sorry, assisting consumers in CHC Appeals Process such as longer 30 days instead of 10 days additional funding for Pennsylvania Health Law or another policy to assist with Appeals.
>> **Jill:** Actually no, I don't have any type of updates on that at this time.
>> **Pat:** Okay, thank you. The next question is from Jacob Eden [Name?] um are there any updates on OLTLs review of the CHC MCO service plan reductions in the last meeting there was a discussion of review of samples.
>> Jill W. I'm sorry Pat can you repeat that question again, I want to understand.
>> Sure asking if you have update on OLTL review of MCO service plan reductions at the last meeting you talked about doing a sample of those and reviewing those.
>> **Jill:** Right, right, so all of that is currently underway so um I don't have any EGA for completion at this time um but we are actively in the um in-depth analysis in conducting those

reviews right now.
>> **Pat:** Okay, the next question is from Brenda [Name?] raising wages for direct care workers was mentioned in reference to community health care and COBRA, was the exclusion of S150 [Name?] workers meant to imply wages for that population will not be increased?
>> Jill: Um no I don't believe that um there was any intentional omission there, no. I mean it's a global Governors initiative to look at ways to um enhance and um elevate this workforce, key workforce um in supporting all of our programs and serving our most vulnerable citizens so no I wouldn't um interpret that as an intent to, you know, exclude JCW under the aqua 150 program.
>> Okay. The next question is from EK, Ms . [Name?] said a few things, though not all encompassing as mentioning wanting to highlight a few things that need to be addressed. Appeal Form is not available on DHS website. FMS Administration Transfer to CHC when CHC has not been able to meet their original mandate is not smart move. And mailings for public comment should be sent directly to participants so that participants actually get a say was not aware until today two stakeholder meetings took place already and a few other things, but will submit at a later time.
>> Yeah, thank you for the comments. Can we make sure that individual gets um the information on how to sign up for the list serve?
>> Sure, we will make sure that goes in the file.
>> Yep, thank you. You know just want to address that, you know, these stakeholder meetings have gone out through um or
>> RICHARD WELLINS: Our list serve communications which is an e-blast that every individual can sign up for so we can make sure that information is distributed.
>> Next question is from Christopher, I'm wondering if that includes access to services, day services for provider clients.
>> Jill: Um I'm not quite sure I totally understand the question, um I think that I think the question is asking um where we're looking to evaluate any ways that we can improve like um virtual technology, whether that would apply to the adult base centers.
>> Yes, that's the way I'm reading it too.
>> Yes he said that's correct.
>> Jill: Okay, actually they are two separate items. I think it is a great suggestion for adult day centers to maybe look at ways to um incorporate those types of virtual um capabilities, but um what we were specifically looking at was um base providers and individual participants um receiving support you know when they would be within their homes. I think it is a great suggestion for us to um, you know, throw out to the adult day providers and see if that's an area that they would be looking at enhancing capabilities.
>> Um thank you and then the next item is really more of a comment from Sanar Shaw [Name?] concern of appeals about the 15 day limit to respond on Appeals because it takes 10 to 11 days for a notice to be received via postal mail, I'll show more as there is a later presentation on this, but wanted to mention it here since it just came up. And --
>> Thank you.
>> Pat: That is everything that I have at this point. I'm sorry, I just got something from Jeff. Hold on one second, it's um on behalf of the PA transportation Alliance, we notice there are more funds for Medicaid transportation noted as related to COVID-19 in if the approved state budget.

Can you tell us if these funds are for MATP or CHC transportation, which we, which we have heard continues to have challenges in different parts of PA. Not all CHC MCOs in every county have transit agreements for transit patient covered under CHC waiver, which forces CHC consumers to use MATP or one of the shared ride programs. PWD underage 60, senior for ages 60 plus, where people have to use shared ride in this context, it costs more for out-of-pocket cost that add up low income individuals who have multiple trips in a month, in a month, particularly where they have long distances to travel, medical doctors, dialysis, mental health providers, et cetera. This could be avoided if there
were agreements between MCOs and local transit providers, thanks.
>> Um so those are all great points, unfortunately I don't have any details about um the intent of how those funds um are going to be used um we can though follow-up with our Office of Medical Assistant programs that have oversight of see if we can get a little more detail, and budget office of course, to see if we can get a little more detail of the intent behind that. I also um do want to point out, we do um, you know, collaborate with um the Department of Transportation um for the shared ride and taken part in many of our transportation summits for the community HealthChoices programs. So um if that is something that folks could be interested in we can um take that note and um look to see what kind of um additional details we can get after um, after the, you know, the details are in on how um we're going to operationalize the latest past budget.
>> Jill, it's Linda Litton, I'm having, excuse me, I have a question going back to Brendon, [Name?] who asked about payment for personal care resistance. I know that a lot of the Nursing Homes have raised their payment rates against competition, so I would think that the personal care workers for people have transitioned into the community would also be, so that there is offset in the payment confrontation or competition.
>> To the point Linda.
>> LINDA LITTON: So thank you.
>> Pat: Okay I have one more that just came in Jill from Christopher, I'm having issues as participant transit funding, the MCO I use does not paratransit agency as a client like myself access or for example Lantavan. And we can, we can flag this for follow-up exactly with Christopher, Jill, to get more detail.
>> Jill: Okay, sounds good. Thank you.
>> Pat: Uh-huh. Okay. And that's everything I have.
>> Jill: Well thank you. I think is Howard up next?
>> Pat: Yes he is.
>> DR. HOWARD DEGENHOLTZ: Yes, give me just a moment to get my screen ready. Okay I have 45 minutes. Let's see okay. I am ready. Okay, everybody see my screen?
>> Yeah.
>> DR. HOWARD DEGENHOLTZ: Wonderful, work on the first try. Thank you everyone for the chance to share findings from our independent evaluation of community HealthChoices program. As a reminder to people on um the committee and to members of the public, the University of Pittsburgh through the Medicaid Research Center conducting multi-year mixed method evaluation of the program. Got started in late 2016/2017 planning and development of the broad evaluation plan. People are probably familiar with this slide, which shows all the

different methodologies that we have been using um we have conducted focus groups with participants, we have been um analyzing extensive um administrative data, we have conducted surveys of Nursing Homes and HCBS providers, have conducted a large number of qualitative interviews with broad range of stakeholders. Today I'm going to focus on one particular methodology that we have been using, which is telephone interviews with participants and we're not going to address the caregivers but we also have conducted interviews with caregivers. Now what we did as part of the overall evaluation was we um starting back in if late 2017, started collecting um surveys, conducting surveys with representative samples of people who were eligible to become part of community HealthChoices in late 2017 and then we followed up with those same people in 2018 and 2019 and into 2020. And as each region of the state came on board we um, we collected new samples from people in the Southeast and a new sample from the people in the central part of the state. Then one thing that we did was we also put together comparison groups so that while so that during the 2017/2018 rollout in the Southwest we also interviewed people in the central part of the state as a, followed them also longitudinally to construct a comparison group to find out well, to get an estimate of what might have happened um, what was going on to people over that same time period um in the absence of community HealthChoices. Now the part of the interviews that I'm going to focus on today is the section of our survey that's called the consumer assessment of health providers, home and community based services version. Now this is a survey that is um also required for all MCOs to conduct on an annual basis. So each of the three MCOs is required to conduct a survey of sample of members in each region of the State. Those surveys started in the Southwest in late 2018 and then in 2019 the MCO surveyed participants in the Southwest and the Southeast and in late 2020 the MCOs surveyed participants in all three regions. Now our data essentially compliment what the MCOs were collecting because we collected survey data in the Southwest in early 2018. So before Community health choices was implemented and also collected same survey data in the central part of the state in early 2018 and early 2019. So that gives us again estimates of the participant satisfaction prior to community HealthChoices when it was implemented. And then the same pattern follows for the Southeast region so, we have, we collected surveys in the Southeast prior to community HealthChoices and also after the implementation of community HealthChoices and um those data compliment the surveys conducted by the community HealthChoices match care organizations, which are only conducted after approximately um the first-year of implementation and then annually there after. So what we're doing is we're combining all of these surveys both conducted by the Medicaid research center, MRC, and by the CHC MCOs to produce a comprehensive look at with what's going on before community HealthChoices and after community health choice the. So when I say before community HealthChoices, what I am doing is I'm going to combine data from the south west, Southeast, central part of the state, surveys before the implementation. Then I'm going, when I talk about after community HealthChoices I'm talking about surveys that our team collected in the southwest in 2018, Southeast in 2019 central part of the state in 2020 pooled together with data collected from the community HealthChoices managed care organizations. So then the next thing that we did was we took all of the surveys, both our surveys and surveys collected by the care organizations and used a statistical method

