HARP-Enrolled, Not Health Home Enrolled
PSYCKES Quality Indicator

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
Medical Informatics Project Director
PSYCKES Team
September 8, 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
- Note: slides will be emailed to attendees after the webinar
Overview

- What is PSYCKES?
- Quality Indicators “Flags”
- HARP-Enrolled, Not Health Home Enrolled
  - My QI Report
  - Recipient Search
  - Clinical Summary
- Improvement Strategies: Health Home Enrollment
- PSYCKES Training and Technical Assistance
- Question & Answer
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:
  - MAPP: Health Home enrollment and CM provider information
  - Managed Care Enrollment Table: MC Plan & HARP status
  - State Psychiatric Center EMR
  - CAIRS: ACT provider and contact information
  - TACT: AOT provider and contact information
  - NIMRS: Suicide attempt
Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider 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.
- My QI Report provides prevalence information at the program, agency, region, and state levels.
- Examples of current quality flags include:
  - HARP-Enrolled, Not Health Home Enrolled
  - 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
QI Flag: HARP-Enrolled, Not Health Home Enrolled
HARP & Health Homes

- What is HARP?
  - HARP is a Medicaid managed care program that offers individuals with serious mental illness an enriched benefit & services package
  - HARP eligibility has specific criteria
  - Enrollment in a Health Home (HH), and development of a plan of care by the HH Care Manager is the only way clients will be able to access their HARP benefits & services including Care Management and Home and Community Based Services

- Statewide, of 94,391 HARP enrollees only 33% are enrolled in a HH (July 2017)
PSYCKES Quality Indicator: HARP-Enrolled, Not Health Home Enrolled

- My QI Report
  - Updated Monthly
  - Eligible Population (denominator) is clients 21+ currently enrolled in a HARP Managed Care Plan
  - Number with QI Flag (Numerator) is clients who are not currently enrolled in a Health Home
  - Compare prevalence rates for provider agency, region, state
  - Drill down into list of recipients who meet criteria for flag

- Recipient Search
  - Updated Weekly: Search for recipients with this QI flag

- Reports can be exported to Excel and PDF
### My QI Report

**Main Street Mental Health Center**

*Quality Indicator Overview As Of 05/01/2017*

**Region:** All  |  **County:** All  |  **Site:** All  |  **Program Type:** All  |  **Age:** All  |  **MC Product Line:** All  |  **Managed Care:** All

#### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH QARR - DOH Performance Tracking Measure - as of 11/01/2016</td>
<td>All</td>
<td>5,603</td>
<td>3,607</td>
<td>64.38</td>
<td>65.97</td>
<td>66.95</td>
</tr>
<tr>
<td>BH QARR - Improvement Measure</td>
<td>All</td>
<td>2,853</td>
<td>1,130</td>
<td>39.61</td>
<td>43.96</td>
<td>46.53</td>
</tr>
<tr>
<td>General Medical Health</td>
<td>All</td>
<td>35,908</td>
<td>3,647</td>
<td>10.16</td>
<td>11.55</td>
<td>13.05</td>
</tr>
<tr>
<td>HARP Enrolled - Not Health Home Enrolled</td>
<td>Adult 21+</td>
<td>2,431</td>
<td>1,584</td>
<td>65.16</td>
<td>68.46</td>
<td>67.22</td>
</tr>
<tr>
<td>High Utilization - Inpt/ER</td>
<td>All</td>
<td>35,994</td>
<td>8,211</td>
<td>22.81</td>
<td>23.20</td>
<td>24.04</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>All</td>
<td>5,755</td>
<td>815</td>
<td>14.16</td>
<td>11.75</td>
<td>11.38</td>
</tr>
<tr>
<td>Preventable Hospitalization</td>
<td>Adult</td>
<td>28,693</td>
<td>238</td>
<td>0.83</td>
<td>1.05</td>
<td>0.88</td>
</tr>
<tr>
<td>Readmission Post-Discharge from any Hospital</td>
<td>All</td>
<td>5,768</td>
<td>795</td>
<td>13.78</td>
<td>13.07</td>
<td>11.62</td>
</tr>
<tr>
<td>Treatment Engagement</td>
<td>(0-64) yrs</td>
<td>2,905</td>
<td>1,242</td>
<td>42.75</td>
<td>41.36</td>
<td>42.55</td>
</tr>
</tbody>
</table>
## My QI Report: Filter by Program Type

