

New PSYCKES Features

Release 8.1.0

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”

Michelle Rahm
Medical Informatics | PSYCKES
Office of Population Health & Evaluation
August 8, 2024

Q&A via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the bottom right of your screen; click on the three horizontal dots and select Q&A option
- Type questions using the “Q&A” feature
 - Submit to “all panelists” (default)
 - Please do not use Chat function for Q&A
- Slides and recording link will be emailed to attendees after the webinar and posted to public website shortly

Agenda

- PSYCKES Overview
- Demonstration of New Features in Release 8.1.0
 - High Fidelity Wraparound – Likely Eligible Flag
 - High Mental Health Need Flag Updates
 - Race & Ethnicity Column in Recipient Search Results
 - Crisis Services Section in Clinical Summary
 - E-Sign Consent Added to Usage Reports
 - Update to Health Home Consent Logic to Include CCOs
 - NYC Region Broken into 5 Counties in Statewide Reports
 - Events/Episode-Based Quality Flags
- Training & Technical Support

PSYCKES Overview

What is PSYCKES?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination and quality improvement
- 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 past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
 - 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, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - New York City Correctional Health Services (CHS)
 - 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 care coordinator, and to support clinical review and quality improvement.
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening Schiz or Bipolar on Antipsychotic, No Outpatient Medical Visit Past Year
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient - 7/30 Days, No Follow-Up After MH ED Visit - 7/30 Days

8.1.0 New Features!

High Fidelity Wraparound – Likely Eligible Flag

High Fidelity Wraparound – Likely Eligible

- High Fidelity Wraparound (HFW) is a research oriented, evidence-based care management approach that has been proven successful with children with Serious Emotional Disturbance (SED) who have significant cross-system needs
- To identify individuals likely eligible for High Fidelity Wraparound services a new flag has been added to the Recipient Search High Need Population filter dropdown, the High Need/High Risk Advanced View, and the Clinical Summary Notifications section:
 - High Fidelity Wraparound – Likely Eligible
- Updated on a weekly basis

High Fidelity Wraparound – Likely Eligible Criteria

■ Required criteria:

- Children/youth ages 6-21
- Currently Health Home enrolled
- Current K3 Serious Emotional Disturbance (SED) status or 2 mental health diagnoses within the past year

■ Child/youth must also meet at least one of the following factors:

- Currently or in the past year had K3 Serious Emotional Disturbance (SED)
- Currently or in the past year received one or more of these services:
 - Psychiatric Inpatient (Article 28, 31, State PC (MHARS))
 - Residential Treatment Facility
 - Children's Community Residence
 - Residential SUD Treatment
 - Youth ACT
 - Day Treatment
 - Partial Hospitalization
 - Home Based Crisis Intervention
 - Mobile Integration Team (MIT) – (MHARS)
- Currently or in the past year received two or more crisis services
- Currently or in past year attributed to Foster Care

High Fidelity Wraparound – Likely Eligible Flag

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage ▾

Utilization Reports

Adult Home

Recipient Search

Limit results to

50 ▾

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET AGENCY

Medicaid ID

AB00000A

First Name

Last Name

DOB

MM/DD/YYYY

Characteristics as of 07/25/2024

Age Range

Race

Ethnicity

Region

County

Special Populations

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 (New)
POP : Potential Clozapine Candidate (All)
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
OPWDD NYSTART - Eligible
High Fidelity Wraparound (HFW) - Likely 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 < 6 months
AOT - Expired < 12 months
ACT - Enrolled
ACT - Discharged < 12 months

Determinants of Health (SDOH)

Past 1 Year ▾

Conditions (reported in billing)

SDOH Conditions: Selected

Problems related to upbringing
Problems related to social environment
Problems related to physical environment
Problems related to other psychosocial c
Problems related to medical facilities and
Problems related to housing and economic

◀ Modify Search

726 Recipients Found

➡ View:

Standard

Standard
Care Coordination
High Need/High Risk
Hospital Utilization
Outpatient Providers

PDF

Excel

High Need Population

High Fidelity Wraparound (HFW) - Likely Eligible

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 500

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Race & Ethnicity ▾	Medicaid Quality Flags ▾	Medicaid Managed Care Plan ▾	Current PHI Access ▾	
QUJJTaFERVli SqVOWay	SrAsODYnM Fe	MSyoN8yo MDEs	TQ LQ OA	Hispanic or Latinx		Fidelis Care New York	No Access	Enable Access 🔒
QUJSRVUi QUnMSVNPT6	SrYqNpUqM ai	MTAIMTMI M9AnMm	R6 LQ MTA	Hispanic or Latinx	2+ ER-Medical, MH Plcmt Consid	Fidelis Care New York	PSYCKES Consent	
QU3SQUbULA QVNJQQ TQ	RVYnOTInO EI	MTIIM9EIM 9AnMQ	R6 LQ MTI	Unknown		Fidelis Care New York	No Access	Enable Access 🔒
QUjJTbMi SaFZTEVO	RaqsN9Mv MVU	MTIIMT6IM 9AnNA	TQ LQ OQ	Unknown		Healthfirst PHSP, Inc.	PSYCKES Consent	
QUnCSUvPSbli QqFSTEy S6	TberOT6mM ra	MTIIM92IM 9AnMA	TQ LQ MTM	Hispanic or Latinx	MH Plcmt Consid	Fidelis Care New York	No Access	Enable Access 🔒
QUnDQUnBLA QqVEUabDSm QQ	Uq2mOTUp MV2	MTEIN8yoM DAp	TQ LQ M9A	Hispanic or Latinx	2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No Engage after MH IP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No MH ED F/U 7d (DOH) - Child & Adol	HealthPlus	PSYCKES Consent	
QUnJQqVBLA SqFZTEVF RA	RaenMpQu MqE	OSynMSyo MDEq	R6 LQ OQ	Unknown		Fidelis Care New York	No Access	Enable Access 🔒
QUnMRUui QURBTaa S6	UV2oNpEu MEE	MTAIOCyoM DAo	R6 LQ M9E	Black	Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), HARP No Assessment for HCBS, MH Plcmt Consid	Fidelis Care New York	No Access	Enable Access 🔒
QUnMRUui QUvBUrRBUqbB T6	RbEuN9Eo Maq	MTIINCyoM DEr	R6 LQ OA	Black	3PP(Y)		PSYCKES Consent	
QUnMRVbQDQm	UE6eNTEnQ	NQvrlplmM	R6 LQ			Healthfirst PHSP		Enable

726 Recipients Found

View: High Need/High Risk



Excel

High Need Population

High Fidelity Wraparound (HFW) - Likely Eligible

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 500

Applicable data is displayed only for recipients with consent or ER access.