called waiting and we did that to generate region level of the um, of participants experience. This is very important to do because in our surveys that we conducted for, from the Medicaid research center, we stratified based on certain important characteristics in order to make sure that we had adequate representation in particular our surveys were stratified on urban versus rural residents in south west and central part of the state. Managed care
organization stratified based on ethnicity to make sure that there is an adequate sample of participants from a different racial and ethnic groups. So we use the statistical technique called waiting to essentially take that design, that information that was in the design and use that to balance the data to represent the overall region. So I'll present some, I'll present, I'll be presenting these weighted estimates. The other thing that it does is adjusts for non-response which is important factor in the, whenever you conduct surveys if you have a non-response then you have to also take that into account to make sure that your sample is representative of the sample and not just of the people that you interview. The interviews um that we used in the MRC are basically the same as the caps HCBS questionnaire last month um Brian from LTL presented extensive findings from CAHPS-H CBS questionnaires, not going to go into extensive detail in the development and
construction of that questionnaire um people should know that it was developed by CMS at the federal level, coordination from the agency for health care research and quality and there are certain measures that can be constructed using these data that have been approved by the national committee on Quality Assurance. The um both MRC and the MCOs have added questions to the overall questionnaire to address some other important topics. We're going to focus on non-medical transportation as an important issue to be capturing and tracking. One important thing to note in terms of the difference between our presentation here today and the presentation from Office of Long-term living, I'm focusing on the big picture of community HealthChoices as a whole. We're not going to be talking about specific plan performance, that is um very important issue and that is um the um OLTL presentations have paid a lot of attention to that and presented not just the relative
performance of each manage care organization, but also um steps that each plan has been taking to improve their scores in a range of different topic areas. I'm going to Zoom out and take big picture perspective, is community HealthChoices um how is it working from the perspective of consumers um at large? The other thing that I'm going to do is identify any areas where there seems to be differences um based on race and ethnicity and I will show you um that as we continue on. So just to get a sense of the sample sizes here for this overall picture in the Southwest we have a sample size of about 1300 surveys and then after the implementation we have another 1097 surveys, you can see in the Southeast we have also 1800 surveys before and about thousand surveys after. Then in the central area we have a much larger sample and that's because of all of the comparison groups that we were collecting in 2018 and 2019 and about a thousand interviews after the
implementation community HealthChoices. The reason why the after numbers are lower is because of the design of our study is longitudinal, so we interview people at baseline but then twelve months or 18 months later many of those people are um no longer available to be interviewed partly because, you know, for a variety of reasons may no longer be eligible to program, might have passed away or moved to a Nursing Home not eligible for this particular

survey. Okay then this just recaps when the different surveys were conducted in each region of the state. Just going to summarize the um one of the things we did too understand the um how well these surveys work was parathe overall race and ethnicity in the survey data to administrative data that um from the um OLTL enrollment systems. So you can see here in the blue bars that is the estimate of each race and ethnic group from the surveys and then the orange bars that comes from from the enrollment data. You can see
here that in the um administrative data, the enrollment data, about 58% of enrollees are non-hispanic, Caucasian. But in our survey data that's about 33%. Now I, this is a little bit of a short-coming um in the data it's I believe that it has to do the fact that we have pretty large samples from the Southeast and that region has a very high non-hispanic African-American population. If you look at the Asian and Hispanic groups those are, those track pretty well. By race and ethnicity, in terms of those groups. In terms of gender, the gender distribution I'm sorry this is the age distribution, this is age and gender, I apologize. You can see age and gender distributions between the two, between the survey and the administrative data are fairly close. The survey data tends to be um to capture slightly younger population you can see this on the bars on far left in terms of 18 to 54 compared to administrative data. The survey data tends to capture
slightly more than, compared to the administrative data. All in all, generally pretty good, slight differences compared to the overall population. So now I'm going to turn to the findings and we're going to go through these in several categories. The first category is personal attendance services. What we're going to it is look at several composite quality measures, which people hopefully will be familiar with from previous um presentations using this data source, there are four different um quality measures. The first is whether PAS workers listen and communicate well. The second is whether workers are reliable and helpful. The third is the participants overall rating of PAS worker and the fourth is would they recommend that they are a PAS worker, on this slide also show specific items use to construct these quality measures. So here is the, here are the first set of findings. Now what this does what were the survey respondent answers or ratings on
each of these composite scores before community HealthChoices and orange bars show the ratings after community HealthChoices. And then in the top I put the those numbers represent indicate whether or not it's statistically significant difference between the before and the after. And another thing to note is that these models control forays, age and gender and as I showed you on those previous slides there are some slight differentials between race, age and gender in the sample compared to the administrative data so the statistical adjustment for that brings us closer to what the average experience was for participants in community HealthChoices. So what you can see here is a slight improvement in the listen and communicates domain but slight declines with the domains of helpful, reliable, overall rating and would recommend their PAS worker. Now these differences are statistically significant, but they are all fairly small, so for example listens and communicates goes
from just over 60% to about 63% so that is a statistically significant difference, I don't think it is a very large difference. There were some differences between racial and ethnic groups which we look at that PAS worker listens and communicates well what you can see is for the blue bar which is the non-hispanic white population, it increases a little bit but it is really basically flat

compared to the non-hispanic African-American and the Hispanics where there is a much steeper increase. So what that tells me is this positive finding on listens and communicates is probably due to improvements in these minority groups. Turning to other where we see decline, have other between different ethnic groups. Here you can see baseline for non-hispanic whites was lower than African-Americans and Hispanics, both all three groups seem to be declining slightly at about the same rate. When you come to
would they recommend their PAS worker, you have a slight difference between, you have a difference between whites and blacks where whites are declining but African-Americans are basically unchanged in terms of whether or not they would recommend their PAS worker and you can see they are also higher baseline. Um and there were no statistically significant differences on the other, the other composite measure. Turniing to service coordination there are three composite measures here. One is whether your service coordinator is helpful and reliable and then overall rating of service coordinator and would you recommend your service coordinator. So here we're seeing um really no statistically significant differences before and after community HealthChoices when you pool everything together state wide. However there are some interesting difference whens you split it by race and ethnicity. So here you can see that the non-hispanic white participants are reporting pretty steep
decline in their rating of their service coordinators while non-hispanic African-Americans are supporting improvements in their, in their ratings of the service coordinators. So let that sink in for a minute, something going on here. Next is person-centered care, personal safety and medical transportation. Person-centered care has to do with choosing services that matters to you, planning time and activities, each of those composites is made up of a couple different subitems. And then medical transportation, this is made up of having a way to get to appointments, able to get in and out of a ride easy and whether or not the ride is on time and then for personal safety the MRC survey included just one item of having someone to talk to if someone hurts you, so we restricted the um other data source to just one item although there are several other questions about personal safety. So here we see a mixed picture, we see slight declines in terms of the choosing services but no change with regard to planning your care, no change with regard to personal safety and actually slight improvement with regard to medical transportation. There is a difference between um race and ethnic groups with Hispanic um participants reporting pretty steep declines and planning time and activities. this um to be caution about this because the numbers of Hispanics that participate in the survey are relatively low, so this could be influenced by a, by a small number of people that might not be full broadly represented, representative. We added um because of the issue transportation is so important, starting back in 2019 we added items about did you miss a medical appointment due to lack of transportation difficulties with transportation. So we don't have a pure baseline on this because in back in 2017, 2018 um this issue was not on our radar screen, in, during 2018 it was um became apparent this was a
major concern for a lot of people and we added it to our surveys in 2018 but not before we already completed first baseline in the south west. So here we have a positive um finding where if you look at the center bars, the center group of bars in for the Southeast you see a statistically significant drop in the percentage of participants who report that they missed a medical appointment due to transportation. We also see the same drop in the central part of the state. If

you look at the rate in the Southwest um that's a, that's a rate under community HealthChoices and that rate is comparable to the post community HealthChoices rate in the Southeast. So we can imagine there is a missing blue bar on the far left of this chart and it was probably higher than the orange one. Now the CHAPS survey as produced by [Name?] does not address medical non-transportation. We added questions to our survey as we learned that non-medical transportation was a big issue
and it needed to be distinguished from medical transportation when talking to participants. So we are again comparable to what I showed you on the previous slide, were able to make pre and post-comparisons for SE and central part of the state, because we didn't add those questions until after we were already going in the south west. The MCO surveys, they added, they tackled this issue slightly differently with slightly different wording, so we can look at the trend in those, in those surveys, but we can't make a direct comparison between the MRC surveys and the MCO surveys on this issue. The that that that we collected from MOC we asked several different questions, we asked participants if they use the same service as they do for medical transportation, because if they, if there is a, because the way the survey is constructed it asks about medical transportation first and if people use the same service for none medical as for medical then it doesn't make sense to ask
them about the quality of that provider, that same provider twice. We ask if PAS worker drives them to non-medical activities and we ask them about overall ability to get to non-medical appointments and overall rating of non-medical transportation. A lot of information on this slide, I'm showing so I'll walk through it. On the left we have the preand post experience in the Southeast and on the right pre/post experience in the central part of the state. So on the left what you see, first group of bars are whether or not people use the same transportation service for non-medical as they do for medical. You can see a fairly high rate of people reporting that they do use the same service for non-medical transportation as for medical transportation. We asked whether or not people, asked whether or not people um PAS worker drives them to appointments we see a slight decline in that rate but it is not statistically significant. The next group is whether or not
they are always able to get to their non-medical appointments and there you see a pretty significant increase. Now the base rate here was just around 30% and it goes up to 40%. So that's a pretty strong positive finding regard to improvement and non-medical transportation in the Southeast. Overall ratings basically unchanged. Now when we look definings in the central part of the state, the pattern is generally the same, but they are not statistically significant. And then you can see in the inset box at the bottom, NCO surveys people asked were they able to get to non-medical appointments in the southeast in 2019 a slightly different question that we asked, we asked are you always able to get to your non-medical appointments, the MCOs asked are you able to get to your non-medical appointments, 79% agreed with that in 2019 going up to 84% in 2020. The trend in the MCO surveys is the same direction as the trend in our MRC surveys. And then if you
look over on the far right the MCO, in the central part of the state, are you able to get to your non-medical appointments and you can see that 85% of participants in the central part of the state are agreeing with that statement and that's actually tracking almost exactly with the finding in the Southeast. So to um conclude, there are some areas where we have noticed

