NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

PSYCKES for County Local Government Units

We will begin shortly

To hear the webinar, click “Call Me” in the Audio Connection box and enter your phone number - the WebEx system will call your phone

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Melanie Martucci
PSYCKES Medical Informatics
Office of Population Health & Evaluation
April 11, 2023

Q&A via WebEx

- All phone lines are muted
- To ask a question use the “Q&A” box in WebEx menu
  - Type question and submit to “all panelists” (default)
  - Please do not use Chat box for Q&A
- Note: slides will be emailed to attendees after webinar

Agenda

- PSYCKES Overview
- Quality Improvement with My QI Report/Statewide Reports
- Identify High Need Cohorts with Recipient Search
- Review Client-Level Details with the Clinical Summary
- Utilization Reports to Support Value Based Payment
- PSYCKES Access: LGU Statewide vs. Provider
- Training & Technical Support

PSYCKES Overview

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What is PSYCKES?

- A secure, HIPAA-compliant web-based application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making, quality improvement and population health management
- Ongoing data updates
  - Clinical Summary updated weekly
  - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (currently or previously enrolled)
  - Fee for service claims
  - Managed care encounter data
  - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral Health Population, i.e., at least one of the following:
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication
- Provides all data available – general medical, behavioral health, residential, etc.

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What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
  - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
  - New York City Department of Homeless Services (NYC DHS)
  - Health Home enrollment & CMA provider (DOH MAPP)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - MC Plan assigned Primary Care Physician (Quarterly, DOH)
  - State Psychiatric Center EMR
  - Assisted Outpatient Treatment provider contact (OMH TACT)
  - Assertive Community Treatment provider contact (OMH CAIRS)
  - Adult Housing/Residential program Information (OMH CAIRS)
  - Suicide attempt (OMH NIMRS)
  - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
  - IMT and AOT Referral Under Investigation (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or county LGU and to support clinical review and quality improvement
- When a client has an applicable quality flag, the provider is allowed access to that individual’s Clinical Summary
- Examples of current quality flags include:
  - No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - No follow-up after MH inpatient within 7 days; within 30 days
  - High utilization of inpatient/emergency room, Hospital Readmission
  - HARP Enrolled-Not Assessed for HCBS, HARP Enrolled, Not Health Home Enrolled
  - And more!

What Types of Reports Are Available?

- Individual client level reports
  - Clinical Summary: Medicaid and State PC treatment history, up to 5 years
- Provider, county, and state level reports
  - My QI Report: current performance on all quality indicators; can stratify by race & ethnicity; can drill down to clients involved
  - Recipient Search Reports: run ad hoc reports to identify cohorts of interest
  - Utilization Reports: support VBP data needs
  - PSYCKES Usage Reports: monitor PHI access by staff
- Statewide Reports
  - Can select a quality indicator and review statewide proportions by region, county, plan, provider, and program

Access to Client-Level Data

- State Level Access – All data for all recipients in PSYCKES
  - LGU leadership, state agencies
- Provider Level Access – Data for individuals linked through billing, DOH Health Home/Care Management File, or client consent
  - Providers, care managers

My QI Report

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My QI Report

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by: Program Type, MC Plan, Age
- Drill down into list of recipients who meet criteria for flag
- View Race/Ethnicity view of My QI Report
- Reports can be exported to Excel and PDF

Understanding My QI Report

- Attributing clients to agency QI reports:
  - Billing: Clients linked to provider agency if billed by agency in the past 9 months
  - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
  - Assessed by a measure, varies for each measure
  - For example, the period of observation for the High Utilization quality indicator is 13 months
- QI Reports trending over time:
  - QI Trends Past Year show the prevalence rates of quality flags by provider over time

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Standard PDF Excel

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

Filters Reset

Indicator Set

Quality Improvement Indicators (as of 03/01/2023)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	7,185	2,349	32.7	36.2	36.9	32.70 36.20 36.90
General Medical Health	All	184,420	15,957	8.7	12.6	12.6	8.70 12.60 12.60
Health Home Care Management - Adult	Adult 18+	10,253	8,113	79.1	79.5	85.8	79.10 79.50 85.80
High Utilization - Inpt/ER	All	184,517	49,143	26.6	22.5	20.9	26.60 22.50 20.90
Polypharmacy	All	16,911	2,355	13.9	15.7	12.1	13.90 15.70 12.10
Preventable Hospitalization	Adult	129,762	1,903	1.5	0.9	0.8	1.50 0.90 0.80
Readmission Post-Discharge from any Hospital	All	36,464	5,486	15	13.7	11.3	15.00 13.70 11.30
Readmission Post-Discharge from this Hospital	All	25,466	3,176	12.5	12.2	11.4	12.50 12.20 11.40
Treatment Engagement	Adult 18-64	5,823	1,947	33.4	32.3	34.7	33.40 32.30 34.70

Performance Tracking Indicators (as of 08/01/2022)

Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
MH Performance Tracking Measure	All	97,857	6,972	7.1	8.4	6.4	7.10 8.40 6.40
SUD Performance Tracking Measure	Adol & Adult (13+)	12,978	10,394	80.1	78.2	80	80.10 78.20 80.00
Vital Signs Dashboard - Adult	Adult	32,841	14,614	44.5	48.1	47.8	44.50 48.10 47.80
Vital Signs Dashboard - Child	Child & Adol	53,263	14,709	27.6	36.1	34.1	27.60 36.10 34.10

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Standard PDF Excel

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

Indicator Set: BH QARR - Improvement Measure

Indicator Set | Indicator

Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
1. Adherence - Antipsychotic (Schiz)	Adult 18-64	2,346	724	30.9	27.4	30.5	30.90 27.40 30.50
2. Discontinuation - Antidepressant <12 weeks (MDE)	Adult 18-64	1,139	435	38.2	39.8	41.1	38.20 39.80 41.10
3. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic	Child	761	411	54	61.7	64.7	54.00 61.70 64.70
4. No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic	Adult 18-64	3,079	430	14	22.4	25.2	14.00 22.40 25.20
5. Antipsychotic Polypharmacy (2+ >90days) Children	Child	448	26	5.8	5.1	4.5	5.80 5.10 4.50
6. No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz	Adult 18-64	780	203	26	33.3	34	26.00 33.30 34.00
7. Readmission (30d) from any Hosp: MH to MH	All	2,595	393	15.1	13.3	11.4	15.10 13.30 11.40
BH QARR - 2020 Quality Incentive Subset Summary (1-4)	**All**	**5,735**	**1,915**	**33.4**	**38.9**	**41.6**	33.40 38.90 41.60
BH QARR - 2020 Total Indicator Summary (1-7)	**All**	**7,185**	**2,349**	**32.7**	**36.2**	**36.9**	32.70 36.20 36.90

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

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Standard | PDF | Excel

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM T

Filters | Reset

Indicator Set: BH QARR - Improvement Measu

Indicator Set | Indicator

QI Filters

Site: ALL

Program Type: ALL

Managed Care: ALL

MC Product Line: ALL

Age: ALL

Region: ALL

County: ALL

Apply | Cancel

Indicator						Statewide %	25% 50% 75% 100%
1. Adherence - Antipsychotic (Schiz)						30.5	30.90 27.40 30.50
2. Discontinuation - Antidepressant <12 weeks (MDE)						41.1	38.20 39.80 41.10
3. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic						64.7	54.00 61.70 64.70
4. No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic						25.2	14.00 22.40 25.20
5. Antipsychotic Polypharmacy (2+ >90days) Children						4.5	5.80 5.10 4.50
6. No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz						34	26.00 33.30 34.00
7. Readmission (30d) from any Hosp: MH to MH	All	2,595	393	15.1	13.3	11.4	15.10 13.30 11.40
BH QARR - 2020 Quality Incentive Subset Summary (1-4)	**All**	**5,735**	**1,915**	**33.4**	**38.9**	**41.6**	33.40 38.90 41.60
BH QARR - 2020 Total Indicator Summary (1-7)	**All**	**7,185**	**2,349**	**32.7**	**36.2**	**36.9**	32.70 36.20 36.90

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Standard

PDF Excel

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

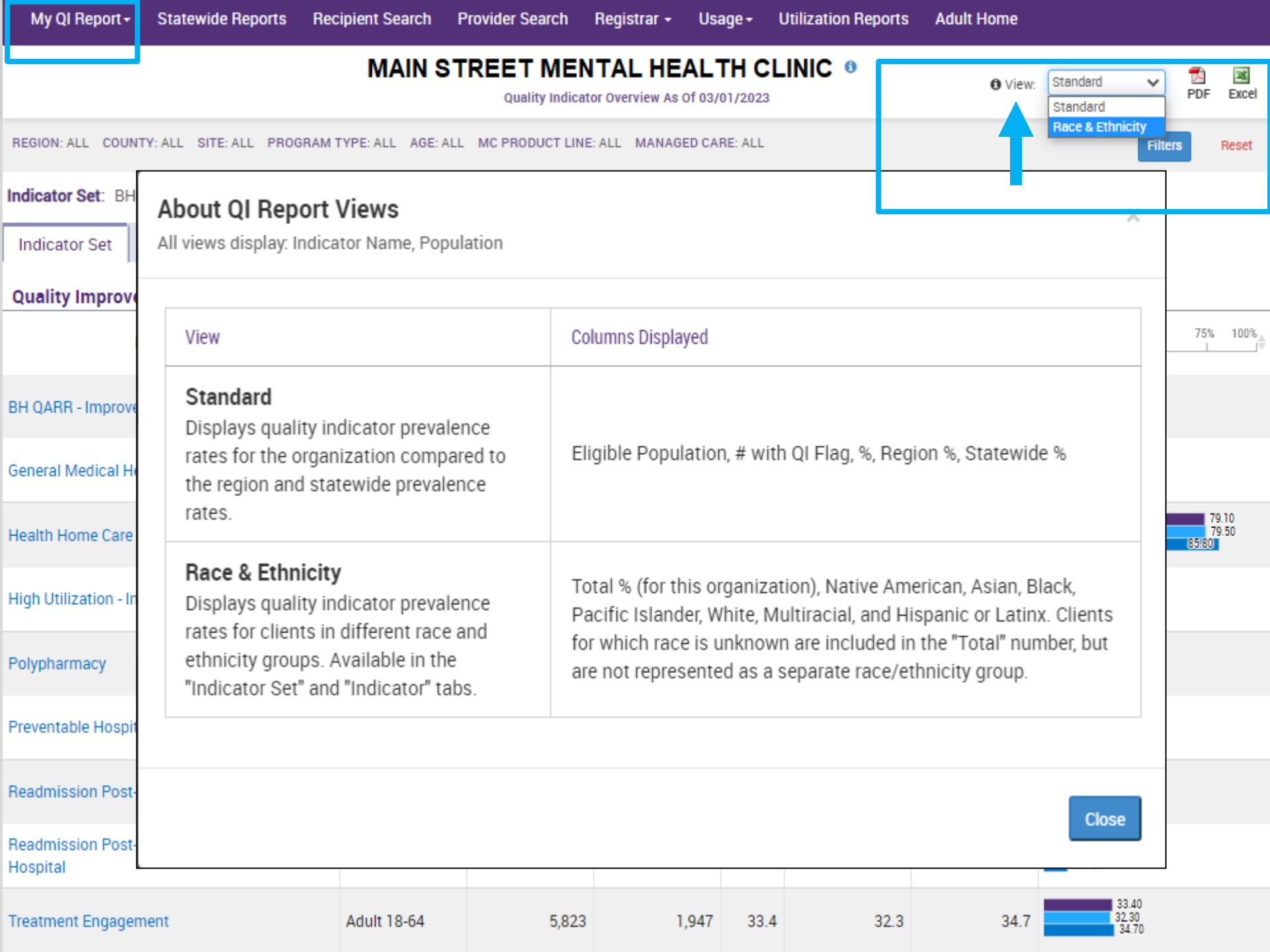
Filters Reset

Indicator Set: BH QARR - Improvement Measure **Indicator**: 4. No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic

