Using PSYCKES for Clinicians

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

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Mental Health Program Specialist II

PSYCKES Medical Informatics Team

April 14, 2020

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

1. What is PSYCKES?

2. Access to PSYCKES Data

3. Searching for Clients in PSYCKES

4. Client-level data: the PSYCKES Clinical Summary

5. Consenting Clients for access to PSYCKES data

6. Uploading safety, discharge and care plans

7. Guidance and Technical Assistance

What is PSYCKES?

What is PSYCKES?

- A web-based platform for sharing…
  - ✓ Medicaid claims and encounter data
  - ✓ Other state administrative data
  - ✓ Safety/Care/Discharge plan information entered by providers

- Comprehensive, user-friendly client information

- Secure, HIPAA-compliant

- Supports:
  - ✓ Quality improvement: provider/population trends
  - ✓ Clinical decision-making: individual client information

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Who is in PSYCKES?

- Medicaid enrollees
  - Fee-for-service
  - Managed care
  - Medicaid & Medicare: Medicaid data only

Medications Past Year	Last Pick Up	
Ibuprofen (Goodsense Ibuprofen) • Nonsteroidal Anti-inflammatory Agents (NSAIDs)	1/23/2019	Dose: 200 MG, 8
Note: This recipient is on Medicare. The majority of their medications will be paid for by Medicare and therefore not visible here		

  - Previously enrolled (5-year look back)

- Behavioral health population
  - Mental health
  - Substance abuse

- Currently over 8 million individuals

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What Client Information is in PSYCKES?

- 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
  - MHARS: State Psychiatric Center EMR data
  - CAIRS: ACT provider and contact information
  - TACT: AOT provider and contact information
  - MAPP: Health Home enrollment and CM provider information
  - NIMRS: Suicide attempt (not restricted to 5-year lookback)
  - Managed Care Enrollment Table: MC Plan & HARP status

- Safety plans and other provider-entered data.

Quality Indicators ("Flags")

1. General Medical Health

2. Treatment Engagement

3. Readmission Post-Discharge from any Hospital

4. Readmission Post-Discharge from this Hospital

5. High Utilization

6. Preventable Hospitalization

7. Polypharmacy

8. Health and Recovery Plan (HARP)

9. BH QARR Improvement Measures

10. BH QARR DOH Performance Tracking Measure

11. Substance Use Disorders

Access to PSYCKES Data

Access to Client Data: Providers

You will see clients assigned to your hospital/agency/facility:

- Automatically: Billed service within the past 9 months

- Manually: Provider attests one of the following…
    - Client is being served at agency
    - Emergency*
    - Client has signed PSYCKES consent

Levels of access

- Client has signed PSYCKES consent: Access to all data, <u>including</u> data with special protection** (DSP), for three years after last service.

- Emergency: Access to all data, <u>including</u> DSP, for 72 hours.

- No consent, no emergency, but has a Quality Flag: Access to data <u>except</u> data with special protection, while flag is active (up to 9 months after last service).

- No consent, no emergency, no Quality Flag: No access to client-level data.

*A medical or behavioral condition for which there is an immediate need for treatment, and symptoms are of sufficient severity that the absence of immediate treatment would result in serious consequences, (ex., harm to self or others).

**Substance abuse, HIV, genetic information, reproductive/family planning.

Access to Client Data for Providers: Comparison

Data Link Type	Access Type	Quality Flag?	Any Client Data?	Data with Special Protection (SUD, HIV, Family Planning, Genetic)	Duration
Automatic	**Billed service in past 9 months**	No	No, client name only	No	9 months after last service
		Yes	Yes	No	While flag is active, up to 9 months after last service
Manual (using PHI Access Module)	**Attest client is being served at agency**	No	No, client name only	No	9 months after last service
		Yes	Yes	No	While flag is active, up to 9 months after last service
	Clinical Emergency	n/a	Yes	Yes, all data	72 hours
	Consent	**n/a**	**Yes**	**Yes, all data**	**3 years after last service**

Access to Client Data: State/Local Government, Managed Care

- See all data, including data with special protection

  - Managed care plans: for individuals currently enrolled or recently dis-enrolled

  - State/local government oversight: for all clients

More information about access to PSYCKES data:

New PSYCKES Features Recorded Webinar

- Access to data for BHCC's

- Access to data for Adult Health Homes

Searching for Clients in PSYCKES

Recipient Search: Individual or Cohort

Recipient Search

Limit results to [50 ▼]   Search   Reset

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A	000-00-0000			MM/DD/YYYY

Characteristics as of 02/03/2020

Age Range [ ] To [ ]	Gender [▼]	Managed Care [▼]		Children's Waiver Status [▼]	
Population [▼]		MC Product Line [▼]		HARP Status [▼]	
High Need Population [▼]		Medicaid Restrictions [▼]		HARP HCBS Assessment Status [▼]	
AOT Status [▼]		DSRIP PPS [▼]		HARP HCBS Assessment Results [▼]	
Alerts & Incidents [▼]					

Quality Flag as of 02/01/2020   🗐 Definitions

HARP Enrolled - Not Health Home Enrolled - (updated weekly)
HARP-Enrolled - No Assessment for HCBS - (updated weekly)
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 (Schz)
Treatment Engagement - Summary
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)
No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz
No Diabetes Screening (Gluc/HbA1c) Schz or Bipolar on Antipsychotic Adults
No Diabetes Monitoring (HbA1c) Diabetes

Services: Specific Provider as of 02/01/2020   [Past 1 Year ▼]

Provider [ ]	
Region [▼]	County [▼]
Current Access [▼]	
Service Utilization [▼]	Number of Visits [▼]

Service Setting:
+--Care Coordination
+--Foster Care
+--Inpatient - ER
+--Living Support/Residential
+--Other
+--Outpatient - DD
+--Outpatient - MH

Service Detail: Selected

Medication & Diagnosis as of 02/01/2020   [Past 1 Year ▼]

Prescriber Last Name [ ]	
Drug Name [ ]	☐ Active Drug

Psychotropic Drug Class*
ADHD Med
Antidepressant
Antipsychotic
Antipsychotic - Long Acting Injectab

Non-Psychotropic Drug Class*
Analgesics and Anesthetics
Anti-Infective Agents
Anti-Obesity Agents
Antidiabetic

Services by Any Provider as of 02/01/2020   [Past 1 Year ▼]

Provider [ ]	
Region [▼]	County [▼]
Service Utilization [▼]	Number of Visits [▼]

Service Setting:
+--Care Coordination

Service Detail: Selected

Search for a Cohort

Characteristics as of 02/03/2020

Age Range [ ] To [ ] Gender [▼]	Managed Care [▼]	Children's Waiver Status [▼]
Population [▼]	MC Product Line [▼]	HARP Status [▼]
High Need Population [▼]	Medicaid Restrictions [▼]	HARP HCBS Assessment Status [▼]
AOT Status [▼]	DSRIP PPS [▼]	HARP HCBS Assessment Results [▼]
Alerts & Incidents [▼]		

Quality Flag as of 02/01/2020   ⧉ Definitions

HARP-Enrolled - Not Health Home Enrolled - (updated weekly)
HARP-Enrolled - No Assessment for HCBS - (updated weekly)
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 (Schz)
Treatment Engagement - Summary
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)
No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz
No Diabetes Screening (Gluc/HbA1c) Schz or Bipolar on Antipsychotic Adults
No Diabetes Monitoring (HbA1c) Diabetes
BH QARR - 2019 Quality Incentive Subset Summary

Services: Specific Provider as of 02/01/2020   [Past 1 Year ▼]