improvement um through the implementation of community HealthChoices. With regard to whether or not PAS worker is listening, listens to them. We see improvements with regard to medical transportation, decreases in missed medical appointments and improvements in the ability to get to non-medical appointments but we also see some areas of decline with in terms of the PAS worker being considered helpful, overall ratings of PAS worker recommendations and also in the, this is I think some concern choosing your services. All the changes are small and that is something to bear in
mind. We're not seeing huge, it is not like a big cliff in terms of participant reported quality, but these are areas continuing to track. There are important differences by race and ethnicity and the thing, this raises questions about equity and also geography because as we know the state is not evenly distributed in terms of um, in terms of race and ethnicity, so differences that we see between racial and ethnic groups might be due to differences that are going on at the local and regional level. We see differences in um, I'm sorry, we see service coordination ratings are generally unchanged might be some differences across region as we know Nation is a local experience because it is in-person, in-person and there have been a lot of changes to service coordination in general. So that's an area that we can dig into. Now looking forward our team is planning to conduct focus groups with providers and advocacy organizations to address an important topic that um on our radar as CHC program is maturing, that is the question of innovation. So looking ahead to later this year and findings that we will report probably early in 2022 we're looking forward to capturing the experience of provider and advocacy groups with regard to innovations that CHC plans have implement with regard to housing issues, employment issues and transportation issues. Now um we're um these are groups, these are um focus groups for providers and advocacy organizations so I want to extend the invitation to individuals who are both on the committee and in the audience today to sign up online if you are representative of a provider organization or an advocacy organization, have expertise in these particular issues, please sign up and you'll see a list of focus group um events that we're scheduling. Again these are designed for organizations as opposed to individuals. We are also continuing to conduct interviews with individuals
through 2021 and um 2022 when we anticipate that part of our overall evaluation will be um completed. We're also starting to plan for round of interviews with Nursing Home residents, we conducted a substudy of Nursing Home residents in 2019 and we are planning for another round of such interviews in late 2021 um very important to incorporate the subjective experience of the Nursing Home. Finally I'm very, very pleased to announce that we have a public report on evaluation activities for the early part of the evaluation during um through 2018 and 2019 findings and that's available on the HealthChoices website and I put the link into the, on to the slide here also. And then my last slide just has my contact information for questions and comments, but I'll leave this on the screen so people can see these two links and go to them, you can also if you download the slide deck um you should be able to click on those links, I know they are a little bit long and hard to
capture. So let me stop there and open it up for questions and discussion.
>> Hi Howard this is Monica calling from brain injury association of Pennsylvania, thank you for presenting this data.
>> MONICA VACCARO: I see an attempt to get this stratifications seem all seem important

urban and rural, race and ethnicity. I wonder if any thought will be given to different disability groups or populations or even different functional levels. The group that I'm advocating for are people with cognitive impairments who may have a very different experience than some of the other um individuals who are receiving long-term services and supports.
>> DR. HOWARD DEGENHOLTZ: Thank you very much for that comment and question. So um I should have stated earlier that our service, MRC surveys are stratified between people who are HCBS users and people who are in the community of choices program but not HCBS users sometimes referred to as NFI groups. The that and it survey data that I presented today were just from were the HCBS user because user um subsets. We also have methodology to use to allow proxy informants, so for cognitively impaired individuals to participate in the survey directly. With regard to subgroups of people based on particular etiology we did not um, we did not do that in our overall design. The reason is because it's very, very difficult to um find those people in advance perspectively. We do have people with TBI in our sample because it is a general population sample but as you know it is a very difficult subset of people to um interview directly. So that's the reason why we have done such an
extensive key informant interview study and set of focus groups. So we believe that our overall approach to the evaluation depends not just on these surveys and interviews but also the qualitative interviews with um providers that serve subgroups of people such as the brain questioner community.
>> So there are people with brain injury included in your your example specifically.
>> I believe so but again we are not, we know that it is a small sample when just do a random survey like this, it is a small sample of people, so I can't speak to that particular experience.
>> Pat: Okay any other questions from committee members? If not I have a few, Howard, from the audience. First one is really a follow-up comment Trp Christopher Fisher um I used local transit agency for both medical and non-medical I feel comfortable with who I use now, do not wish to change this. This slides into my previous question that we're going to be accepting over to OLTL to follow-up on. The next question is from Brendon, she asked when you survey people about satisfaction with their personal assistant services worker, what steps were taken to make sure a person could communicate freely without worry that their direct care worker would hear or see their answers.
>> That's an excellent question Brendon, I appreciate that.
>> DR. HOWARD DEGENHOLTZ: What we do on the phone is we ask that individual um to basically be in a room by themselves if they if at all possible, however we, because we're doing these interviews on the telephone it's really impossible to know who is in the room with a participant when they are answering these questions. So it's um a limitation that we have to acknowledge in the surveys. Now it is an important topic, we did do a substudy where we went to people's homes in person and when we were there in person obviously prepandemic, we took, made an effort to separate the individual from anyone else who is in the home for the time of the interview and made knows when that was not possible. Now that substudy, if not, that is still in our to do list to analyze to see if there is any impact there in terms of the um, in terms of the effect that might have had on people's responses. I will say this however, which is when the person is having telephone interview, for
the most part the interviewer is speaking only to that person. We don't think that these are on

speaker phone or in a way that other people can hear the questions. They can hear the answers, but the answers are just rating scales in terms of numbers like one to ten. So we don't think that it is very apparent to anyone else in the room what questions are being asked. I should note that the method Ohm's law that we're using, the surveys that we are using, these have been adopted nationally for these populations, this is the state-of-the-art in terms of capturing participant experience.

>> Pat: Okay, thank you. The next question is from Arish [Name?] will research be done on access or need behavioral health services for CHC participants um, for example mental health and substance abuse services?

>> DR. HOWARD DEGENHOLTZ: Thank you very much for that question. So our analysis, so this is an important topic that we are spending a lot of time working on. And the tools that we have for addressing behavioral health and mental health services are as follows: Um, first in the surveys that we conduct we also capture participants um rating of their own mental health and psychological well-being. And if you look in the evaluation report that's published on the CHC website, you can see some early findings with regard to depressive symptoms and psychological well-being. But that's only a small slice and it doesn't capture access to behavioral health services per se. To get at that we need to use administrative databaseically claim data from the Medicaid providers and also from the Medicare providers. So our team has been spending a lot of effort over the past year to develop ways to combine data from the Medicaid claims, the Medicaid behavioral health MCO

claims and also from um Medicare providers because as we know for this dual eligible population sometimes the bill for a psychiatrist or psychologist visit goes to Medicaid and sometimes it goes to Medicare. So we have been working on methods to combine data from both data sources to get a if you will, as full of a picture as possible about all the utilization for this population. So we have been working on those analysis and collaboration with the office of long-term living and also the office of mental health and substance abuse services and we anticipate that our findings on those will be um presented internally and then at a certain point should be available to be shared with this group.

>>

>> Okay, thank you. The next question is from David [Name?] N being number of participants was it equal among all races, also since there was a big difference between Caucasians versus Latin and African-American, was there consideration to the ethnicity of the caregiver?