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	Most Recent BH Outpatient Attending	Clinical Summary Last Viewed
UqFOVEzT SazTRQ QQ	WaMqMDEvMEQ	MTIIMDQIMTatMQ	Hispanic or Latinx	2+ ER-Medical, Adher-MS (DOH), HARP No Health Home, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	None Identified	No
UaFNSVJFW6 SVNBQaVMTEE	UFQrNTArNau	MDEIMpEIM9AmMQ	Unknown	Adher-AP, No DM Screen - AP, No DM Screen - AP (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Well-Care Visit (DOH)	None Identified	No
TqNBUqbP TEbOREE	Vb2rN9anOUe	MTEIM9UIMTasNQ	White	No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	None Identified	No
				4PP(A), No DM Screen -		

First Previous 1 Next Last


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
MAIN STREET MENTAL HEALTH CLINIC
Quality Indicator Overview As Of 03/01/2023
View:
Standard
Standard
Race & Ethnicity
PDF
Excel
REGION: ALL
COUNTY: ALL
SITE: ALL
PROGRAM TYPE: ALL
AGE: ALL
MC PRODUCT LINE: ALL
MANAGED CARE: ALL
Filters
Reset
Indicator Set: BH
Indicator Set
Quality Improve
About QI Report Views
All views display: Indicator Name, Population
View
Columns Displayed
Standard
Displays quality indicator prevalence rates for the organization compared to the region and statewide prevalence rates.
Eligible Population, # with QI Flag, %, Region %, Statewide %
Race & Ethnicity
Displays quality indicator prevalence rates for clients in different race and ethnicity groups. Available in the "Indicator Set" and "Indicator" tabs.
Total % (for this organization), Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. Clients for which race is unknown are included in the "Total" number, but are not represented as a separate race/ethnicity group.
Close
75%
100%
BH QARR - Improve
General Medical H
Health Home Care
High Utilization - In
Polypharmacy
Preventable Hospit
Readmission Post-
Readmission Post-Hospital
79.10
79.50
85/80
Treatment Engagement
Adult 18-64
5,823
1,947
33.4
32.3
34.7
33.40
32.30
34.70

MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Race & Ethnicity | PDF | Excel

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

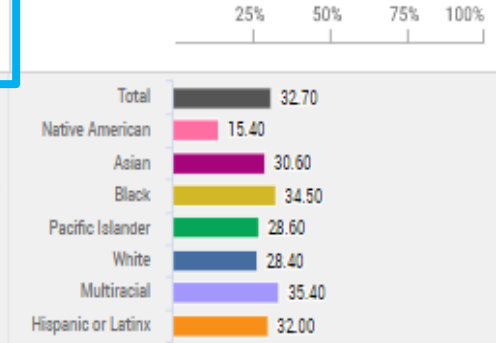
Filters | Reset

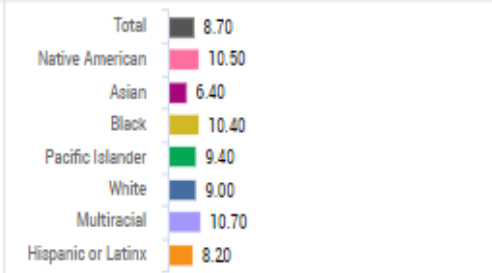
Indicator Set

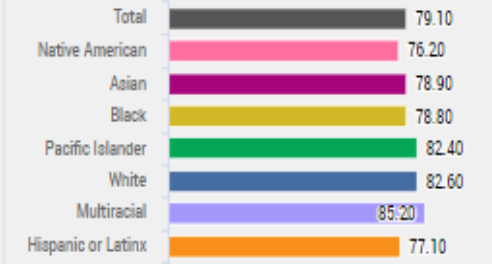
Quality Improvement Indicators (as of 03/01/2023)

Run monthly on all available data as of run date

Indicator Set	Population	Clients with QI Flags by Percentage (%) and Number							
		Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx
BH QARR - Improvement Measure	All	32.7% 2,349	15.4% 2	30.6% 45	34.5% 757	28.6% 2	28.4% 130	35.4% 40	32% 1,003
General Medical Health	All	8.7% 15,957	10.5% 39	6.4% 433	10.4% 4,381	9.4% 35	9% 915	10.7% 211	8.2% 5,839
Health Home Care Management - Adult	Adult 18+	79.1% 8,113	76.2% 16	78.9% 75	78.8% 2,583	82.4% 14	82.6% 583	85.2% 138	77.1% 4,022







MAIN STREET MENTAL HEALTH CLINIC

Quality Indicator Overview As Of 03/01/2023

View: Race & Ethnicity | PDF | Excel

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

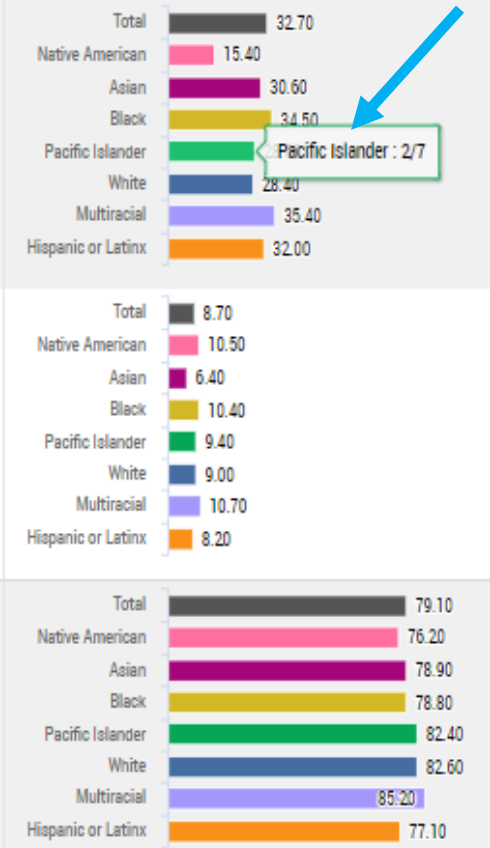
Filters | Reset

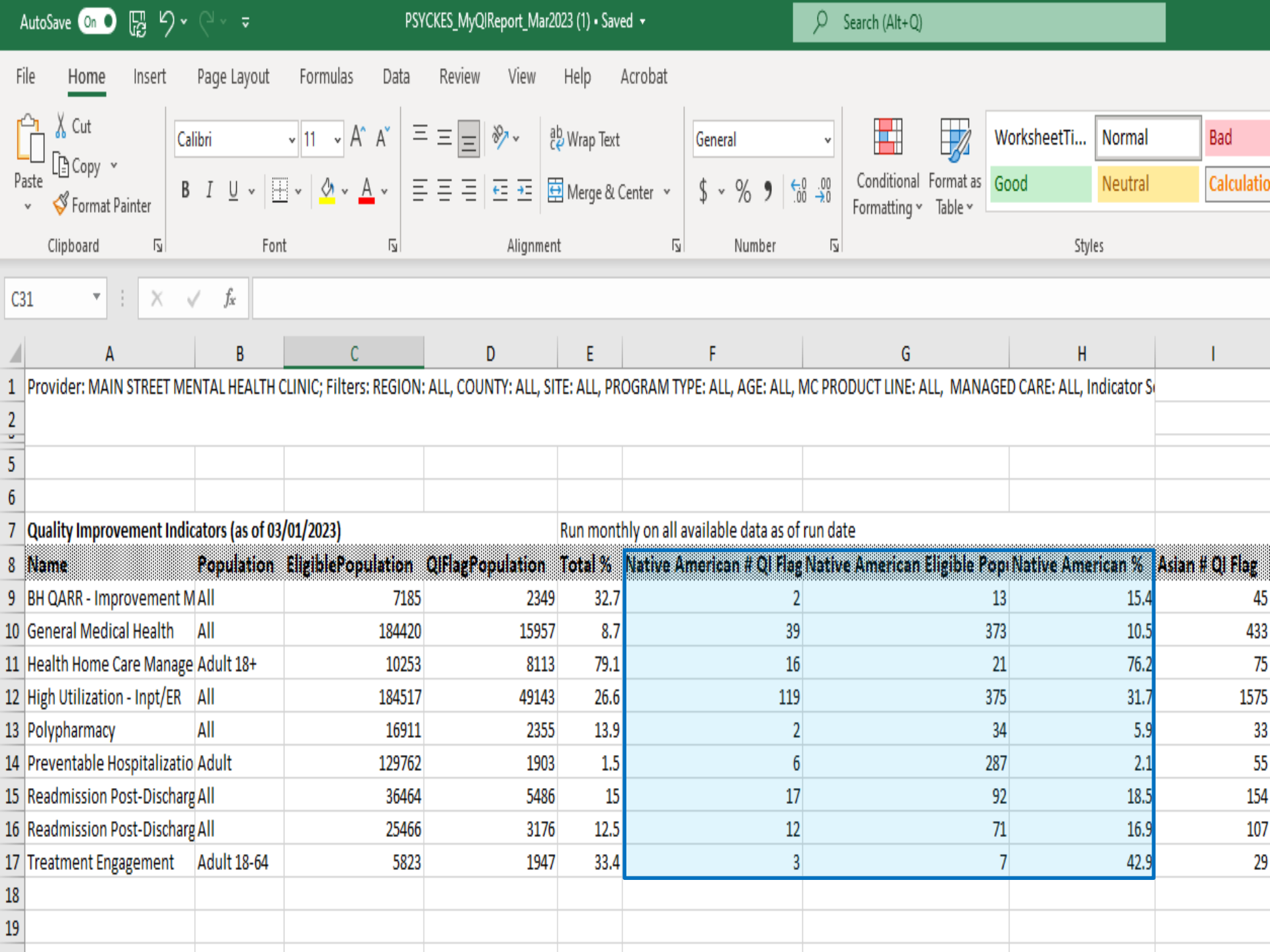
Indicator Set

Quality Improvement Indicators (as of 03/01/2023)

Run monthly on all available data as of run date

Indicator Set	Population	Clients with QI Flags by Percentage (%) and Number							
		Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx
BH QARR - Improvement Measure	All	32.7%	15.4%	30.6%	34.5%	28.6%	28.4%	35.4%	32%
		2,349	2	45	757	2	130	40	1,003
General Medical Health	All	8.7%	10.5%	6.4%	10.4%	9.4%	9%	10.7%	8.2%
		15,957	39	433	4,381	35	915	211	5,839
Health Home Care Management - Adult	Adult 18+	79.1%	76.2%	78.9%	78.8%	82.4%	82.6%	85.2%	77.1%
		8,113	16	75	2,583	14	583	138	4,022





AutoSave On | PSYCKES_MyQIReport_Mar2023 (1) • Saved | Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Acrobat

Cut Copy Format Painter Paste | Calibri 11 | Wrap Text | General | Merge & Center | Conditional Formatting | Format as Table | WorksheetTi... Normal Bad Good Neutral Calculatio

Clipboard Font Alignment Number Styles

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	A	B	C	D	E	F	G	H	I
1	Provider: MAIN STREET MENTAL HEALTH CLINIC; Filters: REGION: ALL, COUNTY: ALL, SITE: ALL, PROGRAM TYPE: ALL, AGE: ALL, MC PRODUCT LINE: ALL, MANAGED CARE: ALL, Indicator S								
2									
5									
6									
7	**Quality Improvement Indicators (as of 03/01/2023)**				Run monthly on all available data as of run date				
8	**Name**	**Population**	**EligiblePopulation**	**QIFlagPopulation**	**Total %**	**Native American # QI Flag**	**Native American Eligible Popu**	**Native American %**	**Asian # QI Flag**
9	BH QARR - Improvement M	All	7185	2349	32.7	2	13	15.4	45
10	General Medical Health	All	184420	15957	8.7	39	373	10.5	433
11	Health Home Care Manage	Adult 18+	10253	8113	79.1	16	21	76.2	75
12	High Utilization - Inpt/ER	All	184517	49143	26.6	119	375	31.7	1575
13	Polypharmacy	All	16911	2355	13.9	2	34	5.9	33
14	Preventable Hospitalizatio	Adult	129762	1903	1.5	6	287	2.1	55
15	Readmission Post-Discharg	All	36464	5486	15	17	92	18.5	154
16	Readmission Post-Discharg	All	25466	3176	12.5	12	71	16.9	107
17	Treatment Engagement	Adult 18-64	5823	1947	33.4	3	7	42.9	29
18									
19									

QI Trends Past Year

Select organization, indicator set, and indicator

Organization: Provider, Network, Plan: MAIN STREET MENTAL HEALTH CLINIC

Indicator Set: BH QARR - Improvement Measure

Indicator: 4. No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar...

