



**Office of
Mental Health**

New PSYCKES Features

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

If you do not see the Audio Connection box, go to the top of your WebEx screen, click “Communicate” > “Audio Connection” > “Join Teleconference”

Erica Van De Wal-Ward & Kristen McLaughlin
Medical Informatics
PSYCKES Team
July 19, 2017

Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over green bar at top of screen to see menu
- Type questions using the “Q&A” feature
 - Submit to “all panelists” (default)
 - Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar

Agenda

- What is PSYCKES?
- Redesign of PSYCKES Application
- Streamlined Consent Process in Recipient Search
- Ability to Upload Documents (e.g., safety plan, care plan)
- Create New Safety Plan Using Template
- OMH Unsuccessful Discharge Sustained Engagement Alert
- Managed Care Product Line Filter
- Utilization Reports to Support Providers in VBP
- Training & Technical Assistance

What is PSYCKES?



**Office of
Mental Health**

What is PSYCKES?

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making and quality improvement
- Ongoing data updates

Who is Viewable in PSYCKES?

- Over 6 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 – general medical, behavioral health, residential

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, etc.
 - Time lag varies from weeks to months, depending on how quickly providers bill and Managed Care plans submit to DOH
- “Real time” (0-7 day lag) data sources currently in PSYCKES:
 - State Psychiatric Center EMR
 - CAIRS: ACT provider and contact information
 - TACT: AOT provider and contact information
 - MAPP: Health Home enrollment and CM provider information
 - NIMRS: Suicide attempt
 - Managed Care Enrollment Table: MC Plan & HARP status

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider or care manager and to support clinical review and quality improvement
- When a client has a quality flag, the provider is allowed access to that individual’s Clinical Summary
- Examples of current quality flags include:
 - Medication-Related, e.g., Polypharmacy, Low Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening on AP, No Outpatient Medical Visit > 1 year
 - HARP-Enrolled, Not Health Home Enrolled

New PSYCKES Design & Streamlined Consent



**Office of
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My QI Report



Office of
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PSYCKES

De-identify ☐

Settings ▾

Log Off

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

MAIN STREET CLINIC

Quality Indicator Overview As Of 05/01/2017



PDF



Excel

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

Filters

Reset

Indicator Set

Indicator Set ▲	Population	Eligible Population	# with QI Flag	% <div><div></div></div>	Regional % <div><div></div></div>	Statewide % <div><div></div></div>	<div><div></div><div>25%</div><div>50%</div><div>75%</div><div>100%</div></div>
BH QARR - DOH Performance Tracking Measure - as of 11/01/2016	All	2,954	1,893	64.08	65.97	66.95	<div><div></div><div>64.08</div><div>65.97</div><div>66.95</div></div>
BH QARR - Improvement Measure	All	1,501	613	40.84	43.96	46.53	<div><div></div><div>40.84</div><div>43.96</div><div>46.53</div></div>
General Medical Health	All	46,000	3,445	7.49	11.55	13.05	<div><div></div><div>7.49</div><div>11.55</div><div>13.05</div></div>
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High Utilization - Inpt/ER	All	46,641	12,900	27.66	23.20	24.04	<div><div></div><div>27.66</div><div>23.20</div><div>24.04</div></div>
Polypharmacy	All	4,113	439	10.67	11.75	11.38	<div><div></div><div>10.67</div><div>11.75</div><div>11.38</div></div>
Preventable Hospitalization	Adult	31,472	378	1.20	1.05	0.88	<div><div></div><div>1.20</div><div>1.05</div><div>0.88</div></div>

My QI Report: Filters

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL

Indicator Set

Indicator Set ▲

BH QARR - DOH Performance Tracking Measure - as of 10/01/2016

BH QARR - Improvement Measure

General Medical Health

HARP Enrolled - Not Health Home Enrolled

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

QI Filters

Site

ALL

Program Type

ALL

ALL

Care Management - Enrolled (Source: DOH)

Care Management - Enrolled/Outreach (Source: DOH)

Care Management - Outreach (Source: DOH)

Clinic - MH Specialty

Clinic - Medical Specialty

Clinic - Unspecified Specialty

Clinic MH - ALL

Managed Care

MC Product Line

ER - BH Dx/Svc/CPEP

ER - Medical Dx/Svc

Age

Health Home - Enrolled (Source: DOH)