### MAIN STREET MENTAL HEALTH CENTER

**Quality Indicator Overview As Of 05/01/2017**

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH QARR - DOH Performance Tracking Measure - as of 11/01/2016</td>
<td>All</td>
<td>5,603</td>
<td>3,607</td>
<td>64.38</td>
<td>65.97</td>
<td>66.95</td>
<td>64.38</td>
<td>65.97</td>
<td>66.95</td>
<td></td>
</tr>
<tr>
<td>BH QARR - Improvement Measure</td>
<td>All</td>
<td>2,853</td>
<td>1,130</td>
<td>39.61</td>
<td>43.96</td>
<td>46.53</td>
<td>35.61</td>
<td>43.96</td>
<td>46.53</td>
<td></td>
</tr>
<tr>
<td>General Medical Health</td>
<td>All</td>
<td>35,908</td>
<td>3,647</td>
<td>10.16</td>
<td>11.55</td>
<td>13.05</td>
<td>10.16</td>
<td>11.55</td>
<td>13.05</td>
<td></td>
</tr>
<tr>
<td>HARP Enrolled - Not Health Home Enrolled</td>
<td>Adult 21+</td>
<td>2,431</td>
<td>1,584</td>
<td>65.16</td>
<td>68.46</td>
<td>67.22</td>
<td>55.16</td>
<td>68.46</td>
<td>67.22</td>
<td></td>
</tr>
<tr>
<td>High Utilization - Inpt/ER</td>
<td>All</td>
<td>35,994</td>
<td>8,211</td>
<td>22.81</td>
<td>23.20</td>
<td>24.04</td>
<td>22.81</td>
<td>23.20</td>
<td>24.04</td>
<td></td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>All</td>
<td>5,755</td>
<td>815</td>
<td>14.16</td>
<td>11.75</td>
<td>11.38</td>
<td>14.16</td>
<td>11.75</td>
<td>11.38</td>
<td></td>
</tr>
<tr>
<td>Preventable Hospitalization</td>
<td>Adult</td>
<td>28,693</td>
<td>238</td>
<td>0.83</td>
<td>1.05</td>
<td>0.88</td>
<td>0.03</td>
<td>1.03</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>Readmission Post-Discharge from any Hospital</td>
<td>All</td>
<td>5,768</td>
<td>795</td>
<td>13.78</td>
<td>13.07</td>
<td>11.62</td>
<td>12.70</td>
<td>13.07</td>
<td>11.62</td>
<td></td>
</tr>
<tr>
<td>Treatment Engagement</td>
<td>(0-64) yrs</td>
<td>2,905</td>
<td>1,242</td>
<td>42.75</td>
<td>41.36</td>
<td>42.55</td>
<td>42.75</td>
<td>41.36</td>
<td>42.55</td>
<td></td>
</tr>
</tbody>
</table>
My QI Report: Filter by Program Type

- **Site**: ALL
- **Program Type**: Clinic MH - ALL
- **Managed Care**: ALL
- **MC Product Line**: ALL
- **Age**: ALL
- **Region**: ALL
- **County**: ALL

[Apply] [Cancel]
# My QI Report: Drill into Indicator Set

**Main Street Mental Health Center**

*Quality Indicator Overview As Of 05/01/2017*

**Program Type: Clinic MH - All**

### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Population</th>
<th>Eligible Population</th>
<th>% with QI Flag</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH QARR - DOH Performance Tracking Measure - as of 11/01/2016</td>
<td>All</td>
<td>3,348</td>
<td>1,990</td>
<td>59.44</td>
<td>59.10</td>
</tr>
<tr>
<td>BH QARR - Improvement Measure</td>
<td>All</td>
<td>2,072</td>
<td>808</td>
<td>39.00</td>
<td>42.58</td>
</tr>
<tr>
<td>General Medical Health</td>
<td>All</td>
<td>12,322</td>
<td>2,002</td>
<td>16.25</td>
<td>14.46</td>
</tr>
<tr>
<td>HARP Enrolled - Not Health Home Enrolled</td>
<td>Adult 21+</td>
<td>1,514</td>
<td>948</td>
<td>62.62</td>
<td>64.99</td>
</tr>
<tr>
<td>High Utilization - Inpt/ER</td>
<td>All</td>
<td>12,354</td>
<td>3,328</td>
<td>26.94</td>
<td>23.28</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>All</td>
<td>3,711</td>
<td>551</td>
<td>14.85</td>
<td>14.80</td>
</tr>
<tr>
<td>Preventable Hospitalization</td>
<td>Adult</td>
<td>10,312</td>
<td>91</td>
<td>0.88</td>
<td>0.96</td>
</tr>
<tr>
<td>Readmission Post-Discharge from any Hospital</td>
<td>All</td>
<td>2,463</td>
<td>364</td>
<td>14.78</td>
<td>15.41</td>
</tr>
<tr>
<td>Treatment Engagement</td>
<td>(0-64) yrs</td>
<td>2,139</td>
<td>952</td>
<td>44.51</td>
<td>41.32</td>
</tr>
</tbody>
</table>
### HARP-Enrolled, Not Health Home Enrolled