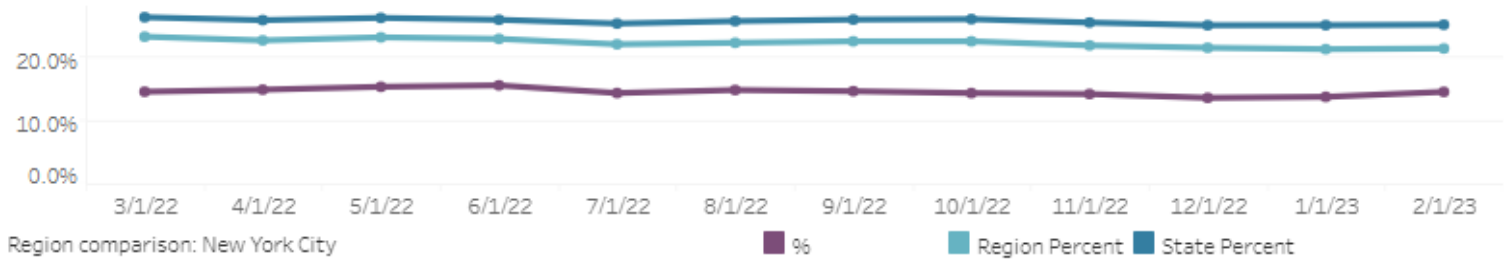
Modify filters (optional)

Program Type: ALL

Age Group: ALL

Managed Care: ALL

MC Product Line: ALL

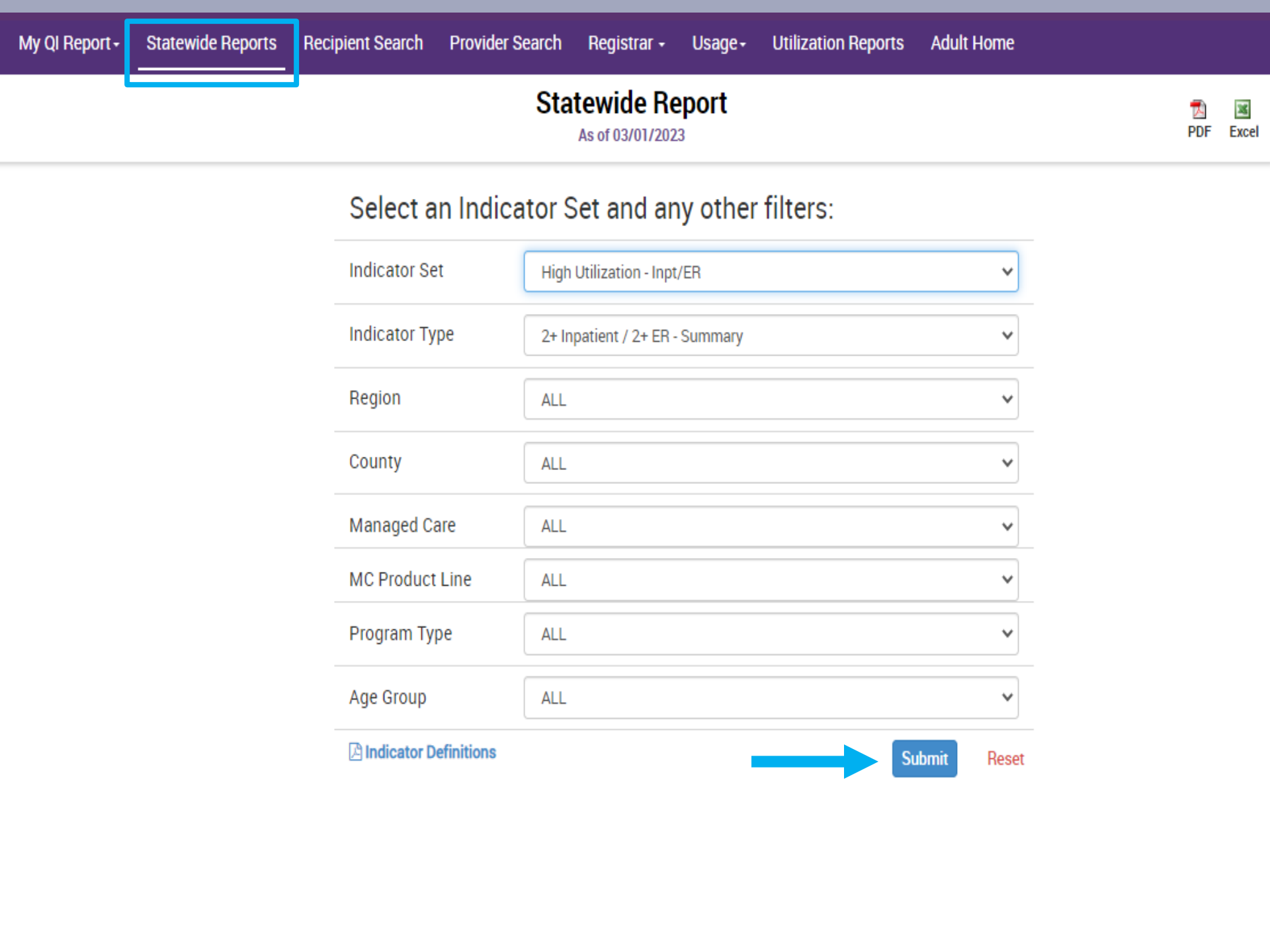


4. No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic: The percentage of adults 18-64 years with a diagnosis of schizophrenia or Bipolar Disorder with any oral or injectable antipsychotic medication during the previous 13 months, who did not have either an HbA1c or blood glucose test in the past 1 months.

	Eligible Population	# with QI flag	%	Region Percent	State Percent
3/1/22	3,193	462	14.5%	23.0%	26.1%
4/1/22	3,192	472	14.8%	22.5%	25.6%
5/1/22	3,176	484	15.2%	22.9%	26.0%
6/1/22	3,208	496	15.5%	22.7%	25.7%
7/1/22	3,246	463	14.3%	21.9%	25.1%
8/1/22	3,224	475	14.7%	22.1%	25.5%
9/1/22	3,203	466	14.5%	22.3%	25.7%
10/1/22	3,192	455	14.3%	22.3%	25.8%
11/1/22	3,189	450	14.1%	21.7%	25.3%
12/1/22	3,211	434	13.5%	21.3%	24.8%
1/1/23	3,197	437	13.7%	21.1%	24.8%
2/1/23	3,143	454	14.4%	21.2%	24.9%

Statewide Reports

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
Statewide Report
As of 03/01/2023
PDF
Excel
Select an Indicator Set and any other filters:
Indicator Set
High Utilization - Inpt/ER
Indicator Type
2+ Inpatient / 2+ ER - Summary
Region
ALL
County
ALL
Managed Care
ALL
MC Product Line
ALL
Program Type
ALL
Age Group
ALL
Indicator Definitions
Submit
Reset

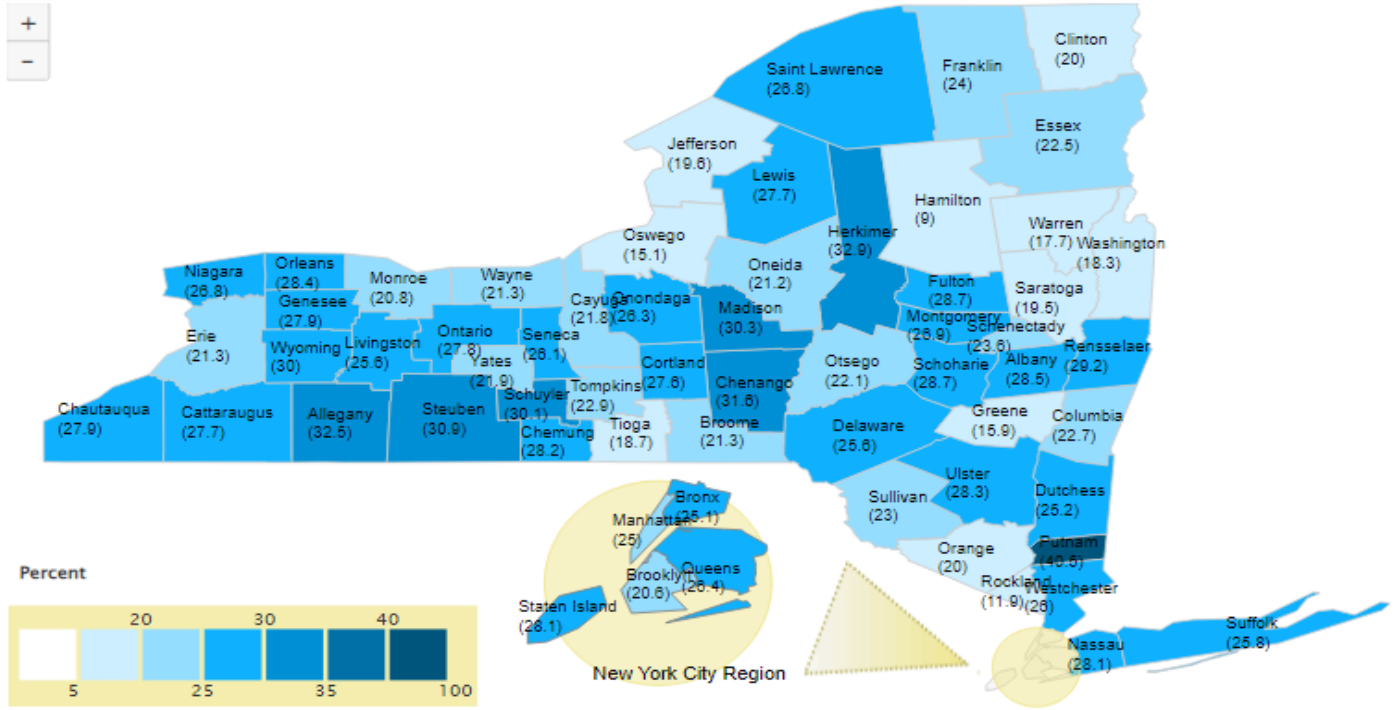
Statewide Report

As of 03/01/2023

PDF Excel

INDICATOR SET: HIGH UTILIZATION - INPT/ER **INDICATOR:** 2+ INPATIENT / 2+ ER - SUMMARY

Filters



Region | County | Network | Provider | Plan | Prescriber | Provider Attending

Region	Eligible Population	# with QI Flag	%
STATE	3,036,249	633,280	20.9
Central NY	337,278	71,064	21.1
Hudson River	603,520	135,906	22.5
Long Island	324,753	84,746	26.1
New York City	1,616,000	352,228	21.8
Western NY	455,329	95,413	21