Provider [ ]	
Region [▼]	County [▼]
Current Access [▼]	
Service Utilization [▼]	Number of Visits [▼]

Service Setting:

＋–Care Coordination
＋–Foster Care
＋–Inpatient - ER
＋–Living Support/Residential
＋–Other
＋–Outpatient - DD
＋–Outpatient - MH

Service Detail: Selected

Medication & Diagnosis as of 02/01/2020   [Past 1 Year ▼]

Prescriber Last Name [ ]
Drug Name [ ]   ☐ Active Drug

Psychotropic Drug Class*

ADHD Med
Antidepressant
Antipsychotic
Antipsychotic - Long Acting Injectab

Non-Psychotropic Drug Class*

Analgesics and Anesthetics
Anti-Infective Agents
Anti-Obesity Agents
Antidiabetic

Diagnosis [ ]
Diagnosis given [1+ ▼]   ● Primary Only   ○ Primary/Secondary

BH Diagnosis

＋–Any BH Diagnosis
＋–Any MH Diagnosis
＋–Anxiety Disorders
＋–Bipolar and Related Disorders

Medical Diagnosis

＋–Certain conditions originating in the peri
＋–Certain infectious and parasitic disease
＋–Congenital malformations, deformations
＋–Diseases of the blood and blood-forming

Services by Any Provider as of 02/01/2020   [Past 1 Year ▼]

Provider [ ]	
Region [▼]	County [▼]
Service Utilization [▼]	Number of Visits [▼]

Service Setting:

＋–Care Coordination
＋–Foster Care
＋–Inpatient - ER
＋–Living Support/Residential
＋–Other
＋–Outpatient - DD
＋–Outpatient - MH
＋–Outpatient - Medical
＋–Outpatient - Medical Specialty
＋–Outpatient - SU
＋–Outpatient - Unspecified

Service Detail: Selected

Filters for Cohort Searches

High Need Population:

- OPWDD NYSTART: potentially eligible
- AOT Court Order: Active; Expired < 12m
- ACT: Enrolled; Discharged < 12m
- State PC Discharge < 12m
- OnTrackNY: Enrolled; Discharged

Population:

- OPWDD Services Eligible (RE95)
- Any OMH Outpt Specialty MH Past Year (HCBS, ACT, PROS, CDT, etc)
- Dual Eligible (Medicaid + Medicare)
- Transition from WMS to NYSoH: Medicaid Recertification Due < 3 months; Expired

Alerts & Incidents:

- Opioid Overdose, past 1 & 3 years, according to Medicaid billing diagnosis
- Overdose Risk: Concurrent Opioid & Benzo past year
- Suicide Attempt (NIMRS/Medicaid) past 1 year

Non-Psychotropic Drug Class:

- Controlled substances and Opioid medication

Psychotropic Drug Class:

- MAT for OUD

Characteristics:

- HARP HCBS Assessment Status
- HARP HCBS Results Status

Search Results

< Modify Search

24 Recipients Found

ⓘ View: [Standard ▼]   PDF   Excel

	Age Range	12 To 18
AND	BH Diagnosis	Disruptive, Impulse-Control, and Conduct Disorders
AND	[Provider Specific] Provider	Sample Agency
AND	[Provider Specific] Service Setting:	Outpatient - MH
AND	[Any Provider] Service Setting:	Inpatient - ER

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan	Current PHI Access
Qq7JUFA SbI SaFISUnFQUm	RF6sMpYo MaY	MTIIOCyoM DAr	TQ LQ MTQ		Fidelis Care New York	No Access
SEVOTEVZ RqFCUabFTA	RUErMTQsN V2	NSyvLpImM D2	TQ LQ MTI	3PP(Y), BH QARR - DOH, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	MVP	Quality Flag
Vab0SENP Qq7VTaNISQ SbVOSUzS R6	RFMoN9Ap OVa	OCyuLpImM DQ	TQ LQ MTU		MVP	No Access
SEbEQUnHTm QUvEUaVT RQ	RFYqOTMq ME2	NoysLpImM DU	TQ LQ MTQ	No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	MVP	Quality Flag
QVVDQVBJTaE SazOQVRIQUu	RFMuODaq OV6	MTIIMTIIM9 AmNA	TQ LQ MTU		MVP	No Access

Search for Individual Recipient

| | Recipient Search | | Limit results to 50 ▼ | Search | Reset |

Recipient Identifiers   Search in: ⦿ Full Database ○ HUTCHINGS PSYCHIATRIC CENTER

Medicaid ID	SSN	First Name	Last Name	DOB
				MM/DD/YYYY

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Searching Your Agency by Name

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
			SMITH	MM/DD/YYYY

May yield multiple results:

Name ▲	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan	Current PHI Access
Adecbbc Ffejigd	Ebebece Djiebaj	01/01/9999	Accgbff Fdiadba			All Data - Consent
Afccjec Hiifjei	Ehccdhd Fggeeab	01/01/9999	Feegccc Fabbdab		Fidelis Care New York	No Access
Agjcfib Ihhhiab	Idhjccc Aebhebb	01/01/9999	Bgecbdc Adficfd			No Access
Agjcfib Ihhhiab	Jdbbgdd Ifcjebc	01/01/9999	Bgecbdc Adficfd	2+ Inpt-Medical, Readmit 30d - Medical to Medical		Quality Flag

Searching Full PSYCKES Database by Name

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
			SMITH	MM/DD/YYYY

- Searches all 8 million clients currently in PSYCKES application.
- If over 10 results, will be directed to narrow search criteria:

‹ Modify Search   **No Recipients Found**

Last Name	smith

There are too many recipients matching your search criteria. You can narrow a search using one of the following strategies:

- Search with a unique identifier (Medicaid ID or Social Security Number)
- When searching by name, use First Name, Last Name, and DOB
- If your provider agency has served this client within the past year, you can limit search to clients served by your provider agency

Recommendation: Search by Unique Identifier

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
AB12345C				MM/DD/YYYY

- Medicaid ID or Social Security Number
  or
- First Name + Last Name + DOB

‹ Modify Search   **1 Recipients Found**   PDF   Excel

	Medicaid ID	XXXXXXXX
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
Jedigah Cjdeahd	Daacabc Egcdhfb	01/01/9999	Ddcfcfc Cdfiegc		Fidelis Care New York	All Data - Consent

The PSYCKES Clinical Summary

Click Client Name to Access Summary

Name ▲	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan	Current PHI Access
Deabehb Dbdibeb	Abjdgja Ddffbce	01/01/9999	Bbcfaej Geedfef			No Access
Deabehb Dbdibeb	Ceighdi Bceeede	01/01/9999	Dcicfbb Fcecdfc	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	HIP (EmblemHealth)	All Data - Consent
Gegfhcg Jhdibed	Bcgbahj Chjejea	01/01/9999	Ebaefdj Bdaecac	No Outpt Medical		Quality Flag

Reminder: You must have some type of access to a client's data in order to view their summary.

If "No Access," name will not be clickable.

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Clinical Summary Header

QUnMRUui RVJJQqE

Clinical Summary as of 12/2/2019

❮ Recipient Search

PDF

| Brief Overview | 1 Year Summary | 5 Year Summary |

Data with Special Protection ⦿ Show ○ Hide
This report contains all available clinical data.

