



Office of  
Mental Health

# Using PSYCKES for Hospitals

Kristen McLaughlin, Director, Medical Informatics  
Office of Population Health & Evaluation

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# Agenda

- PSYCKES Overview
- Accessing PSYCKES
- Population Health with Recipient Search
- Access to Client-Level Data
- Review Client-Level Details within the Clinical Summary
- Quality Improvement with My QI Report
- Statewide Reports
- Utilization Reports
- Training & Technical Support

# PSYCKES Overview

## What is PSYCKES?

### **Psychiatric Clinical Knowledge Enhancement System (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 12 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, lab & pathology, and more!

# 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 & behavioral health outpatient & inpatient services, ER, crisis, care coordination, 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

# What Types of Reports are Available?

- Individual Client Level Reports
  - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
  - My QI Report: Displays current performance on all quality indicators, review the names of clients who are flagged, filter by Complex Needs population, *enable access (provider users)*
  - Recipient Search: run ad hoc reports to identify cohorts of interest, Advanced Views, *enable access (provider users)*
  - Usage Reports: monitor PHI access by staff
  - Utilization Reports: support provider VBP data needs
- Statewide Reports
  - Can select a quality indicator and review statewide proportions by Complex Needs population, provider location region/county, client residence region/county, plan, network, provider, etc.



# Accessing PSYCKES

# How to Get Access to PSYCKES

## When Your Agency **Does** Have Access

- PSYCKES access for individual staff is managed by your agency's Security Manager
  - Security Manager is appointed by your CEO/ED
  - Agency can have multiple Security Managers
  - Contact PSYCKES-Help to find out your agency's Security Manager
  - Security Manager uses Security Management System (SMS) to create user accounts and grant PSYCKES
- Self-Service Console instruction email will be sent to new users and will contain a User ID and temporary password to login to the Self-Service Console to request/obtain token
- PSYCKES access should be revoked when user no longer needs access or leaves agency