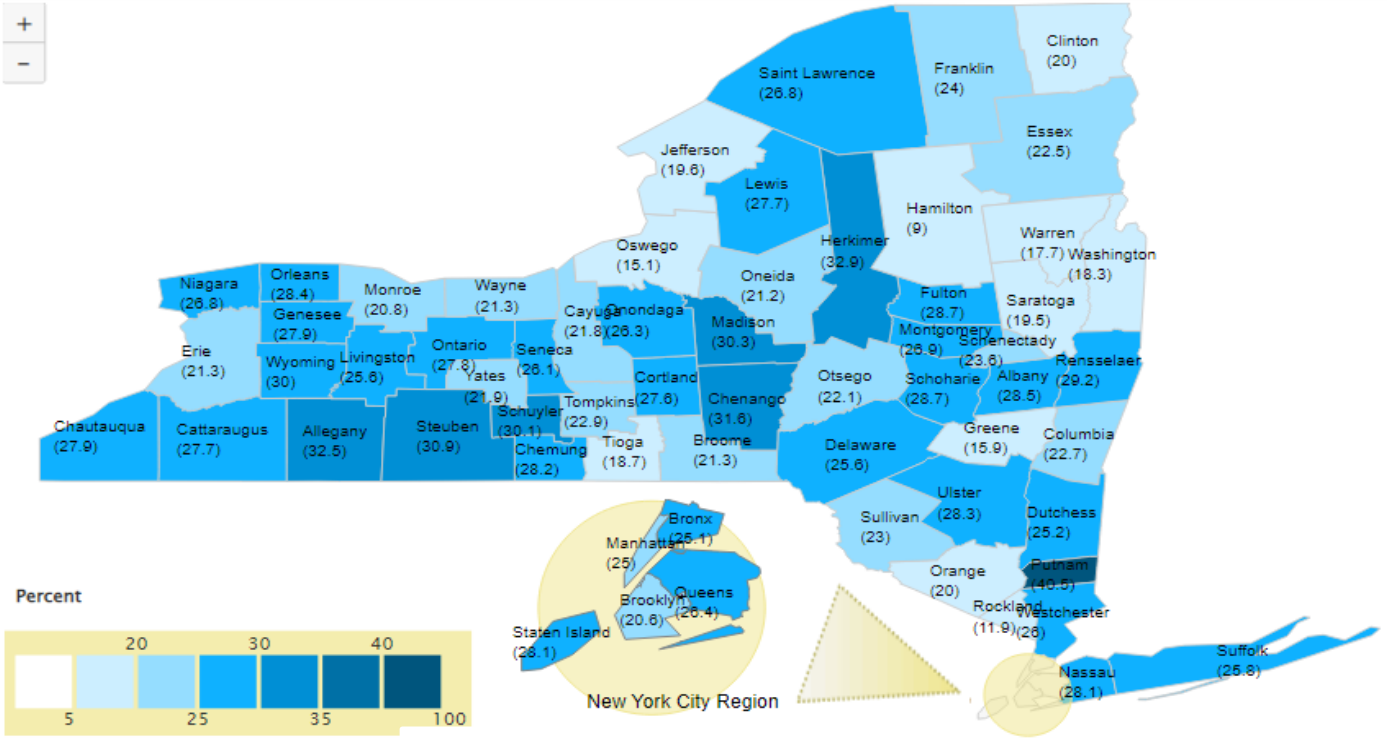
Statewide Report

As of 03/01/2023

PDF Excel

INDICATOR SET: HIGH UTILIZATION - INPT/ER **INDICATOR:** 2+ INPATIENT / 2+ ER - SUMMARY

Filters



Region | County | Network | Provider | Plan

County	Eligible Population	# with QI Flag	%	Rate High	Region	Region %
STATE	3,036,249	633,280	20.9			
Albany	89,939	25,676	28.5	YES	Hudson River	22.5
Allegany	5,412	1,758	32.5	YES	Western NY	21
Bronx	350,752	88,199	25.1	YES	New York City	21.8
Brooklyn	499,091	102,654	20.6	NO	New York City	21.8

Statewide Report

ALLEGANY

Quality Indicator Overview As Of 03/01/2023

View: Standard PDF Excel

PROGRAM TYPE: ALL MANAGED CARE: ALL MC PRODUCT LINE: ALL AGE: ALL

Filters Reset

Indicator Set: High Utilization - Inpt/ER **Indicator**: 2+ Inpatient / 2+ ER - Summary

Indicator Set | Indicator | Provider

Provider Facility Name	Eligible Population	# with QI Flag	%
JONES MEMORIAL HOSPITAL	4,221	1,507	35.7
FINGER LAKES PERFORMING PROVIDER SYSTEM	1,167	359	30.8
Integrity Partners for Behavioral Health IPA	1,046	328	31.4
ALLEGANY REHABILITATION ASSOCIATES, INC.	999	305	30.5
CUBA MEMORIAL HSP INC	221	106	48
ALLEGANY COUNCIL ON ALCOHOL	248	102	41.1
VALUE NETWORK IPA	248	102	41.1
ALLEGANY COUNTY COMMUNITY SERVICES	197	65	33
CHAUTAUQUA COUNTY MENTAL HYGIENE SERVICES	117	47	40.2
ALLEGANY CO CHAP NYSARC SPV	134	30	22.4
SOUTHERN TIER COMMUNITY HEALTH CENT	77	18	23.4
ALLEGANY CO CHAPTER ARC DAY	151	15	9.9

Recipient Search

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Recipient Search: Identify High Need Cohorts

- Use Recipient Search to generate list of clients meeting specified criteria
- “Characteristics” Filters:
  - Health and Recovery Plan (HARP) Status
  - Managed Care (MC) Plan
  - Assisted Outpatient Treatment (AOT) Status
  - Alerts & Incidents: Suicide Attempts, Suicidal Ideation, Self-Harm
- “Service Setting” Categories:
  - Health Home Enrolled (Source: DOH)
  - Inpatient & Emergency Room (ER)
  - ACT – MH Specialty
- Filter report by “Region” and “County”
- Search by Specific “Provider” agency
- Search by “Quality Flag” or add to any Search

Recipient Search

Limit results to 50 Search Reset

50
100
500
1,000
10,000
50,000
100,000
250,000
500,000

Recipient Identifiers

Medicaid ID | SSN | OMH State ID | OMH Case #

AB00000A

First Name

Last Name

DD/YYYY

Characteristics as of 04/02/2023

Age Range To Gender

Race

Ethnicity

Region

County

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

HARP HCBS Assessment Results

Quality Flag as of 03/01/2023

Definitions

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
Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
High Mental Health Need
Antipsychotic Polypharmacy (2+ >90days) Children

Services: Specific Provider as of 03/01/2023

Past 1 Year

Provider

Region

County

Current Access

Service Utilization

Number of Visits

Recipient Search

Limit results to 50 Search Reset

Recipient Identifiers

Search in: Full Database / MAIN STREET MENTAL HEALTH CLINIC

Medicaid ID | SSN

AB00000A

First Name | Last Name | DOB MM/DD/YYYY

Characteristics as of 02/27/2023

Age Range To Gender

Race

Ethnicity

Region

County

Central NY
Hudson River
Long Island
New York City
Western NY

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Managed Care Plan

Managed Care

MC Product Line

Medicaid Enrollment Status

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

Recipient Search

Limit results to 50 Search Reset

Recipient Identifiers

Medicaid ID | SSN | OMH State ID | OMH Case #

AB00000A

First Name | Last Name | DOB

MM/DD/YYYY

Characteristics as of 02/27/2023

Age Range To Gender

Race

Ethnicity

Region Hudson River

County

Albany
Columbia
Dutchess
Greene
Orange
Putnam
Rensselaer
Rockland
Saratoga
Schenectady
Schoharie
Sullivan
Ulster
Warren
Washington
Westchester

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Managed Care Plan

Manage

MC Produ

Medicaid Enrollment

Medicaid Restr

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

HARP HCBS Assessment Results

Quality Flag as of 02

Services: Specific Provider as of 02/01/2023

Past 1 Year

Recipient Search

Limit results to 50 Search Reset

Recipient Identifiers

Medicaid ID | SSN | OMH State ID | OMH Case #

AB00000A

First Name | Last Name | DOB

MM/DD/YYYY

Characteristics as of 04/02/2023

Age Range To Gender

Race

Ethnicity

Region

County

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

- CORE Eligible (Community Oriented Recovery and Empowerment)
- POP : High User (All)
- POP : High User (New)
- POP : Potential Clozapine Candidate (All)
- POP : Potential Clozapine Candidate (New)
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%
- OnTrackNY Early Psychosis Program : Enrolled
- OnTrackNY Early Psychosis Program : Discharged < 3 years
- OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years
- Transition Age Youth - Behavioral Health (TAY-BH)
- OPWDD NYSTART - Eligible
- Health Home Plus (HH+) - Eligible
- HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)
- AOT - Active Court Order
- AOT - Expired < 12 months
- ACT - Enrolled
- ACT - Discharged < 12 months
- 3+ Inpt MH < 12 months