DOB: M8ynOSynOTav (M9A Yrs)

Address: MpYvOQ UrRBVEU UazVVEU Mp2mLA QqFUTom Tbai MTMmMpM

Medicaid ID: REInMDYqMbY

Managed Care Plan: Fidelis Care New York (Mainstream)

Medicare: No

Children's Waiver Status: N/A

DSRIP PPS: Central New York Care Collaborative, Inc. PPS

Alerts & Incidents · all available   Most Recent

1   **Overdose - Opioid** (1 ER)   6/5/2019   CROUSE HOSPITAL (ER - SU)

1   **Self inflicted Poisoning** (1 Inpatient)   5/20/2016   UNIVERSITY HSP SUNY HLTH SC (Inpatient - Medical)

▌ Note: Higher # count totals for Inpatient, ER, and Other settings may represent multiple services in same day

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Active Quality Flags · as of monthly QI report 9/1/2019

BH QARR - DOH Performance Tracking Measure - as of 04/01/2019
No Engagement of Alcohol/Drug Treatment · No Initiation of Alcohol/ Drug Treatment

High Utilization - Inpt/ER
2+ ER - BH · 2+ ER - Medical · 2+ Inpatient - BH · 2+ Inpatient - Medical

Readmission Post-Discharge from any Hospital
BH to All Cause · Medical to Medical

Substance Use Disorders - as of 04/01/2019
No Engagement in Opioid Use Disorder (OUD) Treatment · No Engagement in SUD Treatment · No Follow Up after SUD ER Visit (30 days) · No Follow Up after SUD ER Visit (7 days) · No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) · No Initiation of Opioid Use Disorder (OUD) Treatment · No Initiation of SUD Treatment

Diagnoses Past Year

Behavioral Health (2)	**Most Recent**: Opioid related disorders · Cocaine related disorders
	Most Frequent (# of services): Opioid related disorders (73) · Cocaine related disorders (22)
Medical (20)	**5 Most Recent**: Other inflammation of vagina and vulva · Trichomoniasis · Abdominal and pelvic pain · Other diseases of biliary tract · Cholelithiasis ...
	5 Most Frequent (# of services): Cholelithiasis (4) · Other diseases of biliary tract (5) · Superficial injury of head (1) · Abdominal and pelvic pain (3) · Abnormalities of heart beat (2) ...

Medications Past Year   Last Pick Up

Fluconazole · Imidazole-Related Antifungals   11/8/2019   Dose: 150 MG, 1/day · Quantity: 1

The Brief Clinical Summary

| **Brief Overview** | 1 Year Summary | 5 Year Summary |
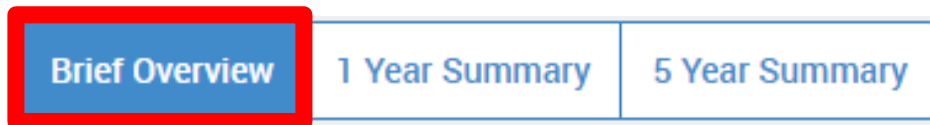
Critical information in a client's Clinical Summary:

- Current Care Coordination
- Alerts & Incidents
- Active Quality Flags
- Diagnoses Past Year
- Medications Past Year
- Outpatient Providers Past Year
- Hospital Utilization Past 5 Years
- Safety Plans

Brief Clinical Summary Recorded Webinar:

- [Click here for Brief CS Intro Recording](#)

Note: the following slides pertain to 1 & 5 Year Views

One- and Five-Year View

QUJEQUnMQU6i SqFNQUm

Clinical Summary as of 11/9/2019

PDF Excel

☰ Sections

| Brief Overview | **1 Year Summary** | 5 Year Summary |

This report contains all available clinical data.
- Data with Special Protection ⦿Show ○Hide

General

Name

QUJEQUnMQU6i SqFNQUm

DOB

MTIIMT2IMTarN6 KDYo WVJTKQ

Address

MTQpN6 Np7USA UrQ Mbli
QbJPTqjMWUui Tbai MTEoM96

Medicaid ID

UrArOTQtMFa

Medicaid Aid Category

SAFETY NET W/O DEPRIV

Medicaid Eligibility Expires on

Medicare

No

Managed Care Plan

No Managed Care(FFS Only)

HARP Status

Not Eligible

DSRIP PPS

New York City Health and Hospitals Corp PPS

POP Intensive Care Transition Services

No intensive care transition services have been entered

Alerts & Incidents   Incidents from NIMRS, Service invoices from Medicaid   ☐ Details

| Table | Graph |

Alert/Incident Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results	
Overdose Risk - Concurrent Opioid and Benzodiazepine	79 cumulative days	8/13/2018	11/26/2018	Reyfman Leonid	N/A	Tapentadol Hcl	☐

Quality Flags   as of monthly QI report 7/1/2019   ☐ Definitions

| Recent | All (Graph) | All (Table) |

Indicator Set	
BH QARR - Improvement Measure	No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic • No Metabolic Monitoring (LDL-C) on Antipsychotic
General Medical Health	Diabetes Monitoring-No HbA1c >1 Yr • No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic

Levels of Access: Show DSP

This report contains all available clinical data.

- Data with Special Protection ● Show ○ Hide

Quality Flags as of monthly QI report 9/1/2019 ⧉ Definitions

| Recent | All (Graph) | All (Table) |

Indicator Set	
BH QARR - DOH	BH QARR - DOH Performance Tracking Measure - as of 04/01/2019: Antidepressant Medication Discontinued (Acute Phase) • Antidepressant Medication Discontinued (Recovery Phase) • No Diabetes Monitoring (DM & Schizophrenia)
Health and Recovery Plan (HARP)	HARP Enrolled - Not Health Home Enrolled
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 4+ Inpatient/ER - MH
Readmission Post-Discharge from any Hospital	BH to BH • MH to All Cause
Substance Use Disorders	Substance Use Disorders - as of 04/01/2019: No Continuity of Care after Rehab to Lower Level of Care • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

Plans & Documents

There are no Plans or Documents

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Alcohol related disorders • Cocaine related disorders • Other psychoactive substance related disorders • Tobacco related disorder • Major Depressive Disorder • Schizoaffective Disorder • Schizophrenia • Adjustment Disorder • Substance-Induced Depressive Disorder • Opioid related disorders • Substance-Induced Psychotic Disorder • Unspecified/Other Bipolar • Unspecified/Other Depressive Disorder

Medical Diagnoses Primary and Secondary Dx (most frequent first)

Certain Infectious And Parasitic Diseases	Human immunodeficiency virus [HIV] disease • Unspecified viral hepatitis
Diseases Of The Circulatory System	Essential (primary) hypertension

Levels of Access: **Hide DSP**

This report does not contain clinical data with special protection
- Data with Special Protection ○Show ●Hide

Quality Flags as of monthly QI report 9/1/2019 ⧉ Definitions | Recent | All (Graph) | All (Table) |

Indicator Set ⇕	
BH QARR - DOH	BH QARR - DOH Performance Tracking Measure - as of 04/01/2019: Antidepressant Medication Discontinued (Acute Phase) • Antidepressant Medication Discontinued (Recovery Phase) • No Diabetes Monitoring (DM & Schizophrenia)
Health and Recovery Plan (HARP)	HARP Enrolled - Not Health Home Enrolled
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 4+ Inpatient/ER - MH
Readmission Post-Discharge from any Hospital	BH to BH • MH to All Cause

No SU-related QI flags

Plans & Documents

There are no Plans or Documents

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Major Depressive Disorder • Schizoaffective Disorder • Schizophrenia • Adjustment Disorder • Unspecified/Other Bipolar

No SU diagnosis

Medical Diagnoses Primary and Secondary Dx (most frequent first)