Name	Current PHI Access	OMH Unsuccessful Discharge	Transition Age Youth (TAY-BH)	OPWDD NYSTART-Eligible	High Fidelity Wraparound - Likely Eligible	Health Home Plus-Eligible
QUJJTaFERVli SqVOWay	No Access					
QUJSRVui QUnMSVNPt6	PSYCKES Consent				Yes	
QU3SQUbULA QVNJQQ TQ	No Access					
QUjJTbMi SaFZTEVO	PSYCKES Consent				Yes	
QUnCSUvPSbli QqFSTEy S6	No Access					
QUnDQUnBLA QqVEUabDSm QQ	PSYCKES Consent		Yes		Yes	Yes
QUnJQqVBLA SqFZTEVF RA	No Access					
QUnMRUui QUrBTaa S6	No Access					
QUnMRUui QUvBUrRBUqbB T6	PSYCKES Consent				Yes	
QUnMRVbORSm WFbMSUE SA	No Access					

QUnDQUnBLA QqVEUabDSm QQ

As of 7/25/2024 ⓘ Data sources



PDF

Brief Overview

Full Summary

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

DOB: XX/XX/XXXX (XX Yrs)

Medicaid ID: Uq2mOTUpMV2

Medicare: No

Children's Waiver Status: N/A

Address: OTUm QVZFTbVF UqFJTbQ SazIT6 Mq2, QbJPTb6, Tba, MTAqNTU

Managed Care Plan: HealthPlus (LTC Partial Cap)

HARP HCBS Assessment Status: N/A

MC Plan Assigned PCP : N/A

Medicaid Eligibility Expires on:

Current Care Coordination

Health Home (Enrolled)

COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-JUL-23) • Status : Active
Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org

Care Management (Enrolled):
GRAHAM-WINDHAM

Notifications

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to:
4+ ER MH < 13 months

High Mental Health Need due to

4+ ER MH < 13 months ; HH+ Eligibility

High Fidelity Wraparound - Likely Eligible

This client is likely eligible for High Fidelity Wraparound due to either currently or in the past year receiving the following services/status :
Two or more crisis services

Mental Health Placement Consideration due to

1 or more inpatient MH stays in past 5 years; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; Four or more emergency MH visits in past 13 months

Social Determinants of Health (SDOH) Past Year - reported in billing

Problems related to employment and unemployment

Unemployment, unspecified

Problems related to housing and economic circumstances

Food insecurity • Problem related to housing and economic circumstances, unspecified

High Mental Health Need Flag Updates

High Mental Health Need Flag Updates


- The High Mental Health Need flag has been updated to more closely align with Health Home Plus (HH+) eligibility criteria to help identify the highest need individuals
- Differences between High MH Need and HH+ eligibility, is that High MH Need:
 - Captures HH+ Service or Intensive Mobile Treatment (IMT) services within past year with MH diagnosis
 - Does **not** exclude clients under 18 nor does it exclude clients who reside on a state-operated Psychiatric Center campus
- Updated on a weekly basis

High Mental Health Need Flag Criteria

- Individuals with one or more of the following:
 - AOT active or expired in the past year
 - ACT active or expired in the past year
 - Intensive Mobile Treatment (IMT) in past year with MH diagnosis
 - 3+ Inpt MH < 13 months
 - 4+ ER MH < 13 months
 - 3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar past year
 - Ineffectively Engaged – No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
 - State PC Inpatient Discharge < 12 months
 - CNYPC Release < 12 months
 - HH+ Service in the past year with MH diagnosis

High Mental Health Need Flag – Recipient Search

Special Populations

	Population	High Mental Health Need ▼
	High Need Population	OPWDD Services Eligible (RE95) Any OMH Outpatient Specialty MH Services
	AOT Status	Behavioral Health High Need - Dual (Medicaid + Medicare) High Mental Health Need
	Alerts	▼
	Homelessness Alerts	▼

High Mental Health Need Flag – Recipient Search

Quality Flag as of 07/01/2024

Definitions

Services: Specific Provider

- 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

- Mental Health Placement Consideration
- 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

[Modify Search](#)

2,332 Recipients Found

View: Standard

PDF Excel

Quality Flag

High Mental Health Need

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need , MH Plcmt Consid	VNSNY Choice Select Health	PSYCKES Consent	
QUFSTqui SaFTTqui	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need , MH Plcmt Consid, No ICM after MH ED, No MAT Utilization - OUD (DOH), No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	
QUJBuA NBLa RrVtVEFWTm	RE2mM9M mMVQ	N8yoOCynO Tam	TQ LQ MpQ	Hispanic or Latinx	2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need , MH Plcmt Consid, No ICM after MH Inpt, No Outpt Medical, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	
QUJEVVJSQU7JTS m SuNZQVM W6	TVUrMpEq Mai	NSynMoyo MDAr	TQ LQ MTa	Black	2+ ER-BH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need , MH Plcmt Consid, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH,	Healthfirst PHSP, Inc.	No Access	Enable Access

QUFSTqui SaFTTqu

As of 7/25/2024 [Data sources](#)



[Brief Overview](#)
[Full Summary](#)

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

DOB: XX/XX/XXXX (XX Yrs)
 Address: ODAm RQ MTJUSA UrQ, QbJPTqjMWUu, Tba, MTEoMpA
 Phone (Source: NYC DHS): KDA nM8a MpQrLTYtODa

Medicaid ID: WVetMpEtOUe
 Managed Care Plan: Fidelis Care New York (HARP)
 MC Plan Assigned PCP : N/A

Medicare: No
 HARP Status: HARP Enrolled (H1)
 HARP HCBS Assessment Status: Never Assessed
 Medicaid Eligibility Expires on:

Current Care Coordination

NYC Dept of Homeless Services Outreach:	BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach) Case Load Start Date: 19-JUL-24. Main Contact : Jose Del Toro Alonso: 9174120384, jtoro@brc.org
ACT	FEDERATION OF ORG. F/T NYS MENT.DISABLED, INC (Admission Date: 13-MAY-22, Discharge Date: 28-JUL-23) Main Contact : Craig Plummer: --
NYC Dept of Homeless Services Shelter:	MIDWOOD SAFE HAVEN (Single Adult, Special Population) • BROOKLYN Most Recent Placement Date: 02-JUN-24 Shelter Director Contact : Leah Miller : 3474911109, lmiller@breakingground.org

Notifications

Prescription Prior Authorization	This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Risperidone. To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990. Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, ACT - Discharged < 12 months

High Mental Health Need due to

4+ ER MH < 13 months ; ACT active or expired in the past year ; Intensive Mobile Treatment (IMT) active or within past year

Mental Health Placement Consideration due to

1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1 or more inpatient MH stays in past 5 years; ACT enrolled or discharged in the past 5 years; AOT History: Active or Expired; Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting; Any history of prison MH outpatient services; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; Four or more emergency MH visits in past 13 months; OMH Housing history in past 5 years

High Mental Health Need Flag

Quality Flags as of monthly QI report 7/1/2024 [Definitions](#)

- Recent
- All (Graph)
- All (Table)

Indicator Set	
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
High Mental Health Need	4+ ER MH < 13 months • ACT active or expired in the past year • Intensive Mobile Treatment (IMT) active or within past year
High Utilization - Inpt/ER	10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • Clozapine Candidate with 4+ Inpatient/ER - MH • POP : High User • POP : Potential Clozapine Candidate
MH Performance Tracking Measure (as of 01/01/2024)	Low Antipsychotic Medication Adherence - Schizophrenia • No Intensive Care Management after MH ED Visit
Mental Health Placement Consideration	1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code • 1 or more inpatient MH stays in past 5 years • ACT enrolled or discharged in the past 5 years • AOT History: Active or Expired • Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting • Any history of prison MH outpatient services • Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years • Four or more emergency MH visits in past 13 months • OMH Housing history in past 5 years
SUD Performance Tracking Measure (as of 01/01/2024)	No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence
Vital Signs Dashboard - Adult (as of 01/01/2024)	Clozapine Candidate with 4+ Inpatient/ER - MH (adult) • Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months (adult) • Low Antipsychotic Medication Adherence - Schizophrenia

Race & Ethnicity Column in Recipient Search Results

Race & Ethnicity Column Added

- A new Race & Ethnicity column has been added to the following areas of the application:
 - Recipient Search results page (for both individual and group cohort searches)
 - Advanced Views:
 - Care Coordination
 - High Need/High Risk
 - High Utilization
 - Outpatient Providers
- The Race & Ethnicity data source is Medicaid billing

1,550 Recipients Found

View:

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



PDF



Excel

High Need Population

Health Home Plus (HH+) - Eligible

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid	VNSNY Choice Select Health	PSYCKES Consent	
QUFSTqui SaFTTqu	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No ICM after MH ED, No MAT Utilization - OUD (DOH), No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	
QUJBuAnBLA RrVTEFWTm	RE2mM9M mMVQ	N8yoOCynO Tam	TQ LQ MpQ	Hispanic or Latinx	2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No ICM after MH Inpt, No Outpt Medical, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	
QUJEVVJSQU7JTS m SUnZQVM W6	TVUrMpEq Mai	NSynMoyo MDAr	TQ LQ MTa	Black	2+ ER-BH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, No LDL-C - AP, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH,	Healthfirst PHSP, Inc.	No Access	Enable Access

1,550 Recipients Found

View: Care Coordination



Excel

High Need Population

Health Home Plus (HH+) - Eligible

AND [Provider Specific] Provider

MAIN STREET AGENCY

Maximum Number of Rows Displayed: 50

Applicable data is displayed only for recipients with consent or ER access.

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Managed Care Plan	MC Product Line	Current PHI Access
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White	VNSNY Choice Select Health	Partial MLTC Plan	PSYCKES Consent
QUFSTqui SaFTTqu	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	Fidelis Care New York	Health and Recovery Plan (HARP)	PSYCKES Consent
QUJBUnBLA RrVTFEFTm	RE2mM9M mMVQ	N8yoOCynO Tam	TQ LQ MpQ	Hispanic or Latinx	Fidelis Care New York	Health and Recovery Plan (HARP)	PSYCKES Consent
QUJEVVJSQU7JTSm SUnZQVM W6	TVUrMpEq Mai	NSynMoyo MDAr	TQ LQ MTa	Black	Healthfirst PHSP, Inc.		No Access
QUJFUa3FTCm SVNBUQUM TQ	VFYrNT2oN V2	MSyoNSyn OTaq	TQ LQ MpA	White	UnitedHealthcare Community Plan		No Access
QUJJRCm QUrJU6 S6	VFAmPEsN EE	N8yoNSynO Tar	TQ LQ M9a	Hispanic or Latinx			No Access
QUJSRVUi REzMTTrJFUm	WaYmM9Uo MrA	NCynNSynO TYn	R6 LQ N9M	Hispanic or Latinx	Molina Healthcare of New York		No Access
QUNFVaVETom REFWSUQ	WbQsN9Qt OF2	NSyrLpEvN 9a	TQ LQ NTU	Hispanic or Latinx	Amida Care		No Access
QUNFVaVETom TUbMQU3STRm	Wb2oN9Am MU2	NSyoN8ynO TUr	R6 LQ N9a	Hispanic or Latinx	Village Senior Services Corporation		No Access
QUNFVaVETom UabDSEbF S6	VqQnNpYvN qE	M8ynN8ynO Tap	TQ LQ MpE	Hispanic or Latinx			No Access
QUNPurRBLA QVJJRUm	WautMp6s MV2	MTEIM8ynO T2r	TQ LQ ND6	Hispanic or Latinx			No Access
QUNPurRBLA SzDQVBIQJu TO	VbYtNTImO VM	NoyuLpEvO TM	TQ LQ MpA	Hispanic or Latinx	Fidelis Care New York	Health and Recovery Plan (HARP)	PSYCKES Consent