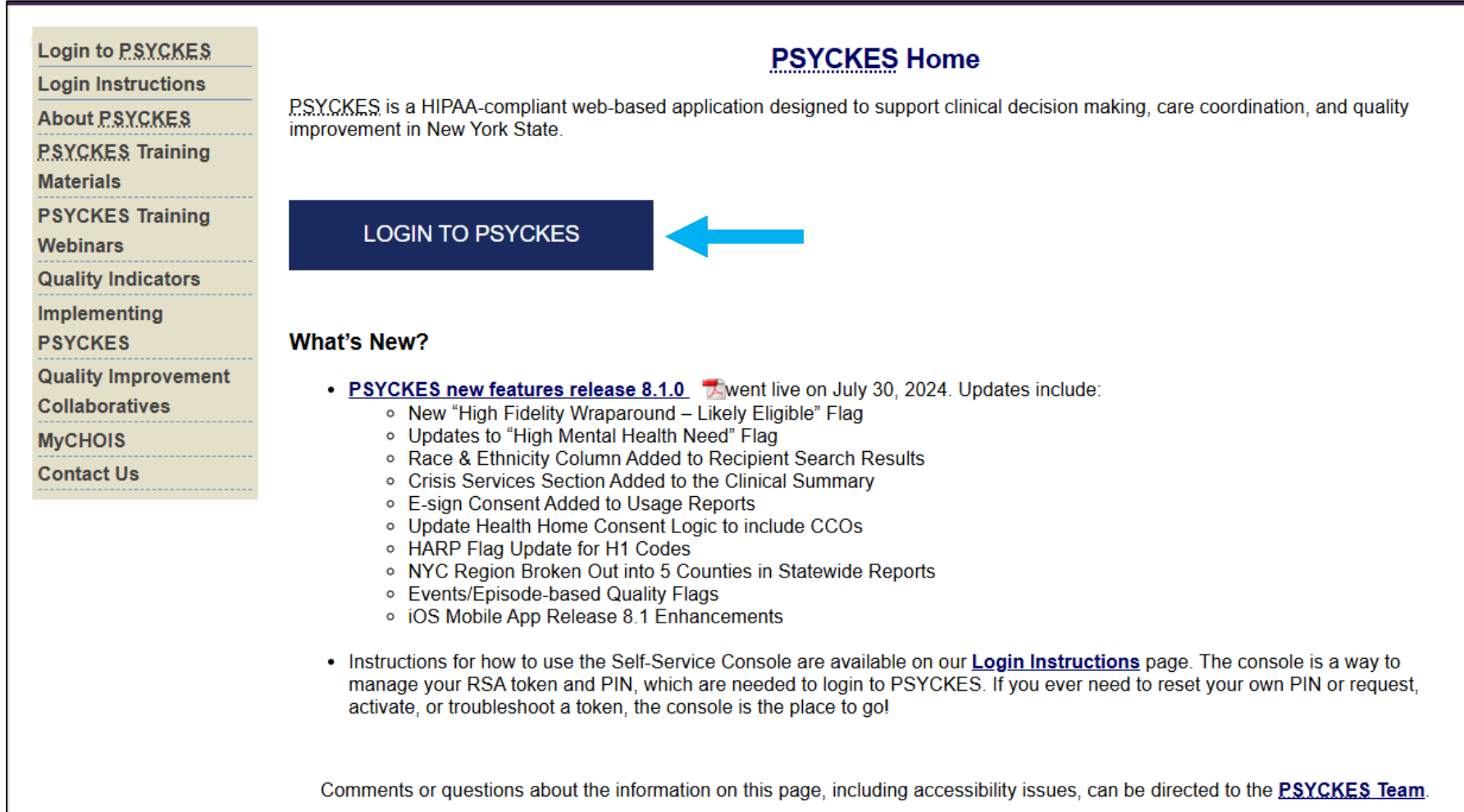
# How to Get Access to PSYCKES

## When Your Agency Does Not Have Access

- Complete and return documentation to PSYCKES Helpdesk to obtain agency access to PSYCKES
  - PSYCKES Access Online Contact Form (Survey Monkey)
  - CEO/ED signs PSYCKES Confidentiality Agreement (PDF)
  - Resources for access available on PSYCKES website in the “PSYCKES Implementation” section
- CEO/ED signs electronic CNDA for access to OMH Security Management System (SMS)
- Designate Security Manager(s)
- Security Manager enrolls PSYCKES users
- Security Manager revokes PSYCKES access when staff no longer requires access

# How to Login to PSYCKES

- Go to PSYCKES homepage: [www.psyckes.org](http://www.psyckes.org)
- Click “Login to PSYCKES”



The screenshot shows the PSYCKES Home page. On the left is a navigation menu with the following items: Login to PSYCKES, Login Instructions, About PSYCKES, PSYCKES Training Materials, PSYCKES Training Webinars, Quality Indicators, Implementing PSYCKES, Quality Improvement Collaboratives, MyCHOIS, and Contact Us. The main content area is titled "PSYCKES Home" and contains a paragraph: "PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State." Below this is a dark blue button labeled "LOGIN TO PSYCKES" with a blue arrow pointing to it from the right. Underneath is a "What's New?" section with two bullet points. The first bullet point is about the "PSYCKES new features release 8.1.0" which went live on July 30, 2024, and lists several updates. The second bullet point is about the Self-Service Console and how to use it. At the bottom of the page, there is a footer that says "Comments or questions about the information on this page, including accessibility issues, can be directed to the PSYCKES Team."

**Login to PSYCKES**

**PSYCKES Home**

PSYCKES is a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State.

**LOGIN TO PSYCKES**

**What's New?**

- [PSYCKES new features release 8.1.0](#) went live on July 30, 2024. Updates include:
  - New “High Fidelity Wraparound – Likely Eligible” Flag
  - Updates to “High Mental Health Need” Flag
  - Race & Ethnicity Column Added to Recipient Search Results
  - Crisis Services Section Added to the Clinical Summary
  - E-sign Consent Added to Usage Reports
  - Update Health Home Consent Logic to include CCOs
  - HARP Flag Update for H1 Codes
  - NYC Region Broken Out into 5 Counties in Statewide Reports
  - Events/Episode-based Quality Flags
  - iOS Mobile App Release 8.1 Enhancements
- Instructions for how to use the Self-Service Console are available on our [Login Instructions](#) page. The console is a way to manage your RSA token and PIN, which are needed to login to PSYCKES. If you ever need to reset your own PIN or request, activate, or troubleshoot a token, the console is the place to go!