Diseases Of The Circulatory System	Essential (primary) hypertension

No HIV diagnosis

Levels of Access: No Access to DSP

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

Quality Flags as of monthly QI report 5/1/2019 Definitions	Recent	All (Graph)	All (Table)

Indicator Set	
BH QARR - DOH	BH QARR - DOH Performance Tracking Measure - as of 11/01/2018: No Follow Up after MH Inpatient (30 Days) • No Follow Up after MH Inpatient (7 Days)
High Utilization - Inpt/ER	2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - Medical • 4+ Inpatient/ER - Med

No SU-related QI flags

Plans & Documents

There are no Plans or Documents

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

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

No SU diagnosis

Medical Diagnoses Primary and Secondary Dx (most frequent first)

No HIV diagnosis

Diseases Of The Blood And Blood-Forming Organs And Certain Disorders Involving The Immune Mechanism	Acute posthemorrhagic anemia

Critical Information: HCBS & Care Coordination

General

Name
SUnMSU2i QqFSQQ U6

Medicaid ID
QrUqMpQtMFa

Medicare
No

HARP Status
HARP Enrolled (H1)

DOB
NCyoMSynOT2q KDQr WVJTKQ

Medicaid Aid Category
SAFETY NET W/O DEPRIV

Managed Care Plan
Fidelis Care New York (HARP)

HARP HCBS Assessment Status
Tier 2 HCBS Eligibility (Reassess overdue)

Address
MTUoM6 TUFJT6 UrRSRUVULA
TabBRqFSQQ RaFMTFMi Tbai
MTQpMDU

Medicaid Eligibility Expires on
03/31/2020

MC Plan Assigned PCP
Clarke, Ronald

DSRIP PPS
Millennium Collaborative Care PPS

Current Care Coordination

Medicaid Eligibility Alert: This client must use the New York State of Health (NYSoH) enrollment system for Medicaid recertification (expiration: 03/31/2020). For More information contact NYSoH at 1-855-355-5777.

POP High User: In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan Fidelis Care New York Behavioral Health High Risk Alert Team, 718-896-6500 ext. 16077 for HARP members, ext. 16072 for Non-HARP members (see HARP status above), BHHighRisk@fideliscare.org.

Care Coordination Alert - This client is eligible for Health Home Plus due to: 3+ Inpt MH < 12 months

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Critical Information: Alerts, Incidents, QI Flags

Alerts & Incidents
Incidents from NIMRS, Service invoices from Medicaid 📋 Details

Table	Graph

Alert/Incident Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/Meds/Results	
Treatment for Suicidal Ideation	27	5/30/2013	12/13/2019	NIAGARA FALLS MEMORIAL MEDICAL CENT	Inpatient - MH	Suicidal ideations	📋

Quality Flags
as of monthly QI report 2/1/2020 📋 Definitions

Recent	All (Graph)	All (Table)

Indicator Set	
BH QARR - DOH	BH QARR - DOH Performance Tracking Measure - as of 08/01/2019: No Engagement of Alcohol/Drug Treatment
BH QARR - Improvement Measure	No Metabolic Monitoring (LDL-C) on Antipsychotic
General Medical Health	No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic
Health and Recovery Plan (HARP)	HARP Enrolled - Not Health Home Enrolled
High Utilization - Inpt/ER	2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - MH • 4+ Inpatient/ER - MH • POP : High User
Polypharmacy	Psychotropics Four Plus (Buspirone Hcl + Gabapentin + Hydroxyzine Hcl + Hydroxyzine Pamoate + Oxcarbazepine + Prochlorperazine Maleate + Sertraline Hcl + Topiramate + Trazodone Hcl)

Diagnoses

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Schizoaffective Disorder • Schizophrenia • Cannabis related disorders • Major Depressive Disorder • Tobacco related disorder • Unspecified/Other Psychotic Disorders • Delusional Disorder • Adjustment Disorder • Antisocial Personality Disorder • Intellectual Disabilities • Other psychoactive substance related disorders • Alcohol related disorders • Conduct Disorder • Delirium • Unspecified/Other Anxiety Disorder • Unspecified/Other Bipolar • Unspecified/Other Depressive Disorder

Medical Diagnoses Primary and Secondary Dx (most frequent first)

Diseases Of The Circulatory System	Essential (primary) hypertension • Other cardiac arrhythmias
Diseases Of The Musculoskeletal System And Connective Tissue	Other and unspecified soft tissue disorders, not elsewhere classified
Diseases Of The Skin And Subcutaneous Tissue	Seborrheic dermatitis
Endocrine, Nutritional And Metabolic Diseases	Overweight and obesity • Volume depletion
Factors Influencing Health Status And Contact With Health Services	Persons encountering health services in other circumstances • Problems related to housing and economic circumstances • Problems related to employment and unemployment • Problems related to lifestyle • Encounter for general examination without complaint, suspected or reported diagnosis • Encounter for screening for other diseases and disorders
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, Not Elsewhere Classified	Symptoms and signs involving emotional state • Abnormalities of heart beat • Malaise and fatigue • Pain, unspecified • Abnormal results of function studies • Dizziness and giddiness • Nausea and vomiting • Other symptoms and signs involving general sensations and perceptions • Symptoms and signs involving appearance and behavior

Sources of Diagnoses

Click any diagnosis to see associated claims

Behavioral Health Diagnoses Primary and Secondary Dx (most frequent first)

Schizoaffective Disorder • Schizophrenia • Cannabis related disorders • Major Depressive Disorder • Tobacco related disorder • Unspecified/Other Psychotic Disorders • Delusional Disorder • Adjustment Disorder • Antisocial Personality Disorder • Intellectual Disabilities • Other psychoactive substance related disorders • Alcohol related disorders • Conduct Disorder • Delirium • Unspecified/Other Anxiety Disorder • Unspecified/Other Bipolar • Unspecified/Other Depressive Disorder

Services provided for the selected Diagnosis:
Schizoaffective Disorder

PDF   Excel   ✕

Previous **1** 2 3 4 5 6 7 8 9 10 ... 15 Next

Date of Service	Service Type	Service Subtype	Provider Name	Diagnosis
11/7/2019	Outpatient - BH	Physician Group	MONTEFIORE MEDICAL CENTER	Schizoaffective disorder, unspecified
8/7/2019	Inpatient-ER	Inpatient - MH	NEW YORK GRACIE SQUARE HOSPITAL	Schizoaffective disorder, unspecified
8/6/2019	Inpatient-ER	ER - MH	NEW YORK PRESBYTERIAN HOSPITAL INC	Schizoaffective disorder, unspecified, Cannabis dependence with intoxication, unspecified
7/21/2019	Inpatient-ER	ER - Medical	BELLEVUE HOSPITAL CENTER	Dehydration, Schizoaffective disorder, unspecified
7/20/2019	Inpatient-ER	ER - MH	BELLEVUE HOSPITAL CENTER	Encounter for other general examination, Schizoaffective disorder, unspecified