Health Home - Enrolled/Outreach (Source: DOH)

Health Home - Outreach (Source: DOH)

Health Home and/or Care Management - Enrolled (Source: DOH and Medicaid)

Health Home and/or Care Management - Outreach/Enrolled (Source: DOH and Medicaid)

Region

Inpatient - MH

Inpatient - Medical

Inpatient - SU

Outpatient SU - ALL

County

Filters

Reset

Statewide %

25% 50% 75% 100%

64.08

65.97

66.95

40.84

43.96

46.53

62.01

68.46

67.22

27.66

23.20

24.04

Recipient Search

Recipient Search

Limit results to 50 ▾

Search

Reset

Recipient Identifiers

Search in:

☒ Full Database

☐ MAIN STREET CLINIC

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

Characteristics as of 07/10/2017

Quality Flag as of 05/01/2017

Services: Specific Provider as of 05/01/2017

Past 1 Year ▾

Age Range	<input type="text"/>	To	<input type="text"/>
Gender	<input type="text"/>		
HARP Status	<input type="text"/>		
AOT Status	<input type="text"/>		
Population	<input type="text"/>		
Managed Care (MC)	<input type="text"/>		
MC Product Line	<input type="text"/>		
Medicaid Restrictions	<input type="text"/>		
Alerts & Incidents	<input type="text"/>		

HARP Enrolled - Not Health Hor

Antipsychotic Polypharmacy (2

Antipsychotic Two Plus

Antipsychotic Three Plus

Antidepressant Two Plus - SC

Antidepressant Three Plus

Psychotropics Three Plus

Psychotropics Four Plus

Polypharmacy Summary

Discontinuation - Antidepressan

Adherence - Mood Stabilizer (Bi

Adherence - Antipsychotic (Sch

Treatment Engagement - Summr

No Metabolic Monitoring (Gluc

Definitions

Provider	MAIN STREET CLINIC		
Region	<input type="text"/>	County	<input type="text"/>
Current Access	<input type="text"/>		
Service Utilization	<input type="text"/>	Number of Visits	<input type="text" value="-"/>
Service Setting:	Service Detail: Selected		
<div><div>+-Care Coordination</div><div>+-Inpatient - ER</div><div>+-Living Support/Residential</div><div>+-Other</div><div>+-Outpatient - DD</div><div>+-Outpatient - MH</div></div>		<div></div>	

Recipient Search: Results

[◀ Modify Search](#)

853 Recipients Found

[PDF](#) [Excel](#)

Quality Indicator

HARP Enrolled - Not Health Home Enrolled - (updated weekly)

AND

[Provider Specific] Provider Name

Main Street Clinic

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan	Current PHI Access
Aeaagef leeacbc	liaebef Abieadi	01/01/9999	Iceahjd Ccbiebe	BH QARR - DOH, HARP No Health Home, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Outpt Medical	Healthfirst PHSP, Inc.	Quality Flag
Agjcfib Ihhhiab	Facfhhd Jfbcbcg	01/01/9999	Fecadbc lbafdag	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-AP, Adher-MS, BH QARR - DOH, HARP No Health Home, No Outpt Medical, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Fidelis Care New York	Quality Flag
Agjcfib Ihhhiab	Ffgfibd Fafadfg	01/01/9999	Fecadbc lbafdag	2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-Med, Readmit 30d - BH to BH		Quality Flag

Clinical Summary

[← Recipient Search](#)

SMITH, JOHN

Clinical Summary as of 4/1/2017



PDF



Excel



CCD

☰ Sections

This report contains all available clinical data.
OMH PHI - Data with Special Protection ☒ Show ☐ Hide

Summary Period

1 Yr

2 Yrs

All

General

Name	Medicaid ID	Medicare
Smith, John	AB12345C	Yes
DOB	Medicaid Aid Category	Managed Care Plan
10/13/1965 (52 Years)	SSI	Fidelis Care New York (Medicaid Advantage)
Address	Medicaid Eligibility Expires on	HARP Status
123 Main Street, New York, NY 11111		Not Eligible

Current Care Coordination

Health Home (Enrolled) - Status : Active, COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-NOV-14), Main Contact: Referral - Inna Borik, 646-930-8836
iborik@cbcare.org, Enoch Naklen, 646-930-8823 enaklen@cbcare.org, Jeannette Wilson, 646-930-8831 jwilson@cbcare.org, Member Referral Number: 866-899-0152

Care Management (Enrolled) : FAMILY SERVICES NETWORK NY AI

- This information is updated weekly from DOH Health Home file.