Crisis Services Section in the Clinical Summary

Crisis Services Section – Clinical Summary

- A new Crisis Services section has been added to the Clinical Summary (located between the Medical Outpatient Services and Hospital/ER sections)
- Crisis services were previously rolled up under the Hospital/ER section
- The new Crisis Services section includes information on:
 - Service Type
 - Provider
 - Admission/First Billed
 - Discharge/Last Billed
 - # Visits/Length of Stay
 - Most Recent Primary Diagnosis
 - Most Recent Procedures (Last 3 months)







Crisis Services Section – Clinical Summary

Crisis Services  Details



Table

Graph

Service Type	Provider	Admission/ First Billed	Discharge Date/ Last Date Billed	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Crisis Residential Services - Residential Crisis Support	WELLIFE NETWORK INC	6/23/2024	6/23/2024	1	Post-traumatic stress disorder, unspecified	- Crisis Interven Waiver/Diem	
Crisis Residential Services - Residential Crisis Support	HOUSING OPTIONS MADE EASY INC	5/17/2023	5/17/2023	1	Illness, unspecified	- Crisis Interven Waiver/Diem	
Crisis Residential Services - Residential Crisis Support	HOUSING OPTIONS MADE EASY INC	5/16/2023	5/16/2023	1	Illness, unspecified	- Crisis Interven Waiver/Diem	
Crisis Intervention Service - Mobile Crisis Follow-up	LIBERTY RESOURCES INC	2/13/2023	4/18/2023	6	Illness, unspecified	- Crisis Interven Svc, 15 Min	
CPEP Mobile Crisis	ERIE COUNTY MEDICAL CTR	1/3/2023	2/1/2023	5	Schizophrenia, unspecified	- Crisis Intervention Mental H	
CPEP Mobile Crisis (Telehealth)	ERIE COUNTY MEDICAL CTR	10/6/2022	10/6/2022	1	Other specified anxiety disorders	- Crisis Intervention Mental H	



E-Sign Consent Added to Usage Reports

E-Sign Consent Added to Usage Reports

- When a client e-signs the PSYCKES consent within the iOS mobile app, this consent will now be reflected in our Usage Reports
 - With this release, the DOH Health Home Patient Information Sharing consent will also be reflected in these reports
 - This update allows for more accurate consent counts and access-level descriptions when running these reports
- The PHI Access Module Usage Report now includes both the e-signed PSYCKES consent and the DOH Health Home consent within the “Signed Consents” bucket
- The Clinical Summaries Usage Report will now display the appropriate “Access Level in Effect” (e.g., All Data – Consent, Health Home Consent) in the application access level columns

Usage Reports

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

MAIN STREET

Quality Indicator Overview As Of 07/01/2024

- PSYCKES Users
- PHI Access Module
- Clinical Summaries

View: Standard ▾



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

Filters

Reset

Indicator Set

Quality Improvement Indicators (As Of 07/01/2024) 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	232	83	35.8	35.4	36	<div><div></div><div></div><div></div></div> <div>35.8035.4036.00</div>
General Medical Health	All	670	157	23.4	11.9	12.9	<div><div></div><div></div><div></div></div> <div>23.4011.9012.90</div>
Health Home Care Management - Adult	Adult 18+	370	183	49.5	85.7	87.9	<div><div></div><div></div><div></div></div> <div>49.5085.7087.90</div>



Office of
Mental Health

PHI Access Module Usage Report

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

PHI Access Module Usage

Provider MAIN STREET AGENCY ▾

Date Range 07/31/2023 To 07/31/2024

Graph Interval ☐ Quarterly ☒ Monthly ☐ Weekly

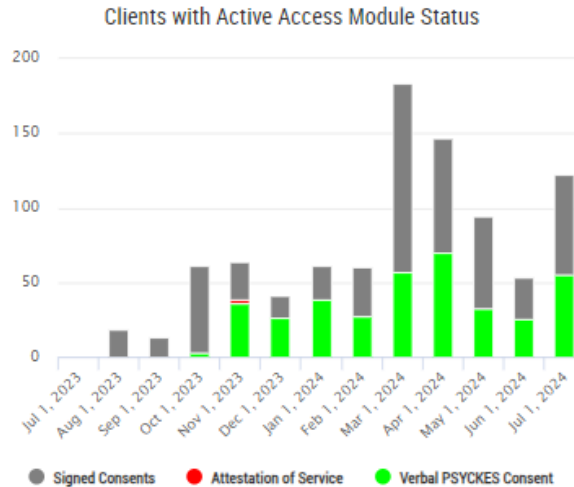
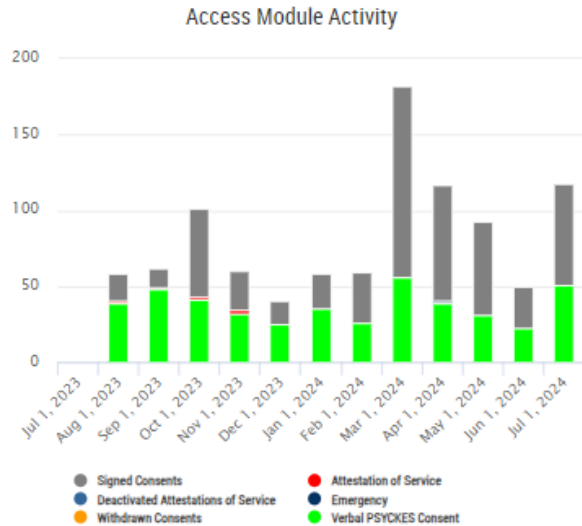
Current User Details filters are based on the most recent User Role Profile

Role In Organization	Setting/Program Type	Licensed Profession	Non Licensed Professional Discipline/ Training
ALL ▾	ALL ▾	ALL ▾	ALL ▾

 [Submit](#) [Reset](#)

PROVIDER : MAIN STREET AGENCY DATE RANGE : 07/31/2023 END DATE: 07/31/2024 GRAPH INTERVAL: MONTHLY ROLE IN ORGANIZATION: ALL SETTING/PROGRAM TYPE: ALL
 LICENSED PROFESSION: ALL NON LICENSED PROFESSIONAL DISCIPLINE/TRAINING: ALL