Comments or questions about the information on this page, including accessibility issues, can be directed to the [PSYCKES Team](#).

# How to Login to PSYCKES

Sign-in Selection

---

The resource you are accessing requires you to authenticate. Please select how you would like to authenticate.

**OMH Providers**  
(State Employees)

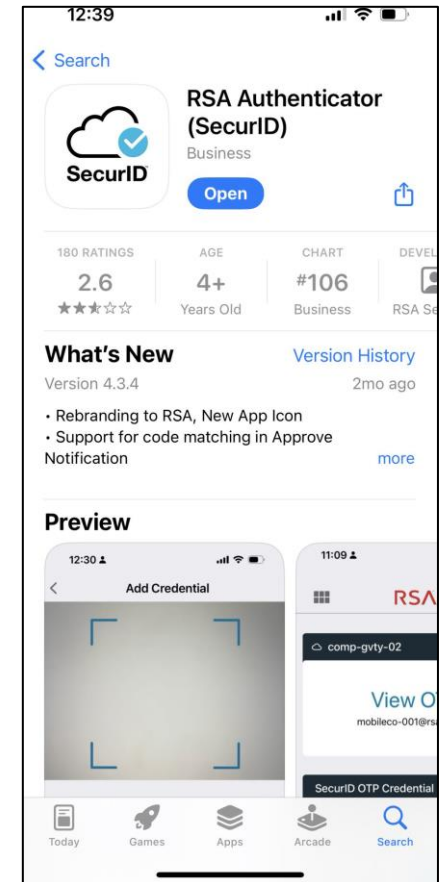
Sign-in with OMH account

**External/Local Provider**  
(Non-State Employees)

Sign-in with NY.gov account

Login as  
"External/  
Local  
Provider"

# How to Login to PSYCKES



RSA SecurID

The resource you are accessing requires you to authenticate using your RSA SecurID token.

Enter your username and token passcode.

Username

Passcode

**Sign In**

Enter your assigned PSYCKES user ID

Type in your passcode (generated from your RSA token & PIN) into the "Passcode" box.

Then click "Sign In".

# **Population Health with Recipient Search**

# Recipient Search

- Clients linked to a provider agency if billed for in the past year or currently linked through MAPP
- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
  - Complex Needs (you can now select any Complex Needs or specific Complex Needs criteria!)
  - High Medicaid Inpatient/ER cost
  - Homelessness
  - Alerts (e.g., suicide attempt, ideations, etc.)
  - Quality Flags (e.g., High Utilization)
  - Service Settings (e.g., ER, Inpatient, Outpatient)
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers



# Recipient Search



Limit results to

50 ▾

Search

Reset

## Recipient Identifiers

Individual Search

Search in:  Full Database  MAIN STREET HOSPITAL

Medicaid ID	SSN	First Name	Last Name	DOB
AB00000A				MM/DD/YYYY

## Characteristics as of 11/25/2024

Group Search

Age Range	To	Gender	Region
Race			County
Ethnicity			

## Special Populations

## Social Determinants of Health (SDOH)

Past 1 Year ▾

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	
Complex Needs	

SDOH Conditions (reported in billing)	SDOH Conditions: Selected
<ul style="list-style-type: none"><li>Problems related to upbringing</li><li>Problems related to social environment</li><li>Problems related to physical environmen</li><li>Problems related to other psychosocial c</li><li>Problems related to medical facilities anc</li><li>Problems related to life management diff</li></ul>	

## Managed Care Plan & Medicaid

Managed Care	Children's Waiver Status
MC Product Line	HARP Status
Medicaid Enrollment Status	HARP HCBS Assessment Status

## Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

- OPWDD Services Eligible (RE95)
- Any OMH Outpatient Specialty MH Services
- Behavioral Health High Need - Dual (Medicaid + Medicare)
- High Mental Health Need

Search for individuals who are OPWDD services eligible or folks who have 'Any OMH Outpatient Specialty MH Services' in the past year such as Clinic services

## Special Populations

## Social De

Search for:  
High Medicaid  
Inpatient/ER Cost,  
HFW, or HH+  
Eligible in the High  
Need Population  
filter dropdown