Clinical Summary: Section Navigation

[← Recipient Search](#)

Jeacdhc Jbebibc

Clinical Summary as of 6/28/2017

PDF Excel CCD

≡ Sections

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

Summary Period **1 Yr** 2 Yrs All

- Care Coordination
- Medication: BH
- Medication: Medical
- BH Outpatient
- Medical Outpatient
- Hospital/ER
- Dental
- Vision
- Support/Residential
- Lab & Pathology
- Radiology
- Medical Equipment
- Transportation

Medicaid ID

IIAEBEF ABIEADI

Medicare

No

Medicaid Aid Category

SSI

Managed Care Plan

Healthfirst PHSP, Inc. (HARP)

Medicaid Eligibility Expires on

HARP Status


Enrolled without HCBS Eligibility (H1)

as of monthly QI report 5/1/2017 [Definitions](#)

Recent All (Graph) All (Table)


BH QARR - DOH Performance Tracking Measure - as of 11/01/2016: [Low Antipsychotic Medication Adherence \(Schizophrenia\)](#) • [No Diabetes Screening - Schizophrenia or Bipolar Using Antipsychotic](#)


Settings: Change Homepage, Update User Survey



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PSYCKES

De-identify 

Settings 


Log Off


My QI Report


Statewide Reports

Recipient Search


Provider Search


Registrar 

Usage Reports 

MAIN STREET CLINIC 

Quality Indicator Overview As Of 05/01/2017





 PDF

 Excel

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

Filters Reset


Indicator Set

Indicator Set 	Population	Eligible Population	# with QI Flag	% 	Regional % 	Statewide % 	<div>25%50%75%100%</div>
BH QARR - DOH Performance Tracking Measure - as of 11/01/2016	All	2,954	1,893	64.08	65.97	66.95	<div><div>64.08</div><div>65.97</div><div>66.95</div></div>
BH QARR - Improvement Measure	All	1,501	613	40.84	43.96	46.53	<div><div>40.84</div><div>43.96</div><div>46.53</div></div>

Recipient Search: Individual Search

Search for client: Enter recipient identifier(s) and click “search”

- Medicaid ID
- Social Security Number (SSN)
- First name (at least first 2 characters)
- Last Name (full last name required)
- Date Of Birth (DOB)

NEW YORK
STATE OF
OPPORTUNITY

Office of
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Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage Reports ▾

Utilization Reports

Recipient Search

Limit results to 50 ▾

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET CLINIC

Confirm Correct Match, Select “Change PHI Access”

My QI ReportStatewide ReportsRecipient SearchProvider SearchRegistrarUsage ReportsUtilization Reports

1 Recipients Found

PDFExcel

Medicaid IDAB12345C

AND [Provider Specific] Provider NameMAIN STREET CLINIC

Name (Gender - Age) Medicaid ID	Date of Birth	Address	Quality Flags	Managed Care Plan	Current PHI Access	
John Smith M - 52 AB12345C	10/13/1965	123 Main Street, New York, NY 11111		Fidelis Care New York	No Access	Change PHI Access Level



Step 1: Why are you allowed to view data?

Attest to right to access client's Medicaid data:
Client consent, clinical emergency, or attestation of service

Name (Gender - Age) Medicaid ID	Date of Birth	Address	Quality Flags	Managed Care Plan	Current PHI Access	
John Smith M - 52 AB12345C	10/13/1965	123 Main Street, New York, NY 11111		Fidelis Care New York	No Access	Change PHI Access Level

Print Consent Form [English](#) [Spanish](#)

Step 1: Why are you allowed to view this data?

Attestation for right to access client's Medicaid data (Select at least one option):

1.

☒ Client signed the PSYCKES Consent Form for Main Street Clinic
Note: For a lead Health Home only, the Health Home Patient Information Sharing Consent, DOH-5055 may be used.

?

2.

