

# PSYCKES-Medicaid

## My QI Report User's Guide



**Office of  
Mental Health**

# Table of Contents

My QI Report.....	3
<b>Overview</b> .....	<b>3</b>
Customizing My QI Reports.....	5
<b>Sorting PSYCKES Data</b> .....	<b>5</b>
<b>Modify Filter</b> .....	<b>7</b>
<b>View Options</b> .....	<b>9</b>
<b>Race and Ethnicity View</b> .....	<b>9</b>
Description of My QI Report Tabs.....	11
<b>Indicator Set</b> .....	<b>11</b>
<b>Indicator</b> .....	<b>12</b>
<b>Site</b> .....	<b>14</b>
<b>HH/CM Site(s)</b> .....	<b>15</b>
<b>MCO</b> .....	<b>15</b>
<b>Attending</b> .....	<b>16</b>
<b>Recipients</b> .....	<b>17</b>
<b>New QI Flag</b> .....	<b>18</b>
<b>Dropped QI Flag</b> .....	<b>19</b>
Enable Access in My QI Report.....	20
Export QI Reports to Excel or PDF.....	22
<b>Excel Export</b> .....	<b>22</b>
<b>PDF Export</b> .....	<b>22</b>
<b>De-Identifying Data</b> .....	<b>23</b>
<i>Provider-Level Users</i> .....	23
<i>State-Level Users</i> .....	23
<b>QI Trend Past Year</b> .....	<b>24</b>

# My QI Report

## Overview

Quality Improvement (QI) reports in PSYCKES-Medicaid summarize data on several quality indicators. The reports are linked to individual clients with quality flags to help focus quality improvement efforts. There are medication-focused quality indicators, such as polypharmacy and treatment engagement, as well as hospital utilization quality indicators, such as high utilization of medical and/or behavioral health emergency and inpatient services and readmissions.

The My QI Report screen is the starting point when logging into PSYCKES and displays aggregated data for each quality indicator set under the “Indicator Set” tab (Figure 1). Regional and Statewide prevalence rates are provided for comparison purposes.

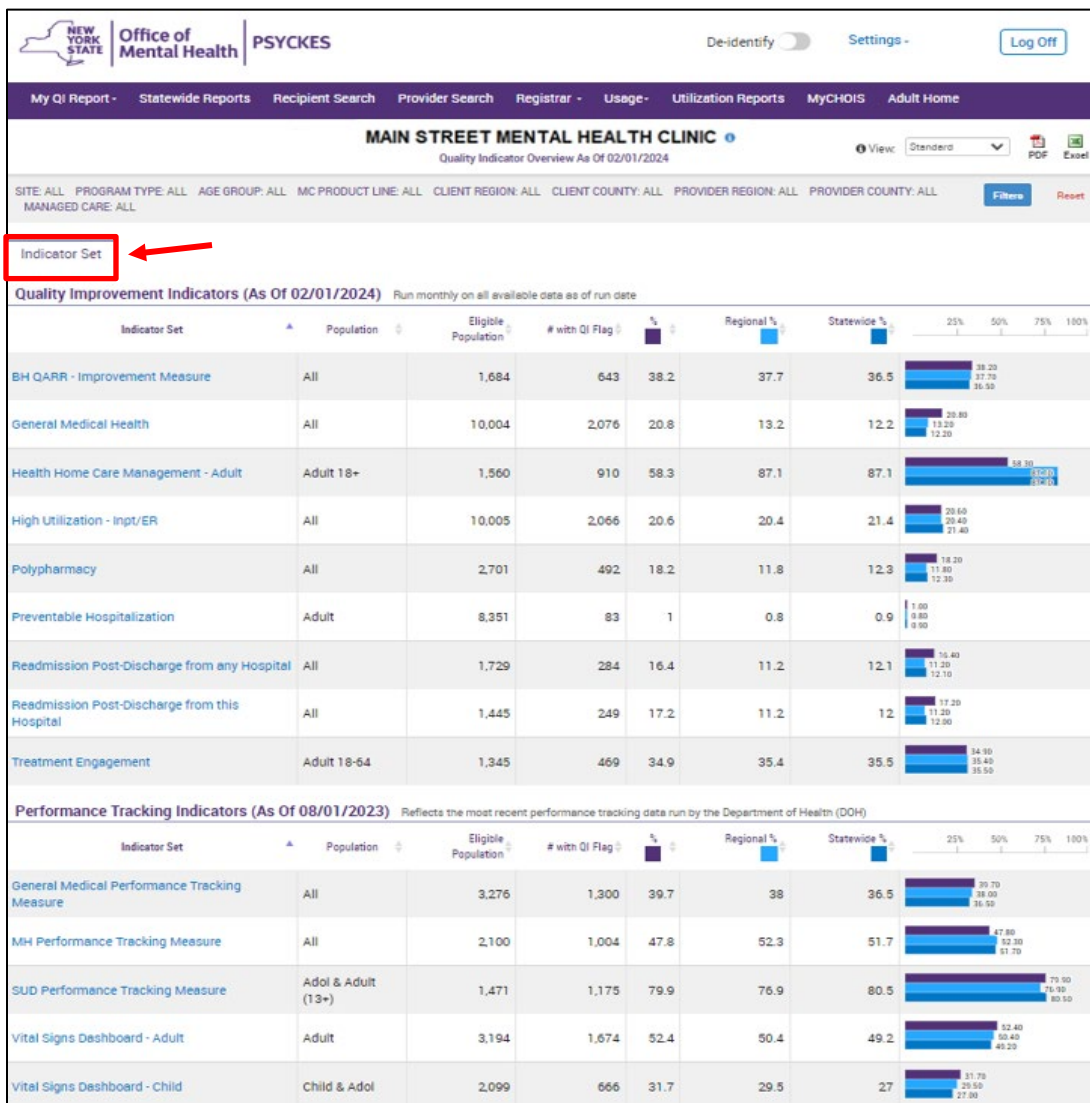


Figure 1. My QI Report: Indicator Set

My QI Report is divided into two categories of indicator sets to help easily identify between “real time” measures versus “mature” measures.

- **Quality Improvement Indicators:** The indicator sets in this category are considered more “real time” and are run on a monthly basis, as of the refresh date
- **Performance Tracking Indicators.** The indicator sets in this category contain more mature data and are calculated monthly after a 6-month data maturation period to allow for services to be invoiced.

This indicator set separation will also be reflected in Statewide Reports and in the client-level Clinical Summary quality flag section.

The table below reviews the definitions of columns under the “Indicator Set” tab:

COLUMN	CONTENT
Indicator Set	The summary indicator set for a quality concern.
Population	The population relevant to the indicator set (i.e., All, Adult, Child).
Eligible Population	The eligible population for the specific indicator set (the denominator).
# with QI Flag	The indicated population for the specific indicator set, or the number of individuals meeting criteria (the numerator).
%	The percentage of the eligible population meeting criteria for the indicator set.
Regional %	The percentage of the regional population meeting criteria for the indicator set.
Statewide %	The percentage of the statewide population meeting criteria for the indicator set.

The definitions of eligible population and indicated population for each indicator set are provided in the Technical Specifications documents under the Quality Indicators section of the PSYCKES website (Figure 2):

[https://www.omh.ny.gov/omhweb/psyckes\\_medicaid/quality\\_concerns/](https://www.omh.ny.gov/omhweb/psyckes_medicaid/quality_concerns/)

- [Login to PSYCKES](#)
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## Quality Indicators

**What is a Quality Indicator/flag?**

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider, network, or care manager and to support clinical review, care coordination, and quality improvement
- User-friendly Statewide Reports and My QI Reports, **updated monthly**, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, managed care plan, and PPS level
- Over 80 quality indicators, such as:
  - No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - Antidepressant trial of < 12 weeks for individuals with depression
  - High Utilization of Inpatient/Emergency Room, Hospital Readmission, Preventable Hospitalization
  - HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS
- The BH QARR - DOH Performance Tracking Measures Indicator Set is a unique indicator set in PSYCKES because it is calculated by the NYS Department of Health (DOH) on "mature" Medicaid data and sent to OMH to display in the PSYCKES application. DOH calculates the QARR Performance Tracking Measures set after a 6-month billing data maturation period to allow for services to be invoiced. The measures are based on a 12-month period of services.

