Consumer Subcommittee of the MAAC
January 22, 2025

Consumers present: Sonia Brookins, Rochelle Jackson, Liz Healey, Marsha White-Mathis, Lauren Henderson, Lauren Hatcher, Meghann Luczkowski, Jayme Scali.

DHS representatives present: Sally Kozak, OMAP Deputy Secretary; Scott Matlock, OMAP Managed Care Bureau Director; Juliet Marsala, OLTL Deputy Secretary; Nicholas James, OLTL Quality Assurance Division; Carl Feldman, OIM Policy Director.

The meeting was called to order at 1:00pm

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>> ELISE GREGORY: Good afternoon and welcome. The medical assistance advisory committee. Today is Wednesday 22nd. 2025. I like to go over housekeeping items. This is recorded. If you don't wish to be recorded you can end your participation in the meeting. Cart captioning is available. It's important for people to peek directly into the microphones directly. To speak slowly and clearly. Otherwise the captioner might not be able to capture. Speaking into the microphone -- to help avoid any disruptions please remember all devices must have the sound turned all the way down. Representing the Department of Human services today from the office and medical assistance programs Sally Kozak, and from the office of long term living, Juliet Marsala. If you questions related to this committee. I will hand things over to the subcommittee chair.
>> SONIA BROOKINS: Good afternoon happy New Years. We are going get started by introductions. My name is Sonia Brookins. I'll pass it over to Kyle Fisher.
>> KYLE FISHER: Thank you. Kyle Fisher, PA Health Law Project, counsel to the consumer subcommittee. I want to thank attendees here. We had some technical issues with a new webinar platform we are working through. But we are a little slower than usual to get going. To go through the committee members here, do we have Lauren Henderson?
>> LAUREN HENDERSON: Lauren Henderson is here.
>> KYLE FISHER: Do we have Rochelle Jackson?
>> ROCHELLE JACKSON: Yes, I'm present.
>> KYLE FISHER: Thanks. Do we have Jayme Scali?
>> JAYME SCALI: Yeah I'm here.
>> KYLE FISHER: Lauren Hatcher?
>> LAUREN HATCHER: I'm here.
>> KYLE FISHER: Minta Livengood? I know Minta had some issues that were going to conflict somewhat with today's meeting. Any members of the committee that didn't have a chance to introduce themselves?
>> MEGHANN LUCZKOWSKI: This is Meghann Luczkowski.
>> KYLE FISHER: Amy Lowenstein? Do you have audio?
>> AMY LOWENSTEIN: I was sure where the mic was. I'm here.
>> KYLE FISHER: Okay. I believe that's everyone from the consumer and counsel side. Based on the

agenda, first up is the OMAP report. Do we have the deputy secretary?

- **OMAP Report**
    - **Section 1115 Demonstration: Keystones of Health**

>> SALLY KOZAK: Hi everybody. Okay, so, I don't have a lot of deputy updates for anybody per se. As you know we just came off the holiday season. And we are now in the process of preparing for budget hearings which are scheduled for March. As well as working with the budget office. So in terms of updates it's kind of status know RR for the moment. As people look to see the direction we will get through the budget addressed as well as look to see what it is that happens at the federal level that we may or may not need to respond to. So we will keep folks updated as things go along. For at least the moment. It's business as usual. We did get approval of the keystones of Health 1115 waver. Approved for 5 years. And we get that on 1226. Per the recommendations of CMS that continuous eligibility -- they were approved through a different mechanism which meant an existing waver we already had in place. That was -- the 4 approvals that were requested in the application -- housing supports, food and nutrition services, reentry, as well as the multiyear continuous coverage. Those are the 4 provisions. The next steps for us -- and it's important to note is that we are working through the normal budget process to plan for implementation. In such time we get the budget arrival we will not begin to move forward with implementing a waver. Did you ask a question?
>> SONIA BROOKINS: I was waiting for you to finish. Because of the new administration and I know that we have approval, but it will not be affected by this changeover, will it? This demonstration?
>> SALLY KOZAK: You mean the incoming administration?
>> SONIA BROOKINS: Yes, yes.
>> SALLY KOZAK: We hope not. But clearly we don't know what the incoming administration plans to do with any of these waiver programs. But we are hopeful that it will not be rescinded.
>> SONIA BROOKINS: Thank you for that.
>> SALLY KOZAK: As we move through the process we can focused on careful review of the special terms and conditions as outlined by CMS. And the waver approval that will help determine the next steps we have to take. Once we get information from the budget. Any questions about that?
>> KYLE FISHER: It's Kyle. Thank you for the update. And obviously good news that the waver was approved in full. I think during the premeeting, we had accounts about unknowns (indistinct) with the federal administration and how that might impact something like this very recently approved demonstration waver. I guess to the extent you can put those aside and still work on implementation as planned, are there planned workgroups to determine the program details, the stakeholder workgroups to flesh out some of the details that remain? Such as what chronic conditions might qualify for these targeted supports?
>> SALLY KOZAK: At this point in time until we receive legislative approval we are not moving forward with planning for implementation. (Indistinct) the question I'm going to have to have a conversation with the folks that are leading this process. Because I don't have a definitive answer to that, Kyle.
>> KYLE FISHER: By legislative approval you are referring to mainly budget appropriations?
>> SALLY KOZAK: Yes.
>> KYLE FISHER: That's helpful. Thank you. Other members of the committee have questions on this?