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

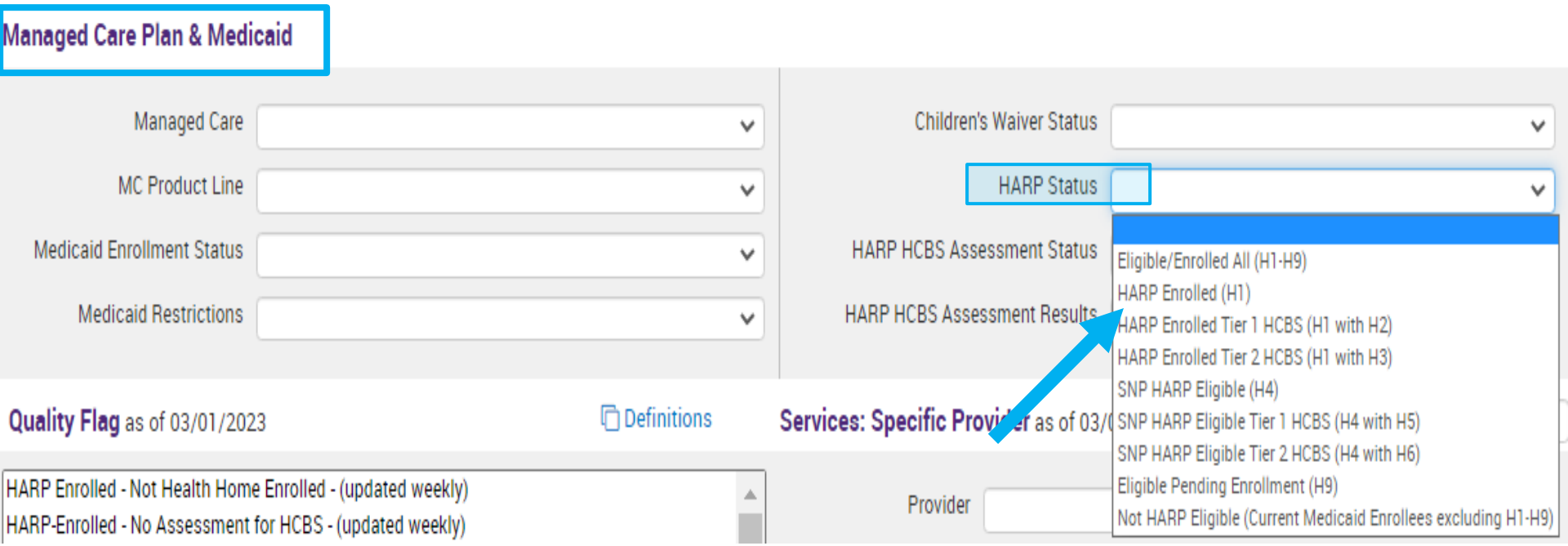
Medicaid Restrictions

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

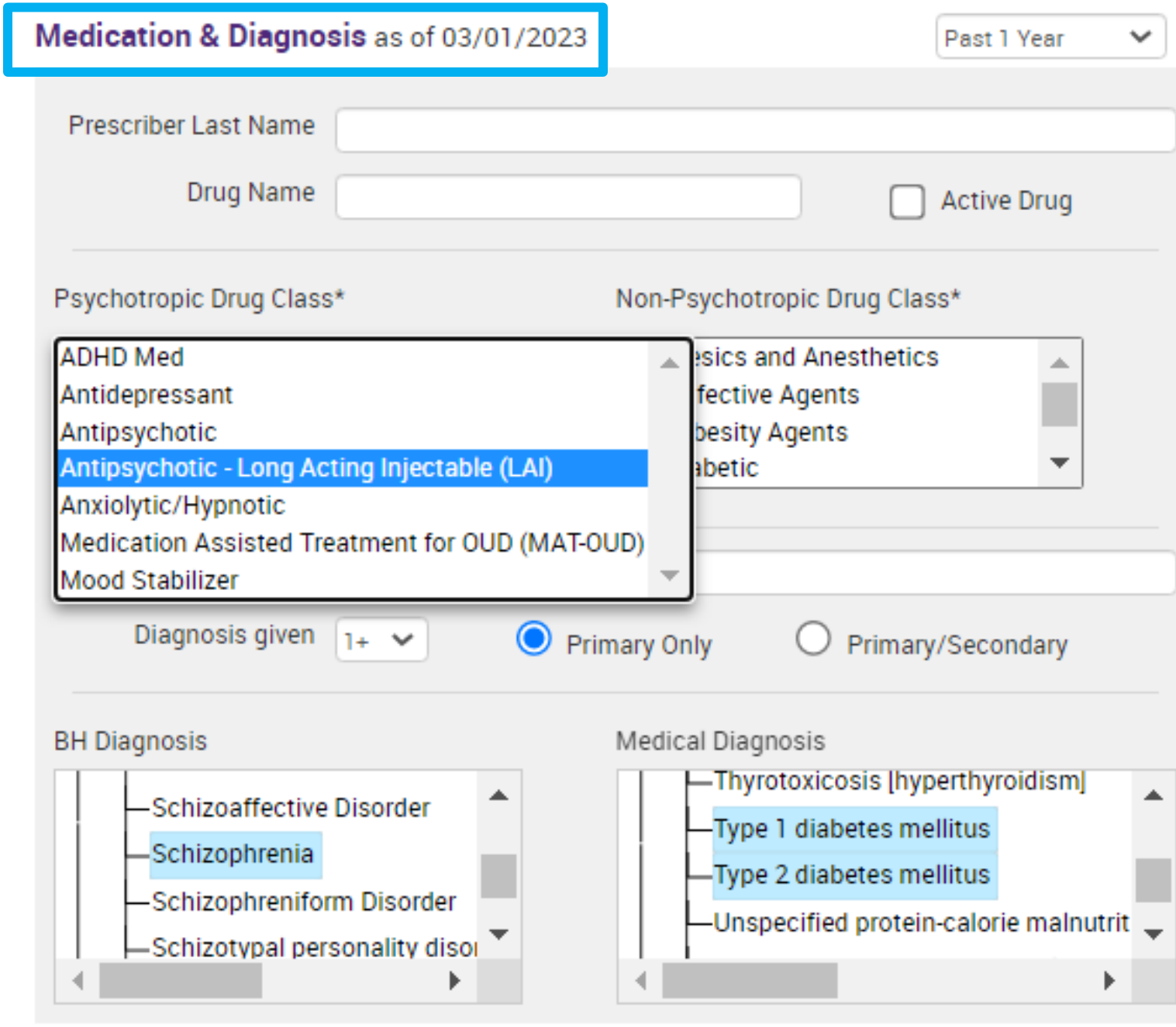
HARP HCBS Assessment Results

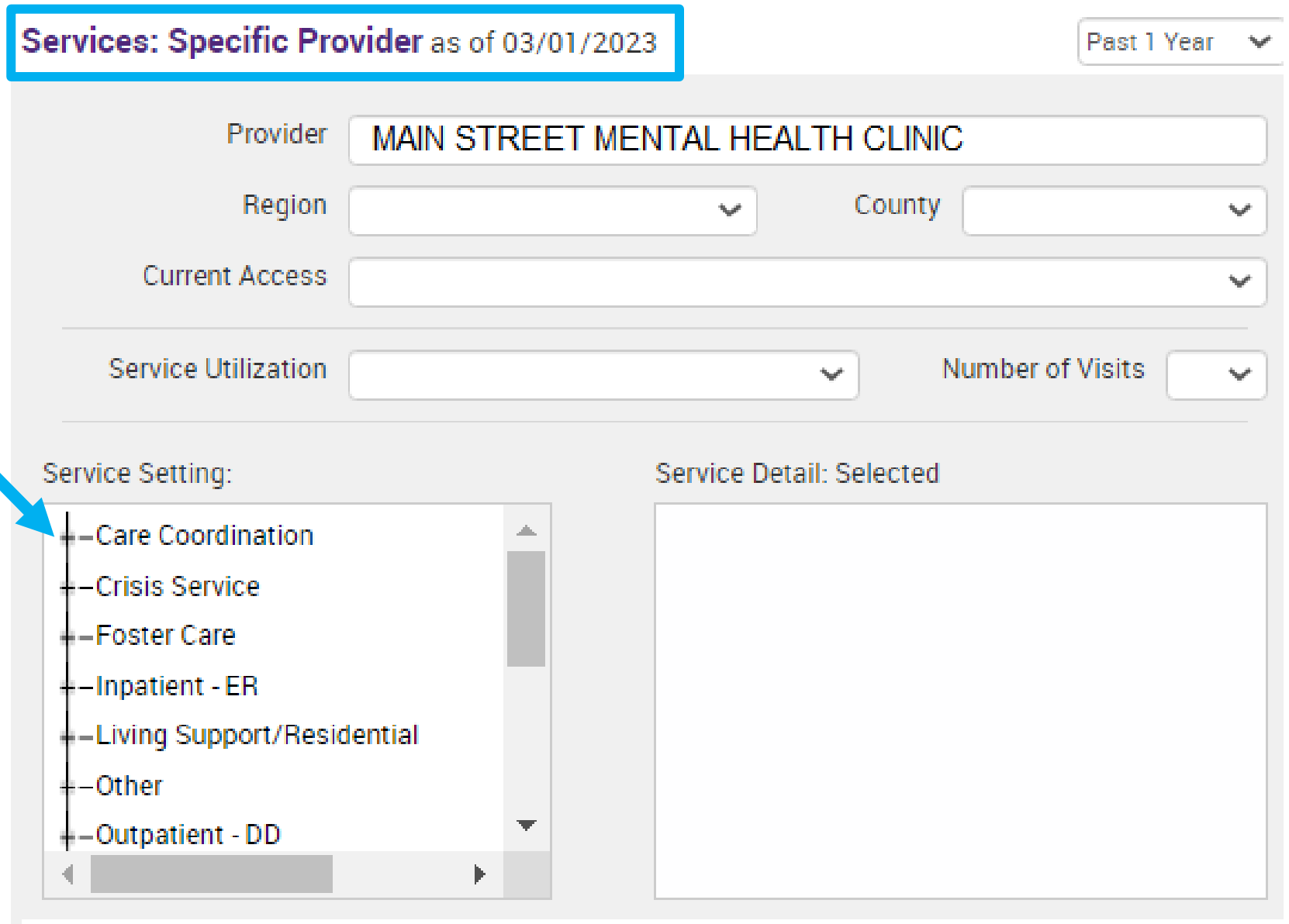

Managed Care Plan & Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Medicaid Restrictions
Children's Waiver Status
HARP Status
HARP HCBS Assessment Status
HARP HCBS Assessment Results
Eligible/Enrolled All (H1-H9)
HARP Enrolled (H1)
HARP Enrolled Tier 1 HCBS (H1 with H2)
HARP Enrolled Tier 2 HCBS (H1 with H3)
SNP HARP Eligible (H4)
SNP HARP Eligible Tier 1 HCBS (H4 with H5)
SNP HARP Eligible Tier 2 HCBS (H4 with H6)
Eligible Pending Enrollment (H9)
Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
Quality Flag as of 03/01/2023
Definitions
Services: Specific Provider as of 03/
HARP Enrolled - Not Health Home Enrolled - (updated weekly)
HARP-Enrolled - No Assessment for HCBS - (updated weekly)
Provider

Quality Flag as of 03/01/2023

Definitions

- 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
- Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
- Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
- High Mental Health Need
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)
- Treatment Engagement - Summary
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)


Medication & Diagnosis as of 03/01/2023
Past 1 Year
Prescriber Last Name
Drug Name
Active Drug
Psychotropic Drug Class*
Non-Psychotropic Drug Class*
ADHD Med
Antidepressant
Antipsychotic
Antipsychotic - Long Acting Injectable (LAI)
Anxiolytic/Hypnotic
Medication Assisted Treatment for OUD (MAT-OUD)
Mood Stabilizer
sics and Anesthetics
fective Agents
besity Agents
abetic
Diagnosis given
1+
Primary Only
Primary/Secondary
BH Diagnosis
Schizoaffective Disorder
Schizophrenia
Schizophreniform Disorder
Schizotypal personality disor
Medical Diagnosis
Thyrotoxicosis [hyperthyroidism]
Type 1 diabetes mellitus
Type 2 diabetes mellitus
Unspecified protein-calorie malnutrit


Services: Specific Provider as of 03/01/2023
Past 1 Year
Provider
MAIN STREET MENTAL HEALTH CLINIC
Region
County
Current Access
Service Utilization
Number of Visits
Service Setting:
Care Coordination
Crisis Service
Foster Care
Inpatient - ER
Living Support/Residential
Other
Outpatient - DD
Service Detail: Selected

Services by Any Provider as of 03/01/2023

Past 1 Year

Provider

Region

County

Service Utilization

Number of Visits

Service Setting:

- Care Coordination
- Crisis Service
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical Specialty
- Outpatient - SU

Service Detail: Selected

Modify Search

86 Recipients Found

View: Standard

PDF Excel

	AOT Status	AOT-Active Court Order
AND	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Service Setting:	Crisis Service

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan
QURFTEm TaFJUazCSQQQ	QVaqN9MqMFQ	MSyuLpEvODM	R6 LQNDA	2+ Inpt-BH, 2+ Inpt-MH, High MH Need, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	
QUnTVEzOTaFUSEFOSUVM	QaenMTMtNEM	MSytLpEvODY	TQ LQMp2	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, High MH Need, No DM Monitoring - DM & Schiz (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP, No Outpt Medical, No SUD Tx Engage (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Excellus BlueCross BlueShield
QUrPREbP TUbDSEFFTA	QbMqN9IvMUY	MSynNCynOT2o	TQ LQNTE	2+ Inpt-BH, 2+ Inpt-MH, High MH Need	
QVJDSURJQUNPTayQbJFVFQ Um	Rb2rODIpMUM	MTElMT2lMTavN6	TQ LQM9Y	HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, No Outpt Medical	
QaFJTEVZ REbPTbRF U6	REYuN9ImNau	MTAlMTElMTavNm	TQ LQM9U	Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, High MH Need, No DM Screen - AP, No DM Screen - AP (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Outpt Medical, No SUD Tx Engage (DOH)	UnitedHealthcare Community Plan
QaVMUqzO SaFDSm Qm	VreoND2sNqE	OSyoMCynOT6t	TQ LQMpU	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HARP No Assessment for HCBS, High MH Need, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Healthfirst PHSP, Inc.

Modify Search

86 Recipients Found

View: Standard

- Standard
- Care Coordination
- High Need/High Risk
- Hospital Utilization
- Managed Care POP
- Outpatient Providers

PDF Excel

	AOT Status	AOT-Active Court Order
AND	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Service Setting:	Crisis Service

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan
QURFTEm TaFJUazCSQ QQ	QVaqN9MqMFQ	MSyuLpEvODM	R6 LQ NDA	2+ Inpt-BH, 2+ Inpt-MH, High MH Need, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	
QUnTVEzO TaFUSEFOSUVM	QaenMTMtNEM	MSytLpEvODY	TQ LQ Mp2	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, High MH Need, No DM Monitoring - DM & Schiz (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP, No Outpt Medical, No SUD Tx Engage (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Excellus BlueCross BlueShield
QUrPREbP TUbDSEFFTA	QbMqN9IvMUY	MSynNCynOT2o	TQ LQ NTE	2+ Inpt-BH, 2+ Inpt-MH, High MH Need	
QVJDSURJQUNPTay QbJFVFQ Um	Rb2rODIpMUM	MTElMT2lMTavN6	TQ LQ M9Y	HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, No Outpt Medical	
QaFJTEVZ REbPTbRF U6	REYuN9ImNau	MTAlMTElMTavNm	TQ LQ M9U	Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, High MH Need, No DM Screen - AP, No DM Screen - AP (DOH), No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Outpt Medical, No SUD Tx Engage (DOH)	UnitedHealthcare Community Plan
QaVMUqzO SaFDSm Qm	VreoND2sNqE	OSyoMCynOT6t	TQ LQ MpU	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HARP No Assessment for HCBS, High MH Need, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Healthfirst PHSP, Inc.

