



Office of
Mental Health

Brief Instructions for Using
PSYCKES-Medicaid
in Clinical Settings

Access to Client Data

① **Automatically**: Client had a billed service at the agency within the past 9 months and are positive for a quality indicator

- ❖ Allows access to client level data *not including* data with special protections (substance use, HIV, genetic information, family planning)

② **Manually**: Through the Enable PHI Access Module or Recipient Search

- Signed consent
- Emergency (limited duration, 72 hours)
- Attest client is served by / being transferred to agency prior to billing and/or signed consent
- ❖ Consent grants access to all client level data including clients not yet linked to your agency/hospital through Medicaid billing and those not positive for a quality flag
- ❖ *Includes* data with special protections (substance use, HIV, genetic information, family planning)
- ❖ Data is available until client is discharged (3 years after last bill) or client withdraws consent

Using the Enable PHI Access menu to enter consent and access client data

Steps:

1. Login to PSYCKES and manage access
 - Go to Registrar Menu > Manage PHI Access Menu
 - Click “Search and Enable Access”
2. Search for client in the entire PSYCKES database
 - Enter any combination of the recipient identifiers (Medicaid ID, SSN, Name, or DOB) > Click “Search”
3. Confirm recipient match and click “Enable Access” or “Update Access” link on the rightmost column
4. Select reason for having a right to access the client’s Medicaid data
 - If the client signed consent, select:
 - Client signed the PSYCKES Consent, BHCC Consent, OR DOH-5055 Adult Health Home Patient Information Sharing Consent
 - In the absence of signed consent, select:
 - This is a clinical emergency
 - Client is currently served by or being transferred to my facility
5. Indicate the way in which the client’s identity has been verified and Enable OR Enable and View Clinical Summary
 - Provider attests to client identity
 - Client provided 1 photo ID or 2 forms of non-photo ID

Manage PHI Access

Manage PHI Access

Go to the Registrar menu >
Manage PHI Access menu

Enable PHI Access

Print PSYCKES Consent form: [English](#) [Spanish](#) [Other languages](#)

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed the PSYCKES Consent Form
- Client signed the Health Home Patient Information Sharing Consent (DOH 5055, adult)
- Client signed the BHCC Patient Information Sharing Consent for specific BHCC(s)
- Client data is needed due to clinical emergency
- Client is served by/ being transferred to your provider agency

Search & Enable Access >

Click Search &
Enable Access

Provider Details

Use this function to... the number(s) displayed in the consent form before printing.

Add/Edit Details >

Search & Enable Access

Recipient Identifiers

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Enter a Recipient ID such as Medicaid ID OR a Social Security Number

OR Enter Name and DOB

Limit results to

50 ▾

Search

Reset

Click "Search"

[Manage PHI Access](#) [Modify Search](#)

1 Recipients Found



Review current level of access to this client's data. The 4 possible levels are:

- No Access
- Quality Flag
- Emergency
- Consent

Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

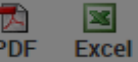
Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE, JANE F - 50	Medicaid ID: AB12345C	11/20/1970	123 MAIN ST #5 BROOKLYN, NY 12345	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, BH QARR - DOH, HHPlus No HHPlus Service, No Outpt Medical, POP High User	HIP (EmblemHealth)	No Access	Enable Access

Confirm you found the correct client

Select "Enable Access" or "Update Access" to enter consent

1 Recipients Found



PHI Access for DOE JANE (F - 50), DOB: 11/20/1970

Why are you allowed to view this data?