>> SONIA BROOKINS: I just hope that you work hard to put stuff together. And now you have new administration. And I hope that all you worked hard to do Sally with you and your staff and get this approval and stuff and you turn around and it might change it. It just bothers me -- I hope that everything goes through. Hoping for the best.
>> SALLY KOZAK: That's many of us, Sonia. So I appreciate that.
>> LIZ HEALEY: This is Liz. We think we are talking about -- we think that would be really important ways of providing the health of vulnerable people. Sure hope it continues and gets implemented.

- **Value Based Purchasing (VBP) Strategic Plan**

>> SALLY KOZAK: Thank you.
So another update people had asked about where we are with the value based purchasing strategic plan. I'll stop for a little bit of a reminder, Gwen Zander leads the physical health choices program was leading the strategic plan initiative. As many of you know she decided to have a baby and take some time off. I'm not sure why she did that. But she did. So the work has not stopped. The group has continued to meet on a biweekly basis to identify priorities and discuss approaches and consider how to gather various input. So it still remains very much under development. And I anticipate that that work will progress a little bit faster. At a faster pace. When Gwen comes back from maternity leave. We will provide opportunities stakeholder input including from our members our advocates providers and the associations as well as the MCOs and properly contacters. We'll have a draft that we'll be able to deliver to people to look at. We do not have a target date for completion at this time. Our initial target date was summer of 2025. That may end up getting pushed back a little bit. Since Gwen has been out for 2 months. We continue to work on it. And move it forward. Questions about that?
>> SONIA BROOKINS: We have some questions. But I guess we can get them over to Gwen.
>> KYLE FISHER: Sounds like she be back soon? Beginning of next month?
>> SALLY KOZAK: Yes. Yes. I think we have a date but I don't know off the top of my head.
>> SONIA BROOKINS: We should give our points of view to Gwen. And Gwen can get back to us on the response. Because we do have questions. Some really good questions. And we need some really good answers. So I mean if you want to write that. (Laughter).
>> KYLE FISHER: Sonia if I may add to that, Sally you touched on this, opportunities for stakeholder in particular consumer patient input. We would welcome members of the committee being part of this planning process. (Indistinct) rather than responding to a draft document or white paper. Being part of the process as it goes about centering the patient experience. As it goes about identifying metrics or best ways to start to evaluate how successful value-based purchasing has been in various offices and different managed care products. And in particular as it discusses really transparency. It's probably not a surprise to you. But the subcommittee has been pushing for more transparency. Especially in these arrangements where healthcare providers could have incentives to stint on care -- there's no disclosure requirements in place. And that's another area among many where consumer input would be valued.
>> SPEAKER: I don't know that -- I want to say that Kyle and Sonia I think we have had that conversation before. And it wasn't anything that I was opposed to having the consumers join the actual committee. And I don't believe that Gwen was opposed to it either. We had conversations. I can think the question is how we fit all that in given that some of the worker done by the MCOs is considered proprietary. I think she was trying to figure that out before she went on maternity leave.

It's clearly something we are open to. And I'm sure she'll be happy to have that conversation in more detail when she returns.
>> KYLE FISHER: Thank you.
>> SONIA BROOKINS: Appreciate it.
>> LIZ HEALEY: Gwen was on the committee when after the new plans had come in and there was a committee of people of staff and consumers that worked on how to communicate effectively all those changes to people who were enrolled in HealthChoices. And Gwen did a terrific job. I have great confidence she can do this.
>> SONIA BROOKINS: I agree. I don't problems with Gwen or anyone when it comes to this. She's been transparent. So I don't have an issue with that. I just don't think we should go full force in here because she's not here. So we can have a meeting with her. And she can go forward and showing us how we can be more with her in these discussions.
>> SALLY KOZAK: Like I said she comes back the beginning of next month. It's an early date. It's not the middle of the month or anything like that. It's at the very beginning of the month.
>> SONIA BROOKINS: It's fine. Thank you so much, Sally.
>> SALLY KOZAK: Sure. No problem. Those are actually the big picture updates that I have. As I said we are kind of just in a little bit of a holding pattern right in a moment. There's an update on MCO hospital contact terminations -- do you guys want me to go ahead and run through them?
>> SCOTT MATLOCK: It's your preference. I would be glad to do unless you prefer.
>> SALLY KOZAK: I'll go ahead and let you do it. I've been talking enough (laughter).

