

PSYCKES-Medicaid Release Notes – Release 6.8.0

Table of Contents

1. Quality Indicator Trends Past Year in My QI Report
2. Outpatient Providers Bulk Population Management Views in Recipient Search
3. HARP HCBS Assessment Status & Results in Recipient Search
4. Transition from WMS to NYSoH filters in Recipient Search
5. HARP HCBS Assessment Status & Results in Clinical Summary
6. Primary Care Physician (Managed Care Plan-Assigned)
7. Electronic Medical Record-Compatible Clinical Summary Export
8. Transition from WMS to NYSoH message in Clinical Summary
9. Injectable medication procedures in medication section of Clinical Summary
10. Redesigned PSYCKES Consent Form in Registrar Menu
11. High Risk List Registry in MyCHOIS
12. Consent functionality enhancements in MyCHOIS

My QI Report

1. Quality Indicator Trends Past Year

Under the “My QI Report” tab in the navigation bar, select “QI Trends Past Year” to open a new page for quality indicator trending. First select the desired provider, network, or plan from the organization drop-down menu. Then select both the indicator set and indicator for which you want to view prevalence rates over the past 1-year period. A graph as well as a table will load providing the organization’s prevalence rates each month, compared to region and statewide prevalence rates. The following filters can be added to the report if applicable: Program Type, Age Group, Managed Care, MC Product Line, and DSRIP PPS.

QI Trends Past Year is an aggregate data report (no Protected Health Information is displayed) and it will not display any data in the report if the “Eligible Population” denominator for a given month is less than 20 individuals.

Recipient Search

2. Outpatient Providers Bulk Population Management Views

When group searches of populations of interest are conducted in Recipient Search, the results page provides an unduplicated list of the recipients who match the selected search criteria. The new population management “Views” are in a dropdown located at the upper right-hand corner of the Recipient Search results page and will allow you to add new columns of information to the results table. Upon selecting the desired view, a series of columns will be added to your results page. In the last release (6.7.0, October 2019), the views that were added included Care Coordination, Hospital Utilization, and Managed Care POP.

“Outpatient Providers” is the new advanced view available in this release. The following columns of information will be added to your results page when this view is selected:

- **Primary Care Physician Assignment (Assigned by MC Plan):**
 - o PCP Name
 - o Most Recent Service Past 1 year
 - o # Visits with Assigned PCP past 1 year

- **Mental Health Outpatient Provider:**
 - o Most Recent Provider Facility Name
 - o Most Recent Service Past 1 year
 - o # Services this Provider Past 1 year
- **Medical Outpatient Provider:**
 - o Most Recent Provider Facility Name
 - o Most Recent Service Past 1 year
 - o # Services this Provider Past 1 year

For provider agency users, the applicable information in the selected view columns will be displayed for recipients with a quality flag or consent. The Recipient Search results page with population management views can be exported to Excel.

3. HARP HCBS Assessment Status & Results

Two new filters related to the Health and Recovery Plan (HARP) Home and Community Based Services (HCBS) assessment are available in Recipient Search in the “Characteristics” section. The data source for these filters is the Uniform Assessment System (UAS) and they contain the following filter options:

- **HARP HCBS Assessment Status:**
 - o Never Assessed
 - o Assessment Up to Date
 - o Assessment Due in 90 Days
 - o Assessment Overdue
 - o Ever Assessed
- **HARP HCBS Assessment Results:**
 - o Most Recent Result: Not Eligible for HCBS
 - o Most Recent Result: Tier 1 HCBS Eligibility
 - o Most Recent Result: Tier 2 HCBS Eligibility

4. Transition from WMS to NYSoH Filters

Two new filter options are available in Recipient Search in the “Population” filter, in the “Characteristics” section, to identify recipients transitioning from the Welfare Management System (WMS) to the New York State of Health (NYSoH) enrollment system for Medicaid recertification:

- **Transition from WMS to NYSoH: Medicaid Recertification Due < 3 months**
- **Transition from WMS to NYSoH: Medicaid Recertification Expired**

Clinical Summary

5. HARP HCBS Assessment Status & Results

Similar to the new Recipient Search filters described above, a new data element is available at the top of the client-level Clinical Summary called “HARP HCBS Assessment Status.” The data source for this status is the UAS and information in the following scenarios may be displayed:

- If a HARP client has an up to date assessment, it will show the most recent results and the date when the reassessment is due. For example: “Tier 2 HCBS Eligibility (Reassess by 10/29/2020)”
- If a client’s HCBS reassessment is overdue, it will say “Reassess overdue” in the parenthesis
- If a client is HARP enrolled or eligible but has never been assessed, it will say “Never assessed”
- For clients not enrolled in or eligible for HARP, this status will say “N/A”

6. Primary Care Physician (Managed Care Plan-Assigned)

A new data element is available at the top of the Clinical Summary called “MC Plan Assigned PCP” and it lists the name of the Primary Care Physician (PCP) that was either selected by the client or assigned to the client by their Managed Care plan. The data source for this status is the Department of Health (DOH) quarterly Managed Care plan PCP assignment file.

