



# NY DSRIP PAM<sup>®</sup> Policy Guidelines *Revision*

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## Introduction

The Patient Activation Measure (PAM) is an assessment tool that measures patient behavior, knowledge, and engagement in individual healthcare decisions. All performing provider systems (PPS) participating in the New York State Department of Health (NYSDOH) Delivery System Reform Incentive Payment (DSRIP) Program Project 2.d.i. must implement PAM for non-utilizing (NU) and low utilizing (LU) Medicaid members within their attributed patient population and the uninsured (UI) population within their service area.

The following is intended to provide PPS with guidance on the performance metrics associated with PAM and how incentive payments will be calculated. Please refer to the *DSRIP MY3 Measure Specification and Reporting Manual* for additional information and achievement reporting requirements.

## PAM Administration

### Defining PAM Population

The state will not provide PPS with a list of NU, LU, or UI. The following definitions are recommended to identify appropriate members:

**Non-utilizer:** A non-utilizer is a Medicaid member with continuous enrollment for the previous 12 months without a gap in enrollment greater than three months, who has no claims for qualifying services. These services include primary care, specialist care, care received in an emergency department, or an inpatient hospital admission.

**Uninsured individual:** An uninsured individual is not enrolled in Medicaid and does not have commercial insurance or any other comprehensive insurance coverage at the time the PAM survey is administered.

**Low utilizer:** A low utilizer is an individual enrolled in Medicaid for the previous 12 months with no more than a three-month gap in continuous enrollment and one of the following:

- Has two or more chronic conditions and has received no PCP visits in the previous 24 months;
- Has received services from his/her primary care physician two or fewer times in the previous 12 months;
- Has received three or fewer qualifying medical services in the previous 12 months, including primary care, specialist care, emergency room care or an inpatient hospital admission; or
- Has only received emergency room, inpatient hospital services, eye care, and/or dental services in the previous 12 months.

Individuals cannot be considered low utilizers if either of the two following conditions apply:

- The individual has received services for developmental disabilities (i.e. birth defects), nursing home care, or ongoing behavioral health care; or
- The member has consented to and is enrolled in a Health Home.

It is the responsibility of the PPS to identify which of its current members are LU and NU. PPS are also responsible for identifying the uninsured population within their service area through their own methodology.<sup>1</sup> PPS may decide to pre-screen potential participants to determine whether or not they are eligible for inclusion in reported PAM scoring, but it is not required.

The PAM tool is designed for adults over the age of 18. For any pediatric patients who are assessed by a PPS, the parent or legal guardian of the patient should complete the PAM assessment on behalf of their dependent. Additionally, some Medicaid clients have opted out of certain aspects of information sharing related to the DSRIP program, which may also pertain to PAM data, and it is the responsibility of the PPS to be aware of which members have opted out and avoid any unauthorized sharing of patient information.

### Unique Patient Identification

All individuals who receive a PAM assessment need a unique identifier for each submission. If enrolled in Medicaid (low utilizers and non-utilizers), this identifier will be the enrollee's Medicaid identification number. For the pediatric population, use the child's Medicaid ID and do not include birthday in the demographic section. If uninsured, PPS should use a unique PAM ID following the format below:

*DOB (YYYYMMDD) + First Name (first 2 letters) + Last Name (first letter) + Zip Code (last 3 digits)*

For homeless patients, 5HH should be substituted as zip code digits.

### Duplicate Results

PPS will need to ensure that duplication of initial PAM assessments does not occur by checking PAM ID or Medicaid IDs entered in the PPS' PAM tool before administering the assessment. The survey administrator should also verify with the patient whether he or she has participated in a recent PAM survey. In preparation for a potential audit, PPS may be asked to attest that a reasonable effort has been made to prevent misidentification or duplication of patient data.

Due to patient migration, individuals may receive PAM assessments from multiple PPS. All PAM results conducted will count towards achievement value scores, regardless of whether the individual receiving the assessment has been previously administered a PAM assessment by another PPS.

### Protected Patient Information

NYSDOH has not developed a formal consent process for PAM. It is at each PPS' discretion how much demographic information is requested, captured, and included during each assessment. PPS should adhere to all state and federal health privacy laws.