>> DR. HOWARD DEGENHOLTZ: Oh these are very good questions. Okay so first of all the samples are not the same size required to different racial and ethnic groups. In general in our MRC surveys the um percentage of people in each group is um basicaly representative of the population so um and let me see if I can switch to that um slide. And you can see where, so the blue bar represents the percent of our sample in each racial and ethnic group. So you can see we had a pretty good mix of non-hispanic white and non-hispanic African-American over-representing non-hispanic African-Americans relative to the population and then the other Asian and Hispanic groups were um comparable to the overall population. So the ideal would be if um, if the sample was very, was even closer to the overall population again these are the weighted estimates and that would give us a lot of confidence that our estimates are proportional or essentially representative of the findings for

the overall population. In general our regression analysis um which adjusts forays that um takes into account the differences, the difference in the sample size between the different racial and ethnic groups. So no you would not expect to see it to be the same number of people in each racial and ethnic group, but statistical methods to make the findings representative to the overall population. The second question had to do with the race of the caregiver. That is really fascinating and something that I really wish were possible but um you can imagine that it is a very difficult thing to ask about. So one of the things I expect is going on here, where you see this increase in ratings of service coordination in the um African-American population and then a slight decline in the Caucasian population, so we can, we have to ask ourself well why, why would see this kind of pattern, what possible explanations might we have for this type of divergence where they start out
around pretty close to the same rate, improvement in one group, decline in the other. So really and truly we don't, we don't know what's going on because we don't know, when we I want view people we don't ask them about race and ethnicity of their service coordinator or of PAS worker. We know that some people might prefer to have a worker that's of the same race or the same gender as themselves um but that's not, that's not always the case and again it's a difficult thing to ask about on um the telephone. Not entirely fair to the workers either. And then also need to bear in mind people might have multiple workers or might have multiple workers for PAS workers and service coordinators over course of time. Really important question, one of the things that we're we have been doing is asking MCO about the training they do with regard to sensitivity and racial and ethnic disparities and we think one possible explanation for this MCO have invested in improving
the sensitivity of their PAS workers and um more directly their service coordinators with regard to um minority groups and language minorities. But again this is something that's um, that's interesting finding and something that's, that we want to check in and see if there is an explanation for it or if it is more or a pattern but --
>> Pat: Okay, excuse me the next item is just a comment from Lynn Cooper, glad to hear you are working to get information about mental health and substance abuse disorder services. Then a question from Pam Hillary, what type of questions will be Nursing Home related? Only the residents be interviewed or resident and facility?
>> DR. HOWARD DEGENHOLTZ: In 2019 we conducted a comprehensive substudy in Nursing Homes and what we did in those, in that study was we, we basically, we did a site visit to 17 Nursing Homes across the state and during those site visits we interviewed management, administrators, social work, CFOs about the community HealthChoices um implementation and impact on their organization. We also, then we also did a brief survey um, brief interview I should say with Nursing Home residents and those facilities to get at um questions around their choice of community HealthChoices plan and little bit about their interaction with community transitions. The, our plans for the 2021 follow-up on that will be to ask residents more extensive questions about their own quality of life as well their interaction with community HealthChoices and I believe that the most direct um point of um contact will be through service coordination. We also do plan to repeat those observations and interviews
with top level management but I think we will put more of our effort into um more extensive interviews with Nursing Home residents.

>> **Pat:** Okay, thank you. And then the next question is from EK, who are the advocacy groups that MRC has worked with in the past works are the advocacy groups that OLTL has worked with in the past, where is this information available um also earlier Jill said sign up for list serve and information can be sent to um me later, but I have signed up several times with no success and I also wrote in the e-mail provided as well and still success, but I was informed of first stakeholder meeting only a few days before the meeting. Also not everyone has access to sign up to the online list serve and those mailings can reach all participants and hopefully participants are given multiple options to submit public comment and feedback, et cetera. I guess Howard do you want to talk about what advocacy groups you have worked with and then Jill I'll ask you related to LL TL.

>> **DR. HOWARD DEGENHOLTZ:** So I don't have a comprehensive list on the top of my head and I'm a little reluctant to name names because when we conduct those interviews we promise confidentiality to the people that we, that the organizations and representatives that we interview. So what I can say is that we have over the past um three, four years we have worked very hard to identify as broad of a range of advocacy groups, trade associations, providers, provider representatives as we can. We have interviewed representeddives from across the state from, I'll give a couple examples without naming names, naming names from United Cerebral Palsy, brain injury, housing organizations, legal representatives, general advocates for people with disabilities, general advocates for people with um for older adults, I also put centers for independent living, on aging into this category to some extent because they do have an advocacy role in interactions with participants. Like

I said we have tried to cast a broad of a net as possible in terms of capturing the perspectives of um organizations that are engaged in um improving lives and well-being of community HealthChoices participants. If anybody in the steering community or I'm sorry on this committee or in the audience has an organization that you would like to nominate, I ask you please put that into the chat and Dorsey will make that available to us after the meeting and I will pass that on to my team to make sure that um we reach out to those organizations if we have not already.

>> Okay, thank you Howard. Jill for the OLPL find.

>> So specifically for the work that medicate research center is doing, this is an independent evaluation, so OLTL receives findings but we are not ones who are engaging the groups and conducting the surveys, it's um inintent is it is independent. Engaging groups with regards to this work.

>> **DR. HOWARD DEGENHOLTZ:** Thank you Jill.

>> **Jill:** If that makes sense.

>> Yeah and I'll just um I will just to sort of amplify that, put it into broader perspective, um we have a working relationship with OLTL by which OLTL provides us with data and access um to participants and then we conduct our analysis independently and we share the findings with OLTL and then as those findings where essentially processed and understood then we make them public primarily. But firstly through this group but also through um other reports like the report that is up on the website right now.

>> Okay and so Jill I think in follow-up you had mentioned earlier um you were engaging advocacy groups and wanted to know which advocacy, EK wanted to know which advocacy groups and where that information is available not in relation to MRC.

>> Are we talking about these feedback regarding how the program is going and that type of thing?
>> Um EK is that what you are looking for?
>> Trying to understand the context.
>> Yeah are you --
>> Pat my understanding is that --
>> Oh I'm sorry.
>> Jill: I'm not sure if it is related to the AR approximate. A spending plan or CHC overall, I don't know if EK can clarify for us?
>> DR. HOWARD DEGENHOLTZ: I interpret the questions what groups MRC has engaged in terms of um assessing the impact of community HealthChoices. And I would think that the question relative to OLTL would be what groups does OLTL communicate with, with regard to the experience of participants.
>> Right EK just clarified that it's um OLTL overall for your experience with CHC and then specifically for the ARPA funding.
>> Okay so for the ARPA funding that was a public comment period um and we did independently receive feedback and suggestions from various groups whether it be provider associations, or individual advocacy groups, including project [Name?] and ongoing um avenue we have regular meetings with um the um participant stakeholder groups including um Pennyslvania Health law project to ensure that we receive any type of feedback about um concerns or problems that may be occurring um and that gives us an opportunity to not only um focus on the individual cases, but also do an assessment to determine if there is any systemic issues that need o be addressed or if it's a case specific um type of issue. So on going OOTL is very much engaged with provider associations, provider groups individual advocacy groups approached um repeatedly um from different um groups of, you know, regarding the ARPA funding and that type of thing and then we have regular um meetings with um our participant
advocacy groups to hear any specific issues or concerns that may be arising.
>> Okay, thanks. Then I think in closing and then um we probably need to move on to the call center operations. I think [Name?] Gonzalez director for Bureau of Quality, home and community base CHAP survey is independently administered by independent entity not directly by MCO, OLTL incorporates what questions should be incorporated into the annual survey. I guess with that I'll turn it back over to you.
>> Thank you [Name?].
>> Hi this is Luba.
>> LUBA SOMMITS: I think I'm having a connection issue, can everyone hear me?
>> Yes.
>> Yeah.
>> LUBA SOMMITS: I guess we will move on to the next agenda item and that is the organization speaking to their call center operation.
>> Thank you this is Mary Catherine Grace, thank you for bringing that up, I wasn't sure who was driving. [LAUGHTER] As someone said at the top of the call, they have like a little kennel cough, well I'm in the kennel cough category too. Anyway, my name is Mary Catherine Grace,