In the absence of signed consent, you may get limited access to client's clinical data.
Please check all that apply:

☒ a. Attestation of Clinical Emergency by Main Street Clinic

☒ b. Attestation of Service: Client is currently served by/ being transferred to Main Street Clinic

?

Step 2: How do you know this is correct person?

Attest that client identity has been verified: Provider attests to client identity or client provided 1 form of photo ID or 2 forms of non-photo ID

Step 2: How do you know this is the correct person?

Client has been identified via the following:

☐ Service Provider attests to client identity

☐ Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1

Select Document 1 ▼

Identification 2

Select Document 2 ▼

Submit and View client's Clinical Summary

Submit and Quit

Quit and do not submit

Clinical Summary Contains All Available Data

[← Recipient Search](#)

SMITH, JOHN
Clinical Summary as of 4/1/2017

 PDF  Excel  CCD

 Sections

This report contains all available clinical data.
OMH PHI - Data with Special Protection ☒ Show ☐ Hide

Summary Period 1 Yr 2 Yrs All

General

Name	Medicaid ID	Medicare
Smith, John	AB12345C	Yes
DOB	Medicaid Aid Category	Managed Care Plan
10/13/1965 (52 Years)	SSI	Fidelis Care New York (Medicaid Advantage)
Address	Medicaid Eligibility Expires on	HARP Status
123 Main Street, New York, NY 11111		Not Eligible

Current Care Coordination

Health Home (Enrolled) - Status : Active, COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-NOV-14), Main Contact: Referral - Inna Borik, 646-930-8836
iborik@cbcare.org, Enoch Naklen, 646-930-8823 enaklen@cbcare.org, Jeannette Wilson, 646-930-8831 jwilson@cbcare.org, Member Referral Number: 866-899-0152

Care Management (Enrolled) : FAMILY SERVICES NETWORK NY AI

- This information is updated weekly from DOH Health Home file.

Upload Documents & Create Safety Plans



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Upload, Create, and View Care Plans in Clinical Summary

[← Recipient Search](#)

SMITH, JOHN
Clinical Summary as of 4/1/2017

PDF Excel CCD

☰ Sections

This report contains all available clinical data.
OMH PHI - Data with Special Protection ☒ Show ☐ Hide

Summary Period

1 Yr 2 Yrs All

General

Name

Smith, John

DOB

10/13/1965 (52 Years)

Address

123 Main Street, New York, NY 11111

Medicaid ID

AB12345C

Medicaid Aid Category

SSI

Medicaid Eligibility Expires on

Medicare

Yes

Managed Care Plan

Fidelis Care New York (Medicaid Advantage)

HARP Status

Not Eligible


Plans & Documents

Upload


Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role
4/13/2017	Safety Plan	Coordinated Behavioral Care, Inc	Erica Van De Wal	Care Manager

Upload an Existing Care Plan into the Clinical Summary

 **Upload an Existing Plan or Health Document** ×

Type of Document *


Care Plans 

Safety Plan
Relapse Prevention Plan
Psychiatric Advance Directive
Care Plans
Discharge Plan
Other

Date Document Created *

06/15/2017

Document Created By *

Nicole Bermeo 

Role * Clinician

Document Source *

Example Safety Plan 1.i

Choose File

Upload

Maximum File Size: 10 mb
Supported File Types: pdf, doc, jpg, gif

Upload Confirmation Screen

Upload Confirmation



Upload Link: Example Safety Plan 1.pdf

Important: By uploading this document you are agreeing to attach this document to this client's PSYCKES Clinical Summary. Any provider agency or hospital with access to PSYCKES will be able to view this document after they obtain the client's consent or in the case of a clinical emergency. Agencies and hospitals that do not have the client sign the PSYCKES consent form or do not attest to a clinical emergency will not be able to open this document. Please confirm that you are uploading the correct document and agree to attach it to the client's Clinical Summary.