**MAIN STREET MENTAL HEALTH CENTER**
Quality Indicator Overview As Of 05/01/2017

#### Indicator Set: HARP Enrolled - Not Health Home Enrolled

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Indicator</th>
<th>Population</th>
<th>Eligible Population</th>
<th># with QI Flag</th>
<th>%</th>
<th>Regional %</th>
<th>Statewide %</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARP Enrolled - Not Health Home Enrolled</td>
<td>Adult 21+</td>
<td>1,514</td>
<td>948</td>
<td>62.62</td>
<td>64.99</td>
<td>62.49</td>
<td></td>
</tr>
</tbody>
</table>

Select indicator to generate report of flagged clients.
### List of Clients who Meet Criteria: Export to Excel

**MAIN STREET MENTAL HEALTH CENTER**

Quality Indicator Overview As Of 05/01/2017

**Indicator Set:** HARP Enrolled - Not Health Home Enrolled  **Indicator:** HARP Enrolled - Not Health Home Enrolled

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Quality Flags</th>
<th>Medications (BH, excludes enhanced PHI)</th>
<th>Most Recent BH Outpatient Attending</th>
<th>Clinical Summary Last Viewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aahcfg Dedddhc</td>
<td>Fddbaef Dcfffca</td>
<td>12/31/9999</td>
<td>2+ ER-Medical, 4PP(A), HARP No Health Home</td>
<td>ARIPIPRAZONE, HYDROXYZINE HCL, PAROXETINE HCL, ZOLPIDEM TARTRATE</td>
<td>MENNELLA CONSTANCE ROZ</td>
<td>No</td>
</tr>
<tr>
<td>Aabfjdc Djafach</td>
<td>Cbfacbd Fcbfebf</td>
<td>12/31/9999</td>
<td>2+ Inpt-BH, BH QARR - DOH, HARP No Health Home, No Gluc/HbA1c &amp; LDL-C - AP, Readmit BH to BH</td>
<td>BUPROPION HCL, ESCITALOPRAM OXALATE, GABAPENTIN</td>
<td>GAYLE ERIC GEORGE, SHENKO CHRISTINA ANGELA</td>
<td>No</td>
</tr>
<tr>
<td>Aacddce Ahebfjh</td>
<td>Ibb Eco</td>
<td>12/31/9999</td>
<td>No Health Home</td>
<td></td>
<td>NERETIN NICOLE</td>
<td>No</td>
</tr>
<tr>
<td>Aadbbih Aiabdce</td>
<td>Gbfffe Jijajih</td>
<td>12/31/9999</td>
<td>2+ ER-Medical, Adher-AP, Adher-MS, HARP No Health Home</td>
<td>LAMOTRIGINE, QUETIAPINE FUMARATE</td>
<td>RODRIGUEZ GERMAN HUERTA</td>
<td>No</td>
</tr>
<tr>
<td>Aaeegaa Bicaiec</td>
<td>Chbbaig Hbl</td>
<td>12/31/9999</td>
<td>HARP No Health Home, No Gluc/HbA1c &amp;</td>
<td>CLONAZEPAM, PAROXETINE HCL, DICERECONE</td>
<td>None Identified</td>
<td>No</td>
</tr>
</tbody>
</table>

**Report can be exported to PDF or Excel**

Click on a client name to review Clinical Summary.
Recipient Search
Recipient Search: Search for Clients Flagged for HARP-Enrolled, Not Health Home Enrolled

HARP, No Health Home QI flag is updated weekly in Recipient Search!

