2016 Continuous Quality Improvement Initiative (CQI)
Quality Assurance Reporting Requirements (QARR) Project
Frequently Asked Questions

Contents

General Project Questions

1. **Do Clinics need to report on all six measures?**
   Yes- your agency has to develop processes to determine the population for any of the 6 measures for clinical intervention: PSYCKES can provide monthly data for four measures (HARP-HH enrollment; 2 adherence measures; diabetes monitoring) and Clinics need to develop processes to gather monthly data for the other two measures (time to clinic visit after hospital discharge; visits for children newly prescribed ADHD meds).

2. **What is the refresh rate of the data in PSYCKES?**
   Information in the Clinical Summary is updated weekly. The My QI Report screen is updated every 4 to 6 weeks, which includes the HARP-Enrolled, Not Health Home Enrolled indicator, 2 adherence indicators, and diabetes monitoring indicator. In the Recipient Search screen, the HARP-Enrolled, Not Health Home Enrolled Quality Indicator is updated weekly.

3. **What is the difference between the data in PSYCKES and "mature" QARR performance measures?**
   This project contains two kinds of data. The "actionable" data from PSYCKES provides the most recent claims data that exists for four measures and is available within the BH QARR Improvement Measure. In addition, PSYCKES is developing "mature" data for each measure that provides the full calendar year of data, using the same timeframe that MCOs and DOH use. This will allow clinics to review performance on each measure the same way as MCOs and the Department of Health.

4. **What day did the reporting year for QARR start for Managed Care Organizations?**
   MCOs reporting year is January 1 - December 31.

5. **What if my Clinic doesn't serve children or adults?**
   You should only review and report on measures applicable to your population. This should be reassessed each month, as your population may change.

6. **Will Clinics still need to do monthly reporting and when will it start?**
   Yes, monthly reporting is required. The first project task is to complete the Project Planning Form. Once that is completed, monthly reporting will begin. Initially, we will ask about milestone readiness- i.e. the Clinic's stage of preparation in establishing systems for implementing the QARR project.

7. **What insurance data is in PSYCKES and will Clinics be required to report on clients that do not use Medicaid?**
   All Medicaid MCO data is in PSYCKES; clients who bill commercial insurance do not have data in PSYCKES. We only required that you report on Medicaid enrolled clients.

Specific Measure Questions

1. **For kids on newly prescribed ADHD, what if they are being prescribed by an outside prescriber, such as a neurologist, do we report them?**
   It is not unusual for children to be prescribed ADHD medication by an outside prescriber such as a neurologist or pediatrician but you want to ensure that children newly prescribed medication are seen by a prescriber one time in the 30 days following the prescription, and twice more in the subsequent 9 months. Your ability to make that happen should be reported on the monthly reports submitted to PSYCKES CQI, or the child can always be seen by your clinic prescriber.

2. **Is there a place to see all clients that are HARP enrolled but not Health Home enrolled? Is Health Home assignment (not enrollment) visible in PSYCKES?**
   Yes. The "HARP–Enrolled, Not Health Home Enrolled" QI indicator in the Recipient Search Tab can be used to identify the cohort of clients who need referrals to HHs. HH assignment (even if the client is in outreach status and not yet enrolled) can be located in each client's Clinical Summary.

3. **Are HARPs only for adults (individuals 21 years and older)?**
   Yes that is correct. Children will have their own system of care.

4. **The Health Home measure requires collaboration on both ends, from the Health Home end as well. Not all Health Homes operate effectively or collaboratively. How do you plan for this to be addressed through the project?**
   The CQI team plans to use the monthly Learning Collaborative calls as effectively and as purposively as possible. Our intent is that as issues and concerns are raised, our invited “guests” on the calls will include Health Homes in order to better understand enrollment problems and think through solutions to enrollment and other problems. In addition, we also hope our guests will include individuals from Managed Care Organizations, government, expert billers, etc. We look forward to the suggestions from out participating agencies.

5. **Do the Health Homes have Chinese language capabilities? We have consumers with care managers that do not speak their language.**
   Each Health Home is responsible for either providing the service in the language of the recipient or making translation services available. If truly no translation possibilities exist within the Health Home, the client can either be referred to another Health Home covered by their Managed Care contract or this problem can be reported to the DOH at 618-473-5569.

6. **How do you measure adherence to medication? Is it by client/parent self-report?**
   PSYCKES measures medication adherence from pharmacy claims data regarding prescription pick-up. This does not guarantee that the client is taking the medication, but is the best source of this information (other than client self-report to Clinic staff).