Modify Search

86 Recipients Found

View: Care Coordination

Excel

	AOT Status	AOT-Active Court Order
AND	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Service Setting:	Crisis Service

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Managed Care Plan	MC Product Line	HARP Status (H Code)
QaFJTEVZ REbPTbRF U6	REYuN9ImNau	MTAlMTElMTavNm	TQ LQ M9U	UnitedHealthcare Community Plan	Health and Recovery Plan (HARP)	HARP Enrolled (H1)
QaVMUqzO SaFDSm Qm	VreoND2sNqE	OSyoMCynOT6t	TQ LQ MpU	Healthfirst PHSP, Inc.	Health and Recovery Plan (HARP)	HARP Enrolled (H1)
QaVOTaVUVA TUbDSEFFTA	VqisMpEpNra	NSyoOCynOTao	TQ LQ MpA	Fidelis Care New York	Health and Recovery Plan (HARP)	HARP Enrolled (H1)
QbJJRUQ SbVMSUU QQ	QUinMDarMra	MTIlMTAlMTatOQ	R6 LQ NDM			
QbJJVFRFT6 RqFCUabFTA	WbMoM9MqNaE	NCyoN8ynOT6o	TQ LQ NDA	HealthPlus	Health and Recovery Plan (HARP)	HARP Enrolled (H1)
QbVSTbM SbI SqVWSUu TA	QrEuOTQpNqi	MTAlM96lMTavNQ	TQ LQ M92	Fid	Health and Recovery Plan (HARP)	HARP Enrolled (H1)
QqFSUabPTbJJVaVSQQ Qq7SSVNUSUFQ	UVemNT2qMa2	NSypMSynOTaq	TQ LQ M96	Healthfirst PHSP, In	Health and Recovery Plan (HARP)	HARP Enrolled (H1)

CLICK HERE TO SCROLL

Modify Search

86 Recipients Found

View: Care Coordination

Excel

	AOT Status	AOT-Active Court Order
AND	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Service Setting:	Crisis Service

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	CORE Eligible	HARP HCBS Assessment Date (most recent)	Children's Waiver Status (K Code)	Health Home Name (Enrolled)	Care Managem
Qq7FTbJJQqi SaFNSUU Um	Yes	8/19/2022		SRH CHN LEAD HEALTH HOME LLC	CENTRAL NASS MH
Qq7FUba SaFDTqI Um	Yes	3/23/2023		COORDINATED BEHAVIORAL CARE INC	JEWISH BD FAM
Qq7V TEbMWQ	Yes	8/18/2021		COORDINATED BEHAVIORAL CARE INC	MANHATTAN PS CENTER
QqzIRUu UqFNVUVM				ONONDAGA CASE MGMT SVCS MH	ENCOMPASS HE

CLICK HERE TO SCROLL

Modify Search

86 Recipients Found

View: Care Coordination

Excel

	AOT Status	AOT-Active Court Order
AND	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Service Setting:	Crisis Service

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Care Management Name (Enrolled)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	
QURFTEm TaFJUazCSQ QQ	BEHAVORIAL HEALTH NETWORK			Active Court Order	Behavi
QUnTVEzO TaFUSEFOSUVM	PARK RIDGE MENTAL HLTH CTR MH			Active Court Order	Behavi
QUrPREbP TUbDSEFFTA	ONONDAGA CASE MGMT SVCS MH			Active Court Order	Ononda Inc dba
QVJDSURJQUNPTay QbJFVFQ Um	STRONG MEMORIAL HOSPITAL			Active Court Order	Univ of Memor
QaFJTEVZ REbPTbRF U6				Active Court Order	BestSe
QaVMUqzO SaFDSm Qm	MENTAL HLTH PROV OF W QUEENS			Active Court Order	Mental Queens

Clinical Summary

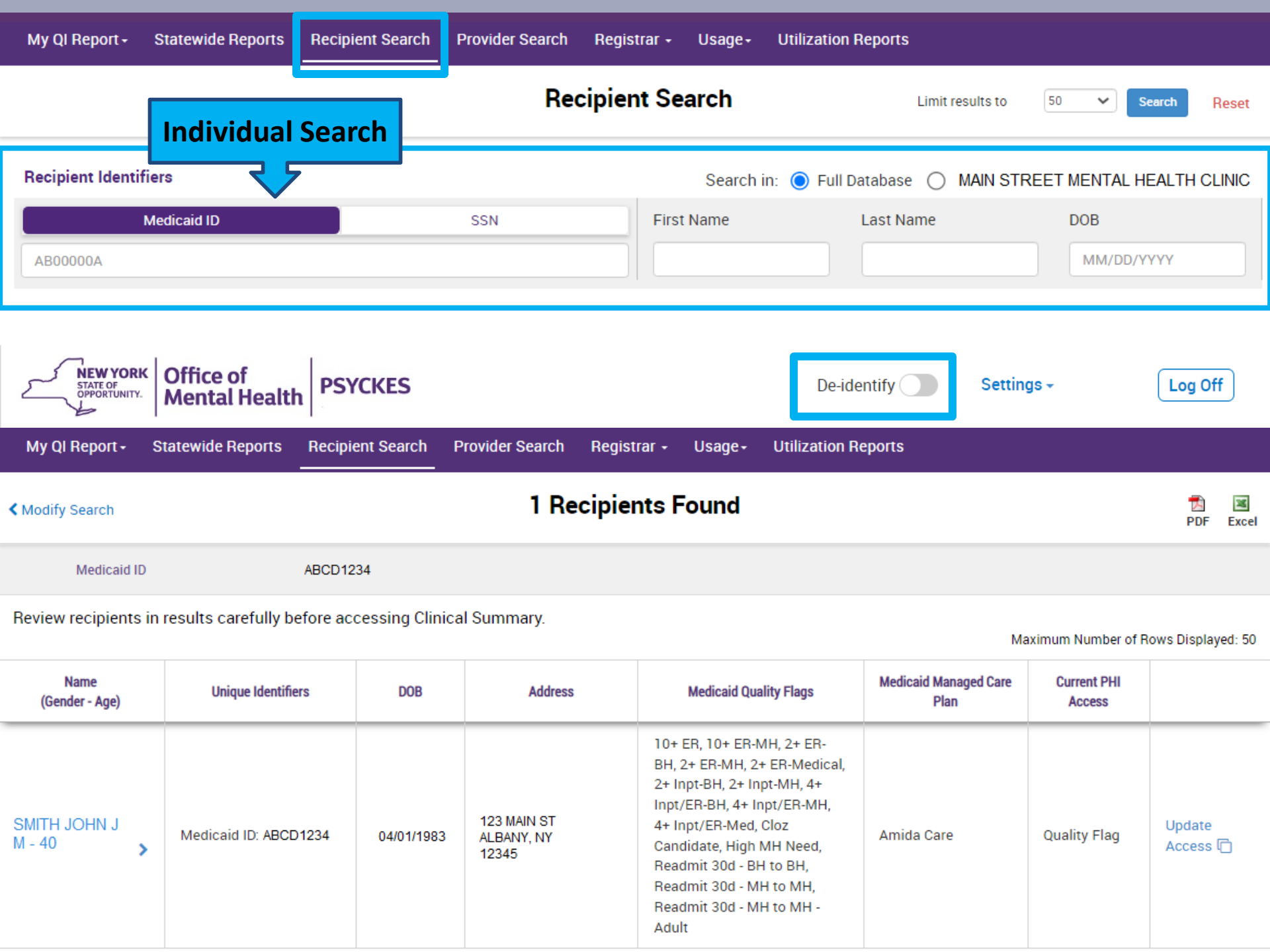
NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
  - E.g., Hospitalizations from Medicaid billing, State PC residential services from State PC EMR, health home information from MAPP, suicide risk from incident management, AOT court orders from OMH database, Homelessness information from DHS and Medicaid
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary organized by sections like an EMR

Clinical Summary Sections

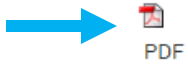
- General Information
- Current Care Coordination
- Alerts and Incidents
- Social Determinants of Health (SDH)
- Quality Flags
- PSYCKES Registries
- Plans & Documents
- Screenings & Assessments
- Diagnoses
- Care Coordination History
- Medications
- Outpatient Services
- Hospital/ER/Crisis Services
- Living Support/Residential
- Laboratory & Pathology
- Other: Radiology, Dental, Vision, Medical Equipment, Transportation


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Recipient Search
Limit results to
50
Search
Reset
Individual Search
Recipient Identifiers
Search in:
Full Database
MAIN STREET MENTAL HEALTH CLINIC
Medicaid ID
SSN
First Name
Last Name
DOB
AB00000A
MM/DD/YYYY
NEW YORK STATE OF OPPORTUNITY.
Office of Mental Health
PSYCKES
De-identify
Settings
Log Off
My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Modify Search
1 Recipients Found
PDF
Excel
Medicaid ID
ABCD1234
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
SMITH JOHN J M - 40
Medicaid ID: ABCD1234
04/01/1983
123 MAIN ST ALBANY, NY 12345
10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Cloz Candidate, High MH Need, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult
Amida Care
Quality Flag
Update Access

Recipient Search

SqFVRarBTaui QUrZ TA

Clinical Summary as of 4/2/2023



About included data sources

Brief Overview | 1 Year Summary | 5 Year Summary

This report does not contain clinical data with special protection - consent required.

DOB: MSynM8ynOT2o (NTE Yrs)
Address: NDUr RQ MTQu UrQi QbJPTb6i Tbai MTAqNTU
Phone (Source: NYC DHS): KDYqN8a MpUvLTatM9a

Medicaid ID: UrIsODQmMVY Medicare: No
Managed Care Plan: HealthPlus (HARP)
MC Plan Assigned PCP: N/A

HARP Status: HARP Enrolled (H1)
HARP HCBS Assessment Status: Never Assessed
Medicaid Eligibility Expires on:

Current Care Coordination

NYC Dept of Homeless Services Outreach:	MANHATTAN OUTREACH CONSORTIUM (Single Adult, Outreach) • MANHATTAN Case Load Start Date: 10-DEC-20. . Main Contact: Erica Strang: 2128013340, estrang@cucs.org
Intensive Mobile Treatment (IMT)	Center for Urban Community Services (CUCS) Manhattan IMT II (Admission Date: 08-AUG-17) • Main Contact: Elise Wosnick: (646) 663-1280, elise.woznick@cucs.org
POP High User	In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate contact: Amerigroup New York • Behavioral Health Outpatient UM Team: 646-477-9831 (Sam Bicanic) 929-237-0120 (Eitan Lidergot), outpatientutilizationmanagement@anthem.com
POP Potential Clozapine Candidate	Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. For a clozapine treatment provider referral or questions contact: Amerigroup New York • Behavioral Health Outpatient UM Team: 646-477-9831 (Sam Bicanic) or 929-237-0120 (Eitan Lidergot), outpatientutilizationmanagement@anthem.com
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 3+ Inpt MH < 12 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
High Mental Health Need due to:	1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis ; 1+ Inpt MH in past 12 months ; Intensive Mobile Treatment (IMT) in past 5 years
CORE Eligibility	This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

Alerts · all available

		Most Recent	
2	Homelessness - NYC DHS Outreach	Current	MANHATTAN OUTREACH CONSORTIUM (Single Adult, Outreach)
16	Suicidal Ideation (14 Inpatient, 2 ER, 1 Other)	2/4/2023	BELLEVUE HOSPITAL CENTER (ER - MH - CPEP)

Social Determinants of Health (SDH) Past Year

Problems related to employment and unemployment	Unemployment, Unspecified
Problems related to housing and economic circumstances	Homelessness Unspecified

Active Quality Flags · as of monthly QI report 3/1/2023

BH QARR - Improvement Measure

Diagnoses Past Year

Behavioral Health (0)

5 Most Recent: Major Depressive Disorder • Unspecified/Other Anxiety Disorder • PTSD • Schizoaffective Disorder • Delusional Disorder

SqFVRarBTaui QUrZ TA

Clinical Summary as of 4/2/2023

This report does not contain clinical data with special protection - consent required.