Summary of PHI Access Module usage during the selected date range



Total number of clients entered during the selected date range

PHI Access Module during Selected Date Range							
Signed Consents	Verbal PSYCKES Consent	Emergency	Attestation of Service	Total Clients Entered	Withdrawn Consents	Deactivated Attestation of Service	
546 (54.7%)	445 (45%)	1 (.1%)	6 (1%)	998	0	0	

PHI Access Module usage during the selected date range, by user

User Name	Role In Organization	Setting/Program	Profession	Total Clients Entered	Attestation of Service	Total Signed + Emergency	Verbal PSYCKES Consent	Signed Consents (%)	Emergency (%)	2 Forms of ID (%)
Smith, John	Direct Service Provider/Clinician/Care Manager	Agency/Facility-Wide, Care Management	Care Management/Case Management/Case Work	6	0	6	0	6 (100%)	0	0

Clinical Summaries Usage Report

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

Clinical Summary Usage View

Provider MAIN STREET AGENCY ▾ Date Range 07/31/2023 To 07/31/2024

Current User Information filters are based on the most recent User Role Profile

Status	ALL ▾	User ID	<input type="text"/>	Name (First & Last)	<input type="text"/>
Role In Organization	ALL ▾	Setting/Program Type	ALL ▾		
Licensed Profession	ALL ▾	Non Licensed Professional Discipline/ Training	ALL ▾		

Recipient Information

Last Name	<input type="text"/>	Medicaid ID	<input type="text"/>	SSN (XXX-XX-XXXX)	<input type="text"/>
Service	<input type="text"/>	Service Setting	<input type="text"/>		

 [Submit](#) [Reset](#)

Clinical Summaries Usage Report

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

[← Modify Search](#)

Clinical Summary Usage View

 PDF  Excel

PROVIDER: MAIN STREET AGENCY START DATE: 07/31/2023 END DATE: 07/31/2024 STATUS: ALL ROLE IN ORGANIZATION: ALL SETTING/PROGRAM TYPE: ALL LICENSED PROFESSION: ALL
NON LICENSED PROFESSIONAL DISCIPLINE/TRAINING: ALL

Usage During Report Period:

Unduplicated Clients' Clinical Summaries Viewed	1478
Unduplicated Users who accessed Clinical Summaries	58

Usage Details


Clinical Summary Access History During Reporting Period						
		First Access by User		Most Recent Access by User		
Client Name ▾	Medicaid ID# ▾	Date ▾	Access Level in Effect ▾	Date ▾	Access Level in Effect ▾	Total # of Days User Accessed During Reporting
WUzVTa2 WVVPQq7PWQ	UVUuMpApNVY	6/12/2024	All Data - Consent	6/12/2024	All Data - Consent	
WUzVTa2 SbVNTqjF	VF6uNDQuNbQ	1/8/2024	Health Home Consent	2/16/2024	Health Home Consent	
WUzVTa2 SbVNTqjF	VF6uNDQuNbQ	11/13/2023	All Data - Consent	1/11/2024	All Data - Consent	
WUzVTa2 SaFSRUQ Qm	VqevMpAsNFI	8/21/2023	All Data - Consent	6/17/2024	All Data - Consent	
WUzVTa2 SaFSRUQ Qm	VqevMpAsNFI	4/26/2024	Health Home Consent	4/26/2024	Health Home Consent	
WUzVTa2 SaFSRUQ Qm	VqevMpAsNFI	4/26/2024	All Data - Consent	4/26/2024	All Data - Consent	
WUzVTa2 QUvHRUnB	WbepOTiqNbl	12/27/2023	All Data - Consent	12/27/2023	All Data - Consent	
WUzVTa2 QUvHRUnB	WbepOTiqNbl	12/27/2023	All Data - Consent	12/27/2023	All Data - Consent	

Update to Health Home Consent Logic to Include CCOs

Update to HH Consent Logic

- Care Coordination Organizations (CCOs) are now able to utilize the DOH Health Home Patient Information Sharing Consent within the PSYCKES' enable access module
- This new logic removes the requirement of an agency needing to be in the DOH MAPP system as a Health Home or Care Management Agency
- To enable the DOH Health Home Patient Information Sharing Consent checkbox option within the application, CCOs will need to:
 - Have billed at least one CCO case management service in the past year AND
 - Indicate in their User Role Profile's Primary Work Setting that they work for a Health Home Administration/CCO

Update User Role Profile



De-identify ☐

Settings ▾

Log Off

My QI Report ▾

Statewide Reports

Recipient Search

Provider Search

Registrar ▾

Usage ▾

Utilization Report

Change My Home Page

Update My User Profile

User Access Administration

Recipient Search

Limit results to 50 ▾

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET, INC. (CCO)

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Characteristics as of 07/25/2024

Age Range

To

Gender

Region

Race

County

Ethnicity

Update User Role Profile



User Role Profile

Your primary work setting

Provider Agency




[Change Setting](#)

Your primary role(s) in your organization (Up to 2)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Direct Service Provider/Clinician/Care Manager | <input type="checkbox"/> Supervisor of Direct Services |
| <input type="checkbox"/> Program Director/Manager | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Agency/Facility-Wide Leadership | <input type="checkbox"/> Quality Management (QI/QA) |
| <input type="checkbox"/> Utilization Management | <input type="checkbox"/> Administrative Support/Medical Records |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Business Intelligence/Data Analysis/Evaluation |
| <input type="checkbox"/> Peer Advocate | <input type="checkbox"/> Intern/Resident/Trainee |

Update User Role Profile

NEW YORK STATE

Office of Mental Health

PSYCH

My QI Report ▾Statewide ReportsRe

Your primary work setting

Health Home Administration/CCO

Your primary role(s) in your organization

☒ Direct Service Provider/Clinician

☐ Program Director/Manager

☐ Agency/Facility-Wide Leadership

☐ Utilization Management

☐ Information Technology

☐ Peer Advocate

☐ Intern/Resident/Trainee

Log Off

Change Setting >

Change Setting

Your primary work setting

☐ Provider Agency
(Outpatient/Inpatient/ER, Community/State PC/County Program, Care Management, Housing/Residential, Forensic Health, Rehabilitation/HCBS/WAIVER/MyCHOIS SITE)

☒ Health Home Administration/CCO
(Not Care Management Program)

☐ Network of Providers Administrative Office
(e.g., for PPS, IPA, ACO, or Network Central Office)