- **HealthChoices (PH) Issues**
    - **MCO/Hospital Contract Terminations**

>> SCOTT MATLOCK: I'll step in. I don't believe Kristin is on the line. The updates for the consumer subcommittee which we did provide in writing to Brett and can post in the chat -- right off the bat one thing we wanted to note as we discussed in the agenda is the closing Sharon Regional Medical Center. We do provide member accounts of affected members. Usually -- Vista with about 600 health partners with 230 members affected. (Name?) Has been 390. High mark has a total of 4012 healthcare members. Happened on the 6th of January. These articles indicated it going to be potential reopening. We might be getting some good news on that. There was a settlement that the attorney general was a party to. They hope to open the hospital in a week or 2. To review any noticed they'll have to send as soon as possible to the members if there is no range in the hospital. Some may have been sent. But will be rescinded if there's a change. We did provide in the written notes that the closest hospital locations to Sharon regional or during the closure in the event it doesn't reopen, there's 3 UPMC Facilities. One in greenville. The next location is only 2 miles away. From Sharon regional health. Greenival is about 14 miles away. Jameson forth campus that's 17 files away. And MCOs near it would also have access to UPMC Healthcare providers. Shouldn't put anyone in a great hardship during the closure. They might be able to avert that closure. That was the headline -- the terminations that are pending for AmeriHealth Caritas. We have update about the discussions with Lancaster General. There's a pending termination date of April 19th 2025. This effects a little over 23,000 members. Notices would have to be sent by March 6th, 2025. We hope that's correct for (name?) General. For Keystone first there's a pending termination with Holy Redeemer Hospital. That termination date is March 18. Most likely over 7,000 members effected. And the notice would have to be sent by February 1. For Health Partners they have quite a number

of discussions with a number of facilities on their plate. Unfortunately a lot of these notices would have to be sent out today. We are in contact with health partners to get an update. I'll read through them. For health partners the good news is Main line health has reached an agreement. Even though a termination letter was mailed for St. Lukes, they reached agreement and they have been sent a retraction notice. The ones that are still pending are for Health Partners of Philadelphia and Holy Redeemer effects almost 11,000 members. Notices would have to be sent by February 14. The next 5 hospital system negotiations that I'm going to read to you quickly, notices that would have to be sent by today. If we don't have an update. We are working with Health Partners to get a status update ASAP. The other ones with upcoming termination dates: we have Lancaster General, Effecting 2600 members; HUP (U Penn), with a termination date of March 8, that effects about 24,000 members; Chester County hospital with a termination date of March 8, that effects about 1,000 members; Penn Presbyterian has a termination date of March 8; and Pennsylvania Hospital has the termination date of March 8 and that effects 5700 members. That's the full list of mostly -- most health partners is the most effected MCO. And quite a number of hospitals that are looking for updated information on the status. Since I said 5 out of those or 6 out of 7 I read the notices would have to go out today. That's the update on the contract terminations and network updates.
>> KYLE FISHER: Thank you for that. Sounds like you have this in the written format you are able to share.
>> SCOTT MATLOCK: Yeah, I will. I did provider it.
>> KYLE FISHER: Even if you e-mail it out.
>> SCOTT MATLOCK: I'll put it in here. So you have it as soon as possible. The information about Sharon medical regional center.
>> KYLE FISHER: In terms of digesting some of this quickly there's some good news and some to be determined news here. That health partners has come to agreement with mainline health is good. It sounds like there was an extension with Lancaster general -- as far as that goes also encouraging at the same time obviously the Penn Health system ongoing contract with Health Partners is concerning and would effect a lot of members. Seems there was an agreement to extend there. I don't know if maybe you'll be able to get confirmation from health partners by the end of the meeting.
>> SONIA BROOKINS: Absolutely.
>> KYLE FISHER: Just on the Penn Health system side it seems like over 30,000 members. If my math is right there. That's the a lot of people that could be finding out very soon they have to change their doctor or their health plan. For members who choose to change their health plan, will you remind us how the dating rules work when they need to make a change by for it is effective by the following month?
>> SCOTT MATLOCK: Typically dating rules means you have to make a choice within the first 15 days of a month for it to be effect by the next month. Depending on date -- that's approximately correct. The 15.
>> SONIA BROOKINS: Let me ask a question. So the letters would have to go out today. They might have came up with this. Do you know that?
>> SCOTT MATLOCK: We don't know that. I'm giving the latest update. And they are seeking that information quite vigilantly. If we have anything in the meeting or it comes up any minute we'll pass it on.
>> SONIA BROOKINS: Sure.
>> KRISTEN FIGUEROA: Can you hear me? This is Kristen. I have been trying to get off mute.