7. **Does the use of the diagnosis schizophrenia include the full spectrum of schizophrenia codes?**
   Yes that is correct.

8. **For the 7 day follow-up to hospitalization measure, is the tracking conducted for patients already enrolled, or for new hospital discharges?**
   Both are included in the measure- current clients who are hospitalized while receiving services from your clinic and new clients that are referred from a hospital to your clinic.

9. **Regarding follow-up within 7 days of hospitalization, does this mean a hospitalization or ER visit?**
   Hospitalization. The eligible population for this measure is based on an "acute inpatient discharge with a principal diagnosis of mental illness".

10. **For the 7 day follow-up to hospitalization measure, is the hospital follow up 7 business days?**
    The follow-up visit must be conducted within 7 calendar days.

11. **Does the 7 day follow-up after hospitalization have to be with a psychiatrist or does another clinician count?**
    A face to face visit with any member of your clinical team counts (not just psychiatrists).

PSYCKES Consent

1. **Is there already a PSYCKES consent form created?**
   Yes- the Registrar menu in PSYCKES can be used to obtain the PSYCKES consent form and to input contact information for staff within the PSYCKES consent form. Alternatively, a blank PSYCKES consent form can be accessed here: https://www.omh.ny.gov/omhweb/psyckes_medicaid/about/consent_form.pdf

2. **Can Clinics run a report in PSYCKES to show all of the clients for which we have consent?**
   Yes. Go to the Recipient Search menu in PSYCKES. Locate the "Services by a Specific Provider" box on the top right of screen, then select from the drop down filter called "Current Access Status". The options are active consent; attestation of services only; emergency; and linked through Medicaid billing only.

3. **Can Clinics batch upload PSYCKES consent forms?**
   Unfortunately, there is not currently a way to batch upload client consents. We will take this suggestion under consideration for future system improvements.

4. **Do all Medicaid clients in our Clinic require PSYCKES consent?**
   We recommend that all Medicaid clients are consented at intake, as it allows you to see data in their Clinical Summary that can support informed clinical treatment. In addition, when you obtain consent you can search and review data on clients with suicide attempts, HARPS status, or other search criteria of interest.

5. **For clients for whom we already have PSYCKES consent, do Clinics need to re-consent them as part of this project?**
   No. You do need to consent them again for the new project. The consent will remain active for 3 years after the last billed service at the agency.

6. **We have mental health and chemical dependency outpatient services. Getting PSYCKES consents for OASAS patients as well as OMH patients would seem beneficial. Any input on that?**

   Yes, we recommend that all Medicaid clients are consented at intake, as it allows you to see data in their Clinical Summary that can support informed clinical treatment. In addition, when you obtain consent you can search and review data on clients with suicide attempts, HARPS status, or other search criteria of interest.

7. **Previously we did not get consent for children. Moving forward will we need to get consent from children to track ADHD medication?**

   Yes. Consent should be obtained from the parent or guardian of the child.

8. **How do we consent a client in PSYCKES?**

   Entering client consent in PSYCKES is much easier now. All PSYCKES users will automatically have access to the "Registrar" menu. The Registrar menu can be used to obtain the PSYCKES consent form, input contact information for staff within the PSYCKES consent form, and attest to an organization's right to access client level data (using PHI Access Module) by indicating signed consent, clinical emergency, or attestation of service.

9. **What if a client does not agree to give consent for PSYCKES or withdraws consent?**

   Clients do not have to give consent and can withdraw consent at any time. We recommend that clinicians discuss consent and what it means with clients. The Registrar menu in PSYCKES can be used to withdraw a previously entered client consent.

10. **What PSYCKES data can be seen if the client has not consented?**

    There are three situations in which a provider can access PSYCKES data for a client without their consent.

    1) If client has a quality concern (i.e., quality flag) identified in PSYCKES and at least one billed service in the past nine months; the provider may access PSYCKES data as part of the QI work. With this level of access, the user can view the client's clinical summary, however, data with special protection (substance use information, HIV information, family planning, and genetic testing information) will be hidden.
    2) In the case of a clinical emergency, for example in an ER, the provider may access client data for 72 hours after attesting that there is an existing emergency without client consent (using PSYCKES PHI Access Module). This provides access to the client's full clinical summary, including data with special protection.
    3) Provider can attest client is being served by / transferred to facility prior to billing and/or signed consent (using PSYCKES PHI Access Module); the user can view the clinical summary if the client is positive for a quality flag, however data with special protection will be hidden.

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