The client signed consent

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

The client did not sign consent

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel

Next

Select why you can view client's data, such as "Client signed a PSYCKES consent"

1 Recipients Found



[← Modify Search](#)

Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Select how client's identity was verified

PHI Access for DOE JANE (F - 50), DOB: 11/20/1970

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

select

Identification 2

- select
- U.S. Driver's License**
- Government Issued Photo ID Card
- Social Security Card
- U.S. Passport
- Credit or Bank Card
- Student ID
- U.S. Permanent Resident (Green) Card
- Foreign Passport
- Canadian Driver's License
- Employment Authorization Card (INS Form I-688A)
- Native American Tribal Document
- Voter's Registration Card
- Military Dependent's Card
- Temporary Resident Card (INS Form I-688)
- Welfare Benefit Card

MAIN STREET MENTAL
service).

automatically with billed

[Previous](#)

[View Clinical Summary](#)

Care	Current PHI Access	
(th)	No Access	Enable Access

1 Recipients Found



Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name
(Gender - Age)

Unique Identif

Care


Current PHI
Access

DOE JANE
F - 50

Medicaid ID: AB

lth)

No Access

Enable
Access 

PHI Access for DOE JANE (F - 50), DOB: 11/20/1970

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 MENTAL HEALTH 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

Select "Enable" or "Enable and View Clinical Summary"

Using Recipient Search to enter consent and access client data

Steps:

1. Login to PSYCKES and manage access
 - Go to Recipient Search
2. Search for client in the entire PSYCKES database
 - Enter any combination of the recipient identifiers (Medicaid ID, SSN, Name, or DOB) > Click “Search”
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 - In the absence of signed consent, select:
 - This is a clinical emergency
 - Client is currently served by or being transferred to my facility
5. Indicate the way in which the client’s identity has been verified and Enable OR Enable and View Clinical Summary
 - Provider attests to client identity
 - Client provided 1 photo ID or 2 forms of non-photo ID



Recipient Search

Limit results to 50 ▾

Search

Reset

Click "Search"

Recipient Identifiers

Search in: Full Database MAIN STREET MENTAL HEALTH CLINIC

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="AB00000A"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Enter a Recipient ID such as Medicaid ID OR a Social Security Number

OR Enter Name and DOB

Characteristics

Age Range <input type="text"/>	Managed Care <input type="text"/>	Provider Status <input type="text"/>
<input type="text"/>	MC Product Line <input type="text"/>	HARP Status <input type="text"/>
<input type="text"/>	Medicaid Enrollment Status <input type="text"/>	HARP HCBS Assessment Status <input type="text"/>
AOT Status <input type="text"/>	Medicaid Restrictions <input type="text"/>	HARP HCBS Assessment Results <input type="text"/>
Alerts & Incidents <input type="text"/>	DSRIP PPS <input type="text"/>	<input type="text"/>

Quality Flag as of 09/01/2020

[Definitions](#)

Services: Specific Provider as of 09/01/2020

Past 1 Year ▾

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled - (updated monthly)

Provider

11

Review current level of access to this client's data. The 4 possible levels are:

- No Access
- Quality Flag
- Emergency
- Consent


[← Modify Search](#)

1 Recipients Found

Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB	Address	Quality Flags	Managed Care Plan	Current PHI Access	
DOE JANE F - 50 AB12345C ▶	8/16/1970	123 MAIN ST #5 BROOKLYN, NY 12345	3PP(Y)	HIP (EmblemHealth)	Quality Flag	Update Access 

Confirm you found the correct client

Select "Enable Access" or "Update Access" to enter consent

< Modify Search

1 Recipients Found



Medicaid ID

Review recipients in results carefully

Name

Maximum Number of Rows Displayed: 50

PHI Access

Flag

Update Access

PHI Access for DOE JANE (F - 50)



Why are you allowed to view this data?