Updates on HPP notices. DHS is working with HPP and will addressing in delays. No further information at this time. But confirmation on plan section. That selection needs to be made by the second Thursday of every month. To start a new plan for the following month. There's a bit of correction to the 15th. It has to be by the second Thursday.
>> SONIA BROOKINS: I'm hoping we don't have to do that.
>> KRISTEN FIGUEROA: You and me both, Sonia. (Laughter). Thank you.
>> SONIA BROOKINS: All right.
>> KYLE FISHER: On the first piece addressing any notice delays we saw with the keystone AmeriHealth a few months ago hopefully that's not a situation. The department has to navigate this month. We appreciate you keeping us in the loop with that.
>> SONIA BROOKINS: Thank you for that. Ms. Mathis is on the attendee side. She has been moved over. Okay. Thank you. Thank you for that Scott. Anybody else have anything for Mr. Scott?
>> SPEAKER: We do have some questions in the chat.
>> SONIA BROOKINS: Sure.
>> SPEAKER: For (name?) Is there concern about this dynamic with Penn health system?
>> SCOTT MATLOCK: I'm not sure I understood the question completely in the chat. There were a lot of numbers read from a number of different hospitals. The member number was 24122 effected. I'm not sure if that addressed the question.
>> KYLE FISHER: It's Kyle. Many of individual hospitals listed are within the pen system.
>> SPEAKER: I got you. Yeah.
>> KYLE FISHER: So I think most of the hospitals are pen system hospitals with the exception --
>> SPEAKER: Of Chester county.
>> KYLE FISHER: I'm not certain.
>> SPEAKER: I take the point. Additional 5800. And 5674. So yes, I take the point that the majority of the effected members are in the pen system. Thanks.
>> KYLE FISHER: It might be worth noting that the enroll now website -- this does have a resource that notes which MCOs have contracts with a particular hospital. By county. So especially given that a couple of the hospitals are negotiating with the health partners for if those terminations go through or notices are mailed impacted members should consult Enrollnow.net -- if they want to stay with that hospital. With that affiliated provider.
>> SPEAKER: We have a question from Caleb. Can someone update the data (indistinct) or the chat of the go to webinar. We can't see that on our end.
>> SPEAKER: I see this is limited to maybe organizer.
>> SPEAKER: I can probably figure it out and send it to the whole audience.
>> SPEAKER: Okay.
>> SONIA BROOKINS: Anymore in the chat?
>> SPEAKER: Jeff would like to know if there's a MATP update?
>> SPEAKER: I didn't hear you.
>> SONIA BROOKINS: An MAT update. Medical transition update.
>> SALLY KOZAK: No, I think the question was around some of the work we were doing with that. And that's still ongoing. There's no updates at the moment.
>> SPEAKER: Any more questions at in the chat at this time?
>> SONIA BROOKINS: Thank you all for the update. I'm going to move forward into the OLTL report.
>> KYLE FISHER: We are a bit ahead of schedule. I don't know if we have from OLTL.
>> SONIA BROOKINS: We don't? Okay.

>> SPEAKER: Is that Jamie?
>> SPEAKER: No.
>> SPEAKER: Because she's listed as a panelist.

- **OLTL Report**
    - **Deputy Secretary Updates**

>> JULIET MARSALA: This is Juliet Marsala.
>> SONIA BROOKINS: Happy New Years.
>> JULIET MARSALA: I was notified you are ahead of schedule.
>> SONIA BROOKINS: No problem. You have an update for us?
>> JULIET MARSALA: I do. Okay. Here we go. If we can go to the next slide. So there are no updates on the community health choices or agency with choice procurements that can be shared. So we can go to the next slide. So did want to share that on December 18 2024 we released on our Listserv the notification that CMS approved the CHC Waiver Renewal and OBRA Waiver Amendments. And this is welcome news. So it is in effect. It added teleservices as a service delivery method for cognitive rehabilitation. Which we think is really great because it will help folks access services for cognitive rehabilitation. Through the teleservices. And so we are really looking forward to that service sort of expansion. In addition there's teleservices will be libel for counseling services and nutritional consultation. Adding flexibility in the service types and how they are received. Which are at the direction of the participant. The waver goes through significant details in with regards to how those teleservices are to be assessed. And integrated into person centered -- So encourage folks to take a look at that. In addition the tour services was added to the CHC wavers. The MCOs are working on making sure that that all of their teams and everyone is ready. These are services that used to by in place in some of the -- we are happy to see those back again. The thing to talk about with regards to chore services that's important for folks to know that chore services are sort of a vender service which is at a market rate. It's not a provider fee for service. OLTL doesn't set rates for CHC. It's not an -- we would consider more market rates. And the provider type is cleaning, janitorial and clean out contractors. So hopefully that helps kind of how folks are thinking about chore services. We go to the next slide.
Did we lose -- there we go. Okay. We also published the act 150 program sliding fee scale for calendar year 2025. So that bulletin went out on Tuesday January the 14. Via our Listserv. And it's been posted to the website. And that is retroactive to January 12025. And now those are in place. The purpose of the 2025 act 150 sliding fee scale is to provide the most recent sliding fee scale to all office long term living service -- this bulletin applies to those service coordination entities that provide services to participants in the act 150 program. If you are not familiar with this program it's a state funded program for individuals who meet nursing facility clinical eligibility. Who don't necessarily meet Medicaid eligibility. So it does allow for individuals to continue to access valuable personal assistance services. If they are working or they aren't eligible for the Medicaid coverage through MAWD. Also individuals that might have resources over the allowable resource limit it allows them to be assessed for and receive personal assistance services oftentimes with a sort of a low co payment on it. Depending on the income resources those individuals have.
If we go to the next slide.
>> KYLE FISHER: If I can ask a question going back to the presentation on chore services.
>> SPEAKER: Of course.