Overweight and obesity • Volume depletion

Integrated View as Graph (With DSP)
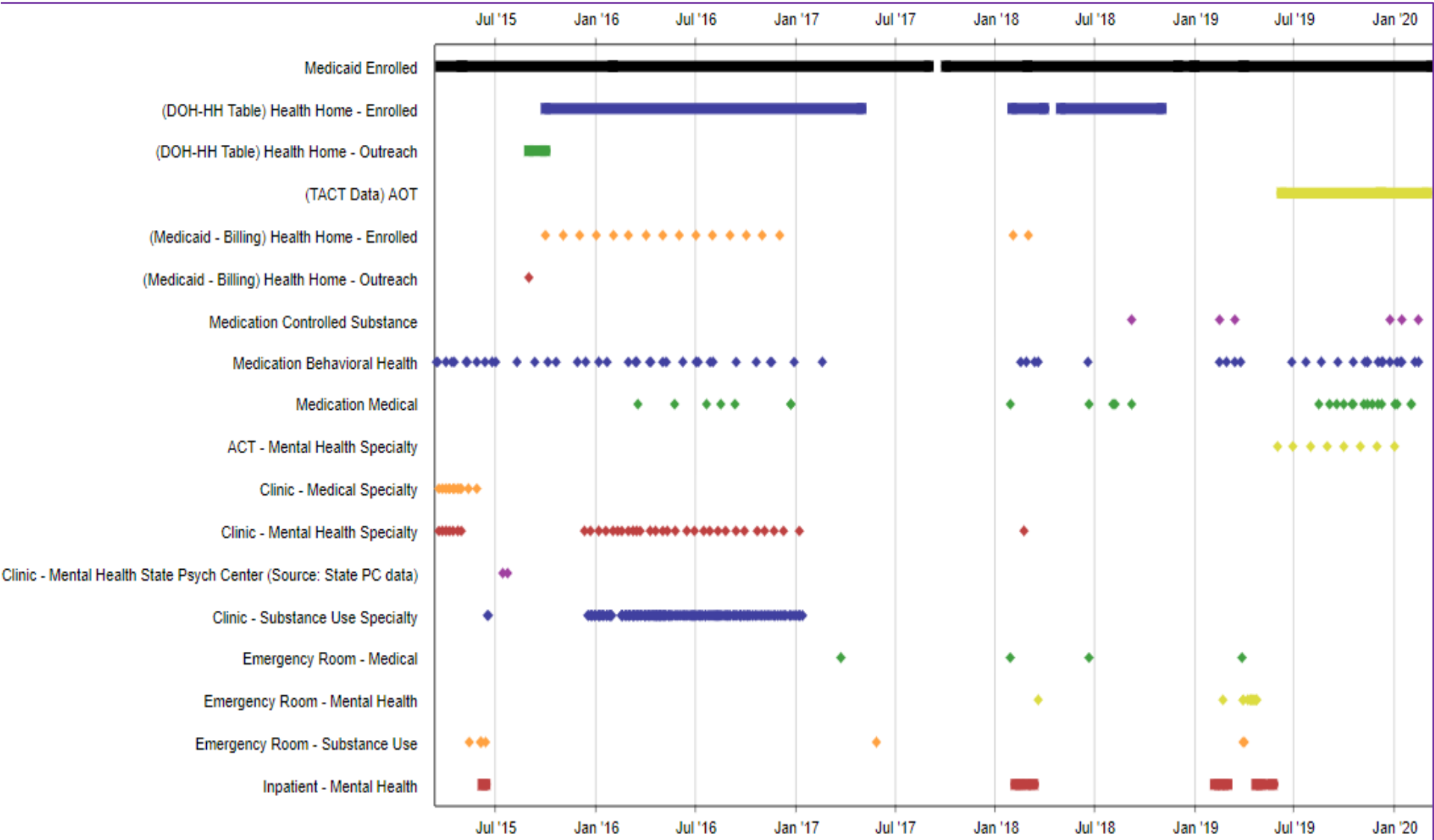
Integrated View as Graph (No DSP)
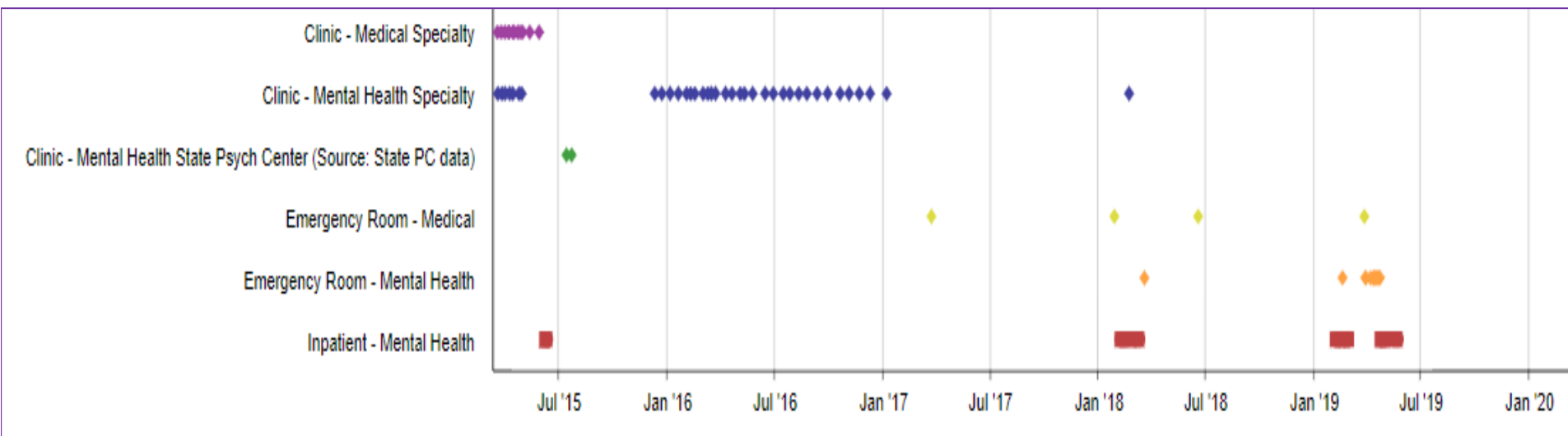
- Without access to DSP:
  - No clinic substance use, no ER substance abuse services are shown.

- Two takeaways:
  - ✓ Important to get client consent to access PSYCKES data
  - ✓ Without consent, can't assume DSP isn't part of the client's summary

Pharmacy Data: Behavioral Health and Medical

Medication: Behavioral Health 📄 Details

| Table | Graph |

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	
Antipsychotic	Aripiprazole	5 MG, 1/day	1 Month(s)	11/20/2019	11/20/2019	📋
Anxiolytic/ Hypnotic	Alprazolam	0.25 MG, 2/day	2 Month(s) 1 Week(s) 3 Day(s)	9/4/2019	10/15/2019	📋
Antipsychotic	Aripiprazole	5 MG, 1/day	1 Month(s) 1 Week(s) 6 Day(s)	9/4/2019	9/24/2019	📋
Antidepressant	Trazodone Hcl	50 MG, 1/day	1 Month(s) 6 Day(s)	9/4/2019	9/10/2019	📋
Anxiolytic/ Hypnotic	Alprazolam	0.25 MG, 2/day	6 Month(s) 4 Day(s)	1/22/2019	6/26/2019	📋
Antipsychotic	Aripiprazole	5 MG, 1/day	2 Month(s) 2 Week(s) 5 Day(s)	4/29/2019	6/18/2019	📋
Antidepressant	Trazodone Hcl	50 MG, 1/day	1 Month(s) 3 Week(s) 6 Day(s)	5/20/2019	6/17/2019	📋
Antipsychotic	Quetiapine Fumarate	50 MG, 3/day	2 Month(s) 3 Week(s) 1 Day(s)	1/14/2019	3/6/2019	📋

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Pharmacy Data: Behavioral Health and Medical