Confirm

Cancel



Office of
Mental Health

Upload, Create, and View Care Plans in Clinical Summary

[← Recipient Search](#)

SMITH, JOHN
Clinical Summary as of 4/1/2017

PDF Excel CCD

☰ Sections

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OMH PHI - Data with Special Protection ☒ Show ☐ Hide

Summary Period

1 Yr 2 Yrs All

General

Name

Smith, John

DOB

10/13/1965 (52 Years)

Address

123 Main Street, New York, NY 11111

Medicaid ID

AB12345C

Medicaid Aid Category

SSI

Medicaid Eligibility Expires on

Medicare

Yes

Managed Care Plan

Fidelis Care New York (Medicaid Advantage)

HARP Status

Not Eligible

Plans & Documents

Upload

Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role
4/13/2017	Safety Plan	Coordinated Behavioral Care, Inc	Erica Van De Wal	Care Manager

Create Safety Plan with Stanley-Brown Template

Step 1: Warning signs (thoughts, images, feelings, behaviors) that a crisis may be developing:			
1.	*	<input type="text"/>	
2.	*	<input type="text"/>	
3.		<input type="text"/>	
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (calming activities):			
1.	*	<input type="text"/>	
2.	*	<input type="text"/>	
3.		<input type="text"/>	
Step 3: People and social settings that provide distraction:			
1. Name	*	<input type="text"/>	Phone <input type="text"/>
2. Name		<input type="text"/>	Phone <input type="text"/>
3. Place	*	<input type="text"/>	4. Place <input type="text"/>
Step 4: People I can ask for help with the crisis:			

View Plan: Select Date to Open Document

Alerts & Incidents

Incidents from NIMRS, Service invoices from Medicaid

Details

TableGraph

Alert/Incident Type	Number of Incidents (NIMRS)/Invoices (Medicaid)	First date of Incident/ Diagnosis	Most Recent date of Incident/ Diagnosis	Provider Name	Program Name	Severity/ Medicaid Diagnosis
Treatment for Suicidal Ideation	1	5/8/2016	5/8/2016	MAIMONIDES MEDICAL CENTER	ER - SU	Suicidal ideations

Quality Flags

as of monthly QI report 6/1/2017

Definitions

RecentAll (Graph)All (Table)

Indicator Set

BH QARR - DOH	BH QARR - DOH Performance Tracking Measure - as of 11/01/2016: No Engagement of Alcohol/Drug Treatment • No Initiation of Alcohol/ Drug Treatment
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Plans & Documents

UploadCreate New

Date Document Created	Document Type	Provider Name	Document Created By	Role
6/12/2017	Safety Plan	MAIN STREET CLINIC	Nicole Bermeo	Clinican

Behavioral Health Diagnoses

Primary and Secondary Dx (most frequent first)

No Medicaid claims for this data type in the past 1 year

Medical Diagnoses

Primary and Secondary Dx (most frequent first)

Diseases Of The Nervous System	Other headache syndromes
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Pain in throat and chest

Safety_Plan_6-12....docx

Show all

OMH Sustained Engagement Alert



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Sustained Engagement Team Alert

- The Sustained Engagement Support (SES) team is a centralized unit in OMH working to locate individuals who were lost to contact and to reconnect
- An OMH Unsuccessful Discharge alert has been added to PSYCKES that identifies individuals who were served by a state-operated clinic or ACT team but had an unsuccessful discharge
- Data source is the State PC EMR (MHARS)
- Clinical Summary: Message added to “Current Care” section of individuals with this result providing phone number of SES team
- Recipient Search: Option in the “Alerts & Incidents” filter to run report of clients meeting criteria for this alert
- Upon an individual successfully re-engaging mental health services, the SES alert will be removed from PSYCKES

Sustained Engagement Team Alert

Message in Clinical Summary

Current Care Coordination

This individual is being sought by Rockland Psychiatric Center for re-engagement in outpatient services; please contact the Office of Mental Health at (844) 206 - 1796

- This information is updated weekly from OMH State PC data.