>> KYLE FISHER: Very good news this was added to the waiver and approved by CMS. Have service coordinators been educated -- is there a process or timeframe for them to be educated on the new service – and how quickly does OLTL expect the plans to have those venders in place? Such that it's available for participants?
>> JULIET MARSALA: I don't have the details on the latter. The MCOs have been anticipating that the waver would be approved as of January 1. I am confident that the MCOs have put into the training protocols and their network teams have been working in anticipation for the service being added.
>> KYLE FISHER: That's helpful. Thank you.
>> JULIET MARSALA: I did want to stop here about handing things over to my wonderful colleagues at OLTL to see if there were any other questions. Before I do have to kind of drop off.
>> KYLE FISHER: I don't know if members of the committee have questions.
>> SONIA BROOKINS: I don't have any questions. Anybody else have anything? For Juliet? Do you Kyle?
>> KYLE FISHER: (Indistinct) next up in the agenda. There's some conversation around the direct care worker rate surveys. Is there any updates on when they might be published?
>> JULIET MARSALA: The rate and wage study the evaluation portion of the ready and wave study has been completed for the most part. It is going through executive review process. One that is external to the office of long term living. So I do not have a date. As to when we can expect it's return and publication at this time. So very good question.
>> KYLE FISHER: Thanks for the response. And thanks again for joining us ahead of schedule.

- **CHC Utilization Management & Denial Data**

>> JULIET MARSALA: Of course. I'm going to hand it over now to Nicholas James from the office of long term living. He's prepared the denial log and other data you requested. Please stay warm out there. And we'll connect in the future soon.
>> NICHOLAS JAMES: This is Nick James. I'm going to continue pigging back on some of the reporting that we presented -- that I presented last month. Just to kind of refresher. Last meeting really presented information on the denial log reporting itself. That we can provide specific to denied services or service items. Again that -- I also presented more specific data on denial types. Which were really looking at the type of denials for a particular services. And as you may recall the denial types broke down to complete denial and partial denials and alternative services approved. So this report will add not to the denied services. The total decisions or total requests. So again similarly to the last presentations I will be presenting data on Q1, Q2 and Q3 of 2024. Next slide please. In the spirit of just a refresher, the denial log the MCOs submit monthly denial logs through template that is provided each year with some tweaks. We have the new template out. It's been out for review for the MCOs for 2025. And that's version 8. And that will be beginning to be reported on for the January data for midFebruary. So essentially every month the 5 MCOs submit -- 3 MCOs submit the 5 regions. So I will receive 15 different denial logs. And again there are 5 tabs. And they essentially act as the primary categorization for reporting in general. But pharmacy and physical health LTSS services, dental and HVAP. The contractor based services. For home adaptations, vehicle modifications and assistive technology and pest eradication.
Using the category I.D. disposition or drop down within the denial log. And for really for physical health, dental and HVAP you can drill down further. Physical health can look at denied services for radiology. One under medical and et cetera. Again in the spirit of a refresher from last presentation.

Next slide.
So we talked about the denied services last time. Now we are going to be adding in the total requests and total decisions. That's how we come up with the denial rate. I'll go to the next slide. And I think it will be easier for me to explain. This is the actual denial log. And as you can see I have the big arrow there. The total decisions. In a sentence to make it serve it can be self -- not so self explanatory. Trying to get as much descriptive information as we can. For total decisions. Requests the decided and notifications made during the reporting month. And that would be the total decisions. So that would be the total decisions part. And the next field or -- below that would be the total denied services. And that reads the total number of prior authorizations requests denied and notifications made during the reporting month. Total decisions total denied services would be reported just below that. And then we would have the percentage that makes up. So again -- not again, but the numerator would be the at the inside services and the denominator would be the decisions.
Make one distinction. So the total denied services are literally added up for each of the -- if you see below that where you actually log the denied services. Don't have all the fields there. But you see the last name and first name. The participant I.D. All the data points would be entered for information that would be gather around a denied services items. So if we had 100 of those logged individuals logged with a denied service that would appear up top as the total denied service items. The total decisions -- we can get to the detail of the total denied services. But for the total decisions we capture that kind of as a (indistinct) record data. The MCOs would provide the total decision counts for that particular reporting tab. A total count for the denied services. When we get in it's a distinction. I want to go in and look at total home delivered meals denied, I can go in through the log and through the different attributes reported for each individual denied service and pull down and look at those by looking at the category I.D. That does not apply for total decisions. If you asked me can you tell me the total of the denial rate for home delivery meals it's not -- it would be very, very complicated to capture that on a monthly reporting. But we would not be able to give you that solely based on the denial log reporting. Next slide please.
First I'm going to present the statewide -- which is really all the MCOs combined. And we are going to be -- I'm going to provide the data for the denial rates for the 5 different reporting tabs. Or categories if you want to consider that.
Pharmacy -- reported about 36,000 decisions with approximately 11,000 denied services. Which gave us a denial rate for pharmacy statewide for all MCOs for30.4 percent.
Of the 86,000 the denied physical health was approximately 6,000. Which leaves a denial rate of 7.3 percent for physical health. For LTSS services there's approximately 193,000 decisions or requests. And the denied services was capture through the denial logs at 44,000. Which it is a denial rate of 22.9 percent. For dental there's approximately 109,000 requests. And keep in mind dental for each tooth is basically a decision made. So each procedure represents a particular tooth or if they are going to get local an as TEEGSa. Approximately 32,000. A denial rate statewide of 29 percent. For HVAP there was approximately -- there's a denial rate of 37 percent. That's the statewide -- I'm going to pause to have a drink of water here.
Now we are going to look at each MCO and how it breaks out for each of the reporting tacks. For pharmacy we received 23,000 requests. Of which the denied approximately 7400. A denial rate of 32 percent. For PHW for pharmacy. We received about 3500. The denied services with approximately 700. With a denial rate of 19.4. And UPMC decisions were 9,000 approximately. Denied of 2700. Which left -- deduces to a 30.7 denial rate for UPMC.