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<sup>1</sup> PPS uninsured populations are not included in the member roster file

## Performance and Payment Methodology

For project 2.d.i., all measures in DY1-2 will be calculated based on a P4R methodology while DY3-5 will be based on a P4P methodology. The “Forestland Example” (Table 5) at the conclusion of this document provides greater detail on this methodology. The following table provides definitions applicable to P4P years only (DY3-5):

**Table 1: Measurement Definitions**

<b>Term</b>	<b>Definition</b>
<b>Individual Year End Score (IYES)</b>	Individual score at end of each Measurement Year (MY)
<b>Eligible Individual</b>	≥2 IYES and at least two PAMs assessments
<b>Non-eligible Individuals</b>	<ul style="list-style-type: none"> <li>• Only 1 IYES</li> <li>• Only 1 PAM assessment completed or</li> <li>• The individual received a level 4 on their very first PAM assessment</li> </ul>
<b>Cohorts A-E</b>	<ul style="list-style-type: none"> <li>• Cohort A = Individuals receiving first PAM assessment during MY 1</li> <li>• Cohort B = Individuals receiving first PAM assessment during MY 2</li> <li>• Cohort C = Individuals receiving PAM assessment during MY 3</li> <li>• Cohort D = Individuals receiving PAM assessment during MY 4</li> <li>• Cohort E = Individuals receiving PAM assessment during MY 5</li> </ul>
<b>Cohort year end score (CYES)</b>	Mean of each member of cohorts eligible IYESs
<b>Cohort year end change (CYEC)</b>	$CYES_{(current\ year)} - CYES_{(previous\ year)}$
<b>AV cohort weighting calculation</b>	$\frac{\text{Number of eligible individuals by cohort for MY}}{\text{Total number of eligible individuals (all cohorts) for MY}}$
<b>AV cohort calculation</b>	<ul style="list-style-type: none"> <li>• If CYEC is 0.01-0.99, cohort achieves 25% of AV</li> <li>• If CYEC is 1.00-1.99, cohort achieves 50% of AV</li> <li>• If CYEC is 2.00-2.99, cohort achieves 75% of AV</li> <li>• If CYEC is <math>\geq 3.00</math>, cohort achieves 100% of AV</li> </ul>
<b>Total achievement score</b>	Total AVs achieved by MY

For DY3-5, PPS’ ability to increase overall patient activation will be scored using the following method:

- 1) Segment all individuals receiving PAMs into separate cohorts based on the MY within which they received their first PAM assessment.
- 2) Remove individuals who received a PAM level 4 on their very first PAM assessment, as these individuals should not require additional intervention (Note: Individuals who receive a PAM level 4 on their first PAM assessment are included in Speed and Scale calculations for patient engagement however).
- 3) Remove individuals receiving fewer than two PAM assessments.
- 4) Calculate CYES annually for each cohort, by determining the mean of all eligible individuals.
- 5) Calculate CYEC based on the difference between each cohort’s current MY CYES and previous cohort MY CYES.
- 6) Determine cohort’s weight based on the relative number of eligible individuals as compared to total eligible individual
- 7) Award all AVs based on the growth of the aggregate mean score of each MY cohort. A 3 point or more growth would constitute the full AV, 2.0 to 2.99 points receives 75% of the AV, 1.0 to 1.99 receives 50% of the AV, and 0.01 to 0.99 receives 25% of the AV. Anything below 0.01 will not receive any AV.

- 8) Adjust awarded AV based on relative cohort weight and sum.

### Scoring Methodology Rationale

Findings by Insignia Health indicate that single point improvements in PAM scores are correlated with declines in hospitalization and improved medication adherence.<sup>2</sup> In addition, research on the PAM tool suggests that individuals with a PAM level 4 are highly active in their own care and have, passed a threshold where additional intervention with the explicit purpose of increasing activation is likely unnecessary.<sup>3</sup>

Measuring progress by cohorts helps align progress with outreach efforts and controls for selection issues. This segmentation creates consistency and rewards improvement over time. Within each cohort, the pool of individuals engaged in PAM may grow unevenly throughout the DSRIP demonstration; thus AVs are proportionate to the number of individuals engaged in PAM by each cohort. Therefore, evaluating individuals by cohorts more accurately rewards meaningful change, ideally enabling improved outcomes across the population.<sup>4</sup>

Deeming those receiving only a single PAM assessment as ineligible assists in eliminating the undue influence that initial PAM scores can have on cohort means. The PAM tool is an assessment to track activation levels, but also to assist in the targeting of interventions and the measurement of their effectiveness in increasing activation levels. Individuals receiving only a single PAM assessment should be included in Domain 1 Actively Engaged targets.