The client may or may not have seen this MC plan assigned PCP; information on services from outpatient medical providers is available in the outpatient services section of the Clinical Summary.

7. Electronic Medical Record-Compatible Clinical Summary Export

A new “CCD” export option is available for provider agency and statewide users in the 1 Year Summary and 5 Year Summary views of a client’s Clinical Summary, in addition to the PDF and Excel export options. The Continuous Care Document “CCD” export is compatible with Electronic Medical Records (EMR) software standard of Health Level Seven (HL7-CDAR2-Level 1). Exporting a client’s Clinical Summary to CCD will allow for their PSYCKES information to be integrated into their EMR record. This may require assistance from your IT department to implement.

8. Transition from WMS to NYSoH Message

The following message will be displayed in the “Current Care” section of the Clinical Summary for clients who are required to use the NYSoH system for Medicaid recertification and Medicaid is either about to expire or already expired:

“Medicaid Eligibility Alert: This client must use the New York State of Health (NYSoH) enrollment system for Medicaid recertification (expiration: <date>). For More information contact NYSoH at 1-855-355-5777.”

9. Injectable Medication Procedures in Medication Section

Injectable medications such as injectable antipsychotics and injectable methadone for example are viewable in Medicaid billing by procedure codes and historically displayed in PSYCKES in the outpatient services section or the hospital section of a client’s Clinical Summary. These injectable medications will now be available in the applicable medication section(s) of the Clinical Summary, in addition to the outpatient services and hospital sections.

Registrar Menu

10. Redesigned PSYCKES Consent Form

The new version of the PSYCKES consent form and withdrawal of consent form are now available within the Registrar Menu of the PSYCKES application. The new versions were distributed in August 2019 when they were rewritten at a lower-reading level and redesigned for ease of comprehension.

When printing the PSYCKES consent form and withdrawal of consent form from the Registrar Menu, your agency/hospital name will be pre-populated appropriately in the form and the “Add/Edit Details” feature can be used to populate applicable name(s) and phone number(s) appropriately in the form before printing.

MyCHOIS

11. High Risk List Registry

The following enhancements were made to the High Risk List registry in MyCHOIS, available for organizations with access to MyCHOIS:

- Clinics using the MyCHOIS High Risk List choose which clients to place on the High Risk List; clients are no longer automatically designated on the High Risk List

- You may select from the following reasons/designations for placing a client on the High Risk List: Antipsychotic Non-Adherence, AOT Court Order, High Hospital/ER Utilization, Opioid Overdose Past Year, Self-Harm, Suicide Attempt/Intent, Other Designation (<enter>), and Not specified
- The columns of information displayed in the High Risk List tab include: Client Name, DOB (Gender), Medicaid QI Flag, PSYCKES Alerts, High Risk List Designation(s), date added on High Risk List, and the number of days when the client will expire from the High risk List.
- From the High Risk List tab, the following functions can be executed:
 - o “Renew” a client on the High Risk List by selecting the clock icon in the client’s row; this will keep them on the list for 90 more days
 - o “Remove” a client from the High Risk List by selecting the X icon in the client’s row
 - o “Edit” a client’s High Risk List designation by selecting the pencil icon in the client’s row; this will display a modal dialog box allowing you to update the client’s “designation” reason for being on the list

To place a client on the High Risk List, go to the “All Clients” tab or the “My Clients” tab, locate the client, and select the “Edit Client” icon in the right-hand column. Select “Client Registries” from the Edit Client options list and a “Registries” modal dialog will appear. Under the “High Risk List Registry” section, select the “Designations” or reason(s) for which you are putting the client on the High risk List and click “Save.”

Placing a client on the High Risk list with the “Suicide Attempt/Intent” designation does not also place the client on the “Suicide Care Pathway” registry. The Suicide Care Pathway is a separate registry from the High Risk List.

12. Consent Functionality Enhancements in MyCHOIS

Attesting that a client signed the PSYCKES consent form from within MyCHOIS is no longer completed during the “Add Client” process. Instead, to enter PSYCKES consent from within MyCHOIS, use the following steps:

- Go to the “All Clients” tab or the “My Clients” tab, locate the client, and select the “Edit Client” icon in the right-hand column
- Select “PHI Access/Consent” from the Edit Client options list and a modal dialog will appear
- Confirm you are accessing the correct client and then click “Next”
- Select the option that matches why you are allowed to view this client’s data; for example, click the check box “Client signed a PSYCKES consent” and then click “Next”
- Select the option for how you have verified the client’s identity; you can select “Provider attests to client identity” or select the form(s) of photo ID the client provided
- Click “Enable”