For physical health -- reported 39,000 decisions with an approximate 3200 denied services. With a denial rate of 8.3 percent. For PHW there was 30,000 approximate decisions. With denied 1800. And then 6.2. And for physical health total decisions was approximately 17,000. With denied services physical service of approximately 1700. A denial rate of 6.8 percent. Forgive me I was going into me monthly reporting for weekly updates for the MCOs. A denial rate of 6.8 percent.
So this is LTSS services. Total decisions were 106,000. Denied services 32,000. With a denial rate of 30.4. For LTSS services total decisions were approximately 46,000. With approximately 8700. And 18.eight.
With a denial rate of 7.6 percent.
>> KYLE FISHER: It's Kyle. If we can go back one slide. I think we had question about the LTSS data. In particular. I know you explain this distinction. But I want to make sure I'm understanding correctly to start. When this gives us decisions if a participant is asking for home meals (indistinct) if all 3 of those were denied would that show up as one decision --
>> NICHOLAS JAMES: It's 3 decisions. One decision for each of the reporting tab. It would be 3 different decisions.
>> KYLE FISHER: Even though it's within the LTSS tab it would be in 3 different places?
>> NICHOLAS JAMES: You said home adaptations. That's what through me off. Now in fact we are talking the LTSS services and so you know of the 30 plus services they denied 2 of the potential LTSS services, you would have 2 decisions and 2 denied services.
>> KYLE FISHER: You gave us absolute denial numbers for LTSS -- it would be useful to see what these denial rates are for PAS. For the PAS, is that something that OLTL Is able to provide?
>> NICHOLAS JAMES: And I get you that precise percentages but I believe 98 percent range just the vast majority again I'm getting a little -- the total decisions is a bit of a estimator. We don't capture the total decisions by a particular waver services. But I can say PAS is the vast majority. I can give you the breakdown of that particular percentage of what would represent the denial rate compared to the overall. I can give you that percentage to PAS.
I think you would what you need there for PAS. Again that's the vast majority.
>> KYLE FISHER: It would be helpful to separate it out. If I'm understanding the way these classifications work. The home -- and for others as well. I expect you are right.
>> SPEAKER: I sure can.
>> AMY LOWENSTEIN: I think it sounds like you would be estimating how many decisions with PAS. PAS is the most heavily used service. And that's why it was heavily denied of any service. (Indistinct) opposed to all the other services. You can't have insight with PAS dominating.
>> NICHOLAS JAMES: I see. I can certainly take that back. And have a discussion. Around that. And then get back to you. That would be -- once again we really look into updating as I mentioned our template and denial log itself. We didn't release the newest version recently. But that's something I can take back. And have a discussion with the quality team.
>> SONIA BROOKINS: You can move forward.
>> NICHOLAS JAMES: Okay. Yep. That was the last slide. And this is the H vap. Which has the vast majority here is home adaptations. And so (indistinct) keystone first. Total decisions or total requests was approximately 2600. Where the denied services reported at approximately 900. A denial rate percentage of 33.9. For total decisions. Approximately for the PHW was approximately 1100. Denied -- for H vap total decisions was approximately 4800 with the total -
We look at the variances between each MCOs. So please forgive to me for going back into my regular routine. But those are the denial rates. Are there any questions?

>> AMY LOWENSTEIN: This is Amy again. I'm looking at the last page, the HVAP slide. I'm really surprised as how many requests for HVAP there are for UPMC compared to AmeriHealth, which has a much larger HCBS membership. Is that something OLTL has looked at? And to figure out why there's so many presumably more requests -- I don't know why there's such a discrepancy there when you wrote -- this is so much bigger.
>> NICHOLAS JAMES: From time to time we look at comparisons to total decisions. Particularly to the overall market share. Or population of each MCO. But not on a regular basis per se. I will take note. And we will also have a discussion on for a next meeting.
>> AMY LOWENSTEIN: UPMC also has about twice as many requests as PHW which has a share of 15 percent. It seems very odd.
>> SONIA BROOKINS: I was looking at these numbers and I was really trying to find out what is going on with keystone. Because they are much bigger. So I don't know -- I don't know. But what would ask if you go back and just have a discussion and find out what is what. And get back to us. Because I don't know.
>> NICHOLAS JAMES: Thank you.
>> SPEAKER: Thank you.
>> SPEAKER:P okay well if there's no other questions, I thank you for your time.
>> SPEAKER: Any questions?
>> KYLE FISHER: You almost got away, Nick. My only question for the fourth quarter 2024 data, when would you have that available to present?
>> NICHOLAS JAMES: Got it in on the 15th. I'm doing a completeness and accuracy reviews. And then so -- then we go through the normal review of the data. With quality team. Review of the data with the MCOs. Let's say sometime next month.
>> SPEAKER: Okay.
>> KYLE FISHER: Thank you.
>> SONIA BROOKINS: Thank you so much. I appreciate it.
>> NICHOLAS JAMES: You're welcome.
>> SONIA BROOKINS: Anything in the chat?
>> SPEAKER: There's no questions in the chat at this time.
>> SONIA BROOKINS: Okay. Thank you so much. Appreciate it. OIM report?