Finally, the proposed methodology aims to award AVs based on a three-point target for the cohort's growth of mean MY PAM scores. AVs will be proportionately awarded across each MY cohort based on the relative size of the cohort. This three-point target is based on peer reviewed research demonstrating on the PAM tool's predictive abilities relative to adverse health outcomes such as hospitalizations.<sup>5</sup>

### Actively Engaged: Payment Performance Implications

A PPS receives DSRIP funds based on Speed and Scale figures as included in original DSRIP Applications (Table 3). For Project 2.d.i, "actively engaged" is defined as the number of individuals who completed PAM or other patient engagement techniques.

**Table 3: PPS 2.d.i Speed and Scale Targets**

<b>PPS Name</b>	<b>Actively Engaged Targets</b>	<b>Speed to 100% Active Engagement (DY)</b>
Adirondack Health Institute	82,783	5
Albany Medical Center Hospital	34,872	4
CNY Performing Provider System	22,300	4
Alliance for Better Health	14,715	4
Finger Lakes PPS	59,214	5
Millennium Collaborative Care PPS (ECMC)	81,000	5

<sup>2</sup> Insignia Health, 2015. Web

<sup>3</sup> Insignia Health, 2015. Web

<sup>4</sup> Hibbard, Judith H. et al. "What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs." Health Affairs, 32, no.2 (2013):207-214. Web.

<sup>5</sup> Hibbard, Judith H. et al. "What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs." Health Affairs,

Mohawk Valley PPS (Bassett)	6,518	5
Nassau University Medical Center	74,569	4
New York City Health and Hospitals-led PPS	55,000	3
Staten Island PPS	80,000	5
Samaritan Medical Center/NCI	4,000	4
Stony Brook University Hospital	45,426	5
STRIPPS/United Health Services Hospitals, Inc.	89,558	5
Westchester Medical Center	81,500	5

## Timeline

All Domain 1 results will be submitted in accordance with PPS regular quarterly reporting. All Domain 2 results will correspond with the following DY schedule.

**Table 4: Reporting and Payment Schedule**

DY	DY Dates	Payments Periods	Measurement Period
DY1	4/1/2015 to 3/31/2016	Payment 1: Q2 (9/30/2015)	N/A
		Payment 2: Q4 (3/31/2016)	7/1/2014 to 6/30/2015
DY2	4/1/2016 to 3/31/2017	Payment 1: Q2 (9/30/2016)	7/1/2014 to 6/30/2015
		Payment 2: Q4 (3/31/2017)	7/1/2015 to 6/30/2016
DY3	4/1/2017 to 3/31/2018	Payment 1: Q2 (9/30/2017)	7/1/2015 to 6/30/2016
		Payment 2: Q4 (3/31/2018)	7/1/2016 to 6/30/2017
DY4	4/1/2018 to 3/31/2019	Payment 1: Q2 (9/30/2018)	7/1/2016 to 6/30/2017
		Payment 2: Q4 (3/31/2019)	7/1/2017 to 6/30/2018
DY5	4/1/2019 to 3/31/2020	Payment 1: Q2 (9/30/2019)	7/1/2017 to 6/30/2018
		Payment 2: Q4 (3/31/2020)	7/1/2018 to 6/30/2019