**Technical Specifications Documents**

- [Health Home Care Management – Adult](#)
- [Quality Assurance Reporting Requirements \(QARR\) Improvement Measure](#)
- [Hospital Readmission](#)
- [High Utilization](#)
- [Preventable Hospitalization](#)
- [General Medical Health](#)
- [Treatment Engagement](#)
- [Polypharmacy](#)

Figure 2. Quality Indicator Definition

## Customizing My QI Reports

### Sorting PSYCKES Data

Data in the Quality Indicator table can be sorted by clicking on the heading name of each column. Clicking once will sort in ascending order, clicking a second time will sort in descending order. For example, to sort the indicators by the number of individuals who are flagged for a particular quality concern, click on “# with QI Flag” (Figure 3).

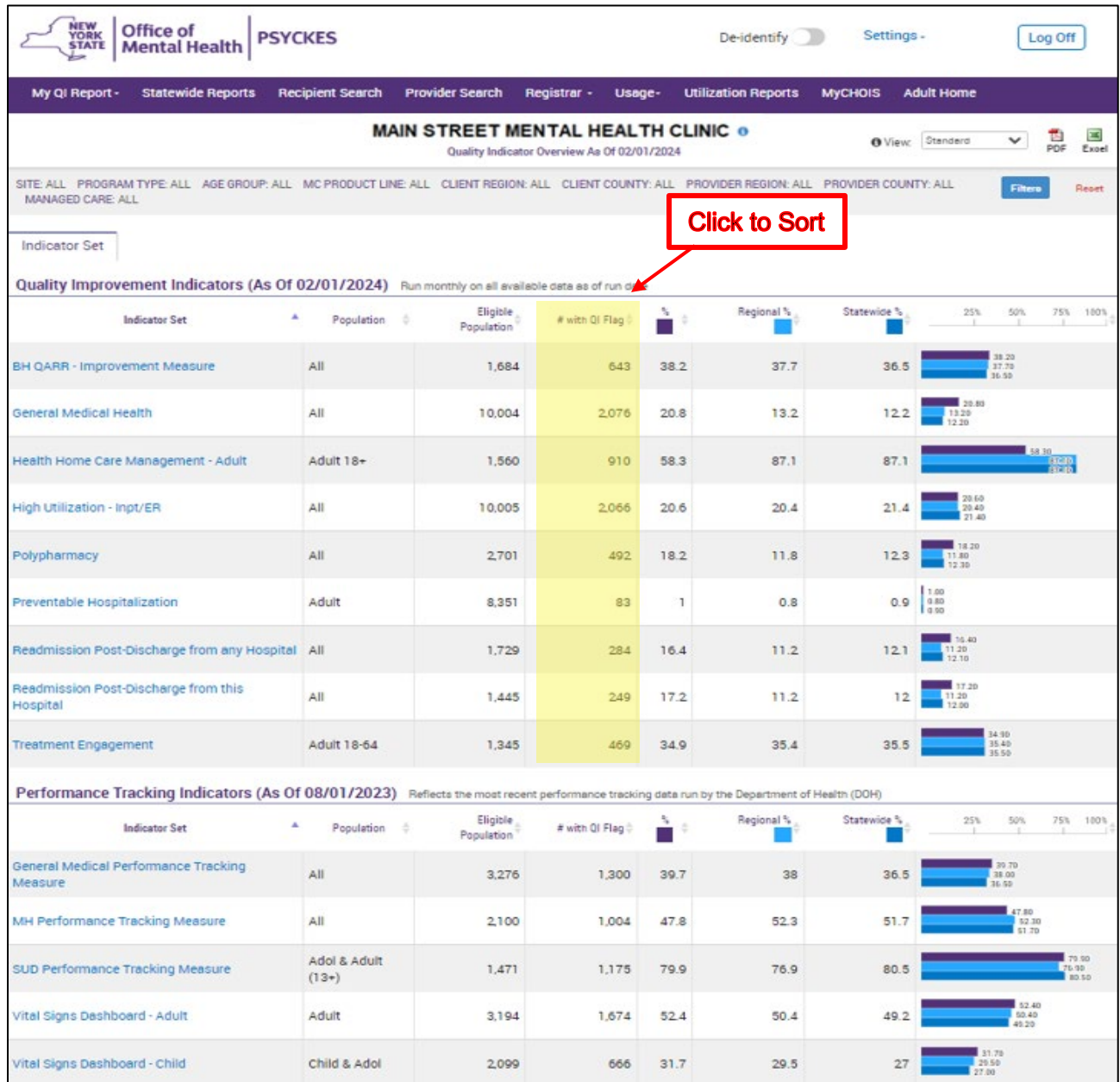



Figure 3. My QI Report: Sorting PSYCKES-Medicaid Data

## Modify Filter

Information in the My QI Report can be customized using the "Filters" option (Figure 4). If filters are applied, the provider agency's information, as well as regional and state level comparison rates will change to reflect those filters. For example, if a user chooses to view only mental health clinic programs within the agency, the regional and state performance rates will change to reflect only clinic programs providing mental health services.

 Please note, "Program Type" will only display the program types in which the organization bills for.

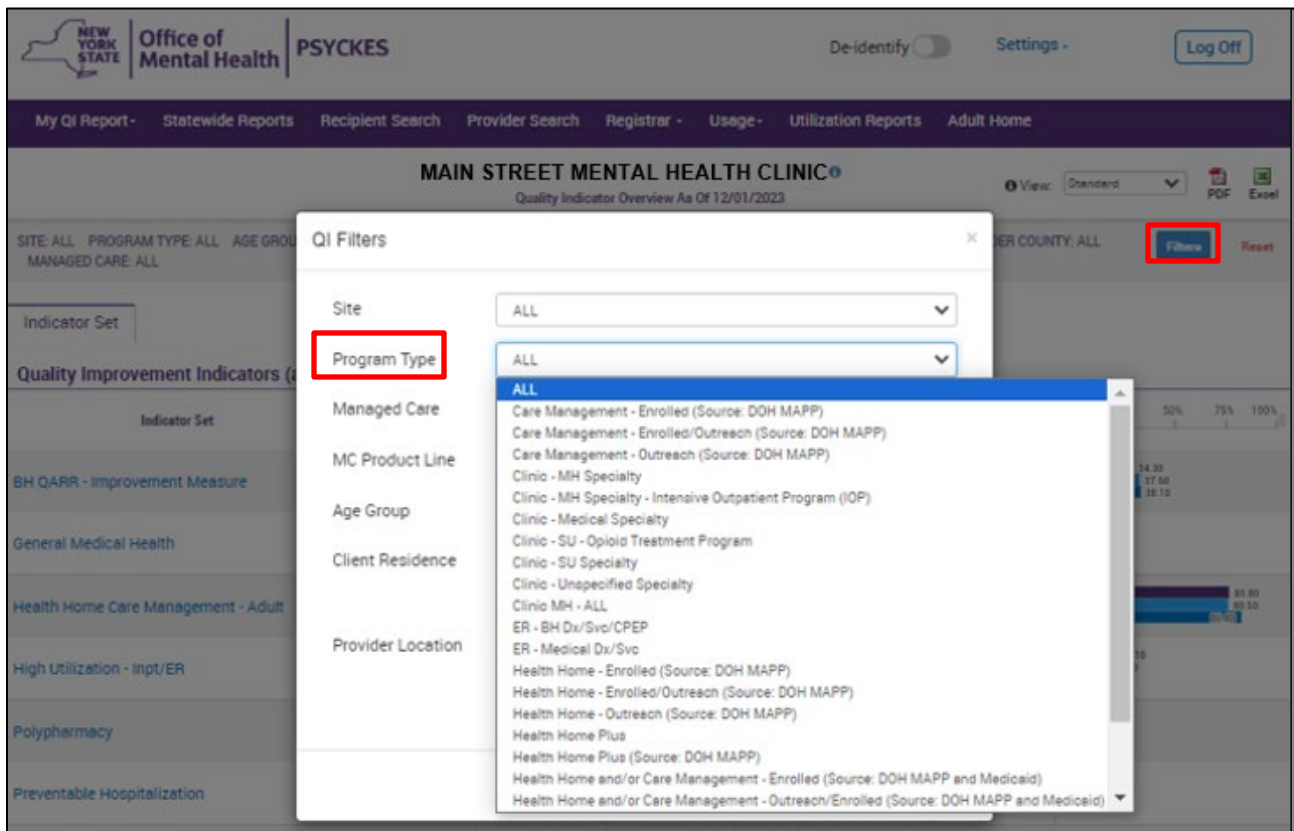


Figure 4. My QI Report: Modify Filter

The options available in “Filters” are listed in the table below:

FILTER	CONTENT
Sites	List of sites associated with the provider agency, if location of service is available on the Medicaid claim.
Program Type	List of program types billed by the provider agency.
Managed Care	List of managed care organizations.
MC Product Line	List of managed care product lines (i.e. HARP, SNP, etc.)
Age Group	All, Adult (18+), Youth (0-17).
Client Residence	List of client’s regions and counties in which they reside according to Medicaid.
Provider Location	List of provider regions and provider counties in which the provider agency provides services.

Click “Apply” after making a filter selection to generate a Quality Indicator report based on the selected filters. To change filters, click “Reset” (Figure 5).



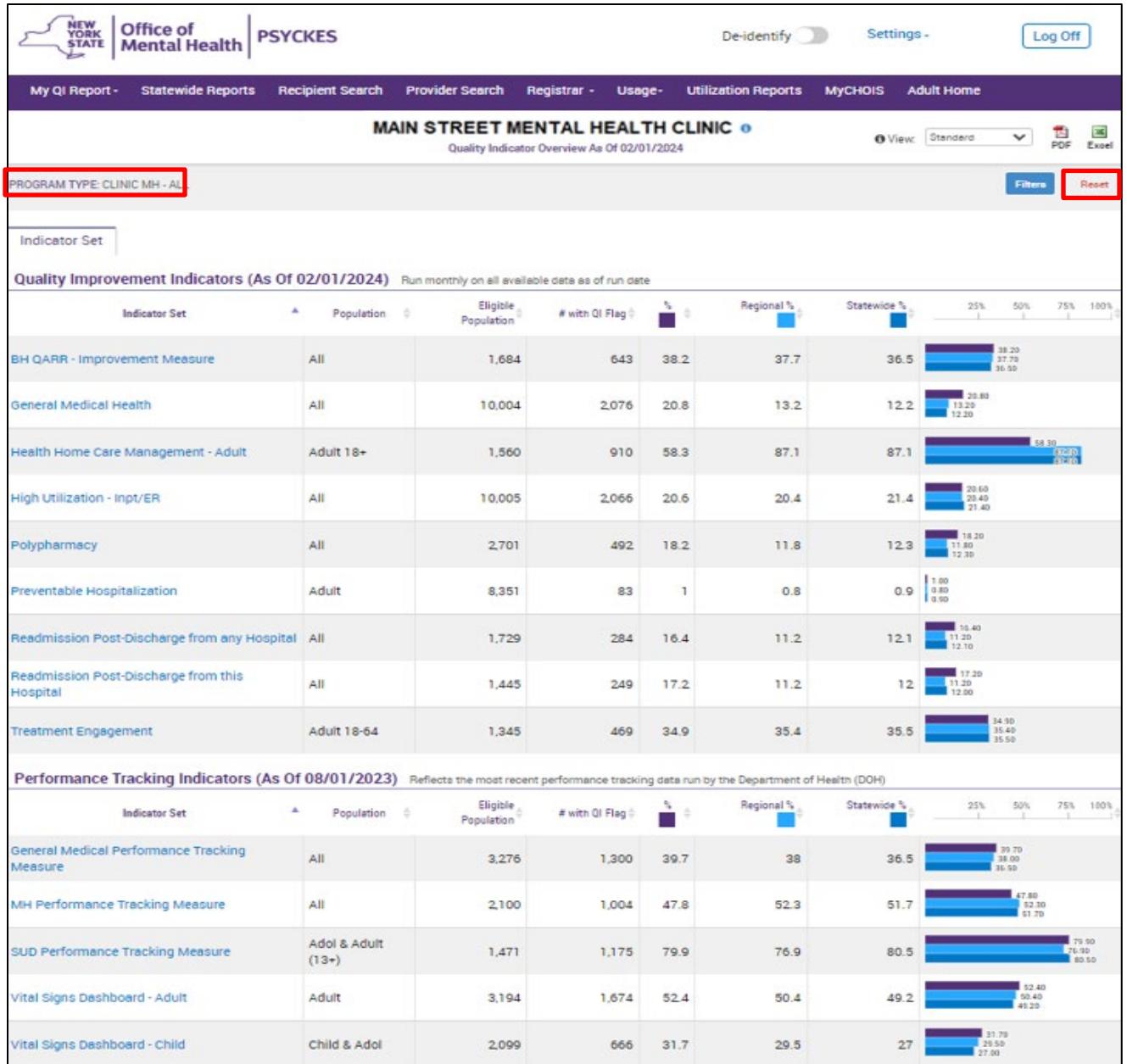


Figure 5. My QI Report: Selecting Filters

## View Options

My QI Report has a “View” capability, currently with two options: “Standard” (default) and “Race and Ethnicity.” To change the view, users can select the drop-down in the upper right corner of My QI Report (Figure 6).

## Race and Ethnicity View

This view, available for both the "Indicator Set" and "Indicator" tabs, displays the percentage and number of clients flagged for each of the quality indicators, broken out by different race and ethnicity groups. In the table, the columns displayed for each quality indicator include details regarding recipients flagged: Total (for this agency),

Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. The race/ethnicity view is applied to both the numerator and the denominator to calculate each percentage. A bar chart to the right of the table offers another way to review the data in this view.

Within the race/ethnicity view, the “Total” column will display information about the number of recipients with QI Flag (also known as the numerator.) If a user wants to know the specific number of the eligible population for said flag (also known as the denominator), they could do one of two things:

- a) Hover over the 'Total bar' in the graph and would see both the numerator as well as the denominator displayed
- b) Export to Excel which will display the numerator, denominator, and percentage information for each of the groups within the race and ethnicity view, which includes the eligible population

In this report, clients who identified more than one race in their Medicaid registration are represented in the “Multiracial” group only. Clients who identified Hispanic or Latinx as their ethnicity are represented in the “Hispanic or Latinx” group only. Clients for which race is unknown are included in the "Total" number but are not represented in a separate race/ethnicity group. When the “Race and Ethnicity” view is selected, the Excel export displays the numerator, denominator, and percentage information for each of the groups.