director of contact center, I want to thank you for imsiting us to the meeting and providing the opportunity to share information with you, truly an honor to be here. Can everyone hear me clearly?
>> Yes I can hear you, I'm assuming others can as well.
>> Mary Catherine Grace: account thank you manager for exphient tier is Shay [Name?] she is out of the office this week. She sends her regrets or she would have been here with us today. Perhaps we will be invited to another meet and you'll get an opportunity to meet Shay. I also have a colleague here with me today, Annette [Name?] manager of Appeals and Grievance team and we will be jointly presenting information so we have a lot to go over. So why don't we get started F we can have the next slide please. Thank you so much. In the contact center, we're the main customer interface and with our participant contact center functions for our participant of course includes inbound calls, outbound calls, we will be talking about some volumes in subsequent slides correspondence from the participant to the community HealthChoices managed care organization. That is also managed within my vertical in the contact center and of course
we have self-service options, member portal, website, mobile app. Anything coming in off the portal, any questions comes to the team that responds to correspondence as well, that's under live vertical. Primary service delivery for participant services including verifying eligibility, facilitating primary care physician changes, searching for a participating provider, those are some of our top call drivers, explaining community health plan benefits, assisting with transportation coordination, initiating dissatisfaction, formal complaints or grievances. We also provide service coordinator contact information and notification to the service coordinators if a call-back is requested by our participants. Next slide please. Thank you. There we go, oh thank you I got the little chat box finally out of my way. Our call volume and top drivers call volume I'll be speaking about is from January to May of 2021 for Keystone First Community health Choices, we have received 53,414 calls. Former health Caritas of Pennsylvania we have received toteddal of 26,676 calls. So you can see we are very busy and we appreciate the calls. Our average community HealthChoices daily call volume, it ranges um high-end of a thousand daily calls to a low end of 550. I will share with you that our highest call volume days are Mondays and Tuesday. So if you are thinking about calling us on a Monday, you know, we're happy to respond to your inquiry but you may want to think about calls us on Wednesday, Thursday or Friday. Helpful hint. Our community HealthChoices call, top call drivers, which we briefly touched on, on the previous slide, is benefit information um medical 30,277 calls. Member eligibility and verification 19,080 calls. Service coordination related calls, 17,097. Primary care physician changes 11,115 then demographic changes, 10,650. Next slide please. Thank you. This is where Nanette and I will be
co-presenting, so the next several slides are going to be talking about the grievance review types and the action steps. And there is a lot of information in here. So what um this slide is talking about um we will go into very detailed steps on the next slide but this is sort of a, if we view it as 10 thousand foot view or 5 thousand foot view and then we get into more detail on the next slide as the action steps and roles and responsibilities between the grievance team as well the um contact center team. Grievance is a request to have community HealthChoices, review entity reconsider a decision concerning medical necessity and appropriateness of a

covered service. We have here some examples of um a filed grievance may include denial in part or hole, payment of services or items, limited authorization of a requested service or item denial. Including a determination based on the type or level of service or items, we will talk more about these in the next slide. Reduce,
suspend or terminate previously authorized service or items and deny the requested service or items that have proven alternate service or item and again denial benefit, for benefit level exception this term does not include a complaint. Then we have expedited appeal. And we'll talk on the next slide on what would be an example of an expedited, pardon me not appeal, grievance, review of grievance within 48 hours may require a level of medical necessity from the participants provider. A review of the participants grievance either within 48 hours of receiving the provider certification or 72 hours of receiving the participants request for an expedited review. Which is a shorter, which is shorter and less time frame for deciding the expedited grievance has been extended up to 14 days at the request of the participant. Then we have the external grievance process where the participant or the participants representative may include the participants provider proof of the
participants written authorization for a representative to be involved or ask on behalf of the participants behalf. They may file a request with community HealthChoices for an external review of a grievance decision by a certified review entity appointed by the department of health. I have to cough. I'm back, CHC-department of hearing and appeals or department designated, so those are the high level grievance expedited grievance, term grievance and state, we will go into more detail on the very next slide. Now there is a lot of detail and a lot of words on this slide. Nanette, would you like to talk about the type of review and the time frame and then I can pick up, up on the action steps that are happening in the contact center?
>> Nanette: Sure um so us Mary, can you hear me?
>> Hello as Mary Catherine said I am the manager of the appeals department. When we talk about the type of grievances for a grievance, um the grievance must be filed within 60 days from the date that the participant receives the written notice of the decision. If it is a change reduction or termination of the service notice the participant must file within 15 days from the date on the notice to continue receiving the service or the service level throughout the grievance. CHC MCO must send written notice within 30 days of the date we receive the, no less the time frame has been extended after 14 days at the request of the participant.
>> Thank you Nanette, now on the contact center side. The customer service representative will begin the grievance process um at this point we are presuming there has been a call into the contact center. By asking the participant or authorized caller several questions to enable us to document the grievance the customer service representative will then document the request on a service form and what that means, the service form we have a documentation system that allows us to document each and every call, it is 100% call documentation and that's where we capture what is going on at the agent desktop for regards to the inquiry. So that's called a service form and that service form is then submitted um to the appeals 2 for handling. Think of it if you are on route 95 and traveling along and you need to stop at the welcome center appeals queue is welcome center. Coming off 95 but still on the road and appeals is there to pick up work in progress for us.
Nanette?

>> Nanette: So moving on to expedited grievance, this mirrors definition on the previous slide, process of reviewing and approving grievances within 48 hours of or 72 hours of receiving participants request for expedited review unless the time frame for deciding ex-PE dialed grievance has been extended for up to 14 days at the request of the participant.
>> Mary Catherine: So the CSR for expedited grievance will explain to participant when grievance can be expedited. If it is a change, reduction or termination of service the customer service representative will then document in the service form, remember that's our documentation system, the notation of the participant was informed that the provider must submit a letter of medical necessity and submit the service form to the appeals queue for handling. Now I think a good example is let's say I'm the participant and going for physical therapy. We receive a call on Tuesday from the participant saying my physical therapy is scheduled to end on Friday but I talked to my physician and they feel I need some additional physical therapy. Clearly don't want any break in service. The associate will then ask if participant wants expedited grievance which again are again what we have conducted contact center, even if they say no because we are up against
a time frame here where there may be a change reduction or termination of service, those are the key points that we should submit it as an expedited grievance to the appeals queue. And then we will follow-up with um notification to appeal that there is an expedited grievance awaiting their attention. Nannette?
>> Yes, moving on to the external grievance um the external grievance can only be used after internal grievance procedure is exhausted and must be filed within 15 days of the date of the grievance termination letter.
>> Thank you Nanette. So the customer service representative will ask the participant the following question to begin the external grievance process. Who is the grievance coordinator listed on your letter, that is very important. Whether did you file your enable grievance and then the customer service representative will generate that service form that we talked about earlier and submit it to the Appeals queue with the original service form number. That's also very critical so that everything is being like, like a file. It's all being coordinated together. And then up to state fair hearing Nannett e:
>> Participant or, may request a fair hearing from 120 days of first letter complaint decision or grievance decision.
>> Thank you Nanette.
>> Mary Catherine: In contact center may file a state fair hearing directly through the department of human services or office of long-term living, furthermore the customer service representative will advise the participant, they may file by phone, fax or mail and that the postmark date on the letter must be within 15 days of the date of the reduction notice letter. So we tried to be very prescriptive here and um really provide good insight into timelines and action steps for everyone um so I believe the next slide is completely, this is Nanette. I turn it over, thank you.
>> Nanette: Thank you this is basically talking about what happens once the service form that the contact center documents is submitted to the appeals team. So the grievance request is received by contact center and sent over to the appeals team via a service form created in the EXP system. The Appeals intake supervisor or team lead will assign the service form to the intake

associates every morning. Throughout the day the EXP, EXP queue is reviewed several times a day for expediting grievance request. Once intake associate reviews the request they up load the grievance request and the denial letter to internal system, send acknowledgment letter to the participant, they assign the grievance to a grievance coordinator and alert our internal LTLS team that a grievance is filed. Acknowledgment letter is sent to participant within three business days. The grievance coordinator follows our departmental guideleans to reach out to the participant to gather documents for
review and schedules committee meeting within five-days of the grievance coordinator being assigned the grievance. The committee meeting is held with participant, participant representative, a facilitator, medical doctor, employee voter and a non-employee voter. And that meeting is held either via telephone or video conference, whichever is preferred. The decision letter is sent within five-days of the committee meeting or within 30 days, whichever date is earlier and the LTSS team is notified of the decision. And that concludes our presentation. The next slide um opens us for any questions.
>> Why don't we hold the questions for the end, let the other MCOs go through their presentations. We do have about 20 minutes left.
>> Okay. Thank you. A
>> Hi my name is (echo) Maggie.
>> So Joann I think you may have an extra speaker on in your room, I don't know if you can switch to phone or --
>> I am on my phone, I turned off the computer.
>> Okay that might of been it, I'm not hearing an echo.
>> Okay.
>> Sorry about that.
>> Hello my name is, still working, my name is Joanna Lewis, one of the operational managers here at PA health and wellness and I'm going to go ahead and talk to you about what you as a participant are going to experience when you call in and speak to our highly trained can you say periservice staff. All right if you can go ahead and change the slide. All right so I want to start off by thank you for allowing me to share with you on what you are going to experience when you call in to our customer service. Our customer service staff goes through rigorous three week training so they are very highly educated with assisting you when you need to give us a call. When you call into our call center be expected to be greetedded with a warm, friendly caring person on the other end of the line. Our customer service representative is going to be very attentive to your needs and they are going to go ahead and assist you throughout the call. I'm going to talk through some of the
different topics of what we receive calls for at PA health and wellness we have one toll free number that participants are able to call that is state wide and they can call in for any purpose, that number is 1-844-626-6813. As a parties papt, when you call into us, you can expect to get assistance to be scheduled for the COVID vaccination. Our staff will find a location and a time that is convenient for you. We will also assist with transportation needs if that is necessary. Our customer service staff will help with any demographic updates or changes needed to be made to a contact information. We will help participants find a primary care physician. We understand that you may have special, specific requirements of a physician or um, you know, any needs for