The client signed consent

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH-5055 Health Home Patient Information Sharing Consent

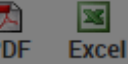
The client did not sign consent

- This is a clinical emergency
- Client is currently served by or being transferred to my facility

Cancel

Next

Select why you can view client's data, such as "client signed a PSYCKES consent"



1 Recipients Found

[← Modify Search](#)

Medicaid ID
Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB
DOE JANE F - 50 AB12345C	8/16/1968

PHI Access for DOE JANE (F - 50)

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

- select
- U.S. Driver's License**
- Government Issued Photo ID Card
- Social Security Card
- U.S Passport
- Credit or Bank Card
- Student ID
- U.S. Permanent Resident (Green) Card
- Foreign Passport
- Canadian Driver's License
- Employment Authorization Card (INS Form I-688A)
- Native American Tribal Document
- Voter's Registration Card
- Military Dependent's Card
- Temporary Resident Card (INS Form I-688)
- Welfare Benefit Card

Identification 2

MAIN STREET
for 3 years (renews

Access to all available data

[Previous](#)

[View Clinical Summary](#)

Select how client's identity was verified

< Modify Search

1 Recipients Found



Medicaid ID

Review recipients in results carefully

Maximum Number of Rows Displayed: 50

Name
(Gender - Age)
Medicaid ID

DOB

DOE JANE
F - 50
AB12345C >

8/16/1968

Current PHI Access

Quality Flag

Update Access

PHI Access for DOE JANE (F - 50)



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

Select "Enable" or "Enable and View Clinical Summary"

Previous

Cancel

Enable

Enable and View Clinical Summary

Viewing and Printing the Clinical Summary

Steps:

1. Access the Clinical Summary through the Registrar: Manage PHI Access Menu or through Recipient Search
2. For additional information on data sources included in the Clinical Summary, click “About included data sources” at the top left of the Brief Clinical Summary (default view)
3. Select desired time period for summary
 - Brief Clinical Summary (default)
 - 1 Year Summary
 - 5 Year Summary
4. Print Clinical Summary
 - Select to print to PDF, Excel, CCD at the top right of the Clinical Summary
 - In Export window, check the box to Include the Brief Overview as a cover page, select Export options, Page orientation and Sections
 - Click “Export” or “Cancel”

QURBTUVTLA QbJJRqbEQQ

Clinical Summary as of 9/27/2020



[About included data sources](#)

Brief Overview

1 Year Summary

5 Year Summary

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: MTIIM9UIMT...

Address: ND...
Tbai MTEoM...

Medicaid ID: WVAvN9YsM...

Managed Care Plan: Fi...
MC Plan Assigne...

Medicare: No

HARP Status: HARP Enrolled Tier 2 HCBS (H1 with H3)

HARP HCBS Assessment Status: Tier 2 HCBS Eligibility
(Reassess overdue)

Click "About included data sources" for more information

Select time period

Active Qual...

BH QARR - D... of 02/01/2020
No Diabetes... Using Antipsychotic

BH QARR - Improvement measure
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic

General Medical Health
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic • No Outpatient Medical Visit > 1Yr

Health Home Care Management - Adult
HARP Enrolled - Not Health Home Enrolled

High Utilization - Inpt/ER
2+ Inpatient - BH • 2+ Inpatient - MH

Diagnoses Past Year

Behavioral Health (2)
Most Recent: Schizoaffective Disorder • Schizophrenia
Most Frequent (# of services): Schizophrenia (24) • Schizoaffective Disorder (10)

Medical (5)
Most Recent: Symptoms and signs involving appearance and behavior • Symptoms and signs involving emotional state • Essential (primary) hypertension • Personal risk factors, not elsewhere classified • Persons encountering health services in other circumstances
Most Frequent (# of services): Persons encountering health services in other circumstances (4) • Symptoms and signs involving appearance and behavior (1) • Symptoms and signs involving emotional state (1) • Essential (primary) hypertension (1) • Personal risk factors, not elsewhere classified (1)