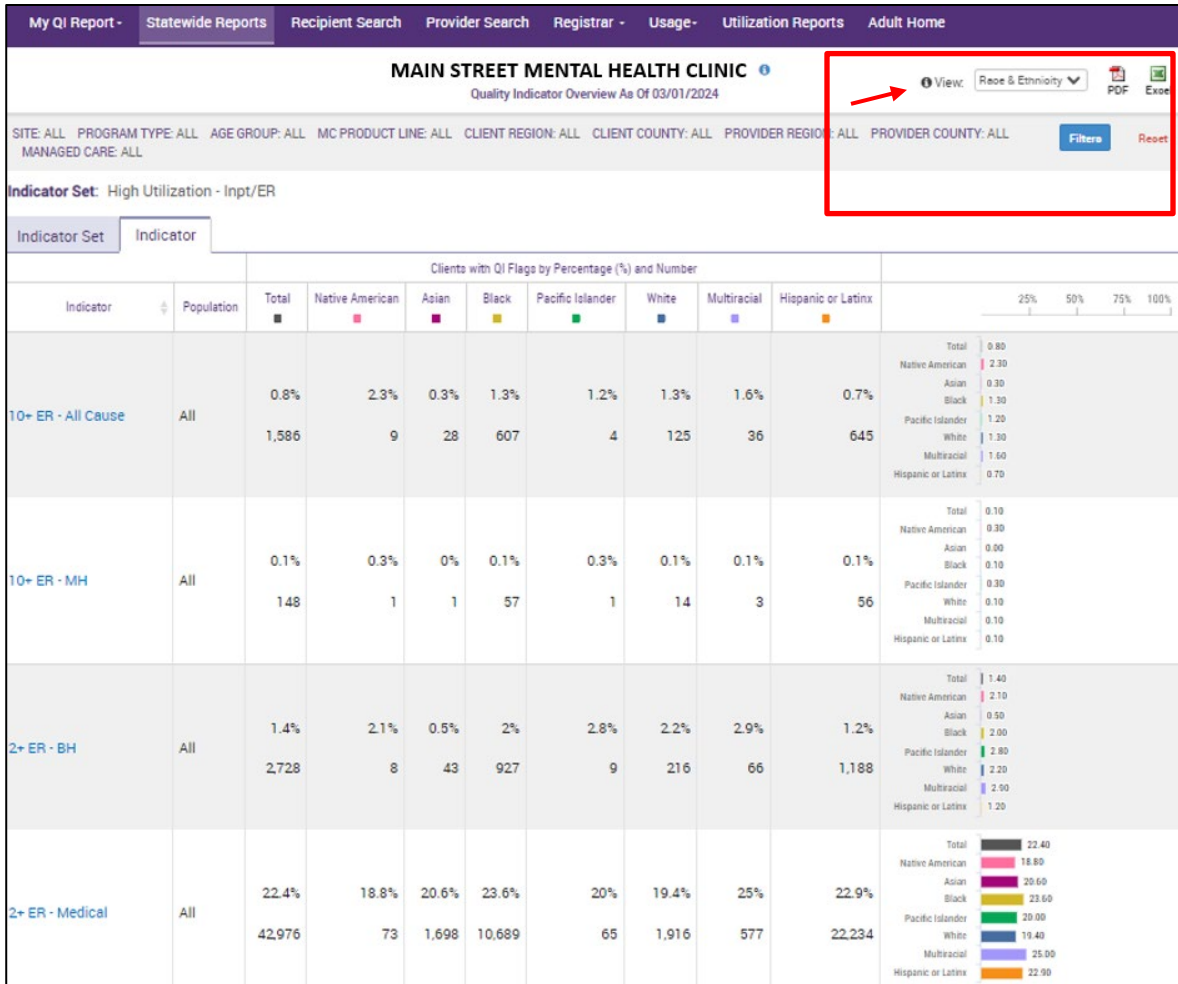


Figure 6. Race and Ethnicity View

## Description of My QI Report Tabs

### Indicator Set

The different tabs in the My QI Report screen allow users to review agency and client level data within a given quality indicator set. Individual indicators are grouped by type and placed in an Indicator Set. (Figure 7).

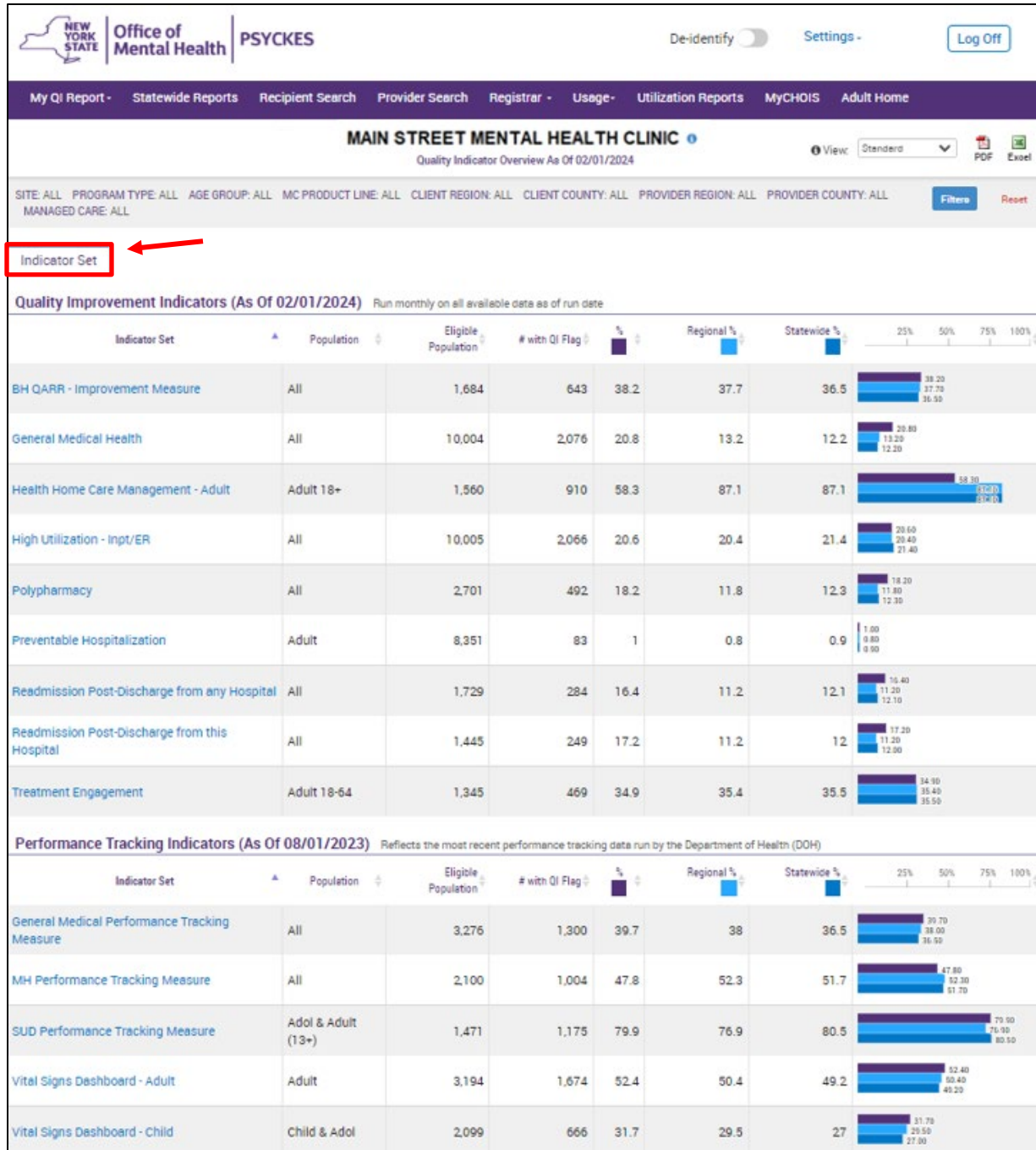


Figure 7. My QI Report: Indicator Set Tab

### Indicator

Within each indicator set, there will be sub-indicators as well as the indicator set summary. Below is an example of selecting the Preventable Hospitalization option from the “Indicator Set” tab. The measures include Prevent Hosp Asthma, Prevent Hosp Dehydration, Prevent Hosp Diabetes, as well as Prevent Hosp Summary. Click on a desired indicator set name, to view a set of sub-indicators, including the summary

indicator, under the Indicator tab (Figure 8). To select a different indicator set, simply click on the “Indicator Set” tab and choose again.