☐ State Agency Central Office/Regional Field Offices
(OMH/OASAS/DOH)

☐ County Government/Local Government Unit

☐ Managed Care Plan

☐ Shelter

Cancel

Continue

Update User Role Profile

User Role Profile

Your primary work setting

Health Home Administration/CCO

[Change Setting >](#)

Your primary role(s) in your organization (Up to 2)

- ☒ Direct Service Provider/Clinician/Care Manager
- ☐ Program Director/Manager
- ☐ Agency/Facility-Wide Leadership
- ☐ Utilization Management
- ☐ Information Technology
- ☐ Peer Advocate

- ☐ Supervisor of Direct Services
- ☐ Medical Director
- ☐ Quality Management (QI/QA)
- ☐ Administrative Support/Medical Records
- ☐ Business Intelligence/Data Analysis/Evaluation
- ☐ Intern/Resident/Trainee



Update User Role Profile

NPI & License Details

Do you have an individual NPI number? ☐ Yes ☒ No

Do you have a NYS Professional License? ☐ Yes ☒ No

Your primary professional discipline/Training (up to 2)

- | | |
|---|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Medicine - Psychiatry |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Psychology |
| <input checked="" type="checkbox"/> Social Work | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> CASAC / Substance Abuse Credential |
| <input checked="" type="checkbox"/> Care Management/Case Management/Case Work | <input type="checkbox"/> Residential/Housing Worker |
| <input type="checkbox"/> Vocational/Educational Worker | <input type="checkbox"/> Peer Advocacy |
| <input type="checkbox"/> Mental Health Therapy Aid | <input type="checkbox"/> Clerical/Administration |
| <input type="checkbox"/> Public Health or other Health/Science-Related Field | <input type="checkbox"/> Other |



Continue to PSYCKES

Lookup a Client & Enter Consent



Recipient Search

Limit results to

Search

Reset

Recipient Identifiers

Search in: ☒ Full Database ☐ MAIN STREET, INC. (CCO)

Medicaid ID

SSN

AB12345C

First Name

Last Name

DOB

MM/DD/YYYY

Characteristics as of 07/25/2024

Age Range To Gender

Race

Ethnicity

Region

County

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Social Determinants of Health (SDOH)

Past 1 Year ▾

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial c
- Problems related to medical facilities and
- Problems related to housing and econom

SDOH Conditions: Selected

Lookup a Client & Enter Consent

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar

Usage

Utilization Reports

PDF

Excel

Maximum Number of Rows Displayed: 50

Managed in	Current PHI Access	
	No Access	Enable Access

PHI Access for SMITH, JOHN (M - 64)

×

Select the level of access

About access levels

The client signed consent

☐ Client signed a PSYCKES Consent

☐ Client signed a BHCC Patient Information Sharing Consent

☒ Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

☐ Client gave Verbal PSYCKES Consent

☐ This is a clinical emergency

Provider attests to serving the client

Will link client to your agency, but will not provide access to clinical summary

☐ Client is currently served by or being transferred to my agency

Cancel

Next

Lookup a Client & Enter Consent

My QI Report

Statewide Reports

Recipient Search

Provider Search

Registrar

Usage

Utilization Reports

Modify Search

Medicaid ID

Review recipients in results carefully

Name (Gender - Age)	Unique Identifiers
SMITH JOHN M - 64	Medicaid ID: AB12345C

PDF

Excel

Maximum Number of Rows Displayed: 50

Managed in	Current PHI Access
	No Access

Enable Access

PHI Access for SMITH, JOHN (M - 64)

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C

Date Of Birth: 01/01/1960

Address: 123 MAIN STREET, MAIN CITY, NY, 12345

How do you know this is the correct person?

☒ Provider attests to client identity

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

Identification 1

select

Identification 2

select

MAIN STREET, INC. (CCO)

Health Home and/or Care Management users will be given access to all available data while the client is enrolled in your Health Home program. Only staff who work for the Health Home and/or Care Management program should view the clinical summary with this access.

Previous

Cancel

Enable

Enable and View Clinical Summary

NYC Region Broken into 5 Counties in Statewide Reports

NYC Region Broken Out into 5 Counties

- In Statewide Reports, when selecting “New York City” as the Client Region or Provider Region, the 5 New York City counties will now display in the “County” dropdown
- The 5 New York City counties include:
 - Bronx
 - Brooklyn
 - Manhattan
 - Queens
 - Staten Island

Statewide Reports

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

Statewide Report

As of 07/01/2024

PDF Excel

Select an Indicator Set and any other filters:

Indicator Set	High Utilization - Inpt/ER ▾	
Indicator Type	2+ Inpatient / 2+ ER - Summary ▾	
Program Type	ALL ▾	
Managed Care	ALL ▾	
MC Product Line	ALL ▾	
Age Group	ALL ▾	
Client Residence	Client Region	Client County
	ALL ▾	ALL ▾
Provider Location	Provider Region	Provider County
	ALL ▾	ALL ▾

 [Indicator Definitions](#)

Submit

Reset

Statewide Reports

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

Statewide Report

As of 07/01/2024

PDF Excel

Select an Indicator Set and any other filters:

Indicator Set	High Utilization - Inpt/ER ▾	
Indicator Type	2+ Inpatient / 2+ ER - Summary ▾	
Program Type	ALL ▾	
Managed Care	ALL ▾	
MC Product Line	ALL ▾	
Age Group	ALL ▾	
Client Residence	Client Region	Client County
	ALL ▾	ALL ▾
Provider Location	ALL Central NY Hudson River Long Island New York City Western NY	Provider County
		ALL ▾

[Indicator Definitions](#) Submit Reset

Statewide Reports

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports

Statewide Report

As of 07/01/2024

PDF Excel

Select an Indicator Set and any other filters:

Indicator Set	High Utilization - Inpt/ER ▾	
Indicator Type	2+ Inpatient / 2+ ER - Summary ▾	
Program Type	ALL ▾	
Managed Care	ALL ▾	
MC Product Line	ALL ▾	
Age Group	ALL ▾	
Client Residence	Client Region	Client County
	New York City ▾	ALL ▾
Provider Location	Provider Region	
	ALL ▾	

 [Indicator Definitions](#)

Submit

Reset



Office of
Mental Health

Statewide Reports

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports

Statewide Report

As of 07/01/2024

PDF Excel

Select an Indicator Set and any other filters:

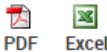
Indicator Set	High Utilization - Inpt/ER	
Indicator Type	2+ Inpatient / 2+ ER - Summary	
Program Type	ALL	
Managed Care	ALL	
MC Product Line	ALL	
Age Group	ALL	
Client Residence	Client Region	Client County
	New York City	Bronx
Provider Location	Provider Region	Provider County
	ALL	ALL

[Indicator Definitions](#)

 [Submit](#) [Reset](#)

Statewide Report

As of 07/01/2024



INDICATOR SET: HIGH UTILIZATION - INPT/ER

INDICATOR: 2+ INPATIENT / 2+ ER - SUMMARY

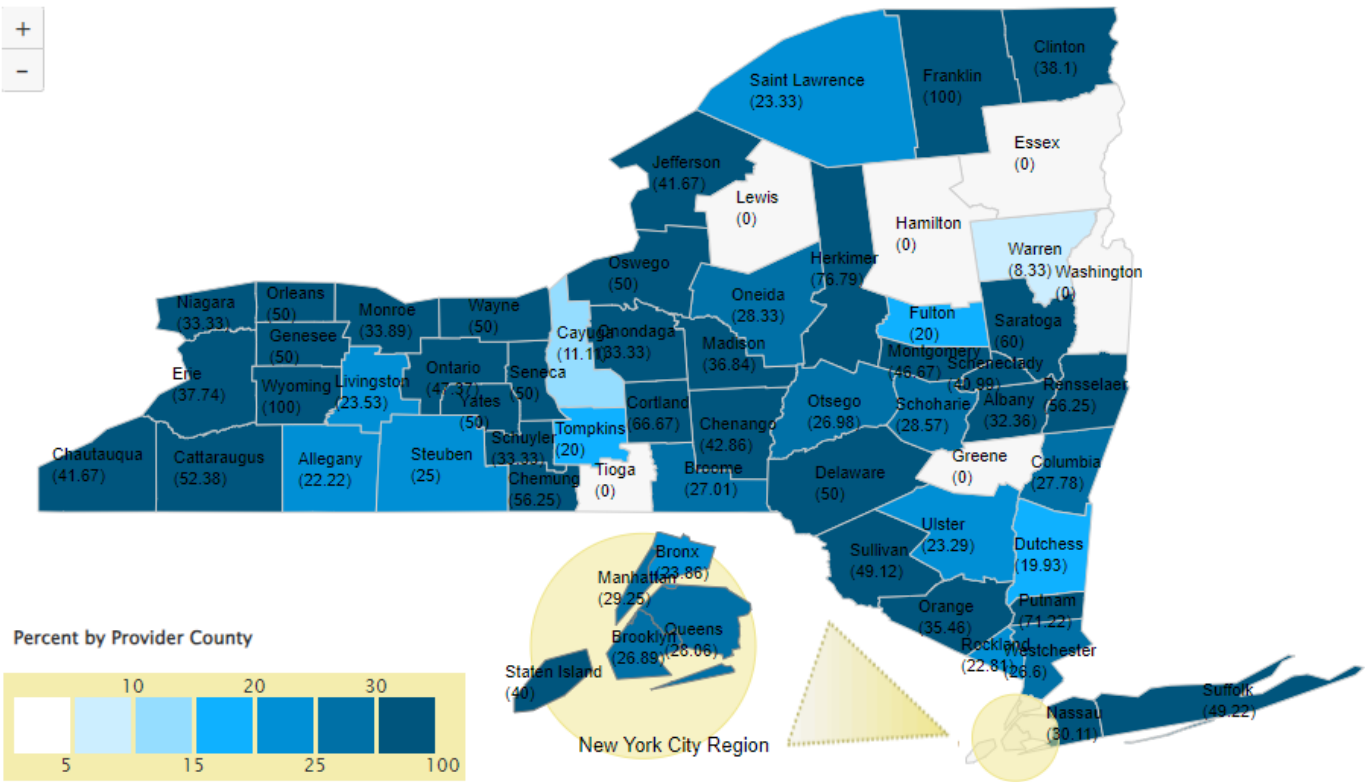
CLIENT REGION: NEW YORK CITY

CLIENT COUNTY: BRONX

Filters

Map view

☐ Client Residence ☒ Provider Location



Client Region	Client County	Provider Region	Provider County	Network	Provider	Plan
Region by Client Residence						
Eligible Population				# with QI Flag		%
STATE				484,583		108,176
New York City				484,583		108,176
						22.32

Events/Episode- Based Quality Flags

Events/Episode-Based Quality Flags

- Historically in PSYCKES, measures' numerators and denominators were based on the count of unique individuals
- We have begun Phase 1 of transitioning some of the existing quality flags from individual-based counts to events/episodes-based counts
- DOH-run Performance Tracking measures will now capture each separate event or episode (e.g., hospitalizations) to calculate a measure's numerator and denominator

Events/Episode-Based Quality Flags

- **MH Performance Tracking Measure:**
 - No Follow Up after MH Inpatient - 7 Days
 - No Follow Up After MH ED Visit - 7 Days
 - No Follow Up after MH Inpatient - 30 Days
 - No Follow Up After MH ED Visit - 30 Days
 - No Engagement after MH Inpatient
 - No Intensive Care Management after MH ED Visit
 - No Intensive Care Management after MH Inpatient

Events/Episode-Based Quality Flags

■ SUD Performance Tracking Measure

- No Continuity of Care after Detox to Lower Level of Care
- No Continuity of Care after Rehab to Lower Level of Care
- No Follow Up After High-Intensity Care for SUD (7 days)
- No Follow Up After High-Intensity Care for SUD (30 days)
- No Initiation of SUD Treatment
- No Engagement in SUD Treatment
- No Initiation of Opioid Use Disorder (OUD) Treatment
- No Engagement in Opioid Use Disorder (OUD) Treatment
- No Follow Up after SUD ER Visit (7 days)
- No Follow Up after SUD ER Visit (30 days)

Events/Episode-Based Quality Flags

■ Vital Signs Dashboard - Adult

- No Follow Up After MH ED Visit - 7 days
- No Follow Up After MH ED Visit - 30 days
- No Follow Up after MH Inpatient - 7 days
- No Follow Up after MH Inpatient - 30 days