Filter in Recipient Search

Alerts & Incidents

Alerts & Incidents - Any below

Suicide Attempt (Medicaid/ NIMRS)

Suicidal Ideations (Medicaid)

Self-Inflicted Harm/ Injury (Medicaid)

Self-Inflicted Poisoning (Medicaid)

OMH Unsuccessful Discharge

Filter by Managed Care Product Line



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My QI Report



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PSYCKES

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MAIN STREET CLINIC

Quality Indicator Overview As Of 05/01/2017



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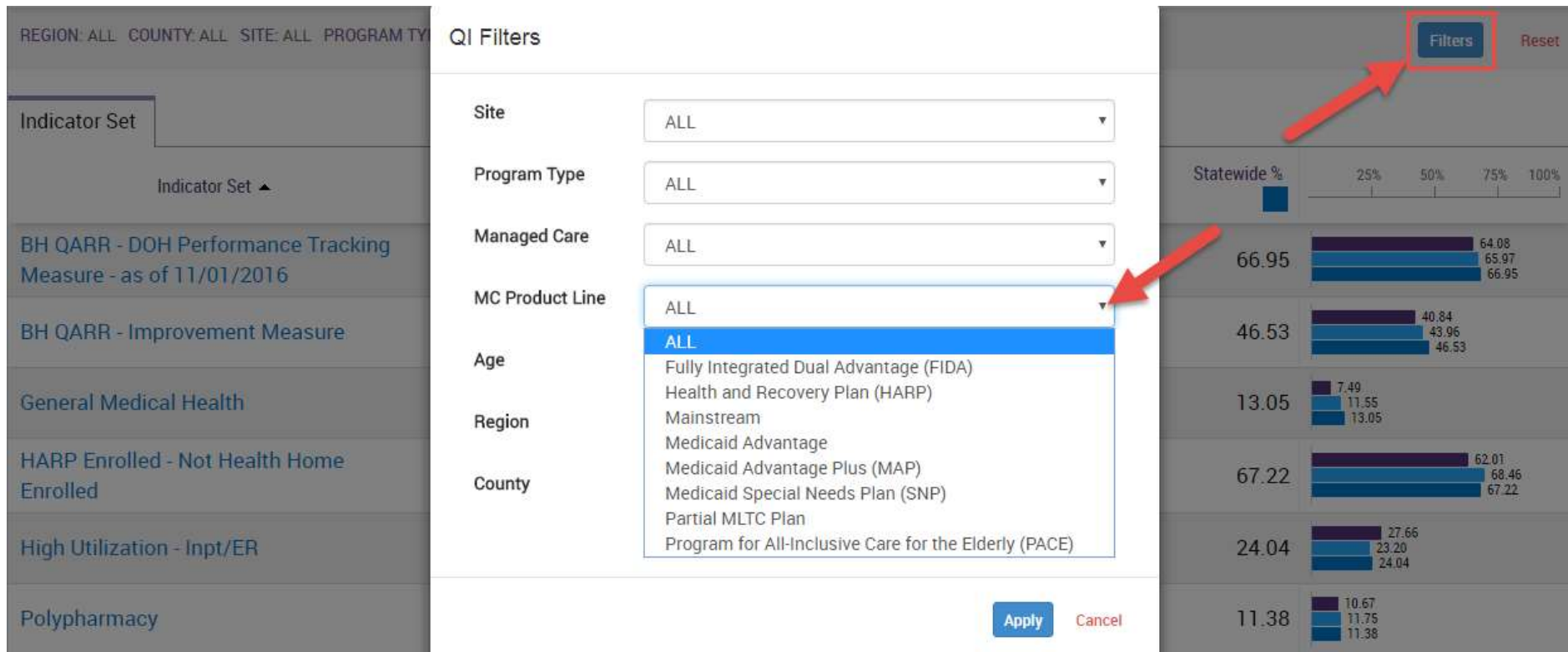
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MC Product Line: My QI Report



MC Product Line: Statewide Reports



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Usage Reports ▾

Utilization Reports

Statewide Report

As Of 05/01/2017

Select an Indicator Set and any other filters:

Indicator Set

Indicator Type

Region

County

Managed Care

MC Product Line

Program Type

- ALL
- Fully Integrated Dual Advantage (FIDA)
- Health and Recovery Plan (HARP)
- Mainstream
- Medicaid Advantage
- Medicaid Advantage Plus (MAP)
- Medicaid Special Needs Plan (SNP)
- Partial MLTC Plan
- Program for All-Inclusive Care for the Elderly (PACE)

Age Group



MC Product Line: Clinical Summary



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Utilization Reports

MyCHOIS

◀ Recipient Search

Adbafca Hebddbj

Clinical Summary as of 7/10/2017

PDF

Excel

CCD

≡ Sections

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OMH PHI - Data with Special Protection ☒ Show ☐ Hide