that physician and we will go ahead and get that assigned for you. As a participant you have questions regarding benefits or eligibility. Know that we service both waiver eligible participants and non-waiver
eligible participants. When you call into our customer service you can expect to be received by highly trained staff and they will be able to get you all those answers. Our customer service team can help you find local community resources such as food banks, maybe your need of getting some housing goods. We can assist you with that. You may need help finding a job, we have employment services that will help assist you with that. Our customer service team assist with participants with transportation needs. We have medical and non-medical transportation accessible. Medical transportation is pretty clear, but you might be asking yourself, what does medical, non-medical transportation mean? Well that is for our waiver eligible participants, you can get transportation to possibly go to church. Maybe go to the grocery store. Even visit with family. We also assist participants with being able to file a complaint, a grievance, or an appeal. Our customer
services very knowledgeable with the process to assist participants from beginning to end on what that process is. And I'll get into more detail with that here in the next few slides. Our participants have access to a portal and in that portal they have the ability to update their local, their current primary care physician. Review benefits, they can check the balance on the reward card. They can check the status of any authorizations and they can also see if a claim has been submitted yet. When you call into customer service and you want to speak to your service coordinatedder, our staff will go and get that service coordinator on the phone for you and then we will transfer you over to that service coordinator. All right next slide. All right so I want to kind of talk about the top reasons that we get calls from both a participant and also the provider. On average we receive 12 to 13 thousand calls a month. So when we're taking a look at the participant and the top
reasons that they call in for the number one reason that we receive calls from the participant is regarding questions around benefits and eligibility. As you can see on this grid, that equates to 39% of our calls. A participant basically is calling in, just to see if her procedure is covered. Customer service would be able to answer those questions. The second highest reason for calls coming in is regards to pharmacy and dental questions. That amounts to about 16% of our calls. Essentially participants are seeking to see if medication is covered or if it is regarding dental they want to know if a procedure is covered. Our staff is trained to answer those questions. And the third reason that participants are calling into us is regarding ID cards. And you know, that equates to 11% of our calls. From time to time our participants could um misplace their ID card and that would cause them to have to call into us. And we would go ahead and get that placed for them.
Then if you are taking a look at the provider calls, top reasons providers are calling in is regarding benefits and eligibility and as you can see here this is 61% of our calls. A provider might be calling in asking to see if a procedure is covered prior or if a prior authorization is needed. And you can see here that our staff would be able to answer those questions. Second reason providers are calling in is regarding medical claims and on this grid that's 35% of our calls. Essentially our providers are calling in to see when a claim is going to pay or why a claim may not be paying. Our staff is trained to be able to answer those questions for the provider so

they know what they need to do. And the third reason the providers are calling into us is regarding authorizations or for the provider. And that's 3% of these calls. We will be able to research the account, to ensure that authorizations are billed so the provider can have confidence they can go ahead
and provide the service and that they are going to get paid for that. Next slide please. In these next two slides I'm going to go ahead and review what you are going to expect when you need to file a complaint, a of grievance or an appeal. In the first cell here that you see the participant is called into us or transferred to us because we have um a team that will actually make outbound calls to alert you that a denial letter is being sent. That letter is going to trigger that call into the call center. So when you call into our customer service staff, the first step you are going to experience is you are going to get a nice friendly person on the other end of that line and going to go ahead and introduce themselves and then they are going to go ahead and HIPAA verify the account.
We need to make sure we are speaking to the right contact. Once our staff has gone ahead and done the verification they are going to go ahead and look into the account to confirm there is a letter on there and that letter is within the 60 TA Clerkship of notification. If all that stands up then the agent will go ahead and gather all the necessary information and complete the grievance sequence on behalf of the participant. At that point the agent will then go ahead and review the whole grievance process with you. They will ask the participant for the best time to reach them, they are going to explain the next steps of the participant and all that information will be placed in that grievance. Then once all that's been done the participant is or the agent is going to go ahead and ask for any additional help. Do you have any additional help that you need? Once they have gotten that answer they will go ahead and ask if you are satisfied with the way that I handled your call
today and then the customer service representative will offer you to take part of a survey and in that survey you will be able to rate your experience. They will then brand the call, thanking PA health and wellness and then they will say have a good day. Next slide please. Once a call is over the participant is going to be sent an acknowledgment level and they will, that will be within one business day after the valid grievance. After iit is filed. The participant will receive, schedule them for their hearing within ten-days prior to that hearing. Once the grievance is held the participant will receive a decision letter on any additional grievance rights and that will go, they will receive that within 30 days after the grievance being filed. And that is what you are going to experience when you call into our friendly customer service team.
>> Okay, thank you Joanna. And then um last we have Amber and Kate for UPMC.
>> I think, are you can you hear me okay Pat, it is Mike.
>> Yeah Amber and Kate are in the wings to see if there is anything they can add to the discussion, but I was going to take a crack at this because we really look at the call center at UPMC as part of our service coordination function, right. And so, you know, we wanted to lead off the deck here with a graphic that represents a concepts that we want to cover in the presentation. So the telephone number in the screen is the most important number for participants get you to the concierge services represented by the bell which is the first step in the participant experience in really it's like, you know, four star hotel, you ring the bell and you should be getting the help you need. But then the people around the table in the second

graphic there represent escalated service coordination offerings. So our hubs are really where we start to try and dig into um issues that need to be um transferred or handled in a way that requires additional
time, long-term services and supports and telephone and care management services for people who are not in LTSS population. So finally team of service coordinators on the far right are the people that are helping our folks in the LTSS system or folks that are Medicare and Medicaid dually eligible who do not need long-term services and supports at this point. So it really represents sort of the flow and the support team that is built around our um call center to really try and support the member when they call, the participant when they call in. Next slide.
So the team is what might be traditionally be known as member of participant services, they really are available throughout the day, 24/7 to help our members. This team understand CHC benefits in particular health care benefits um like doctors and dentists and pharmacy, those types of things um and how it works, how our program works in conjunction with Medicare. We are going to take a little deeper dive into that on future slides. We help people, you know, with as the other presenters said, with their participant handbooks, they need those. They provide ID cards and connect people to internal and external resources so that they can easily get the answers to the questions they might have. Next slide. Numbers above, you know that, are part of this slide deck, represented here really represents the broad UPMC family of services and um CHC. So just wanted to give you sort of a breadth of how many calls, UPMC handles on a monthly basis, then more specifically um we have
about 12000 of those calls that come in regarding UPMC CHC that are handled by The Co ncierge services, and some additional calls handled by our hubs an other services SCA area. UPMC mission is to provide world class team delivering world class service um and that's really one of the things that I think is important to understand beyond the training and efforts that we provide on going surveys, after call surveys for all inbound calls during the pandemic we were doing um introductory information around vaccination and just really trying to make sure that people are getting the kinds of answers and information that they need um from our call centers relative to the services. For participants who indicate on the survey require not fully resolved once they complete the survey um we have subject matter experts who actually go back and review all the calls surveys and will actually follow-up and find out what was still lingering if there was an issue, and will go
back and assist the member with that too. Next slide please. So what are some of the top call reasons that come in through The Co ncierge service? Really the reviewer benefits, medications, that are covered by UPMC and any limitations that might exist are what's um often times explored um Concierge explain prior authorization process, how you get what you need and how you access um the benefits um we don't get into a lot of detail here, because that's our teams, you know, needs to understand that and help participants through the process for dual eligible participants a lot of times what we're explaining is, you know, that the um Medicaid benefit doesn't pay for um the PCP, there might be a co-pay that's picked up by the Medicaid plan and really how the coverages work together to help people navigate the services that they need really should be sort of transparent to them um as they go into a doctors office and get the care they need. Pharmacy services are another
area that we get a lot of calls on, assist with processing, prescription claims, provide state of art