- **OIM Report**

>> CARL FELDMAN: Hello good afternoon. This is Carl. I'm the director of the bureau of policy within the office of income maintenance. Go to meeting looks a little different.
>> KYLE FISHER: Thanks for joining us.
>> CARL FELDMAN: Yes. I'll start by talking about your interest in DAC. And when we last convened or chief of staff for the office of income maintenance Scott Cawthern was present and shared his experience with the cases. As a case worker. And as a trainer. As somebody doing the work and the knowledge he has now. At the time what you requested was for OIM to develop some kind of centralization for the handling of cases that are Disabled Adult Children classified. I think what we conveyed at that time we are not really willing to centralize fully the handling of these cases but we are considering the centralization of the roles within the specific county assistance office and the handling of these cases. That's something that is still under consideration. I don't have an update for you as to if we will or will not make that change. But I can say that what are working on right now

is a 3 to 5 minute training video for workers on Disabled Adult Children. This is something above and beyond what we have already -- what we already cover. In our training for workers. And so we hope that it will add some value ensuring that cases are handled appropriately. And if there's not questions about that I can move on.
>> LIZ HEALEY: This is Liz Healey. Will that training -- I'm trying to think. It seems like it should be in a place where they can click on if they get one of of those cases and click on review and work on the case. It needs to be ever present if you are not going to consolidate all these folks with these issues among a couple of people who you know concentrate on those cases. On the Disabled Adult Children. Is there a way you can make it on the screen. Where they can click on it quickly.
>> CARL FELDMAN: That's an interesting idea. I'm not aware of a mechanism to do that today. But I will be thinking about that. Because --
>> LIZ HEALEY: I would think if you are not going to consolidate these -- it's really going to be important that people know I can refresh my memory quickly.
>> CARL FELDMAN: I didn't say we are not going to do that. I can't say whether we are at this time.
>> KYLE FISHER: We do appreciate the feedback. And it is under consideration. From client experiences where it seems the same worker has handled renewal year after year, we have heard supervisors say it's so complicated they need system overrides. For folks that are handling the same case repeatedly they are still struggling. To our minds (indistinct) internal specialists. (Indistinct) at the individual level. Thank you for considering it. Thanks to continuing to hone the training materials. As you get more data from this ongoing report that you are sending out, and you are seeing how many of those closures are reopened, I hope you consider that as the department identifies what it wants to prioritize on the IT run way. So that these work arounds are really not needed.
>> CARL FELDMAN: Next I will cover the segment of information that you have asked for regarding the MAWD program. So I can say that for the -- if we go back the commitment that we made is that we would like to start issuing monthly mailings to individuals who closed at -- being eligible for MAWD. Belt and suspenders. The handling of a case in the event a MAWD review wasn't conducted and there wasn't fidelity of the policy. In December there was 627 identified.
And for the month of January there were 440 who had letters mailed. Another MAWD item that was brought up at our last meeting was that I think Amy identified particularly as renewals particularly a lot of challenges that clients faced when they had MAWD and waiver and they felt like the renewal wasn't being processed appropriately. Or they might have encountered some system issue where the continuous of MAWD eligibility a challenge. At the time what I said is that I wanted to take a look at some cases and try and see the point of renewal what might be occurring there. And we had a system enhancement that went into place at the end of 2024. When they occurred I asked for the policy unit to look at a sample of cases to see what was occurring at renewal where someone had MAWD and waver. And what we could see is there was no kind of issue encountered. It was being processed appropriately. And so what I -- what I'm taking from this is that this change which made it easier for workers to process through eligibility where somebody is on MAWD and waver at the same time at renewal was effective and I would hope that would reduce issues that people encountered when they eligibility comes to.
>> LAUREN HATCHER: Hello. I am one of those individuals. And I'm glad to hear that a change has been made. And I will be letting you know when I renew. If I run into any problems. I'm glad hearing your statement. And hopefully not. It's very nice that you considered that. I think -- it was very difficult. It was very difficult. Things get turned around and upsidedown. So thank you.