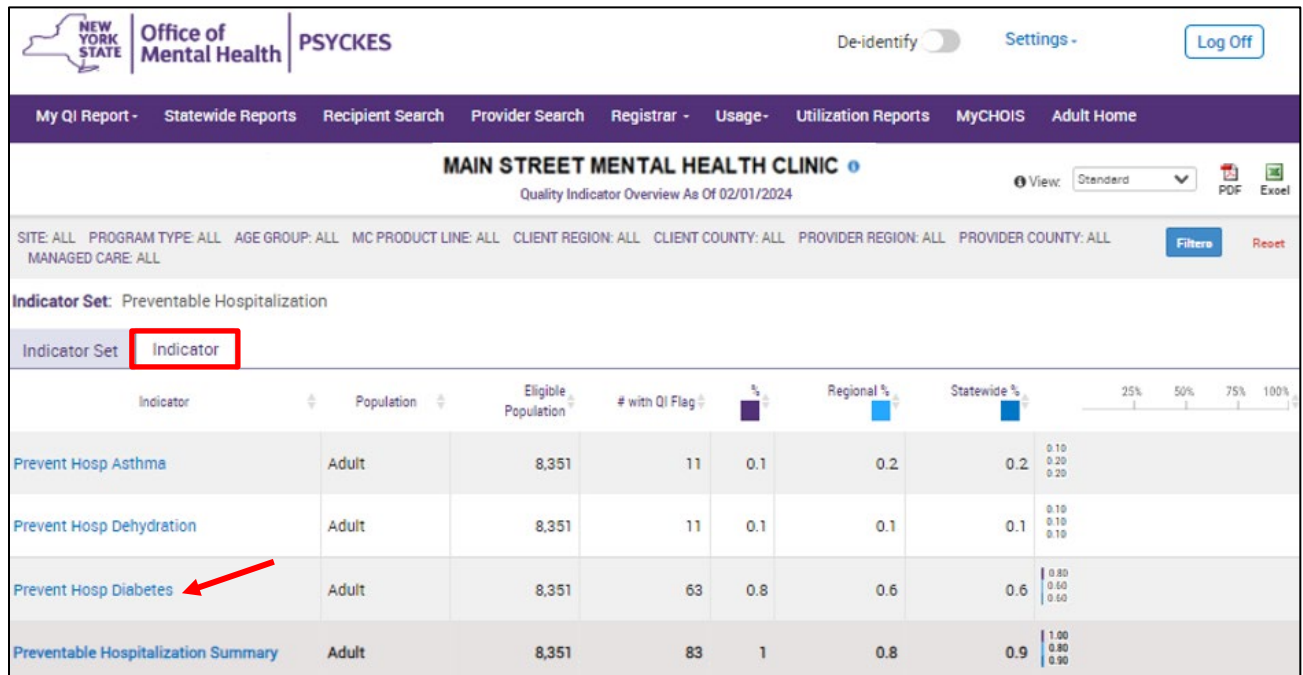


Figure 8. My QI Report: Indicator Tab: Preventable Hospitalization Summary

Upon selecting a specific sub-indicator name or “summary,” a series of tabs will be displayed (Figure 9). The page defaults to the tab that contains a list of unduplicated recipients who meet criteria for the selected sub-indicator or summary indicator. Users can click on any of the tabs to view detailed information.

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag	
REFWSVM Qqb0VE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ				Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access	Enable Access
VqbMUqZO REFWSUQ	WUqoODUsNue	MDIIM9EIMTauN6				Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access
QaVOTaVUVA QqzOUrRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ				White	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA				Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access
SazITbNPT6 SaVSTUFJTau	UrAsOTAnOUU	MTIIM9aIMTauM6				Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access	Enable Access

Figure 9. My QI Report: Expanded Tabs for Summary Indicator

### Site

The **Site** tab displays prevalence information by site (Figure 10 ). It lists the site name, site address, program type, eligible population (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator. Click on a specific site in order to display a “Site’s Recipients” tab that shows recipients who were served at that site location, who meet criteria for the selected indicator.

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag		
Not Available	Not Available	Not Available				ER - MH CPEP	454	3	0.7
Not Available	Not Available	Not Available				Inpatient - MH	599	10	1.7
Not Available	Not Available	Not Available				Inpatient - SU	233	7	3
Not Available	Not Available	Not Available				Clinic MH - ALL	1,651	11	0.7

Figure 10. My QI Report: Site Tab

### HH/CM Site(s)

For Health Home and Care Management programs only, there is an additional tab in the QI Overview reports called the HH/CM Site(s) that will be displayed after selecting a specific indicator (Figure 11).

The “HH/CM Site(s)” tab provides information on recipients enrolled in a Health Home or Care Management program and the source is the DOH HH/CM table, **not** Medicaid billing. To view information in this tab, before selecting an indicator, keep the “Program Type” filter set to “All,” or click “Modify Filter” and select “Care Management – Enrolled (Source: DOH)” or “Health Home – Enrolled (Source: DOH).”

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag	
		Green Clinic	123 MAIN STREET			Care Management - Enrolled (Source: DOH MAPP)	277	9	3.2
		Yellow Medical Center	546 MAIN STEET			Care Management - Enrolled (Source: DOH MAPP)	90	0	0
		Green Clinic	123 MAIN STREET			Care Management - Enrolled (Source: DOH MAPP)	118	2	1.7
		Red Hospital	546 MAIN STEET			Care Management - Enrolled (Source: DOH MAPP)	137	0	0

Figure 11. My QI Report: HH/CM

### MCO

The MCO tab provides the complete number of those on a Managed Care Plan that are part of the eligible population for a QI flag and the number with a QI flag. The report includes the managed care plan name, the total agency MCO census, eligible

population for QI flag (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator (Figure 12). To view an MCO plan’s list of clients, click on the managed care name. This will generate a list of all clients currently enrolled or recently disenrolled in that MCO plan with that specific QI flag

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De-identify  Settings - Log Off

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage- Utilization Reports MyCHOIS Adult Home

**MAIN STREET MENTAL HEALTH CLINIC**

Quality Indicator Overview As Of 02/01/2024

View: Standard PDF Excel

SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL Filters Reset

Indicator Set: Preventable Hospitalization Indicator: Preventable Hospitalization Summary

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Managed Care Name	Total Agency MCO Census	Eligible Population for QI Flag	# with QI Flag	%				
Village Senior Services Corporation	88	88	1	1.1				
Archcare	50	50	0	0				
Aetna	23	22	2	9.1				
Affinity Health Plan	1	1	0	0				
Molina Healthcare of New York	401	273	3	1.1				
CDPHP	1	1	0	0				
MetroPlus Health Plan	413	330	2	0.6				
Centers Plan for Healthy Living	159	159	0	0				
Senior Whole Health of NY	55	54	2	3.7				
VNSNY Choice Select Health	85	82	2	2.4				
ElderServe Health, Inc dba RiverSpring Health Plans	150	147	1	0.7				
Fidelis Care New York	1634	1,194	9	0.8				

Figure 12. My QI Report: MCO Tab

### Attending

The Attending tab provides an unduplicated attending list associated with the agency. The report includes the attending name, license number, and aggregated data associated with quality indicators, including eligible population (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator.

*Note:* The Medicaid database does not include any information linking an attending to sites. When a place of service submits a claim to Medicaid, they include an "attending physician" on the claim. PSYCKES uses this "attending physician" field to associate the physician to the place of service. The physician listed on the claim in the attending field is the physician displayed in the Unduplicated Prescriber tab. Any other attending will be listed under "OTHER". Additionally, when a clinic or place of service does not complete, or incorrectly completes, the "attending physician" field on the Medicaid claim, the



provider will be displayed as “OTHER” in PSYCKES. Users can “Enable Access” within the My QI Report’s “Recipients” tab

To view an attending’s list of clients with a quality flag, click on the attending name. This will generate a list of all clients with a quality flag for whom the attending had written a medication order under the Attending’s Recipients tab

## Recipients

The **Recipients** tab is an unduplicated list of all the clients who received services at an agency within the past 9 months and meet criteria for the selected indicator (Figure 13). Users will only be able to access client’s clinical summaries if there is a consent/ER level of access in place.

