



Public DSRIP Project Group

Project 11/2.d.i.

Project 2.d.i, also known as Project 11, centers around the implementation of patient activation activities to engage, educate and integrate the uninsured and low/non-utilizing Medicaid populations into community based care. We are interested in hearing from MIXers currently working to implement Project 11 at their facility or PPS to learn about the efforts undertaken thus far, innovative ideas for successful implementation, and key lessons learned. We hope that any challenges discussed or questions posed can be considered and addressed by our active and supportive community of DSRIP Mixers! What strategies has your PPS taken to begin implementing Project 11? What successes have you had and challenges have you faced?



Message by [NYS DSRIP Team](#)

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On august 26, 2015 at 15:06 - 620 views, 28 replies, 18 followers incl. you

[Project 11](#) [Project 2di](#)

We have started to implement the PAM survey in our partner organizations but are concerned about how to capture surveys done with the parents of pediatric Medicaid enrollees. The Flourish website is set up in such a way that you must create an account for the person surveyed (the parent) and cannot create an account for someone under age 18. However, when the rare occasion arises that the child has Medicaid and the parent/guardian is commercially insured, the system is not set up to allow us to create an account for someone with commercial insurance and capture that the child has Medicaid. Has anyone begun to address this?

By [Jessica Steinhart](#), 6 months ago

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Hi Jessica,
This came up recently in our PPS as well. The folks who dealt with this are on vacation but I have copied and pasted your post into an email to them and will let you know when I hear back.
We have gotten off to slow start in part because of issues with how partners incorporate the PAM into their work flow/process. Partners are also challenged with identifying appropriate enrollees to target and we have received pushback that they cannot PAM all payors. Have you come up against this as well?

By [Deborah Viola](#), 6 months ago

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Currently, we have select partners moving forward with uninsured and Medicaid (both managed care and FFS). We are still working on how best to identify LU and NU Medicaid enrollees.

By [Jessica Steinhart](#), 6 months ago

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Hi Debra-
We have come up against the challenges you've mentioned as well. So far, to address workflow concerns, we've chosen to begin PAM implementation on a very small scale within a pilot group comprised of 1-2 organizations from each of the following settings- clinical/primary care, hospital, and CBO. We are also piloting within our internal insurance enrollment program. Since any kind of detailed information as to how best to incorporate PAM into different settings seemed hard to come by, we're using the pilot as a hands-on learning experience to help inform development of workflow strategies and best practices as we move forward with larger scale implementation. I'd definitely appreciate anything anyone would like to share in regards to successful workflow processes being used by their partners. We have also encountered the challenges of how to identify eligible survey participants and the concern about not being able to use the PAM tool unilaterally (which in many cases would be simplest for our partners). In the case of one CBO who's participating with us, they are looking into acquiring their own PAM licenses to use with the non-2.d.i eligible population, but this raises some issues as well, particularly that their staff will have to use two separate Flourish accounts, which could be time consuming and confusing. We're hoping to work with Insignia to see if they can do anything on their end to streamline this process, because we know this will not be the only instance in which we encounter a provider who wants to be able to use the tool across all payor groups.

Jessica, that is a very good point you've raised about pediatric Medicaid enrollees and the issues with accurately tracking/documenting the surveys taken by their parents in Flourish. We haven't encountered this yet, but I'm sure we will, so I'll be interested to hear what you and Debra may find out. I think the scenario where a parent has private insurance and a child has Medicaid will actually be more common than we think, because sometimes the most cost effective option for parents who don't qualify for Medicaid themselves but have children who do is to take the insurance offered by their employer at a single rate and get their kids' coverage through Medicaid.

I'd also be very interested to learn how are other PPSs approaching the subjects of survey participant consent and PAM data being considered PHI.

By [Jessica Chanese](#), 5 months ago

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Hello Jessica,
I work with Deborah. You are correct that Flourish doesn't allow for us create minor accounts (because the PAMs are for adults only). For a child Medicaid beneficiary, we made the decision to not include any demographics information on Flourish when we do a parent PAM. We only include the child's Medicaid ID number as the "User ID" and go from there. We've asked the folks at Insignia for their thoughts and also to see how the other PPSs are dealing with this, but have not heard back.

By [Thao Doan](#), 5 months ago

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I may be a little late to the table on this discussion, but if anyone is interested in talking with a vendor who has a scientifically developed PAM tool used by a number of major health systems and health plans, let me know.

By [mike.clark](#), 5 months ago

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Thanks to all for this hearty dialogue on issues surrounding utilization of the PAM tool. As a reminder, the MIX platform is not meant to be a forum for solicitation, and posts that are deemed to be in violation may be removed by the administrator.