Medication: Behavioral Health ⧉ Details

Drug Class	Brand Name	Generic Name	Last Dose*		Most Recent Prescriber	
Antidepressant	Fluvoxamine Maleate	Fluvoxamine Maleate	200 MG	.22	Christie Linda J	⧉
Mood Stabilizer	Gabapentin	Gabapentin	400 MG	.12	Christie Linda J	⧉
Side-Effect Management	Metoprolol Tartrate	Metoprolol Tartrate	50 MG	0.89	Binkley Dale Lamar	⧉
Antidepressant	Venlafaxine Hcl ER	Venlafaxine Hcl	37.5 MG		Christie Linda J	⧉
Antidepressant	Venlafaxine Hcl ER	Venlafaxine Hcl	75 MG		Binkley Dale Lamar	⧉
Antidepressant	Fluoxetine Hcl	Fluoxetine Hcl	40 MG	.07	Johri Surendra Kumar	⧉
Anxiolytic/ Hypnotic	Hydroxyzine Pamoate	Hydroxyzine Pamoate	200 MG	0.94	Kozminski George Andrew	⧉
Side-Effect Management	Metoprolol Tartrate	Metoprolol Tartrate	50 MG	0.85	Kodsy Raouf Abdallah	⧉

Table | Graph

InfoButton Access: DrugPoints Document - Google Chrome

ⓘ www.micromedexsolutions.com/infobutton/librarian/access?mainSearchConcept=^^^^...

TRUVEN HEALTH ANALYTICS
MICROMEDEX® SOLUTIONS   MICROMEDEX GATEWAY

Fluvoxamine Maleate

Jump To:

Dosing & Indications
- Dosing Information
  - Adult Dosing
  - Pediatric Dosing
  - Dose Adjustments
- Indications
  - FDA-Labeled Indications
  - Non-FDA Labeled Indications
Black Box Warning
Contraindications/Warnings
- Do Not Confuse
- Contraindications
- Precautions
- Pregnancy Category
- Breast Feeding
Drug Interactions (single)
- Drug-Drug
  - Contraindicated
  - Major
  - Moderate

Adverse Effects
- Common
- Serious
Name Info
- Drug Images
- US Trade Names
- Class
- Regulatory Status
- Generic Availability
Mechanism of Action/Pharmacokinetics
- Mechanism of Action
- Pharmacokinetics
  - Absorption
  - Distribution
  - Metabolism
  - Excretion
  - Elimination Half Life
Administration/Monitoring
- Administration
- Monitoring

How Supplied
Toxicology
- Clinical Effects
- Treatment
- Range of Toxicity
Clinical Teaching
References

Drill into individual medication orders

Medication: Behavioral Health ⧉ Details

									Table / Graph

Drug Class	Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	MPR	Most Recent Prescriber
Antidepressant	Fluvoxamine Maleate	Fluvoxamine Maleate	200 MG	5 Month(s) 3 Week(s) 1 Day(s)	2/9/2017	7/1/2017	Yes	1.22	Christie Linda J
Mood Stabilizer	Gabapentin	Gabapentin	400	11 Month(s) 2	8/15/2016	6/29/2017	Yes	1.12	Christie Linda J

RX detail for Fluvoxamine Maleate Medication

PDF   Excel   ✕

Orders | Trials

Previous | 1 | 2 | Next

Pick Up Date	Brand Name	Generic	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
7/1/2017	Fluvoxamine Maleate	Fluvoxamine Maleate	Antidepressant	100 MG	60	30	2	200 MG	Oral	Christie Linda J	ECKERD CORPORATION # 10678
6/6/2017	Fluvoxamine Maleate	Fluvoxamine Maleate	Antidepressant	100 MG	60	30	2	200 MG	Oral	Christie Linda J	ECKERD CORPORATION # 10678
4/29/2017	Fluvoxamine Maleate	Fluvoxamine Maleate	Antidepressant	100 MG	60	30	2	200 MG	Oral	Christie Linda J	ECKERD CORPORATION # 10678
4/6/2017	Fluvoxamine Maleate	Fluvoxamine Maleate	Antidepressant	100 MG	60	30	2	200 MG	Oral	Christie Linda J	ECKERD CORPORATION # 10678

Drill into all med orders chronologically

Medication: Behavioral Health Details | Table | Graph

Drug Class	Brand Name	Generic Name	Last Dose*	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	MPR	Most Recent Prescriber

Rx detail for All Medication Behavioral Health   PDF Excel ✕

| Orders | Trials |

Previous **1** 2 3 4 5 ... 10 Next

Pick Up Date	Brand Name	Generic Name	Drug Class	Strength	Quantity Dispensed	Days Supply	Tabs per day*	Total Daily Dose*	Route	Prescriber	Pharmacy
10/20/2017	Clonazepam	Clonazepam	Anxiolytic/ Hypnotic	0.5 MG	30	30	1	.5 MG	Oral	Kelley Deirdre M	ECKERD CORPORATION #10805
10/8/2017	Fluoxetine Hcl	Fluoxetine Hcl	Antidepressant	40 MG	30	30	1	40 MG	Oral	Willis Daniel James	ECKERD CORPORATION #10805
10/3/2017	Trifluoperazine Hcl	Trifluoperazine Hcl	Antipsychotic	10 MG	90	30	3	30 MG	Oral	Willis Daniel James	ECKERD CORPORATION #10805
10/3/2017	Trihexyphenidyl Hcl	Trihexyphenidyl Hcl	Side-Effect Management	2 MG	60	30	2	4 MG	Oral	Willis Daniel James	ECKERD CORPORATION #10805
9/11/2017	Clonazepam	Clonazepam	Anxiolytic/ Hypnotic	0.25 MG	60	30	2	.5 MG	Oral	Reyes Loida Dela Cruz	ECKERD CORPORATION #10805

Outpatient Services: BH & Medical

Behavioral Health Services 📋 Details

[Table] [Graph]

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Physician Group	MONTEFIORE MEDICAL CENTER	11/7/2019	11/7/2019	1	Schizoaffective disorder, unspecified	- Psych Diag Eval W/Med Srvcs	📋
Physician Group	SBH PHYSICIANS PC	7/22/2019	10/16/2019	2	Schizophrenia, unspecified	- Psych Diag Eval W/Med Srvcs	📋
Physician Group	BRONXCARE HEALTH SYSTEM	1/11/2018	7/19/2019	17	Schizoaffective disorder, unspecified	- Initial Observation Care - Subsequent Observation Care - Observation Care Discharge	📋
Clinic - Unspecified Specialty	BELLEVUE HOSPITAL CENTER	4/3/2019	4/4/2019	2	Schizoaffective disorder, bipolar type	- Psych Diagnostic Evaluation	📋
Clinic - MH Specialty	BELLEVUE HOSPITAL CENTER	4/3/2019	4/4/2019	2	Schizoaffective disorder, bipolar type	- Psych Diagnostic Evaluation	📋
Clinic - Medical Specialty	NYU LANGONE HOSPITALS	3/29/2019	3/29/2019	1	Schizoaffective disorder, unspecified	- Drugs Unclassified Injection	📋
Physicians Group - Psychiatry	SBH PHYSICIANS PC	3/7/2019	3/7/2019	1	Schizoaffective disorder, unspecified	- Observation Care Discharge	📋
Physicians Group - Psychiatry and Pediatrics	SBH PHYSICIANS PC	3/6/2019	3/6/2019	1	Schizoaffective disorder, unspecified	- Subsequent Observation Care	📋
ACT - MH Specialty	THE BRIDGE, INC	5/31/2016	10/31/2018	28	Schizophrenia, unspecified	- Assert Comm Tx Pgm Per Diem	📋