General

Name
SqFVRarBTaui QUrZ TA

DOB
MSynM8ynOT2o KDUn WVJTKQ

Address
NDUr RQ MTQu UrQi QbJPTb6i Tbai MTAqNTU

Phone (Source: NYC DHS)
C6 KDYqN8a MpUvLTatM9aK

Medicaid ID
UrIsODQmMVY

Medicaid Aid Category
SSI

Medicaid Eligibility Expires on

Medicare
No

Managed Care Plan
HealthPlus (HARP)

MC Plan Assigned PCP
N/A

HARP Status
HARP Enrolled (H1)

HARP HCBS Assessment Status
Never Assessed

Current Care Coordination

NYC Dept of Homeless Services Outreach: MANHATTAN OUTREACH CONSORTIUM (Single Adult, Outreach)., MANHATTAN Case Load Start Date: 10-DEC-20. . Main Contact: Erica Strang, 2128013340, estrang@cucs.org.

- This information is updated weekly from NYC DHS.

Intensive Mobile Treatment (IMT): Center for Urban Community Services (CUCS) Manhattan IMT II (Admission Date: 08-AUG-17). Main Contact: Elise Wosnick, (646) 663-1280, elise.woznick@cucs.org

- This information is updated weekly from DOHMH.

POP High User: In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan Amerigroup New York Behavioral Health Outpatient UM Team, 646-477-9831 (Sam Bicanic) 929-237-0120 (Eitan Lidergot), outpatientutilizationmanagement@anthem.com.

POP Potential Clozapine Candidate: Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan Amerigroup New York Behavioral Health Outpatient UM Team, 646-477-9831 (Sam Bicanic) or 929-237-0120 (Eitan Lidergot), outpatientutilizationmanagement@anthem.com.

Care Coordination Alert - This client is eligible for Health Home Plus due to: 3+ Inpt MH < 12 months; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

High Mental Health Need due to: 1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis ; 1+ Inpt MH in past 12 months ; Intensive Mobile Treatment (IMT) in past 5 years

This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

POP Intensive Care Transition Services

No intensive care transition services have been entered

Alerts

Incidents from NIMRS, Service invoices from Medicaid | Details

Table | Graph

Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results	
Homelessness - NYC DHS Outreach	1	12/10/2020		MANHATTAN OUTREACH CONSORTIUM	Single Adult, Outreach		
Treatment for Suicidal Ideation	20	9/25/2012	2/4/2023	BELLEVUE HOSPITAL CENTER	ER - MH - CPEP	Suicidal ideations	

Social Determinants of Health (SDH)

Other problems related to primary support group, including family circumstances	Disappearance And Death Of Family Member
Problems related to employment and unemployment	Unemployment, Unspecified
Problems related to housing and economic circumstances	Homelessness Unspecified • Homelessness

Quality Flags

as of monthly QI report 3/1/2023 | Definitions

Recent | All (Graph) | All (Table)

Indicator Set	
BH QARR - Improvement Measure	No Metabolic Monitoring (LDL-C) on Antipsychotic
General Medical Health	No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • Eligible for Health Home Plus - Not Health Home Enrolled • HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS

Plans & Documents

Upload | Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role	Delete Document
2/15/2021	Psychiatric Advance Directive		RA	Client	
5/11/2020	Safety Plan	HUTCHINGS PSYCHIATRIC CENTER	MHARS	N/A	

Behavioral Health Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequent first)

Schizoaffective Disorder • Unspecified/Other Bipolar • Borderline Personality Disorder • Schizophrenia • Major Depressive Disorder • PTSD • Unspecified/Other Anxiety Disorder • Unspecified/Other Psychotic Disorders • Brief Psychotic Disorder (ICD10 Only) • Paranoid Personality Disorder • Adjustment Disorder • Delusional Disorder • Dementia (Neurocognitive) • Unspecified/Other Depressive Disorder

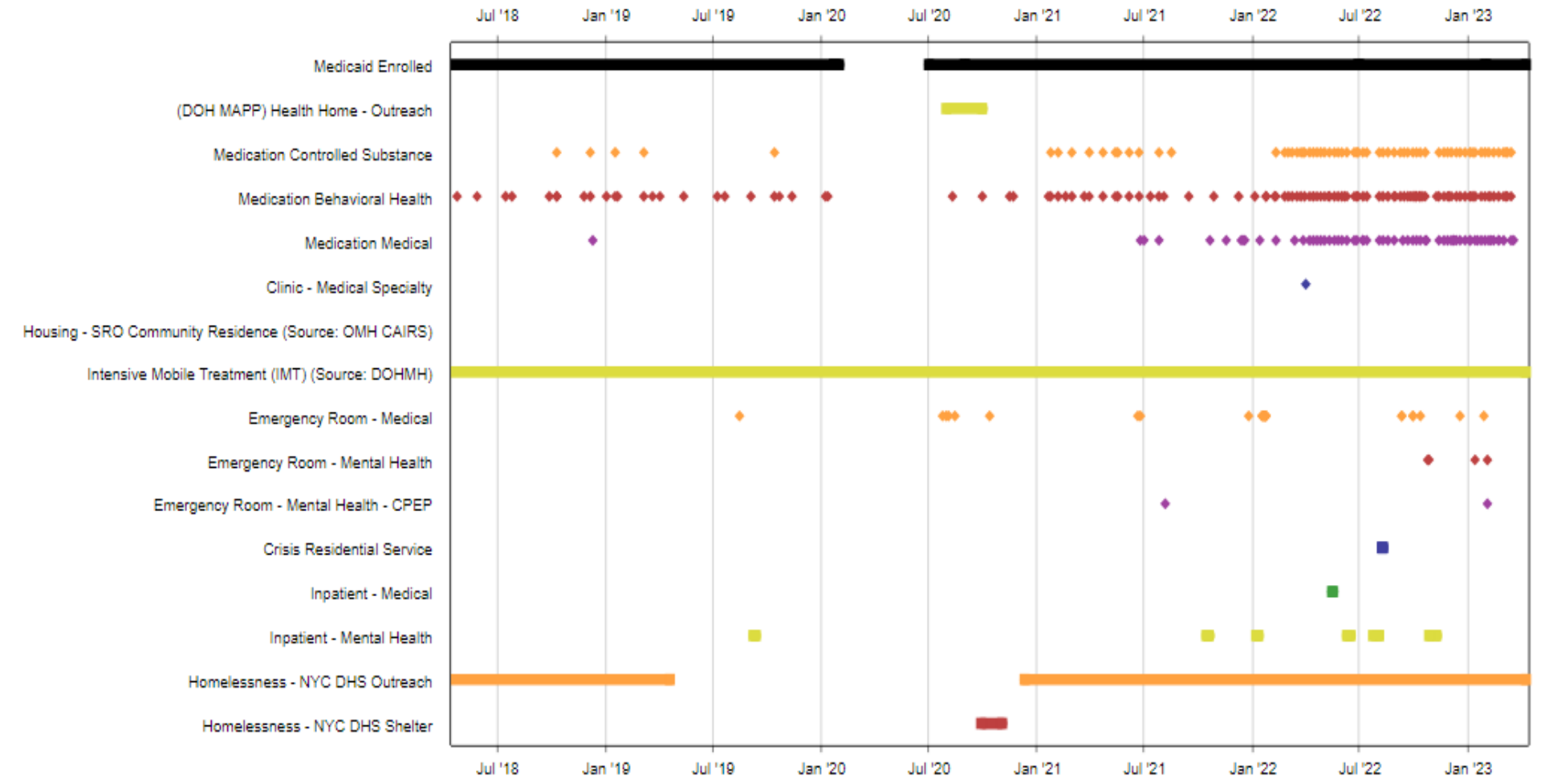
Medical Diagnoses

Primary, secondary, and quality flag-related diagnoses (most frequent first)

Certain Infectious And Parasitic Diseases	Unspecified viral hepatitis • Chronic viral hepatitis • Herpesviral [herpes simplex] infections • Viral infection of unspecified site
Codes For Special Purposes	COVID-19
Diseases Of The Circulatory System	Other cardiac arrhythmias
Diseases Of The Digestive System	Other diseases of stomach and duodenum • Other diseases of liver
Diseases Of The Ear And Mastoid Process	Otalgia and effusion of ear
Diseases Of The Eye And Adnexa	Visual disturbances
Diseases Of The Genitourinary System	Absent, scanty and rare menstruation
Diseases Of The Musculoskeletal System And Connective Tissue	Other and unspecified soft tissue disorders, not elsewhere classified
Diseases Of The Nervous System	Sleep disorders
Diseases Of The Respiratory System	Asthma
Diseases Of The Skin And Subcutaneous Tissue	Cellulitis and acute lymphangitis • Cutaneous abscess, furuncle and carbuncle • Other local infections of skin and subcutaneous tissue
Endocrine, Nutritional And Metabolic Diseases	Other disorders of fluid, electrolyte and acid-base balance
External Causes Of Morbidity And Mortality	Failure of sterile precautions during surgical and medical care • Other and unspecified misadventures during medical care
Factors Influencing Health Status And Contact With Health Services	Personal risk factors, not elsewhere classified • Persons encountering health services in other circumstances • Encounter for medical observation for suspected diseases and conditions ruled out • Encounter for screening for other diseases and disorders • Contact with and (suspected) exposure to communicable diseases • Personal history of certain other diseases • Encounter for examination and observation for other reasons • Encounter for screening for infectious and parasitic diseases
Injury, Poisoning And Certain Other Consequences Of External Causes	Poisoning by, adverse effect of and underdosing of other systemic anti-infectives and antiparasitics • Poisoning by, adverse effect of and underdosing of diuretics and other and unspecified drugs, medicaments and biological substances • Injury of unspecified body region
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Symptoms and signs involving emotional state • Nausea and vomiting • Other symptoms and signs involving the digestive system and abdomen • Dizziness and giddiness • Other symptoms and signs involving general sensations and perceptions • Abdominal and pelvic pain • Abnormalities of breathing • Abnormalities of heart beat • Abnormalities of gait and mobility • Edema, not elsewhere classified • Abnormal results of function studies • Localized swelling, mass and lump of skin and subcutaneous tissue • Syncope and collapse • Pain in throat and chest • Malaise and fatigue

Integrated View of Services Over Time

Table | Graph



NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Care Coordination

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Intensive Mobile Treatment (IMT) (Source: DOHMH)	CENTER FOR URBAN COMMUNITY SERVICES (CUCS) MANHATTAN IMT II	8/8/2017	Current		
Health Home - Outreach (DOH MAPP)	NORTH SHORE UNIVERSITY HOSPITAL (HH, CM)	8/1/2020	9/30/2020		
Homelessness - NYC DHS Outreach	MANHATTAN OUTREACH CONSORTIUM	3/8/2016	4/10/2023	2	

Medication: Controlled Substance

Details

Table | Graph

Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	
IV	Anxiolytic/ Hypnotic	Clonazepam	1 MG, 1/day	1 Yr(s) 1 Month(s) 1 Week(s) 6 Day(s)	2/10/2022	3/16/2023	
IV	Anxiolytic/ Hypnotic	Clonazepam	2 MG, 1/day	1 Yr(s) 1 Month(s) 1 Week(s) 6 Day(s)	2/10/2022	3/16/2023	
IV	Anxiolytic/ Hypnotic	Clonazepam	0.5 MG, 1.75/day	4 Day(s)	12/6/2018	12/6/2018	
IV	Anxiolytic/ Hypnotic	Clonazepam	0.5 MG, .29/day	1 Week(s)	10/11/2018	10/11/2018	

Medication: Behavioral Health

Details

Table | Graph

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	
Anxiolytic/ Hypnotic	Clonazepam	1 MG, 1/day	1 Yr(s) 1 Month(s) 1 Week(s) 6 Day(s)	2/10/2022	3/16/2023	
Anxiolytic/ Hypnotic	Clonazepam	2 MG, 1/day	1 Yr(s) 1 Month(s) 1 Week(s) 6 Day(s)	2/10/2022	3/16/2023	
Antipsychotic	Aripiprazole (Abilify Maintena)	400 MG, .04/day	11 Month(s) 4 Week(s) 2 Day(s)	4/7/2022	3/9/2023	