This report includes the client’s:

- **Name:** clicking a client’s name will link to the client’s Clinical Summary
- **Medicaid ID**
- **Date of birth**
- **Quality Flags:** all indicators for which the individual meets criteria (displayed in abbreviated form)
- **Race & Ethnicity**
- **Current PHI Access**
- **Enable Access** (detailed below)

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access			
REFWSVM QqbOVE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access	Enable Access		
VqbMUqZO REFWSUQ	WUQoODUsNue	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access		
QaVOTaVUVA QzOURBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	White	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access		
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access	Enable Access		
SazITBNPT6 SaVSTUFJTaU	UrAsOTAnOUU	MTIIM9aIMTauM6	Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access	Enable Access		

Figure 13. My QI Report: Unduplicated Recipients Tab

## New QI Flag

By default, the **New QI Flag** tab displays a list of clients who were flagged for the selected indicator in the last one month (Figure 14). These clients represent potential new cases for review. Users can also view a list of clients who were flagged for the selected indicator in the last three months by selecting the “3 Months” radio button, located above the New QI Tab, on the right. The information provided under the New QI Flag tab includes the client’s:

- **Name:** clicking a client’s name will link to the client’s Clinical Summary
- **Medicaid ID**
- **Date of birth**
- **Current quality flags:** all indicators for which the individual meets criteria as of the report date
- **New quality flags:** the indicators for which the individual has been flagged for in the last one month or three months
- **Medications (BH; excludes enhanced PHI):** all active behavioral health psychotropic medications for the individual as of the report date
- **Most recent behavioral health outpatient attending**

The screenshot displays the 'My QI Report' interface for 'MAIN STREET MENTAL HEALTH CLINIC'. The 'Indicator Set' is 'Preventable Hospitalization' and the 'Indicator' is 'Preventable Hospitalization Summary'. A filter for 'Show new/dropped for last:' is set to '1 Month'. The table below lists client data with columns for Recipient, Medicaid ID, DOB, Current Quality Flags, New Quality Flags, Medications, and Most Recent BHO outpatient attending.

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Attending's Recipients	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Current Quality Flags	New Quality Flags	Medications (BH; excludes enhanced PHI)	Most Recent BHO outpatient Attending			
TUFJRUnMQVJP SazTRVBI	QqUqQTQTFE	MD2JM9YIMTatMA	MH Plcmt Consid. PrevHosp-DM	PrevHosp-All, PrevHosp-DM	ELIO ESPIRIDION PECAOCO JR				
SEzST6 Sbi SazTRVBI Vm	QqimMpEqMUy	MTEIMDEIMTatMm	2+ Inpt-Medical, High MH Need, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM	2+ Inpt-Medical, PrevHosp-All, PrevHosp-DM	DIAZEPAM, MIRTAZAPINE	None Identified			
QU3JTaE Qq7JSqFPREBMSUq	RqQtN9QrMVI	MDUIMDQIMTarM6	Breast Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), PrevHosp-Asthma	PrevHosp-All, PrevHosp-Asthma	None Identified				
UEVSRVfku6 UEVEU8y			2+ ER-BH, 2+ ER- Medical, 2+ Inpt- Medical, 4PP(A), Colorectal Screen Overdue (DOH), PrevHosp-All	2+ ER-BH, 2+ ER- Medical, 2+ Inpt- Medical, 4PP(A), Colorectal Screen Overdue (DOH), PrevHosp-All	BUPROPION HCL, ESCITALOPRAM OXALATE, GABAPENTIN				

Figure 14. My QI Report: New QI Flag Tab

## Dropped QI Flag

By default, the **Dropped QI Flag** tab identifies individuals who were flagged for a given quality concern last month but who were not observed in the current month (Figure 15). It is important to note that there may be several reasons why a person might show up as having been dropped for a quality concern.

Users have the option of looking at a list of clients for whom the selected quality indicator has been dropped in the last one month or three months by selecting the appropriate radio button, located above the Dropped QI Tab, on the right. There is a column in the Dropped QI Flag tab that indicates for each recipient what month they were dropped.



### Possible reasons that a client may be dropped for a particular quality concern:

- ❖ **Inclusion criteria:** client no longer meets inclusion criteria for their quality concern.
- ❖ **9 month look-back:** client may not have had a service at the provider agency within the past 9 months from the “as of” report date
- ❖ **Medicaid eligibility:** client’s data may not appear in the Medicaid database due to change in eligibility status.
- ❖ **Medication(s) pick up:** client failed to pick up medication(s) at the pharmacy.

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Attending's Recipients	Recipients	New QI Flag	Dropped QI Flag
	Recipient	Medicaid ID	DOB		Current Quality Flag		Dropped Quality Flags	Most Recent BH Outpatient Attending	Month Dropped
QbJPVqu RqFSWQ	VVApNDAsMqe	MDEIMDIIMtasM6			Colorectal Screen Overdue (DOH)		2+ Inpt-Medical, PrevHosp-All, PrevHosp-DM, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	None Identified	02/01/2024
JqVMTEVSUm Rr3FTaRPTFDO S6	Vq2oN9asMVe	MTIIM9AJIMTarOQ					2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, Adher-AP (DOH), Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HARP No Assessment for HCBS, HARP No Health Home, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, PrevHosp-All, PrevHosp-DM, Readmit 30d - RH to All Cause	None Identified	02/01/2024

Figure 15. My QI Report: Dropped QI Flag Tab

## Enable Access in My QI Report

Users can “Enable Access” within the My QI Report’s Recipients tab for a client with “No Access” as their current PHI level of access (Figure 16.)

The screenshot shows the 'My QI Report' interface for 'MAIN STREET MENTAL HEALTH CLINIC'. The 'Recipients' tab is selected, displaying a table of clients. A red box highlights the 'Current PHI Access' column, which shows 'No Access' for all listed clients. Next to each 'No Access' entry is a blue 'Enable Access' button with a lock icon. A red arrow points to the top-right corner of the table area.

Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access
REFWSVM QqBOVE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access <a href="#">Enable Access</a>
VqbMUqZO REFWSUQ	WUqoODUsNue	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
QaVOTaVUVA QzOUrRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	White	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
SazITbNPT6 SaVSTUFJTaU	UrAsOTAnOUU	MTIIM9aIMTauM6	Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access <a href="#">Enable Access</a>

Figure 16. My QI Report: Enable Access

**PHI Access for Smith, John (M - 57)**

Select the level of access [About access levels](#)

**The client signed consent**

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH Health Home Patient Information Sharing Consent

**Provider attests to other reason for access**

- Client gave Verbal PSYCKES Consent
- This is a clinical emergency

**Provider attests to serving the client**  
Will link client to your agency, but will not provide access to clinical summary

- Client is currently served by or being transferred to my agency

[Cancel](#) [Next](#)

Figure 17. Enable PHI Access: Consent

**PHI Access for SMITH, JOHN (M - 57)**

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C  
Date Of Birth: 01/01/1967  
Address: 123 MAIN STREET BROOKLYN, NY 12345

How do you know this is the correct person?

- Provider attests to client identity
- Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1:

Identification 2:

MAIN STREET CLINIC will be given access to all available data for 3 years (renews automatically with billed service).

[Previous](#) [Cancel](#) [Enable](#) [Enable and View Clinical Summary](#)

Figure 18. Client Identity Attestation of Consent

## Export QI Reports to Excel or PDF

The QI Overview reports can be exported to Excel or PDF, by clicking on the appropriate icon, located near the upper right-hand corner of the screen (Figure 19). Information from a specific tab or all tabs can be exported. After clicking the appropriate icon (PDF or Excel), an export option box will appear in which the user can select the section(s) to export (Figure 20). Check the “Select All” check box to select all sections.