By [Logan Tierney](#), 5 months ago

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Hello Everyone,

According to the Domain 2-4 Excel list of DSRIP measures and AV distribution Table from the state, email dated 9/11/15. 2di will be P4P in years 03-05? I thought 2di will be P4R for the full 5 years? Any thoughts?

By [Nina Lemons](#), 5 months ago

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Hi all, great to see the engagement here! Just wanted to send over some notes from the DOH for this thread - In terms of some of the issues brought up, including the difficulties experienced in setting up an account via the Flourish website when a parent is commercially insured and the child is a Medicaid enrolled - more guidance regarding 2.d.i. is forthcoming shortly. Also, regarding Nina's post and the 2.d.i time frame, the Department did not get approval from CMS to allow us to change 2.d.i. into a P4R measure for all five years; this was permitted for the CAHPS for Uninsured Survey, but not PAM. Thanks all.

By [Logan Tierney](#), 5 months ago

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Both the FAQs and the PCG Guidance Document for Project 2di were released this week and should help in answering some of your questions.

By [Dianne Kiernan](#), 5 months ago

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Unfortunately, the FAQ and documentation guidance do not address the issue of the ParentPAM

By [Jessica Steinhart](#), 5 months ago

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Scratch that... the PAM Guidance document was sent to me after I posted that last message..

By [Jessica Steinhart](#), 5 months ago

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Hello Everyone, We are in the process of contracting with proposed vendors to assist us with the 2di project. Unfortunately, we are receiving some push back from the vendors regarding the subcontractor-related portion of the DEAA confidentiality addendum that is required by the state when Medicaid data is involved. Although the vendors seem comfortable agreeing that they themselves will abide by the confidentiality requirements, they are arguing that they cannot be obligated to include the confidentiality addendum in their downstream subcontractor agreements. They assert that this would require the re-negotiation and amendment of subcontracts and would not be possible to accomplish. We understand their concern but we believe that the state requires this and that it would, therefore, be non-negotiable.

Has anyone else received this push back? If so, we would appreciate input on how it has been addressed. We are expecting this to be a recurring issue with vendors who utilize subcontractors to provide us with services while having access to Medicaid data (across all PPS networks and all projects)."

By [Nina Lemons](#), 5 months ago

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Hello all, so great meeting everyone at the Greater NY Health Association 2di Meeting last Friday. Thanks GNYHA for getting that forum together, excellent learning opportunity and I look forward to more activities like that. At the meeting there was some discussion about data sharing and just wanted to share what's happened so far in our PPS. In order for our PPS to receive protected health information from our partners which includes the demographic data captured in the Insignia data base, we have included Business Associate Agreements in the base contract with our partners and also signed a BAA with Insignia. However this does not permit the sharing of data between partners, just between partners and the PPS project management office and Insignia. Data sharing between partners is still a challenge that we face, and we are still looking for solutions. With the BAA's in place, however it did permit partners to craft consent documents for persons to complete a PAM. I think Mary from GNYHA will also be sending out to the 2di managers at the meeting these consent document examples and also the PAM training preparatory materials that we found helpful thus far at our PPS, but please feel free to reach out and I can send them directly. Truly enjoy learning from this group!

By [Cindi Lewis](#), 4 months ago

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Hi all,

Has anyone made any progress on identifying low-utilizers and non-utilizers?

If anyone has any best practices to share, please do. If not, I would still be interested in connecting about strategizing as to how best to do this. We have been circulating some ideas around our PPS (Care Compass Network) and would be very interested in learning what others are doing in the meantime as well.

By [Rachael Mott](#), 4 months ago

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Thank you Rachel, I would be interested in this also. If anyone has developed a screen for these populations it would be good to have this and maybe work with Insignia incorporate those types of questions into Flourish.

By [Cindi Lewis](#), 3 months ago

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Does anyone know if PCMH CAHPS can be used to meet the requirement for C&G CAHPS? It would help our partners meet expectations for NCQA recognition and also support 2.d.i.

By [Jessica Steinhart](#), 3 months ago

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Hi Jessica

No, the PCMH CAHPS cannot be used for Project 2.d.i. For 2.d.i, the survey being used is the C&G CAHPS 3.0. This is a different instrument than the PCMH CAHPS 2.0. While some of the questions are the same, a major difference is the look back period (6 months vs. 12 months). The C&G 3.0 also aligns with other existing state initiatives and is being used for other required metrics.

By [Tania Tinley](#), 3 months ago

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