Medication: Medical

Details

Table | Graph

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	
Burn Products	Silver Sulfadiazine	1 %, 2.83/day	2 Month(s) 1 Week(s) 3 Day(s)	2/9/2023	3/20/2023	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Naproxen	375 MG, 2/day	8 Month(s) 3 Week(s) 3 Day(s)	6/27/2022	3/16/2023	
Serotonin Agonists	Sumatriptan Succinate	50 MG, 1.67/day	3 Day(s)	3/16/2023	3/16/2023	

Behavioral Health Services

Details | Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Physicians Group - Psychiatry	SOUTH SHORE MAGNETIC RESONANCE IMAG	10/28/2022	10/28/2022	1	Schizoaffective disorder, bipolar type	- Psych Diag Eval W/Med Srvcs	
Multi-Type Group - Psychiatry	METROPOLITAN MEDICAL PRACTICE PLAN	1/10/2022	7/25/2022	4	Schizoaffective disorder, unspecified	- Initial Observation Care - Psych Diag Eval W/Med Srvcs	
Clinic - Medical Specialty	NYU LANGONE HOSPITALS	4/2/2022	4/2/2022	1			

Medical Outpatient Services

Details | Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Multi-Type Group - Internal Medicine	METROPOLITAN MEDICAL PRACTICE PLAN	6/9/2022	1/29/2023	3	Vomiting, unspecified	- Electrocardiogram Report	
Multi-Type Group - Internal Medicine	DOWNTOWN BRONX MEDICAL ASSOCIATES	6/24/2021	1/14/2023	4	Dizziness and giddiness	- Electrocardiogram Report	
Clinic - Medical Specialty	RYAN/CHELSEA CLINTON COMM H C	12/5/2022	12/5/2022	1		- Office O/P Est Mod 30-39 Min	

Hospital/ER/Crisis Services

Details | Table | Graph

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - MH - CPEP	BELLEVUE HOSPITAL CENTER	2/4/2023	2/4/2023	1	Suicidal Ideations	- Psych Diagnostic Evaluation	
ER - Medical	NYU LANGONE HOSPITALS	12/18/2022	12/18/2022	1	Other Diseases Of Stomach And Duodenum	- Emr Dpt Vst Mayx Req Phy/Qhp	
Inpatient - MH	BRUNSWICK HOSPITAL CENTER INC	10/27/2022	11/9/2022	13	Schizoaffective Disorder, Bipolar Type		
ER - MH	LINCOLN MEDICAL/MENTAL HLTH	10/26/2022	10/27/2022	1	Delusional Disorders	- Emergency Dept Visit Mod Mdm	

Dental

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)
Unspecified Setting	INDZONKA PETER FRANCIS	1/10/2020	1/14/2020	3	- Extraction Erupted Tooth/Exr - Intraoral Periapical First - Limit Oral Eval Problm Focus - Tx Dental Pain Minor Proc - Intraoral Periapical Ea Add
Unspecified Setting	MEDS OOS PHYSICIAN & OTHE	8/15/2016	5/16/2019	3	- Intraor Complete Film Series - Dental Prophylaxis Adult - Comprehensve Oral Evaluation - Oral Hygiene Instruction - Panoramic Image
Unspecified Setting	3 STONE DENTAL PLLC	8/15/2016	7/13/2017	3	- Amalgam Two Surfaces Permane - Dental Prophylaxis Adult - Periodic Oral Evaluation

Vision

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Procedures (Last 3 Months)
Eye Care Services - Unspecified Setting	TROY OPTICAL LTD	6/26/2018	6/26/2018	1	- Eye Exam New Patient
Eye Appliances - Unspecified Setting	TROY OPTICAL LTD	6/26/2018	6/26/2018	1	- Vision Svcs Frames Purchases - Spherocylindr 4.00d/12-2.00d - Lens Polycarb Or Equal

Living Support/Residential Treatment

Details

Table | Graph

Program/Type	Provider Name	First Date of Service (last 5 years)	Last Date Billed	Number of Visits
Homeless Shelter - Single Adult, General (Source: NYC DHS)	BRC RECEPTION	9/29/2020	11/2/2020	
Housing - SRO Community Residence (Source: OMH CAIRS)	Jewish Board of Family & Children's Services	3/8/2016	7/22/2019	

Laboratory & Pathology

Details

Table | Graph

Test/Panel Name	First Billed	Last Billed	# Tests	Most Recent Lab/Pathology Provider
Cov-19 Amp Prb Hgh Thruput	1/21/2022	1/17/2023	4	MEDS OOS LAB
Infec Agen Detec Ampli Probe	8/31/2021	1/17/2023	2	SHERMAN-ABRAMS LABORATORY
Candida Dna Amp Probe	12/5/2022	12/5/2022	1	QUEST DIAGNOSTICS INC

Utilization Reports to Support VBP

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Three Utilization Reports to Support VBP

1. Payer Mix
   - Which Managed Care Plans and product lines are my clients enrolled in?
   - Which plans and product lines should I focus on?

2. Provider Network
   - Which other providers do I share clients with, for what service types?
     - For example, my mental health clinic clients use which SUD services, medical ERs, or outpatient medical services?
   - Who should I partner with?

3. Service Settings and Volume
   - What services are my clients consuming – from me, and from other providers?
   - How many encounters per year, by service type (at my agency, at other providers, and in total)
   - Can use to model costs

MAIN STREET MENTAL HEALTH CLINIC

PDF Excel

Filters Reset

Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume

The distribution of Medicaid Managed Care Plans and Product Lines for **MAIN STREET MENTAL HEALTH CLINIC** current Medicaid clients.

Name	Total Clients	Mainstream	HARP	HIV SNP	LTC FIDA-IDD	LTC MAP	LTC PACE	LTC Partial Cap	Medicaid Advantage
CDPHP	2	2							
Fidelis Care New York	117	115	2						
HIP (EmblemHealth)	19	19							
HealthPlus	19	19							
Healthfirst PHSP, Inc.	134	134							
Hudson Health Plan	1	1							
MVP	46	46							
MetroPlus Health Plan	19	18	1						
Molina Healthcare of New York	34	34							
Partners Health Plan Inc	4				4				
UnitedHealthcare Community Plan	31	31							
Medicaid Managed Care Plan Total (A)	426	419	3		4				
Medicaid Fee For Service* (B)	243								
Medicaid All Client Total (A + B)	669	419	3		4				

MAIN STREET MENTAL HEALTH CLINIC

PDF Excel

Filters Reset

Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume

The distribution of agencies providing services to **MAIN STREET MENTAL HEALTH CLINIC** current Medicaid clients.

Provider Name	Total Clients	IP-Medical	IP-SUD	IP-MH	ER/CPEP Medical	ER/CPEP MH	ER/CPEP SUD	OP-Medical	OP-SUD	OP-MH	OP-DD	Health Home	Residential/Living	Home Care	Pharm	Other Services
MONTEFIORE NYACK HOSPITAL	21	4			11	5		8								5
THE NEW YORK AND PRESBYTERIAN HOSPITAL	20			3	9	3		7		1					1	1
ST. JOSEPH'S MEDICAL CENTER	20	1			6	5		1		9						6
NYC-HHC LINCOLN MEDICAL & MENTAL HEALTH CENTE	19	2			11	5		7								2
BRONXCARE HEALTH SYSTEM	19	1		2	11	6		6								2
LEWIS DAVID ARTHUR	19												19			
OPEN DOOR FAMILY MEDICAL CENTERS	18							13		1						8
WHITE PLAINS HOSPITAL MEDICAL CENTER	18				11	3		7								8
HUDSON VALLEY HOSP CTR	18	3			13			4								3

MAIN STREET MENTAL HEALTH CLINIC

PDF Excel

Filters Reset

Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume

Volume and type of Medicaid services provided by any agency to MAIN STREET MENTAL HEALTH CLINIC current Medicaid clients.

	MAIN STREET MENTAL HEALTH CLINIC		Any Other Provider		Total	
Service Settings/Type	Clients with services	Claims/Encounters by these clients	Clients with services	Claims/Encounters by these clients	Unduplicated Clients with services	Claims/Encounters by these clients
Unduplicated Count of Clients	475	**58,860**	650	**110,137**	651	**168,608**
CPEP Mobile Crisis			1	1	1	1
Child Care - MH - Residential Treatment Facility			2	67	2	67
Child Foster Care	167	2,585	171	41,616	195	44,200
Clinic - MH Specialty	44	584	168	3,067	199	3,651
Clinic - Medical	106	683	367	3,578	437	4,257
Clinic - SUD			10	188	10	188
Clinic - Unspecified	109	928	57	1,023	163	1,951
Crisis Service - Any			1	1	1	1
Day Treatment - MH Specialty			11	1,822	11	1,822
Dental			217	462	217	462
ER - ALL			217	504	217	504
ER - MH			62	146	62	146
ER - Medical			187	366	187	366
Habilitation - DD - Individualized Residential Alternative (IRA)	105	38,142	48	13,939	152	52,081
Habilitation - DD - Individualized Residential Alternative (IRA) - Supervised	105	38,142	38	13,822	143	51,964

PSYCKES Access for LGUs

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

PSYCKES Access

- For counties that have access to PSYCKES, individual staff access is managed by the OMH Security Management System (SMS)
- Each county has a Security Manager for using SMS
  - Contact PSYCKES-Help for security manager information (PSYCKES-Help@omh.ny.gov)
- A new security manager can be appointed by the LGU director, if needed
  - Contact OMH Helpdesk to assign a new security manager
  - Confirm the OMH Helpdesk has correct LGU director on file
  - OMH Helpdesk sends SMS Self-Registration email to director, who then forwards email to newly appointed security manager

LGU PSYCKES Access Levels

- Security Manager assigns the appropriate access level, depending on role of county staff
- Leadership, Oversight at LGU
  - State level access
- Direct Service Providers & Supervisors
  - Agency level access for county-operated provider
- Security documents available to explain how to utilize PSYCKES access appropriately as an LGU

Security Documents for Counties Using PSYCKES

- PSYCKES Guidelines for:
  - Users
  - County Leadership
  - Security Managers
- LGU Security Self-Assessment Form
  - For internal use only (not to be returned to OMH)
  - Describe your LGU's security procedures related to PHI and intended use of PSYCKES
- PSYCES User Attestation
  - For internal use only (not to be returned to OMH)
  - Agreement to follow PSYCKES Guidelines for Users and follow policies and procedures for appropriate use PHI

Training & Technical Support

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

PSYCKES Training

- PSYCKES website: www.psyckes.org
- PSYCKES Training Webinars
  - Live webinars: Register on PSYCKES Training Webinars page
  - Recorded webinars: Slides and recordings available
    - Using PSYCKES Quality Indicator Reports
    - Navigating PSYCKES Recipient Search for Population Health
    - Using the PSYCKES Clinical Summary
    - Consent, Emergency, Quality Flag: PSYCKES Levels of Access
    - PSYCKES Mobile App for iPhones & iPads
    - Using PSYCKES from Home
    - Introduction to PSYCKES
    - Where to Start: Getting Access to PSYCKES
    - PSYCKES Train the Trainer
    - MyCHOIS Consumer Access for “My Treatment Data”
- PSYCKES User’s Guides & Short How-To Videos
  - www.psyckes.org > PSYCKES Training Materials

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Self-Service Console

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: mytoken.ny.gov
- From within your Self-Service Console account, you can:
  - Set security questions
  - Reset your PINs
  - Activate tokens
  - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed
- As of April 2022, the console must be used when new users need a token or existing users need a replacement token

Helpdesk Support

- PSYCKES Help (PSYCKES support)
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov

- ITS Help Desk (Token, Login & SMS support)
  - Provider Partner OMH Helpdesk:
    - 1-518-474-5554; healthhelp@its.ny.gov
  - OMH Employee ITS Helpdesk:
    - 1-844-891-1786; fixit@its.ny.gov