1. Select “Recipient Search” from Navigation Bar
2. Select “HARP-Enrolled, Not Health Home Enrolled” from Quality Flag filter box
3. Choose from other filter options, if desired
4. Consider expanding “Limit results to” option in order to see more than 50 names in results page
5. Click Search
Select “HARP-Enrolled-Not HH Enrolled” and click “Search”
Select “HARP-Enrolled-Not HH Enrolled” and click “Search”
Search Results: Click on name to view Clinical Summary

1,951 Recipients Found

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>HARP Enrolled - Not Health Home Enrolled - (updated weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td>[Provider Specific] Provider Name MAIN STREET MENTAL HEALTH CENTER</td>
</tr>
</tbody>
</table>

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender</th>
<th>Quality Flags</th>
<th>Managed Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abhhecf Aicgbii</td>
<td>Ejechj Ecabfhd</td>
<td>01/01/9999</td>
<td>Ebcbabf Cbieefj</td>
<td>HARP No Health Home, No Gluc/HbA1c &amp; LDL-C - AP, No HbA1c &amp; LDL-C (DM &amp; Schiz), No LDL-C - AP</td>
<td>MetroPlus Health Plan</td>
</tr>
<tr>
<td>Abhhecf Aicgbii</td>
<td>Aeadaaa Ebjhafl</td>
<td>01/01/9999</td>
<td>Bbgccbc Agfcech</td>
<td>HARP No Health Home</td>
<td>Healthfirst PHSP, Inc.</td>
</tr>
<tr>
<td>Adecbbc Ffejgdl</td>
<td>Dcbhdeh Eegihag</td>
<td>01/01/9999</td>
<td>Adddebj Ahcbjbe</td>
<td>HARP No Health Home</td>
<td>MetroPlus Health Plan</td>
</tr>
<tr>
<td>Adecbbc Ffejgdl</td>
<td>Acdfede Ahaabdd</td>
<td>01/01/9999</td>
<td>Acacafed Ahaabdd</td>
<td>BH QARR - DOH, HARP No Health Home, No Gluc/HbA1c &amp; LDL-C - AP, No LDL-C - AP</td>
<td>Healthfirst PHSP, Inc.</td>
</tr>
<tr>
<td>Agjcibb Ihhihab</td>
<td>Cddfebb Ccbabgb</td>
<td>01/01/9999</td>
<td>Ceaeebf Rddreff</td>
<td>BH QARR - DOH, HARP No Health Home</td>
<td>Healthfirst PHSP, Inc.</td>
</tr>
</tbody>
</table>

Search results can be exported to PDF or Excel.

Click on a recipient name to review Clinical Summary.
Clinical Summary
**Clinical Summary: Managed Care & HARP Status**

Jane Doe  
Clinical Summary as of 7/13/2017

<table>
<thead>
<tr>
<th>Sections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary Period</td>
</tr>
<tr>
<td>1 Yr</td>
</tr>
</tbody>
</table>

### General

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>GcLsLh DicLadbf</td>
<td>BBECHEF EDGBCCF</td>
<td>No</td>
</tr>
<tr>
<td>DOB</td>
<td></td>
<td>01/01/1999 (999 Yrs)</td>
</tr>
<tr>
<td>Address</td>
<td>Medicaid Aid Category</td>
<td>Medicaid Eligibility Expires on</td>
</tr>
<tr>
<td>Fabi7h Jdecae, Eijceag, Jcecfid, Icabij7 Cbhffbe, Abgacbf Fheachae</td>
<td>SSI</td>
<td></td>
</tr>
</tbody>
</table>

**Managed Care Plan:** Excellus BlueCross BlueShield (HARP)  
**HARP Status:** Enrolled with Tier 1 HCBS Eligibility (H2)

### Current Care Coordination

- **Health Home (Enrolled):** Active, CATHOLIC CHARITIES MH  
  Begin Date: 01-JUL-12, Main Contact: Referral: Gary Tucker, 607-729-9166 Ext. 350  
  gttucker@ccbc.net, Patricia Adams, 607-729-9166 Ext 365 padams@ccbc.net, Member Referral Number: 607-723-9991

- **Care Management (Enrolled):** CATHOLIC CHARITIES MH

*This information is updated weekly from DOH Health Home file.*
## Current Care Coordination

**Health Home (Enrolled)** - Status: Active, CATHOLIC CHARITIES MH (Begin Date: 01-JUL-12), Main Contact: Referral - Gary Tucker, 607-729-9166 Ext. 350 gtucker@ccbc.net, Patricia Adams, 607-729-9166 Ext 365 padams@ccbc.net, Member Referral Number: 607-723-9991

**Care Management (Enrolled)**: CATHOLIC CHARITIES MH

*This information is updated weekly from DOH Health Home file.*
## Clinical Summary: Historical Care Coordination

### Jane Smith

Clinical Summary as of 7/13/2017

<table>
<thead>
<tr>
<th>Medicaid ID</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB01234C</td>
<td>No</td>
</tr>
</tbody>
</table>