See Service Details for a Specific Provider

Behavioral Health Services 📄 Details

| | Table | Graph |

Service Type ⇕	Provider ⇕	First Date Billed ⇕	Last Date Billed ⇕	Number of Visits ⇕	Most Recent Primary Diagnosis ⇕	Most Recent Procedures (Last 3 Months) ⇕	
Physician - Psychiatry	SCHILD LINDEN JEFFREY	10/5/2018	10/25/2019	11	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	- Psytx W Pt W E/M 30 Min - Office/Outpatient Visit Est	📋

All Behavioral Health Services for SCHILD LINDEN JEFFREY Provider

📄 PDF 📄 Excel ✕

Previous 1 2 3 4 5 Next

Date of Service/First Visit ⇕	Service Type ⇕	Provider ⇕	Primary Diagnosis ⇕	Secondary Diagnosis ⇕	Practitioner ⇕	Procedure ⇕
10/25/2019	Physician - Psychiatry	SCHILD LINDEN JEFFREY	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			Office/Outpatient Visit Est
10/25/2019	Physician - Psychiatry	SCHILD LINDEN JEFFREY	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			Psytx W Pt W E/M 30 Min
9/25/2019	Physician - Psychiatry	SCHILD LINDEN JEFFREY	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			Office/Outpatient Visit Est
9/25/2019	Physician - Psychiatry	SCHILD LINDEN JEFFREY	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			Psytx W Pt W E/M 30 Min
9/5/2019	Physician - Psychiatry	SCHILD LINDEN JEFFREY	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified			Psytx W Pt W E/M 30 Min

See All Service Details Chronologically

Behavioral Health Services [Details]

| | | | | | Table | Graph |

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Physician Group	MONTEFIORE MEDICAL CENTER	11/7/2019	11/7/2019	1	Schizoaffective disorder, unspecified	- Psych Diag Eval W/Med Srvcs	

All Behavioral Health Services

PDF   Excel   ✕

Previous   1   2   3   4   5   6   7   8   9   10   ...   55   Next

Date Of Service/First Visit	Service Type	Provider	Primary Diagnosis	Secondary Diagnosis	Procedure	Practitioner
11/7/2019	Physician Group	MONTEFIORE MEDICAL CENTER	Schizoaffective disorder, unspecified		Psych Diag Eval W/Med Srvcs	
10/16/2019	Physician Group	SBH PHYSICIANS PC	Schizophrenia, unspecified	Unspecified problems related to employment	Psych Diag Eval W/Med Srvcs	
7/22/2019	Physician Group	SBH PHYSICIANS PC	Paranoid schizophrenia		Psych Diag Eval W/Med Srvcs	
7/19/2019	Physician Group	BRONXCARE HEALTH SYSTEM	Schizoaffective disorder, unspecified	Homelessness	Observation Care Discharge	
7/18/2019	Physician Group	BRONXCARE HEALTH SYSTEM	Schizoaffective disorder, unspecified		Subsequent Observation Care	

| Physician - Psychiatry | ONUOGU EJIKE | 4/30/2018 | 8/21/2018 | 2 | bipolar type | - Psych Diagnostic Evaluation | |

Hospital/ER Services: Integrated Behavioral/Medical

Hospital/ER Services 🗋 Details

<div align="right">

Table | Graph

</div>

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
		8/26/2019	8/28/2019	2			🗐
		8/21/2019	8/26/2019	5			🗐
ER - Medical	ALBANY MEMORIAL HOSPITAL	7/21/2019	7/21/2019	1	Cellulitis Of Right Lower Limb	- Assay Of Lactic Acid - Blood Culture For Bacteria - Cefazolin Sodium Injection - Complete Cbc W/Auto Diff Wbc - Comprehen Metabolic Panel - Emergency Dept Visit - Ketorolac Tromethamine Inj - Measure Blood Oxygen Level - Routine Venipuncture - Ther/Proph/Diag Iv Inf Init - Tx/Pro/Dx Inj New Drug Addon - X-Ray Exam Of Ankle	🗐
ER - Medical	ALBANY MEMORIAL HOSPITAL	7/9/2019	7/10/2019	1	Contusion Of Other Part Of Head, Initial Encounter	- Assay Glucose Blood Quant - Bl Smear W/Diff Wbc Count - Capillary Blood Draw - Complete Cbc W/Auto Diff Wbc - Comprehen Metabolic Panel - Ct Abd & Pelv W/Contrast - Ct Head/Brain W/O Dye - Ct Maxillofacial W/O Dye - Ct Neck Spine W/O Dye - Ct Thorax W/Dye - Drug Test Prsmv Chem Anlyzr - Emergency Dept Visit - Locm 300-399mg/Ml Iodine,1ml - Measure Blood Oxygen Level - Routine Venipuncture	🗐

Labs, X-Ray and Other Data

Dental, Vision, Living Support/Residential, Laboratory & Pathology, Radiology, Medical Equipment, Transportation

Laboratory & Pathology 📋 Details

Table | Graph

Program/Type	Test Name	Date Billed	Provider	
Emergency	X-Ray Exam Chest 1 View	7/22/2019	SBH PHYSICIANS PC	
Emergency	X-Ray Exam Chest 1 View	3/26/2018	SBH PHYSICIANS PC	
Emergency	X-Ray Exam Chest 1 View	3/5/2018	SBH PHYSICIANS PC	
Inpatient	X-Ray Exam Chest 2 Views	2/15/2018	WOODHULL MED & MNTL HLTH CTR	
Inpatient	Electrocardiogram Report	2/14/2018	WOODHULL MED & MNTL HLTH CTR	
Office/ Outpatient/ Laboratory	Urinalysis Auto W/Scope	9/20/2016	MEDS OOS LAB	
Office/ Outpatient/ Laboratory	Microscopic Exam Of Urine	9/20/2016	MEDS OOS LAB	

Emergency	X-Ray Exam Chest 1 View	7/22/2019	SBH PHYSICIANS PC	

All Laboratory & Pathology Services for X-Ray Exam Chest 1 View

PDF | Excel | ✕

Date of Service	Program/Type	Provider Name	Test for	Procedure	
7/22/2019	Emergency	SBH PHYSICIANS PC	Catatonic schizophrenia	X-Ray Exam Chest 1 View	
3/26/2018	Emergency	SBH PHYSICIANS PC	Schizophrenia, unspecified	X-Ray Exam Chest 1 View	
3/5/2018	Emergency	SBH PHYSICIANS PC	Schizophrenia, unspecified	X-Ray Exam Chest 1 View	

Export Data to PDF, Excel

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

‹ Recipient Search

SMITH, JOHN
Clinical Summary as of 12/11/2019

PDF Excel CCD

All available data = sections will be "unrolled," ie., each scrip or visit will be listed in a separate row.

To select multiple sections, "Shift"+ click or "Ctrl"+ click.

Export

☑ Include Brief Overview as "cover page"

Export Options
⦿ All sections - Summary data
○ Selected section(s) - Summary data
○ Selected section(s) - All available data

Page Orientation
⦿ Portrait
○ Landscape

Sections   Select All ☑

Current Care Coordination
POP Intensive Care Transition Service
Plans & Documents
Behavioral Health Diagnoses

* Use ctrl key to select/unselect multiple items.

Export   Cancel

Protected Health Information: Save only to secure server!

Export Data to Electronic Medical Record

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

‹ Recipient Search

SMITH, JOHN
Clinical Summary as of 12/11/2019

PDF   Excel   CCD

- A new "CCD" export option in the Clinical Summary is available in the 1 and 5 Year Summary, in addition to the PDF and Excel export options.

- The Continuous Care Document (CCD) export will allow PSYCKES information to be integrated into an EMR record.