**Table 5: Forestland Example**

Forestland PAM Performance		MY1	MY2	MY3	MY4	MY5
		P4R	P4R	P4P	P4P	P4P
Cohort A	# Eligible members	0	1604	1790	1691	1815
	# Non eligible members	2013	409	223	322	198
	CYES	45.13	47.24	50.31	49.91	51.10
	CYEC	N/A	N/A	3.07	-0.40	1.19
	AV points available	1.00	1.00	0.76	0.55	0.50
	CYEC 0.01-0.99	N/A	N/A	0.19	0.14	0.12
	CYEC 1.00-1.99	N/A	N/A	0.38	0.28	0.25
	CYEC 2.00-2.99	N/A	N/A	0.57	0.42	0.37
	CYEC ≥3.00	N/A	N/A	0.76	0.55	0.50
<b>AV achieved</b>	<b>1.00</b>	<b>1.00</b>	<b>0.76</b>	<b>0.00</b>	<b>0.25</b>	
Cohort B	# Eligible members		0	570	761	910
	# Non eligible members		1001	431	240	91
	CYES		59.67	63.11	66.90	64.29
	CYEC		N/A	3.44	3.79	-2.61
	AV points available		N/A	0.24	0.25	0.25
	CYEC 0.01-0.99		N/A	0.06	0.06	0.06
	CYEC 1.00-1.99		N/A	0.12	0.12	0.12
	CYEC 2.00-2.99		N/A	0.18	0.19	0.19
	CYEC ≥3.00		N/A	0.24	0.25	0.25
<b>AV achieved</b>		<b>N/A</b>	<b>0.24</b>	<b>0.25</b>	<b>0.00</b>	
Cohort C	# Eligible members			0	601	680
	# Non eligible members			700	99	20
	CYES			51.42	53.81	56.10
	CYEC			N/A	2.39	2.29
	AV points available			N/A	0.20	0.19
	CYEC 0.01-0.99			N/A	0.05	0.05
	CYEC 1.00-1.99			N/A	0.10	0.09
	CYEC 2.00-2.99			N/A	0.15	0.14
	CYEC ≥3.00			N/A	0.20	0.19
<b>AV achieved</b>			<b>N/A</b>	<b>0.15</b>	<b>0.14</b>	
Cohort D	# Eligible members				0	243
	# Non eligible members				670	427
	CYES				49.44	53.15
	CYEC				N/A	3.71
	AV points available				N/A	0.07
	CYEC 0.01-0.99				N/A	0.02
	CYEC 1.00-1.99				N/A	0.03
	CYEC 2.00-2.99				N/A	0.05
	CYEC ≥3.00				N/A	0.07
<b>AV achieved</b>				<b>N/A</b>	<b>0.07</b>	
Cohort E	# Eligible members					0
	# Non eligible members					650
	CYES					55.33
	CYEC					N/A
	AV points available					N/A
	CYEC 0.01-0.99					N/A
	CYEC 1.00-1.99					N/A
	CYEC 2.00-2.99					N/A
	CYEC ≥3.00					N/A
<b>AV achieved</b>					<b>N/A</b>	
<b>Total Achievement Score</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>0.40</b>	<b>0.46</b>	

**Forestland Summary**

For **MY1** and **MY2**, Forestland successfully submitted reporting P4R results for all cohorts, scoring an AV of 1.0

For **MY3** Forestland scored an AV of 1.0

- Cohort A scored an AV of 0.76 by demonstrating a CYEC of 3.07
- Cohort B scored an AV of 0.24 by demonstrating a CYEC 3.44

For **MY4** Forestland scored an AV of 0.40

- Cohort B scored an AV of 0.25 by demonstrating a CYEC of 3.79
- Cohort C scored an AV of 0.15 by demonstrating a CYEC of 2.39

For **MY5** Forestland scored an AV of 0.46

- Cohort A scored an AV of 0.25 by demonstrating a CYEC of 1.19
- Cohort C scored an AV of 0.14 by demonstrating a CYEC of 2.29
- Cohort D scored an AV of 0.07 by demonstrating a CYEC of 3.71

## Data Submission Instructions

All PPS should submit the following data file as an attachment to the 2.d.i. module in regular quarterly reports. Data files must be in .csv format. Fields should be left justified and blank filled for the column width. All fields are required.

Data submission requirements:

- 1) All data must be submitted for performance eligible individuals only (those having received at least two PAMs over the course of DSRIP)
- 2) All data must apply only to the last survey administered in each applicable Measurement Year, do not submit multiple scores for the same individual
- 3) Any individuals who have become ineligible (e.g. have enrolled in a Health Home or are insured commercially) should be removed from all results (current years and previous years)
- 4) No survey results that have been indicated as “outliers” in Flourish should be included

Column Placement	Variable Description	Value Labels	Details/Comments
1-2	PPS ID	2 Characters	
3-12	User Identifier	10 Characters	
13-27	Insignia ID	15 Characters	
28-32	Survey Type	5 Characters	Ex: PAM10
33-40	Survey Date Completed	mmddyyyy 99999999 = Missing	8 digit date field (do not include dashes or slashes)
41	Measurement Year (MY)	1 Character	Numerical digit 1-5
42	Cohort	1 Character	Cohort A = Individuals receiving first PAM assessment during MY 1 Cohort B = Individuals receiving first PAM assessment during MY 2 Cohort C = Individuals receiving PAM assessment during MY 3 Cohort D = Individuals receiving PAM assessment during MY 4 Cohort E = Individuals receiving PAM assessment during MY 5
43-45	PAM Score	3 Characters	If the PAM score is one or two digits, enter with preceding zeros (ex: 001)
46	PAM Level	1 Character	