### Sections

- Care Coordination
- Medication: BH
- Medication: Medical
- BH Outpatient
- Medical Outpatient

### Care Coordination

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of bills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Home Plus (Medicaid-Billing)</td>
<td>COORDINATED BEHAVIORAL CARE INC</td>
<td>12/1/2016</td>
<td>02/01/2017</td>
<td>2</td>
</tr>
<tr>
<td>Health Home - Enrolled (DOH-HH Table) Status:</td>
<td>COORDINATED BEHAVIORAL CARE INC (HH), OFFICE MENTAL HEALTH MH (CM)</td>
<td>5/1/2015</td>
<td>03/31/2016</td>
<td></td>
</tr>
<tr>
<td>Closed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Home HARP (Medicaid-Billing)</td>
<td>COORDINATED BEHAVIORAL CARE INC</td>
<td>5/1/2017</td>
<td>05/01/2017</td>
<td>1</td>
</tr>
<tr>
<td>AOT (TACT Data)</td>
<td>MANHATTAN PSYCHIATRIC CENTER</td>
<td>12/3/2016</td>
<td>06/03/2017</td>
<td></td>
</tr>
<tr>
<td>Intensive Case Management - OMH (Medicaid-Billing)</td>
<td>OFFICE MENTAL HEALTH MH</td>
<td>8/1/2015</td>
<td>11/01/2016</td>
<td>15</td>
</tr>
<tr>
<td>AOT (TACT Data)</td>
<td>MANHATTAN PSYCHIATRIC CENTER</td>
<td>6/3/2015</td>
<td>12/03/2015</td>
<td></td>
</tr>
<tr>
<td>AOT (TACT Data)</td>
<td>MANHATTAN PSYCHIATRIC CENTER</td>
<td>12/3/2015</td>
<td>12/03/2016</td>
<td></td>
</tr>
</tbody>
</table>
Improvement Strategies: Health Home Enrollment
Improvement Strategies: Health Home Enrollment

- Building Health Home (HH), Care Management (CM) and Managed Care (MCO) networks is an important infrastructure development process
  - Providers are the most effective route for referral
  - Care Management agencies will develop the Plan of Care determining service package – they need provider input
  - Many other quality outcomes require linkages and outreach that are challenging for providers but where CMs can help:
    - Post-hospital discharge outreach
    - Community outreach to support attendance at appointments
    - Links to medical or laboratory services
Improvement Strategies: Health Home Enrollment

- Providers can build Health Home and Managed Care Organization network and contact sheet
- Develop a workflow for referrals and enrollment
- Educate staff on:
  - The importance and value of HH enrollment
  - Identifying if a client has a Care Manager
  - Making a Health Home referral
- Use PSYCKES Recipient Search to identify individuals in need of a Health Home referral (updated weekly)
- Use PSYCKES QI Reports to track progress (updated monthly)
Building Health Home & MCO Network

- Identify Health Homes in your area using the DOH Health Home Contact List: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/
  - Call the referral number for local Health Homes
  - Introduce your program and confirm:
    - The best phone # for referrals and # to coordinate care
    - The format and process for making referrals
- Work with MCOs to determine their process for referrals
  - Clients have to go to a HH that has a contract with their MCO
- If your agency includes Care Management programs, collaborate with them regarding referrals and training
- Develop a HH/CM and MCO contact sheet and referral protocols
Making Health Home Referrals

- Patient engagement: review benefits of CM & obtain consent to refer
- Send referral:
  - Use the contact sheet and protocols you developed
  - You can send to the MCO, HH or directly to CM program
  - You are not obliged to send to the outreach/ assigned HH/CM- you can send to any HH/CM that contracts with that client’s MCO
- Referral processes may vary by HH, by CM program, and by Managed Care Plan – get to know your partners!
- DOH Provider Heath Home Hotline: (518) 473-5569
PSYCKES Training & Technical Assistance
PSYCKES Training

- PSYCKES website: www.psyckes.org

- Webinars
  - Live webinars: Register on PSYCKES Calendar
  - Recorded webinars: Posted on PSYCKES Website
    - Using PSYCKES for Clinicians
    - Enable Access to Client-Level Data in PSYCKES
    - Using PSYCKES Recipient Search
    - PSYCKES Mobile App for iPhones & iPads
    - 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)
  - Provider Partner ITS Helpdesk:
    - 1-800-435-7697; healthhelp@its.ny.gov
  - OMH Employee ITS Helpdesk:
    - 1-844-891-1786; fixit@its.ny.gov