### Excel Export

An Excel version of the Recipients tab can serve as a “master spreadsheet” tool for Quality Improvement projects. For example, you can add new columns to your Excel spreadsheet of recipients to accommodate new information, such as date of next medication visit.

### PDF Export

A PDF version of the Recipients tab provides a printer-friendly format.

The screenshot shows the PSYCKES interface for the 'MAIN STREET MENTAL HEALTH CLINIC'. At the top right, there are 'De-identify' and 'Settings' options, and a 'Log Off' button. Below the navigation bar, the report title is 'MAIN STREET MENTAL HEALTH CLINIC' with a sub-header 'Quality Indicator Overview As Of 02/01/2024'. A 'View:' dropdown menu is set to 'Standard'. To the right of the dropdown, there are two icons: a PDF icon and an Excel icon, both of which are highlighted with a red box and a red arrow. Below these icons are 'Filters' and 'Reset' buttons. The main content area shows a table with columns for 'Indicator Set', 'Indicator', 'Site', 'HH/CM Site(s)', 'MCO', 'Attending', 'Recipients', 'New QI Flag', and 'Dropped QI Flag'. The 'Recipients' tab is selected, and the table displays several rows of recipient data with columns for 'Recipient', 'Medicaid ID', 'DOB', 'Race & Ethnicity', 'Quality Flags', and 'Current PHI Access'. At the bottom right of the table, there are navigation buttons: 'First', 'Previous', '1', 'Next', and 'Last'.

Figure 19. Export QI Report to Excel or PDF

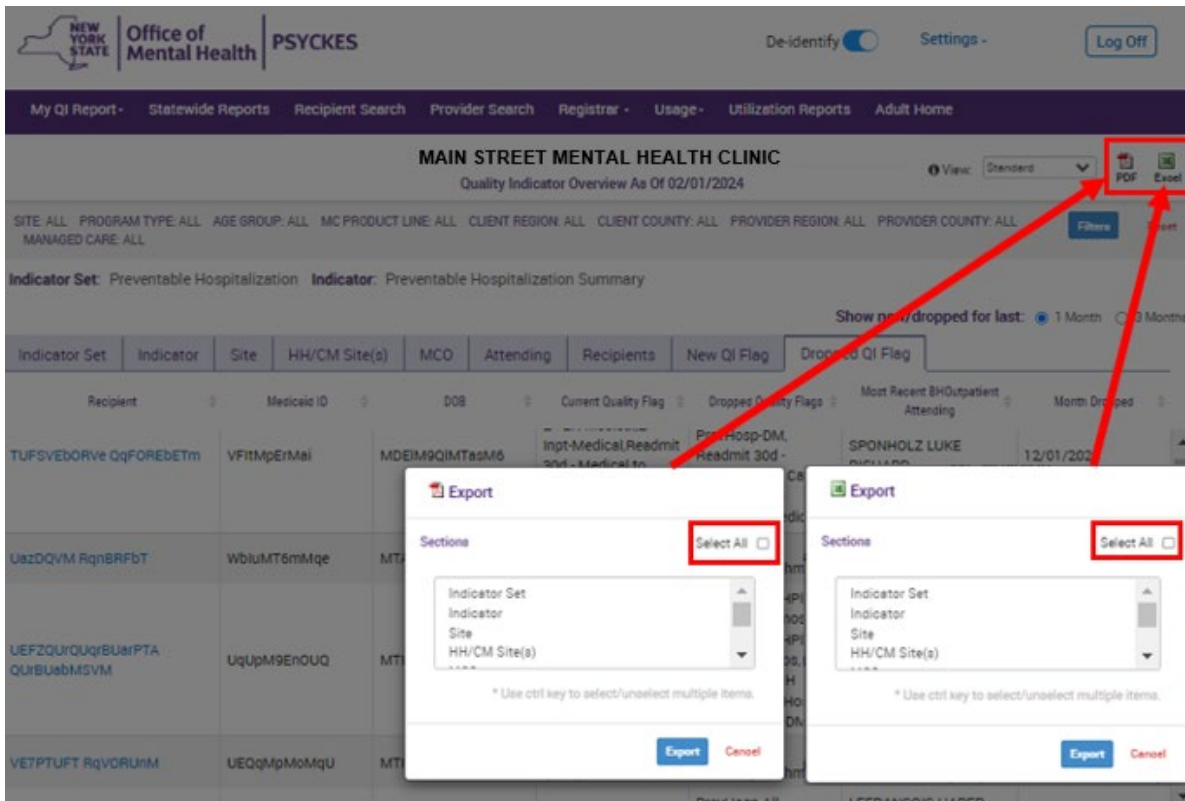


Figure 20. Export Options

## De-Identifying Data

The De-Identify function allows PSYCKES-Medicaid users to scramble client names and other identifying information (e.g., Medicaid IDs, date of birth, age). This function may be useful in training, staff presentations, and other situations where a user would like to show PSYCKES-Medicaid reports to individuals outside the treatment team.

### Provider-Level Users

To de-identify data, check the “De-Identify” checkbox before selecting the desired indicator located in the upper right corner of the PSYCKES screen.

### State-Level Users

By default, the “De-identify” data checkbox will be checked for State-Level users. To view identifying information, uncheck the “De-Identify” checkbox.

The screenshot shows the PSYCKES application interface. At the top right, the 'De-identify' checkbox is highlighted with a red box and a red arrow. Below the navigation bar, the main content area displays a table for 'MAIN STREET MENTAL HEALTH CLINIC'. The table has columns for Recipient, Medicaid ID, DOB, Race & Ethnicity, Quality Flags, and Current PHI Access. The table contains five rows of data, each with an 'Enable Access' link in the 'Current PHI Access' column.

Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access
REFWSVM QqbOVETZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access <a href="#">Enable Access</a>
VqbMUqzO REFWSUQ	WUqoODUsNue	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
QaVOTaVUVA QqzOUrRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	White	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbe	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access <a href="#">Enable Access</a>
SaZITbNPT6 SaVSTUFJTaU	URAsOTAnOUU	MTIIM9aIMTauM6	Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access <a href="#">Enable Access</a>

Figure 21. De-Identify Data Checkbox

### QI Trend Past Year

QI Trends Past Year is an aggregated data report of Quality Indicator prevalence rates over the past 1-year period. It includes a graph and a table providing your organization’s prevalence rates each month and comparing them to region and statewide prevalence rates. Additionally, no Protected Health Information is displayed and it will not display any data in the report if the “Eligible Population” denominator for a given month is less than 20 individuals.

QI Trends Past Year can be located under the “My QI Report” tab in the navigation bar by selecting “QI Trends Past Year” (Figure 22).