- Implementing CCD export will most likely require assistance from your IT department.

Consenting Clients for Access to PSYCKES Data

Three Possible Consent Forms

1. PSYCKES Consent Form
   - Now available in 10 languages on the PSYCKES website!
   - Simplified language and format for ease of understanding!

2. Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent:

The BHCC may get your health information, including your health records, from providers listed on the BHCC website: _____ and/or from others through a computer system run by the _____, a Regional Health Information Organization (RHIO) and/or a computer system called PSYCKES run by the New York State Office of Mental Health. A RHIO uses a

3. Department of Health Adult Health Home Patient Information Sharing Consent (DOH-5055)

The Health Home may get your health information, including your health records, from partners listed at the end of this form and/or from others through a computer system run by the _____ , a Regional Health Information Organization (RHIO) and/or a computer system called PSYCKES run by the New York State Office of Mental Health,

New PSYCKES Consent

Old version of consent is still valid.

Prepopulated Consents in Registrar Tab

Agency information will be prepopulated in English and Spanish forms.

Consenting Clients

Name	Medicaid ID	DOB	Gender	Quality Flags	Managed Care Plan	Current PHI Access
Aeaagef Ieeacbc	Bcbafhj Dejjebf	01/01/9999	Gbgdeia Badhbba			No Access
Afccjec Hiifjei	Fdaeife Eaddedb	01/01/9999	Jecibda Eajbeaj	2+ ER-Medical, HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York	All Data - Consent
Agjcfib Ihhhiab	Ddjjhfg Iceeega	01/01/9999	Edfdjcd Iaccich			No Access
Agjcfib Ihhhiab	Ieacecc Dhcgaic	01/01/9999	Bbcfaej Geedfef	No Outpt Medical		Quality Flag

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

Must Find Client via Unique Identifier

- Medicaid ID or Social Security Number
   or
- First Name + Last Name + DOB

Option to Enable Access to Client's Data

Select Type of Access

Verify Client Identity and Enable

For more information about consenting view New PSYCKES Features Recorded Webinar

- Consenting for BHCC's and Adult Health Homes
- Withdrawing consent

Entering plans into PSYCKES

Uploading a Safety/Care/Discharge Plan

< Recipient Search

VEFGVCm REFWSUQ UA
Clinical Summary as of 12/17/2019

PDF Excel

☰ **Sections**

| Brief Overview | **1 Year Summary** | 5 Year Summary |

This report does not contain clinical data with special protection - Data with Special Protection ○ Show ● Hide

General

Name	**Medicaid ID**	**Medicare**	**DSRIP PPS**
VEFGVCm REFWSUQ UA	RUYqNp6oNae	No	Alliance for Better Health Care, LLC PPS
DOB	**Medicaid Aid Category**	**Managed Care Plan**	
NCyoMSynOT6n KDMu WVJTKQ	MA-TANF W/DEPRIV	Fidelis Care New York (HARP)	
Address	**Medicaid Eligibility Expires on**	**HARP Status**	
OTYm QaVTVA UaQi RUFTVA RrJFRUvCVVNILA Tbai MTImN9E		Enrolled No Assessment for HCBS (H1)	

Quality Flags as of monthly QI report 9/1/2019 ⎙ Definitions

| Recent | All (Graph) | All (Table) |

Indicator Set ⇕	
Health and Recovery Plan (HARP)	HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS
High Utilization - Inpt/ER	2+ ER - BH • 2+ ER - Medical • 2+ Inpatient - BH
Readmission Post-Discharge from any Hospital	BH to BH

Plans & Documents ⬆ Upload ⊕ Create New

There are no Plans or Documents

Uploading an Existing Plan

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

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

Type of Document *	Safety Plan ▼	
Date Document Created *	12/18/2019	
Document Created By *	Prabu Vasan	Role * Therapist
Document Source *	Safety Plan.pdf	**Choose File**

☁ Upload

Maximum File Size: 10 mb

Supported File Types: pdf, doc, jpg, gif

1. Complete fields.

2. Browse & choose plan.

3. Upload

NEW YORK STATE OF OPPORTUNITY. | **Office of Mental Health**

Creating a New Safety Plan

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, feelings, behaviors) that a crisis may be developing:

1. *
2. *
3.

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (distracting and calming activities):

1. *
2. *
3.

Step 3: People and social settings that provide distraction:

1. Name *	Phone
2. Name	Phone
3. Place *	4. Place

Step 4: People I can ask for help with the crisis:

1. Name *	Phone
2. Name *	Phone
3. Name	Phone

Type plan into template.

Complete Plan and Submit
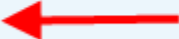
Step 1: Warning Signs that a crisis may be developing
Step 2: Internal Coping Strategies
Step 3: People and social setting that provide distraction
Step 4: People I can ask for help with the crisis
Step 5: Professionals or agencies I can contact during a crisis
Step 6: Making the environment safe
The one thing that is most important to me and worth living for is:

without their express, written permission. You can contact the au

The one thing that is most important to me and worth

My Family

Submit ←

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Click Plan to Download as PDF

Plans & Documents ⬆ Upload ⊕ Create New

Date Document Created	Document Type	Provider Name	Document Created By	Role
7/11/2017	Safety Plan	HUTCHINGS PSYCHIATRIC CENTER	Prabu Vasan	Therapist

Dummy_safety_pla....pdf

To access another agency's/facility's plans you will need:

✓ Consent

✓ Attestation of Clinical Emergency

Guidance and Resources

Value of PSYCKES Data

- Comprehensive information across providers over time
- Supports assessment and treatment planning
  - Clarify diagnoses, identify co-morbid conditions, review treatment and medication history
- Easy identification of risk
- Facilitates care coordination and discharge planning

Limitations of PSYCKES Data

- Accuracy and timeliness dependent on coding and billing
  - Service data may lag by weeks or months
- Data elements limited to what is shown on claims
  - Ex., no lab results
- Client data affected by loss of Medicaid coverage

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Using the Clinical Summary in Clinical Practice

- Get access to the clinical summary = consent!
  - ✓ Embed PSYCKES consent into intake/treatment planning paperwork
  - ✓ Attest consent as part of post-intake/treatment planning tasks

- Review clinical summary at important treatment points:
  - ✓ Intake → assessment → treatment planning
  - ✓ Change in care plan (ex., starting/changing medication, re-diagnosis)
  - ✓ Change in clinical status (ex., uptick in symptomology, hospitalization)
  - ✓ Incidents (ex., suicide attempt, self-injury)
  - ✓ Discharge planning

- Use clinical summary to enhance/enrich clinical training:
  - ✓ Supervision
  - ✓ Case presentations
  - ✓ High risk reviews

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PSYCKES Release Notes: Updates on New Features

Tue 1/15/2019 2:56 PM

P

omh.sm.its.psyckes-help <psyckes-help@OMH.NY.GOV>

PSYCKES Outage, SUD Indicator & Data Refresh: Tuesday & Thursday

To ⚪ PSYCKES-USERS@LISTSERV.OMH.NY.GOV

📄 PSYCKES-Medicaid_Release_Notes_SUD_Jan_2019.pdf ▾
PDF 159 KB

PSYCKES-Medicaid Release Notes – Release 6.8.0

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PSYCKES Users Guides and Webinars

For Further Information

- PSYCKES website: www.psyckes.org

- PSYCKES Help (PSYCKES support)
  - 9:00AM – 5:00PM EST, Monday – Friday
  - PSYCKES-help@omh.ny.gov

- ITS Help Desk (Login, Token & 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

- Register for webinars in the PSYCKES Calendar

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