>> CARL FELDMAN: Thanks for sharing that Lauren. I look forward to hearing from you about your renewal experience.
>> AMY LOWENSTEIN: This is Amy. Thank you for looking into that. We appreciate it. We have been working with clients who have encountered this. I wonder if you could just explain briefly what the change was and whether it changes the instructions to the CAO. Do you have steps? There's a whole bunch of complicated steps that the CAO was supposed to take that MAWD waver went up and it didn't close a case. What was the change generally? And does that change the instruction to the workers?
>> CARL FELDMAN: My understanding is that on the narrow point does the instruction change -- does the way in which you have to process the case change? Yes. It does so in a manner that should make it more simple for this case to renew. Basically shouldn't require an override. That's the change. What are the technical functions underneath that that require an override in the first place that have been resolved, I don't really know.
>> SPEAKER: They basically resolved the override issue.
>> CARL FELDMAN: Yes. Where an override is required it's complicated to sustain. I'll put it that way.
>> SPEAKER: Fabulous.
>> SONIA BROOKINS: I wanted to talk to Carl about another situation that's not on here. And I think we all talked about it this afternoon in reference to the conference, the website that folks have been on there for hours. Trying to get their stuff through. Numbers are not right. Where is Meghann? Meghann had the experience.
>> MEGHANN LUCZKOWSKI: This is Meghann Luczkowski. I want to raise a concern. Accessing compass online or through the app. There's a been a number of people that have been locked out of their accounts for number of reasons. That process doesn't work electronically at least. And when they are calling into compass customer service the wait times are really long. An behalf of a client recently I tried to connect with compass customer service myself and after several sitings of 30 plus minute wait times this last time last week I waited 1 hour and 59 minutes before I got an agent. And the agent at compass customer service explained to me that the password reset issue was an externally known issue. I forget the term she used. I want to say it was the (indistinct) team. They haven't been able to fix the problem of consumers or members being able to reset their password electronically. And it's led to a lot of long wait times. And a lot of their calls have been related to password resets rather than the work of -- of reassessing terminations or some of the paperwork issues. There seems to be a concern and frustration not only on the member consumer side but on the compass customer service side. And the work around thats been working for consumers is to just sign up for a whole new account when they already have an account that are locked out of. Compass will allow people to use the same e-mail address and record number to just start a whole new account. But that doesn't necessarily address the issue they already have an account they are locked out of. Andthe wait times for customer service around that.
>> CARL FELDMAN: When someone does get ahold of the call center, are those the individuals directing the person to sign up for a new account or is that kind of conventional wisdom that's cropped up?
>> SPEAKER: No, that was the direction given by the customer service person at compass. The only thing they have been able to figure out to help consumers get back into their accounts.
>> CARL FELDMAN: My hunch is I'm aware of a lot of compass challenges we may have even talked about over the summer and into the fall. We did a number of updates. And to date the general

perspective that I have which is a little -- the stat was effective of -- this is a little new at least to my knowledge. And I will certainly pass this on. Pass it on to the bureau (indistinct).
>> MEGHANN LUCZKOWSKI: The impression I got from the consumer service agent who was very helpful and themselves just frustrated and just happened to have me who asked a couple extra questions because I'm on the consumer subcommittee and I wanted to be able to explain this to the folks that could help, it sounded like this has demonstration it's always been a little of an issue. But it sounds like it's gotten worse since the last update.
It's become more worse. And the call the influx of calls from that issue have become worse. If that's helpful.
>> CARL FELDMAN: I don't know when the last update would have been. In the summertime. We did a patch in November. So those are all things we have to think about.
>> MEGHANN LUCZKOWSKI: And terminology wise -- she didn't really give me the specific timeline of how long this has been an issue for them even. Or how long have been seeing an influx of calls. It sounds like internally the team felt this was connected to an update.
>> SPEAKER: Yes, okay. [Overlapping voices.]I will and we'll see what we can find.
>> MEGHANN LUCZKOWSKI: Thanks so much, Carl.
>> SONIA BROOKINS: I think Carl for me I'll follow up with Joel.
>> CARL FELDMAN: Joel is the director the bureau of program support. The bureau of program support has a number of technical functions related to this. I attend to share the same information.
>> SONIA BROOKINS: That's fine. I appreciate that. Any other questions for Carl or anything in the chat? Or anyone else have anything for Carl?
>> SPEAKER: We do have a question in the chat. From Michelle. (Reading.)
>> SPEAKER: Thank you. For the question the cases were referring to are not necessarily IDD, I guess. I guess they could be. Disabled Adult Children is a social security designation -- if we decide to make that choice we'll just do it.
>> SPEAKER: There's no questions in the chat at this time.
>> SONIA BROOKINS: Thank you for that. Anyone else have questions for Carl?
>> KYLE FISHER: Thanks for your time this afternoon Carl.
>> SONIA BROOKINS: Yes, thank you very much. Next on the agenda is public comment.
>> KYLE FISHER: I know we have been pausing for public comment. We have time this afternoon if there's comment on anything we covered. Now is the time to put those in the chat.
>> SONIA BROOKINS: Okay. Next is old business or new business. Anybody have any old or new business?
I want to thank everyone for participating on this call. I do appreciate it. The department from all areas that would be OMAP, OLTL and OIM, we do appreciate your work. If nothing else, can I have a motion to adjourn?
>> MEGHANN LUCZKOWSKI: This is Meghann, I motion to adjourn.
>> SONIA BROOKINS: Thank you everyone for participating today.
>> SPEAKER: Thanks, everyone.