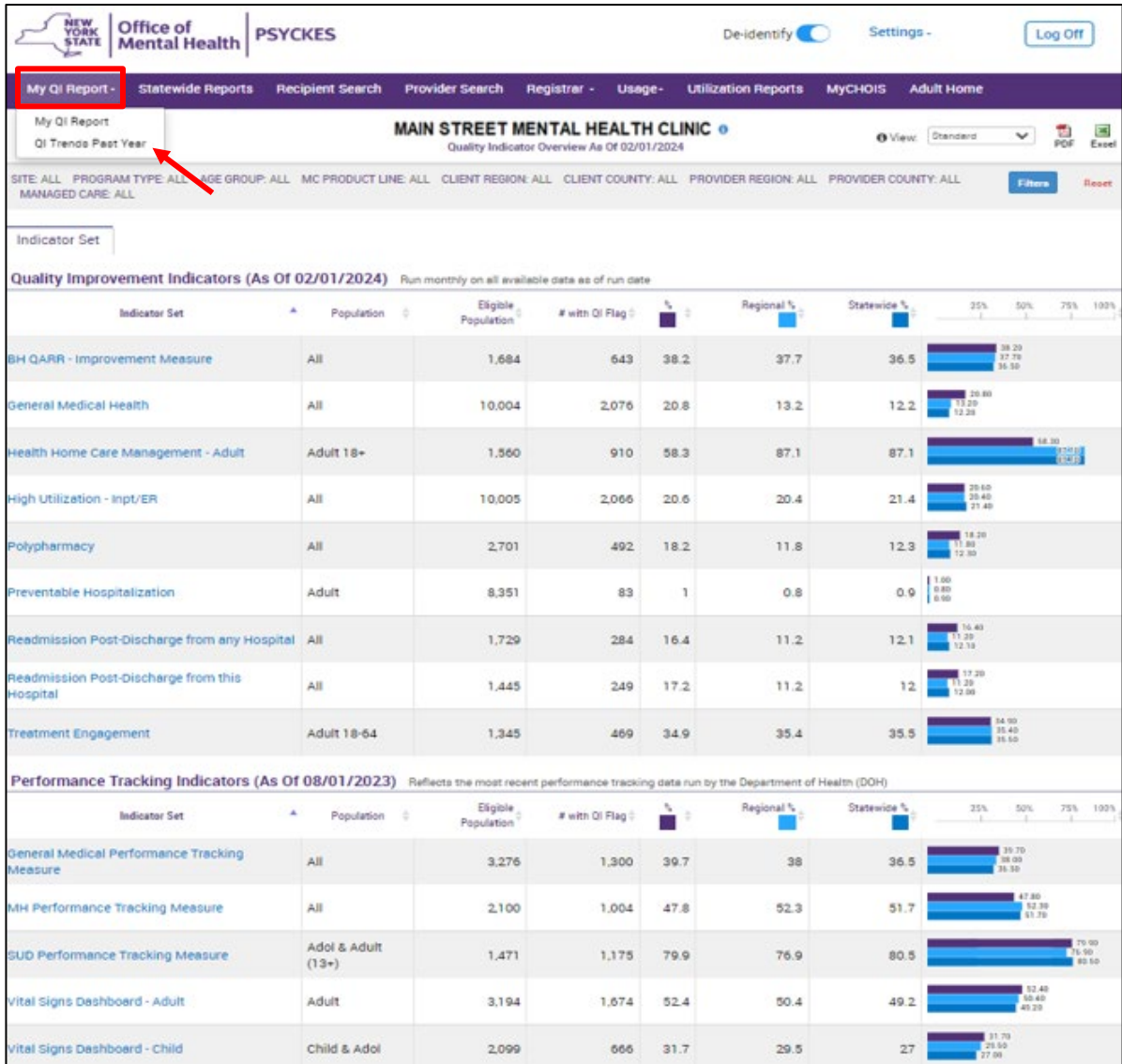


Figure 22. QI Trend Past Year

This will open a new page for quality indicator trending report. You will then have the option to select the desired provider, network, or plan from the organization drop-down menu and select both the indicator set and indicator for which you want to view prevalence rates over the past 1-year period. The following filters can be added to the report if applicable: Program Type, Age Group, Managed Care and MC Product Line (Figure 23).

The screenshot shows the PSYCKES interface. At the top left is the New York State Office of Mental Health logo. The main navigation bar includes 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'MyCHOIS'. On the right, there are 'De-identify' and 'Settings' options, and a 'Log Off' button. The 'QI Trends Past Year' section is highlighted with a red box. Below this, there are two red arrows pointing to filter sections. The first section, 'Select organization, indicator set, and indicator', contains three dropdown menus: 'Organization: Provider, Network, Plan' (set to '(STATE)'), 'Indicator Set' (set to '(All)'), and 'Indicator' (set to '(All)'). The second section, 'Modify filters (optional)', contains four dropdown menus: 'Program Type' (set to 'ALL'), 'Age Group' (set to 'ALL'), 'Managed Care' (set to '(All)'), and 'MC Product Line' (set to '(All)').

Figure 23. QI Trend Past Year Continued

The page will load with prevalence rates in both graph and tabular form. In the graph, you can hover over the dots for that specific time frame and a window will appear listing the organization’s name, the report date, the number with quality flag, the eligible population, and the prevalence rate. It will indicate this information for the region and that state as well (Figure 24). When viewing the QI Trends Past Year data, if your organization’s prevalence rate is declining over time, that means fewer individuals are being flagged for that specific treatment concern or medication issue. If you see your organization’s prevalence rate increasing over time, there could be an opportunity for improvement.

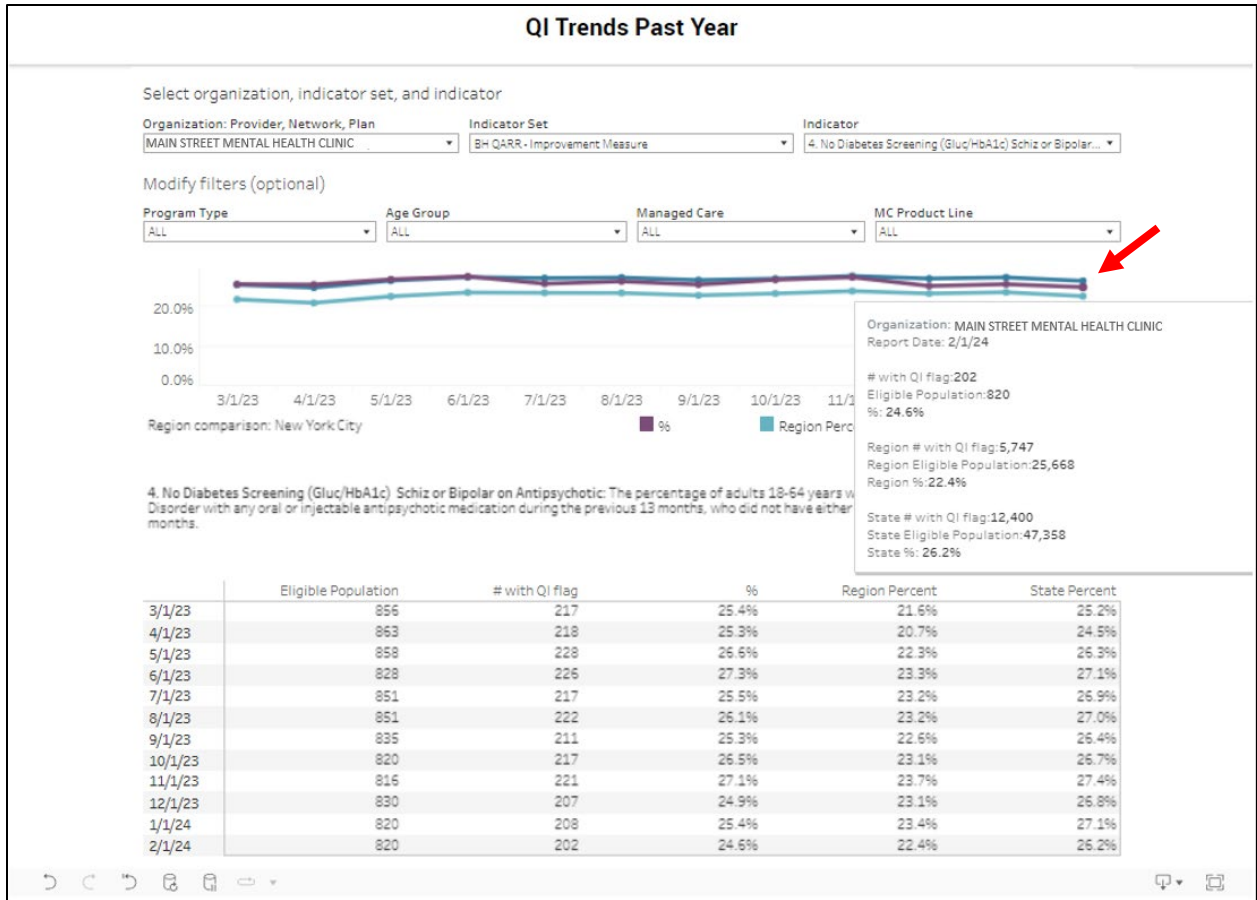


Figure 24. QI Trend Past Year Graph