Medications Past Year

Last Pick Up

Diphenhydramine Hcl (Banophen) • Antihistamines - Ethanolamines

7/1/2020 Dose: 50 MG. 1/day • Quantity: 30

< Recipient Search

QURBTUVTLA QbJJRqbEQQ

Clinical Summary as of 9/27/2020

PDF Excel CCD

Sections

Brief Overview

1 Year Summary

5 Year Summary

This report contains all available clinical data. - D... slide

Select to export to PDF or Excel

General

Name QURBTUVTLA QbJJRqbEQQ	Medicaid ID WVAvN9YsNaE	Medicare No	HCBS (H1 with H3)
DOB MTIIM9UIMTasM6 KDUt WVJTKQ	Medicaid Aid Category SSI	Managed Care Plan Fidelis Care New York (HARP)	HARP HCBS Assessment Status Tier 2 HCBS Eligibility (Reassess overdue)
Address ND2p UabERqVXTqzE QVZF M8m QbJPTqjMWUui Tbai MTEoMD6	Medicaid Eligibility Expires on	MC Plan Assigned PCP Urena, Andres	DSRIP PPS Maimonides Medical Center PPS

POP Intensive Care Transition Services

No current episode of intensive care transition services has been opened

[Start New Episode >](#)

Quality Flags

as of monthly QI report 9/1/2020 [Definitions](#)

Recent

All (Graph)

All (Table)

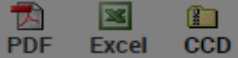
Indicator Set

BH QARR - DOH

BH QARR - DOH Performance Tracking Measure - as of 02/01/2020: [No Diabetes Screening - Schizophrenia or Bipolar Using Antipsychotic](#)

QURBTUVTLA QbJJRqbEQQ

Clinical Summary as of 9/27/2020



This report contains all available clinical data.
- Data with Special Protection Show Hide

Sections

General

Name: QURBTUVTLA QbJJRqbEQQ
WVAvN9YsNaE

DOB: MTIIM9UIMTasM6 K

Address: ND2p UabERqVXTqzL
QbJPTqjMWUui Tbai MTEoMD6

POP Intensive Care Transition Services

No current episode of intensive care transition services has been identified.

Quality Flags

as of monthly QI report 9/1/2020

BH QARR - DOH

BH QARR - Improvement Measure

General Medical Health

HARP Status
HARP Enrolled Tier 2 HCBS (H1 with H3)

HARP HCBS Assessment Status

Check box "Select All" to include all Sections OR Use ctrl key to select/unselect multiple items

Check box to include Brief Overview as a "cover page"

Select Export Options and Page Orientation

Click "Export" or "Cancel"

Export

Include Brief Overview as "cover page"

Export Options

All sections - Summary data
 Selected section(s) - Summary data
 Selected section(s) - All available data

Page Orientation

Portrait
 Landscape

Sections Select All

POP Intensive Care Transition Service

Quality Flags

Plans & Documents

Behavioral Health Diagnoses

* Use ctrl key to select/unselect multiple items.

Export Cancel

Recipient Search

QUNPUrBLA TabDTqnF

Clinical Summary as of 9/27/2020



Sections

Brief Overview

1 Year Summary

5 Year Summary

This report contains all available clinical data.

- Data with Special Protection Show Hide

General

Name QUNPUrBLA TabDTqnF	Medicaid ID WVapNDUpMUE	Medicare No	HARP Status HARP Enrolled (H1)
DOB MTIIM9AIMTasN6 KDUUp WVJTKQ	Medicaid Aid Category SSI	Managed Care Plan Fidelis Care New York (HARP)	HARP HCBS Assessment Status Never Assessed
Address MTEoMQ RbRFTEVZ QVZF MaYi QbJPTb6i Tbai MTAqNpl	Medicaid Eligibility Expires on	MC Plan Assigned PCP Singer, Jessica	DSRIP PPS Mount Sinai PPS, LLC

Current Care Coordination

Click to open PDF, then select File > Print OR save PDF *only* to a secure server

...ment Treatment Model, ACMH Treatment Apartments (ATA), ACMH, Inc. (Admission Date: 27-FEB-19), Program Contact Information: ext. 249

...y from CAIRS.

...on Services

...ent episode or intensive care transition services has been opened

[Start New Episode >](#)

Alerts & Incidents

Incidents from NIMRS, Service invoices from Medicaid [Details](#)

Table Graph

Number of