■ Vital Signs Dashboard - Child

- No Follow Up After MH ED Visit - 7 days
- No Follow Up After MH ED Visit - 30 days
- No Follow Up after MH Inpatient - 7 days
- No Follow Up after MH Inpatient - 30 days

MAIN STREET AGENCY ⓘ

Quality Indicator Overview As Of 07/01/2024

View: Standard ▾



PDF



Excel

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

Filters

Reset

Indicator Set

Quality Improvement Indicators (As Of 07/01/2024)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	6,991	2,303	32.9	36.6	36	
General Medical Health	All	193,544	17,803	9.2	13.5	12.9	
Health Home Care Management - Adult	Adult 18+	10,475	8,689	82.9	81.5	87.9	
High Utilization - Inpt/ER	All	193,641	52,047	26.9	23.8	20.7	
Polypharmacy	All	18,336	2,553	13.9	17.8	12.8	
Preventable Hospitalization	Adult	135,165	2,045	1.5	1	0.8	
Readmission Post-Discharge from any Hospital	All	37,552	5,627	15	14.9	11.4	
Readmission Post-Discharge from this Hospital	All	26,438	3,297	12.5	18.7	11.4	
Treatment Engagement	Adult 18-64	5,625	1,813	32.2	31	32.7	

Performance Tracking Indicators (As Of 121/01/2023)

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

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
General Medical Performance Tracking Measure	All	58,462	20,414	34.9	40	37.9	
MH Performance Tracking Measure	All	10,472	5,644	53.9	55.5	55	
SUD Performance Tracking Measure	Adol & Adult (13+)	12,317	9,722	78.9	78.5	80.4	

MAIN STREET AGENCY

Quality Indicator Overview As Of 07/01/2024

View: Standard



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

Filters

Reset

Indicator Set: MH Performance Tracking Measure

Indicator Set	Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
								25% 50% 75% 100%
	1. No Follow Up for Child on ADHD Med - Initiation	Child	442	130	29.4	30.5	36.4	29.40 30.50 36.40
	2. No Follow Up for Child on ADHD Med - Continuation	Child	87	16	18.4	27	30.7	18.40 27.00 30.70
	3. Antidepressant Medication Discontinued - Acute Phase	Adult	2,538	1,100	43.3	42.7	43.3	43.30 42.70 43.30
		Adult	2,538	1,482	58.4	57	57.9	58.40 57.00 57.90
		Adult	2,546	950	37.3	32.1	34.5	37.30 32.10 34.50
	6. Low Mood Stable Medication Adherence - Bipolar	Adult	3,294	1,599	48.5	47.7	48.8	48.50 47.70 48.80
	7. No Follow Up after MH Inpatient - 7 Days	6+	1,671	828	49.6	41.5	45.8	49.60 41.50 45.80
	8. No Follow Up After MH ED Visit - 7 Days	6+	2,870	1,215	42.3	39.1	35	42.30 39.10 35.00
	9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	3,602	491	13.6	19.6	21.7	13.60 19.60 21.70
	10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	773	465	60.2	64.8	64.5	60.20 64.80 64.50
	11. No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	773	233	30.1	39.1	43.1	30.10 39.10 43.10
	12. No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	773	448	58	63.3	62.8	58.00 63.30 62.80

The percentage of Mental Health Inpatient discharges among individuals ages 6 years and older that are not followed up by a Mental Health Outpatient visit within 7 days after the discharge.

Indicator Set: MH Performance Tracking Measure

Indicator Set	Indicator									
Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	<div><div></div><div></div><div></div><div></div></div> <div>25%50%75%100%</div>			
3. Antidepressant Medication Discontinued - Acute Phase	Adult	2,538	1,100	43.3	42.7	43.3	<div><div></div><div></div><div></div></div>	43.30	42.70	43.30
The percentage of Mental Health Inpatient discharges among individuals ages 6 years and older that are not followed up by a Mental Health Outpatient visit within 7 days after the discharge.	Adult	2,538	1,482	58.4	57	57.9	<div><div></div><div></div><div></div></div>	58.40	57.00	57.90
	Adult	2,546	950	37.3	32.1	34.5	<div><div></div><div></div><div></div></div>	37.30	32.10	34.50
	Adult	3,294	1,599	48.5	47.7	48.8	<div><div></div><div></div><div></div></div>	48.50	47.70	48.80
7. No Follow Up after MH Inpatient - 7 Days	6+	1,671	828	49.6	41.5	45.8	<div><div></div><div></div><div></div></div>	49.60	41.50	45.80
8. No Follow Up After MH ED Visit - 7 Days	6+	2,870	1,215	42.3	39.1	35	<div><div></div><div></div><div></div></div>	42.30	39.10	35.00

MAIN STREET AGENCY ?

Quality Indicator Overview As Of 07/01/2024

View: Standard



[SITE: ALL](#)
[PROGRAM TYPE: ALL](#)
[AGE GROUP: ALL](#)
[MC PRODUCT LINE: ALL](#)
[CLIENT REGION: ALL](#)
[CLIENT COUNTY: ALL](#)
[PROVIDER REGION: ALL](#)
[PROVIDER COUNTY: ALL](#)
[MANAGED CARE: ALL](#)

Filters

Reset

Indicator Set: MH Performance Tracking Measure **Indicator:** 7. No Follow Up after MH Inpatient - 7 Days

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	Current PHI Access			
SEFMTA SEzSQUNF SA	VrepMTMoNb6	MDEIMTMIMTavMQ	Black	2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, No Engage after MH IP, No ICM after MH Inpt, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, POP Cloz Candidate, POP High User	No Access	Enable Access		
				2+ Inpt-BH, 2+ Inpt-MH, Adher-AP (DOH), Adher-MS (DOH), Cervical Cancer Screen				

Training & Technical Support

Technical Support

- For more PSYCKES resources, please go to our website at:
www.psyckes.org
- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the ITS or OMH helpdesk:
 - ITS (OMH/State PC Employee) Helpdesk:
 - Please contact the NYS Helpdesk at <https://chat.its.ny.gov> or call 844-891-1786
 - OMH (Non-OMH/Non-State PC Employee) Helpdesk:
 - 518-474-5554, opt 2; healthhelp@its.ny.gov