



**Title: Patient Activation Screening Tool**

**Date Created: 10/26/2015**

**Date Modified: 11/10/2015**

**Date Approved by Board of Directors: 11/10/2015**

**Clinical Guideline # CGC-CG-08**

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**Purpose:** To establish uninsured, non-utilizing, or low-utilizing status enabling partner organizations to appropriately administer the PAM® survey.

**Clinical Guideline:** Use of the screening approach described below to establish whether or not an individual is uninsured or a non-utilizing or low-utilizing Medicaid Member. Upon the completion of the screening, a survey administrator should determine whether or not an individual is appropriate to PAM® survey for the purposes of the Patient Activation project to a degree to which they are comfortable to attest that this has been done with all due diligence.

**Definitions:** Uninsured – not having health insurance; Non-utilizer – Medicaid Member having no claims for services; Low-Utilizer – Medicaid Member with

**Procedure:** The approach is detailed as follows.

- Partners can choose to administer PAM surveys doing their due diligence to identify the PAM-eligible population including the uninsured or non-utilizing and low-utilizing Medicaid beneficiaries.
  1. Using available technological platforms (ie. EMR), the partner organization may adopt a Care Compass Network-approved procedure for establishing individuals as uninsured, non-utilizing, or low-utilizing.
  2. The partner organization may use the screening tool (see below for the Care Compass Network-developed screening tool).
  3. The partner organization may use an abridged version of the screening tool establishing an individual as uninsured alone if it is determined that they do not have the capacity or interest in demonstrating Medicaid beneficiaries as non-utilizing or low-utilizing.



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Street Apt #

City Zip Code

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**1. Do you have health insurance?**

- Yes  No

If you answered "yes", go to question #2.  
If you answered "no", go directly to the next page.

**2. Which health insurance plan do you have?**

- Medicaid  Total Care Medicaid Managed Care
- Excellus Medicaid Managed Care  United Healthcare Medicaid Managed Care
- Fidelis Medicaid Managed Care
- Other

If you have any of the plans listed, fill out your Medicaid ID / CIN # here:  
\_\_\_\_\_ and go to question #3.

If you answered "Other", stop here.

**3. How many medical visits or appointments have you had in the last 12 months?**

- 0
- 1-2
- More than 2

If you answered "0" or "1-2", go directly to the next page.  
If you answered "More than 2", go to question #4.

**4. Where did you go for these medical visits or appointments? Check all that apply.**

- Doctor's Office  Dentist
- Emergency Room / Emergency Department  Eye Doctor

If you did NOT answer, "Doctor's Office", go directly to the next page.  
If you answered "Doctor's Office", stop here.

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*clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care.*

**Clinical Guideline Board Approval History: 11/10/2015**

**Clinical Guideline Revisions:**

Date	Revision Log	Updated By
10/26/2015	Initial Draft	R. Mott
11/10/2016	Board of Directors approval	D. Sculley

**This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**