authorization process. Just give you a little bit of a story here, you know, my kids actually require the need for an inhaler and this Concierge services is really helpful to make sure that we get the best cost and reimbursement, this is for private pay insurance. But it's the same call center, right. These are the same people that help the private pay insurance are the same people helping you um they have specially training for UPMC, but really get you the best access, best services possible. And provider inquiries, you know they can explain how to find providers online, give the names of local providers if needed a hard copy of provider directory can be mailed. Our Concierge outreach to providers to educate about UPMC, CHC and how to properly submit claims and work together with them to make sure services are delivered. They also help arrange transportation if
needed and resolve significant issues with providers is often times they can even work with our network team who is available to assist with those kinds of activities. next slide please. So additional services, The Co ncierge team is available and able to do a lot, but not necessarily everything. Our members services team can't connect participants with other resources if they are not able t address their needs. As you see on this slide here there is significant efforts made to connect with other resources that are available during COVID one of the resources that we often connected people to was our 24/7 nurse line or internal snip care management, the snip being special needs plans for our Medicare product that we operate. That may be aligned with the CHC Medicaid product um health coaching for things like diabetic education and weight management concerns. And extensive resources that help people connect to external Medicare, but in
addition to all those resources the most important one on the list is the very first one, the one that is there and really is um for the purpose of this presentation um we want to talk about our one hub service coordination center. This is the first step in addressing questions and concerns um to our more intensive um needs for call handling or support um within the state. Next slide please.
>> Pat: Mike, this is Pat, hopefully you can wrap up the slides, I know grievance ones are a particular interest and I have a number of questions from folks for all three of the plans.
>> Mike: Okay yeah let me just talk to this, grievance part I can go through quickly other plans cover them pretty extensively. On this slide we want to have, we wanted to have our important discussions about um, you know, the need for support that people have with service coordination assistance and how does the center help with that? I think it is critical to understand the first step in um talking to our service coordination team is through this hub. The hub takes about 20 thousand calls um typically these calls are, will come through either Concierge service or can come directly from the service coordinator call or cards. We talked about that in earlier presentation. All these cards attract and supported with our call center um and in documented within our electronic health record which helps us manage and maintain really an understanding of what is happening with regard to the call that is are coming in to us. We track those contacts and we provide tasks for service coordinator, one of the big thing this center does is connect you in warm transfer you to service coordinator, but if that's not available they will actually document a call, put it into the system and ask for a call back as soon as possible and that is something that's available through this hub center. We are open from 8 to 5, however all of our lines rollover to 24 hour call centers or Concierge center, we receive about

a hundred calls a week tasked directly into our system um that are after hours um for service coordinators and about 25 of those calls we will actually um have a service coordinator supervisor quickly respond back even after hours to work with participants. So um pretty proud of the fact that we are able to get ahold of our, provide that additional service after hours as well during business hours.
These are usually, you know, these after hours calls addressed by service coordinator supervisors often times addressed by um looking at protective service issues and service problems and that type of thing. So it is pretty important able to get back to those folks and work through those issues. Just basically our call volume is pretty consistent throughout the week, with it being a little lower on Thursday and Fridays. The idea behind the center is to answer questions and resolve sort of high touch activities in advance of transferring you to a service coordinator. The idea is if we are able to resolve that issue, the service coord coordinator, if you do assessment on the phone, often times on the phone, now back in the community, they are on the road. The idea is to try and help that participant resolve the issue right there on the call um and work through it. So we work on some of the big things that we work on as connecting besides connecting people
with service coordinator is service inquiries working through inquiries and issues. Finally, I'm just going to jump through these the two um complaints and grievances um sections here really just want to say um the big thing I wanted to point out here is that we, our efforts are really designed at the call centers to capture the information about complaints and grievance accurately, SCs are trained to connect participants with Concierge who takes down verbatim transcribes, reads them back if the participant would like to understand what exactly the issue is. And then, next slide please, I think most importantly is that participants and families and folks that are on this call for them to understand that letters are provided at several points in a process, as you saw AmeriHealth but our team is available to help people even after the process is started. We can talk you through the process, we can review the
letters, we can explain next steps, we can talk about these time frames and you can do it in a way that is, in a comfortable environment where you can actually just go through that without having to vas deference a lot of information in front of you because our teams are trained to work through that. So with that I'm going to wrap it up so that Pat you can get to any questions that you might have.
>> Okay, thanks, thanks Mike.
>> Pat: So I'm going to start with the first question that I have which is for um well I guess I'm sorry Lou, I should of checked do any of the committee members have any questions?
>> It doesn't appear there are any questions from the committee.
>> Okay, then I will start with a question from Amy [Name?] and this is for AmeriHealth Keystone first, why doesn't customer service inform someone increasing new service about expedited grievance option. Services that people may request that may also be urgently needed or face a risk to health, life or safety.
>> This is, can you hear me, this is Mary Catherine.
>> Yes, yes go ahead please.
>> Mary Catherine: Yes, I'm sorry if I wasn't clear or the presentation wasn't clear we would educate the caller with regards to their option. Also as all the other MCOs have said it is all

about active listening. So we're listening to what, again the agents are trained for key words, and we have refreshers and of course compliance training on this. But we do inquire and it is all online health, anything that I talked about with regards to the questions that are asked and put into the service form that is an online health where they can copy and paste it in so that we are at, consistently asking those questions um and classifying them properly. I hope that answered your question.
>> Okay, thank you.
>> Pat: The next question is also from Amy and it is for all three plans, so I guess Mary Catherine if you just want to answer this one and then we'll go through alphabetically for all plans, are people able to call in any time, including weekends and after hours to request a grievance and appeal? If not, how do you ensure that participants can make timely appeals when there are days that appeals cannot be made.
>> This is Mary Catherine from Ameri Health, yes happy to respond, the contact center open 24/7, 365 days a year, core hours 8 am to 7 pm, our off hours AmeriHealth associates work from on weekends or holidays the core hours actually just supported all the holidays and then off hours takes over at 7 pm. So you can call us any time um day or night and we're here to help you. Our off hours team has an average tenure of five plus years. Some of our associates on that team have over ten years. So they are well-versed with regards to this process and also we have a process where you haven't asked this question, but um for the community HealthChoices dissatisfactions that come in on the weekends, those are assigned immediately. And off hours team will be reaching out to the participants to resolve their issues. I get a resolution um through the service forms and I review those every day, including Saturday and Sunday to make sure that we are properly responding. I hope
that, I hope that helps.
>> Okay, thank you. Is and Joanna for PHW please.
>> Joanna: Hi, yes, we do have a toll free number that is available 4/7 to have anybody to call into us. Um we do have certain hours for the call center itself. But we do have a nurse line that anybody can call into after hours if they need any assistance. The nurse will go into general information regarding the grievance, but they will get all the information and send it over to us and then we will do a call back the very first thing the next business day we wrote them and we will go ahead and follow that process through with a participant.
>> Yeah Pat this is Mike, yeah we take calls 24/7 and we'll take that grievance or complaint right then on the call and make sure that it gets forwarded to our complaint and grievance department.
>> Okay, thank you. The next question is for PHW so for Joanna, I'm going to summarize the comments and then we will ask the LTL to provide the specific details this is from Shamar [Name?] who mentioned earlier about the concerns about 10 to 15 day time limit to respond. He had um encountered some difficulties um and it appears to be coming from from something post-marked from St.Louis and it arrived in Pennsylvania ten to twelve days after the date of notice basically um eliminating their time to submit things timely um and then he also encountered some difficulties when he was expecting to receive a notice and hadn't received it he called in and was told by the representative that they were not allowed to read it until a certain date. The notice of the approval was received on June 30th and the notice was dated

June 18th. So I'm I guess the question is um around mailing of notices from St.Louis address and time taking to receive it and then the question about
the ability to actually read the notice on the phone.
>> Yeah um would you be able to unmute Norris so he can go ahead and speak to this?
>> Yes I think Norris should be, I had unmuted and made him a panelist earlier. Let me make sure.
>> I'm here can you --
>> Yes I can hear you.
>> Norris: I just having known me as long as you had thought it was your practice to double mute me.
>> [LAUGHTER] True.
>> Norris: [LAUGHTER] So very smart, smart practice. That's a really good question and um thanks for the question. So just a little bit of background um so of course the time period now for a pending appeal has been increased to 15 days and that was put in place few months ago, I think back in February. Prior to that, excuse me, recognizing that unfortunately a lot of people um me included I experience this myself, had issues receiving mail timely um with PHW practice was to um accept people's representations that they did not receive something timely we would accept their representation. And, you know, we are still, you know, we are still honoring that because unfortunately we can't control the mail and recognizing there are issues with people getting mail timely. So if a participant um is not, gets something that was mailed and it takes a long time to get there they should, should indicate that they didn't receive it until whatever date they get it and we will
work with them to um try to address whatever problems were caused by that mail delay that's a pending or if it is the ability to actually file an appeal because the time period expire, you know, we really try hard to work with the participant so that they are not victimized by the US mail. Okay.
>> Okay. Norris, how about that the ability to read the notice that was part of the comment was that they had to wait to a certain date to be able to read the notice to the participant.
>> I'm not, I'm surprised by that. I certainly would like to pull that call to see what was actually said but if that was actually said, I'm not saying it wasn't. But if someone was told that was a mistake on our part and we'll pull that call to give us some information and educate the representative that he spoke to that wasn't something that should be communicated to our members or participants.
>> Okay. Thank you.
>> If we can just get some information, sorry if we can just get some information about the date and time for that call and I would certainly like to pull it and take a look just so that we can make sure that, you know, nothing like that happens going forward.
>> Okay. Certainly apologize for the, certainly apologize for the any miscommunication.
>> Okay. The next question is from Lynn Cooper um and this is for all three plans and we'll start with um PHW doing the alphabetical for all plans from Lynn Cooper do you get calls from participants and/or caregivers in search of information about accessing mental health and/or substance abuse disorder services um and if so would you be able to follow-up or provide the call volumes for those categories?