Summary Period

1 Yr

2 Yrs

All

General

Name

Adbafca Hebddbj

Medicaid ID

BFACBEB FAEBCCF

Medicare

No

DOB

01/01/9999 (999 Yrs)

Medicaid Aid Category

SSI

Managed Care Plan

Amida Care (HIV SNP)

Address

Diejdgi Fihedef, Cbfhfff Bdedagg, Icabijj Cbhffbe,
Ebafeeb Jbcfdda

Medicaid Eligibility Expires on

HARP Status

SNP HARP-Eligible without HCBS Eligibility (H4)

Utilization Reports to Support Providers in VBP



**Office of
Mental Health**

Three Utilization Reports

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 Setting 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

Report 1: Medicaid Managed Care Plan & Product Line

[My QI Report](#)[Statewide Reports](#)[Recipient Search](#)[Provider Search](#)[Registrar](#)[Usage Reports](#)[Utilization Reports](#)[MyCHOIS](#)

MAIN STREET PROVIDER AGENCY

[PDF](#) [Excel](#)

PROVIDER: MAIN STREET PROVIDER AGENCY

[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 PROVIDER AGENCY'S current Medicaid clients.

Medicaid Managed Care Plan (Current Enrollees)	Total Clients	Mainstream	HARP	HIV SNP	LTC FIDA	LTC PACE	LTC Partial Cap	Medicaid Advantage
Affinity Health Plan	162	142	20					
Amerigroup New York	660	546	99				15	
Amida Care	5			5				
CenterLight Healthcare	6					6		
Fidelis Care New York	890	669	156				62	3
Healthfirst PHSP, Inc.	1,372	1,141	231					
HIP (EmblemHealth)	177	143	34					
MetroPlus Health Plan	759	615	130	12			2	
UnitedHealthcare Community Plan	725	600	109				12	4
VNSNY Choice Select Health	16			3	1		11	
WellCare of New York	66	61					5	
Medicaid Managed Care Plan Total (A)	4,838	3,917	779	20	1	6	107	7
Medicaid Fee For Service* (B)	1,875							
Medicaid All Client Total (A + B)	6,713	3,917	779	20	1	6	107	7

Report 2: Provider Network

MAIN STREET PROVIDER AGENCY

xcel

PROVIDER: MAIN STREET PROVIDER AGENCY

Filtero

Reset

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

The distribution of agencies providing services to MAIN STREET PROVIDER AGENCY'S current Medicaid clients.

[illegible]

Report 3: Service Settings and Volume

MAIN STREET PROVIDER AGENCY



PROVIDER: MAIN STREET PROVIDER AGENCY

FiltersReset

- 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 PROVIDER AGENCY'S current Medicaid clients.

Service Settings/Type	MAIN STREET PROVIDER AGENCY		Any Other Provider		Total	
	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	5,604	125,499	6,511	636,369	6,596	761,868
Inpatient - ALL			935	2,652	935	2,652
Inpatient - Medical			829	6,120	829	6,120
Inpatient - SUD			133	551	133	551
Inpatient - MH			381	2,254	381	2,254
ER - ALL			2,333	5,742	2,333	5,742
Clinic - Medical	815	4,802	3,451	25,215	3,700	30,017
Clinic - MH Specialty	5,467	117,332	998	9,652	5,796	126,984
Clinic - SUD	105	1,373	397	19,374	499	20,747

Training & Technical Assistance



**Office of
Mental Health**

PSYCKES Training

- PSYCKES website: www.psyckes.org
- Webinars
 - Live webinars: Register on PSYCKES Calendar
 - Recorded webinars: Posted on PSYCKES Website
 - PSYCKES Mobile App for iPhones & iPads
 - Using PSYCKES for Clinicians
 - Enable Access to Client Level Data in PSYCKES
 - HARP-Enrolled, Not Health Home Enrolled Quality Flag
 - Using PSYCKES Recipient Search
 - Access & Implementation
- PSYCKES User's Guides
 - www.psyckes.org > About PSYCKES > Training
 - Each User's Guide explains an individual section of the PSYCKES application

Helpdesk Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- ITS Help Desk (Login & SMS support)
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov
 - Provider Partner ITS Helpdesk:
 - 1-800-435-7697; healthhelp@its.ny.gov