I guess Joanna, is that you for PHW.
>> Yes I am, I'm sorry I had a hard time hearing that question, it was fading in and out. Could you repeat that again.
>> Pat: Sure, I'm sorry I apologize it was a question about do you capture, do you have a contact code, reason code for um calls related to behavioral health services and if so can you provide that information perhaps at the next meeting.
>> Uhh, you know what Joe would you be able to answer that one?
>> Hi this is Joe, yeah we do get calls regarding that. We will go back and check our system to see if we can pull that data and be able to get that back to you for the next meeting. It's a great question um I do know that I'm certain there are folks to call in, I just don't know the relative volume given kind of what we looked attitude regarding participant calls.
>> Okay. Thank you. Mike for UPMC.
>> Yep just trying to find a mute button here.
>> Mike: So yeah we do get calls for that and because we provide um behavioral health services in many of the counties in the state we will inactively transfer them to behavioral health providers and we don't actively, you know, I don't think we have data on that specifically um for behavioral health but we actually have the ability to transfer, you know, to our CDHH sister organization um through our call center. So that actively helps um that people get connected with that it is something need service coordinator with us can certainly use that use ability to get ahold of the service coordinator that way as well.
>> Okay. And then um Mary Catherine for AmeriHealth.
>> Yes same as other MCO I can get that volume for you. We will also get like what was the outcome, what was transfer to behavioral health center, did we the service coordinator, did we do both. I think like for like a 360 view. Are we looking for January through May of 2021 or is it for a different time frame or you will come back to us with a different time frame?
>> How about if we ask about, will be able to follow-up with a specific date of request after the Webinar.
>> Sounds terrific, thank you. Great question.
>> All right then next question um is from Amy and it is for all three plans so we will start with Mike and UPMC this time. Are people able to call in at any time including weekends and after hours to request grievance and appeal, if not how do you ensure participant can make time with appeals when there are days appeals cannot be made. I think you may have answered this previously in your question.
>> I did but I will say it again. We're available 24/720 take complaints and grievances we will help even in off hours sort of navigating the system and walking folks through the process if necessary. And that's not there is no holidays, that's 365 days, 366 leap years.
>> Okay, great. Thank you. And um Mary Catherine for AmeriHealth.
>> Yes, ma'am, so yes we are available 365 days a year, 24 hours a day, there is no break in our contact center coverage or service excellence. So whatever the need is, if it is like to file a grievance or issue a complaint or would like to investigate something we can absolutely intake that at any time day or night.
>> Okay. Thank you. And then um Joanna for PHW.
>> Hi yes um we do follow the same process as UPMC had stated we do, we are available 24/7

to be able to answer all questions seven-days a week um and we will go ahead and take that grievance and we will go ahead and get it over to that team as we have a call come in.
>> Okay. Um and then this is from Brenda for PHW, so Joanna is there a call center statistic where people calling into file grievances or is that lumped in with benefits and eligibility?
>> No we would have a tracking for grievance um we have um we can pull that out of OMNI and, you know, for all the complaints that are actually filed over to the grievance team. So we would be able to track that.
>> Okay. Then Amy also for PHW. What happens if you cannot do the HIPAA verification for this, notified by mail in an attempt to file grievance on their behalf was made?
>> We make an offer to call out to the participant if the participant is not on the phone with the caller to file that grievance. Um we do not send a letter out to let them know that someone was trying to attempt to file a grievance on their behalf though.
>> Okay. The next question is from Ginny Rogers if there is a denial or reduction services when the individual makes that first phone call is that when their hours um or units are frozen to keep services as they stand until the grievance procedure and this would be for all three plans so I think we're back to AmeriHealth and Mary Catherine?
>> I'm going to defer to Nanette this is her area of expertise, can you respond to that with regards to the process?
>> Absolutely.
>> That's a great question the um date they call in would be considered our Corporate receive date, so yes if they had services in place and the services need to remain and if that call is within the first, is within 15 days of the date of the denial letter then yes services would remain in place throughout the grievance.
>> Okay, thank you. Joanna for PHW.
>> Hi yes, Norres wants to go ahead and take this one.
>> Norris: So the answer to that question is yes if approximate it is within the 15 day period to keep a pending appeal and of course if it is a request um if it is a reduction in services there would be wouldn't apply if it was a request for increase.
>> Okay and Mike for UPMC.
>> Mike: Same as the other two, if it is filed within the 15 days they are good.
>> Pat: Okay. The next one is for Jill from Ginny Rogers works are the advocacy groups that were engaged on how to better educate individuals on the process?
>> Sorry I'm trying to find the mute button. On which process?
>> Jill: Are we talking about the grievance process?
>> Pat: Yes.
>> Jill: Yeah so PHLP actually very much engaged they had not only participants but um members of their organization on um our work group that created um training materials um and um they also had representatives um independently did um training sessions specifically on the grievance process and I do believe that their fact sheet is still out on their website.
>> I believe you are correct. I was looking to see if Amy responded back and I believe they also recently hosted a Webinar um --
>> Yeah because we have tried to reengage and do some rounds of reeducation so I believe they have um done that as well.

>> Okay. Thank you.
>> Pat: The next question is for all three MCOs and PHW would be first so Joanna or Norris. What is the formal complaint process, are there multiple ways for participants to submit a formal complaint?
>> I guess I'll take that path, this is Norris, the answer is yes, a variety of ways to submit a complaint. Complaint can be made over the telephone, it can be made in writing and just um contact PA health and wellness and let us know that um you are dissatisfied um with a particular um action that PA health and wellness took and that would be considered a complaint. We would take it from there.
>> And Mike?
>> Yeah it can be by phone or in writing and I would just, I would just say that, you know, you can talk to your service coordinator about it but what really careful, I didn't get a chance to talk on another slide really careful to hand off to Concierge if the complaint happens to be about the service coordinator we have an independent, you know, call center representative taking down that information verbatim so that they have that ability to, you know, speak clearly and speak to the issue that's in front of them. So really, really good process.
>> Is it my turn?
>> Yes, it is.
>> Okay. Yes this is Mary Catherine from AmeriHealth yes we have a formal complaint process. I'm actually looking right at online help, verbal or written first expression of dissatisfaction we can take it through our service form EXP which is our documentation system process. As I had mentioned during the grievance um process we also have standard questions that we would like cut and pasted into the service form so that we're getting an adequate depiction of what the issue is as best as the participants can provide. Yes, that can happen 24/7 as well, 365 days a year, yes, ma'am.
>> Pat: Great, thank you. Then I know there was a question before one of the committee members um from Mike and Joe, this was for you I guess on the status of the um IEB procurement.
>> We're currently in a blackout period so we can't provide any additional information with regard for.
>> Pat: Okay, thank you. Then the next question I have is for PHW from Janice is PHW nurse line a different phone number from the participant line? And Joanna can you answer that one?
>> Joanna: yes, hi I will be happy to. Actually the nurse line, you would be able to get to them by calling in that 800 number it's all the same number with us.
>> Okay, thank you. And I wanted to let folks know that Amy sent the link to their fact sheet as well guide to past appeals specifically, so I'm going to send, I'm going to put that in the chat box and send that out to everyone. We wills ask, to be able to issue that when they send things out um next question I have is from Rosylyn Smith, I am a home care provider, it is integrated behavioral home care, many clients have poor literacy and non-ambulatory, their mail is unreliable and minimally secure. The grievance steps can be overwhelming, a screening for clients who are unable to participate in this complicated process would be helpful would OLTL consider providing a person to navigate the communication some clients have no family to advocate or facilitate communication. I don't know if that's a question for you or if it is actually a

question for the MCOs.
>> I mean I can say if folks need assistance, you know, absolutely they can go to their customer service representatives just like we saw today through the MCOs, um and um, you know, if anyone ever has any questions they can absolutely go through um the OLTL participant line um also um the um independent enrolling broker has um basic information when individuals are enrolling in the program. There are multiple entities that could support and do support our participants in the process and I don't know if MCOs want to add anything particular to that.
>> I mean just to add this is Mike again I just add that, you know, as I think I already stated you know we pride ourselves on being able to take and help people through the process if they need to call us back and follow-up on something they work, our teams work closely with our CMG team as well so that if there is questions around anything that they have experts that are there, experts themselves um we as I mentioned the letters can be confusing at times, so people can call in and just say, you know, I don't understand this letter or I don't understand why I'm get being another letter and that's exactly what our team is there, The Co ncierge center.
>> And I would expand on that for Ameri Health as well our contact center is well-versed in answering those questions, additionally service coordinators and grievance coordinators are there to provide assistance.
>> Thank you very much everybody for your responses. We are past our 1 o'clock closing time. So we need to wrap it up. Any last questions before we close? Okay I make a motion that this meeting is adjourned. Can I get a second?
>> I second it.
>> Thank you very much.
>> You're welcome Linda.
>> LINDA LITTON: And we will see you all next month.
>> Thank you for leading us.
>> LINDA LITTON: Okay, you're welcome. Have a nice day everyone.
>> Thank you. You as well.
>> Have a nice day everyone.
>> Thank you.
>> Thanks.

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