High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Population

High Need Population

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%

## Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

OnTrackNY Early Psychosis Program : Enrolled

OnTrackNY Early Psychosis Program : Discharged < 3 years

OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years

OPWDD NYSTART - Eligible

Intensive Mobile Treatment (IMT) Past Year

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

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for HCBS - (updated weekly)


## Special Populations

Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the "Alerts" filter

Population

High Need Population

AOT Status

 Alerts

Homelessness Alerts

Complex Needs

- Alerts - Any below
- Suicide Attempt (Medicaid/NIMRS) past 1 year
- Suicide Attempt (Medicaid/ NIMRS)
- Suicidal Ideations (Medicaid)
- Self-Inflicted Harm/ Injury (Medicaid)
- Self-Inflicted Poisoning (Medicaid)
- Overdose - Opioid past 1 year
- Overdose - Opioid (Intentional) past 1 year
- Overdose - Opioid (Unintentional) past 1 year
- Overdose - Opioid past 3 years
- Overdose - Opioid (Intentional) past 3 years
- Overdose - Opioid (Unintentional) past 3 years
- Overdose Risk - Concurrent Opioid & Benzodiazepine
- Registry - Suicide Care Pathway - active at any agency
- Registry - High Risk List - active at any agency
- Registry - COVID-19 - active at any agency
- OMH Unsuccessful Discharge

### Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

### Quality Flag as of 11/01/2024

HARP Enrolled - Not Health Home Enrolled  
HARP-Enrolled - No Assessment for HCB  
Eligible for Health Home Plus - Not Health

## Special Populations

Search for homelessness alerts such as: Any, Shelter, Outreach, Unsheltered past 1 year, etc. Select up to 4 alerts per search.



Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

**Managed Care Plan & Medicaid**

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

**Quality Flag** as of 11/01/2024

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for HCB

Eligible for Health Home Plus - Not Health Home Plus

Eligible for Health Home Plus - No Health Home Plus

Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

**Homelessness: All Sources**

- Any (DHS/Medicaid)
- Any past 1 year (DHS/Medicaid)

**Homelessness: NYC DHS**

- Any (DHS)
- Any past 1 year (DHS)
- Shelter (DHS)
- Shelter past 1 year (DHS)
- Outreach (DHS)
- Outreach past 1 year (DHS)
- Behavioral Health Shelter past 1 year (DHS)
- Safe Haven or Stabilization Shelter past 1 year (DHS)

**Homelessness: Medicaid**

- Any (Medicaid)
- Any past 1 year (Medicaid)
- Unsheltered past 1 year (Medicaid)
- Sheltered past 1 year (Medicaid)

## Special Populations

Complex Needs

Any Complex Need

Any Complex Need

Any Complex Need

### General Eligibility Criteria (All Ages)

- Any General Eligibility Criteria
- AOT active or expired in past year
- ACT enrolled or discharged in past year
- Intensive Mobile Treatment (IMT) in past year with MH diagnosis
- HH+ service in the 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 with 2+ Inpt MH or 3+ ER MH
- State PC Inpatient Discharge < 12 months
- CNYPC Release < 12 months
- Homeless in past 6 months + SMI
- Suicide attempt: Any history
- Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- Opioid overdose in past year

### Additional Eligibility Criteria for Children & Adolescents (0-20 years)

- Any Eligibility Criteria for Child & Adol (0-20)
- K3 Serious Emotional Disturbance in past year
- Psychiatric Inpatient in past year
- Residential Treatment Facility in past year
- Children's Community Residence in past year

## Social Determinants of H

SDOH Conditions (reported in

ited to upbringing

ited to social environn

Services: Speci

P

Current A

Service Util

Service Setting:

+--Inpatient - E

+--Living Suppo

Search for individuals with ANY Complex Need criteria, or specific criteria (e.g., AOT active/expired past year, HH+ service past year w/ MH dx, etc.)

Select up to 4 criteria per search.

HARP-Enrolled - No As  
Eligible for Health Hon  
Eligible for Health Hon  
Eligible for Health Hon  
HH Enrolled, Eligible fo  
High Mental Health Ne  
Mental Health Placem  
Antipsychotic Polypha  
Antipsychotic Two Plu  
Antipsychotic Three PI  
Antidepressant Two PI  
Antidepressant Three I  
Psychotropics Three P

# Complex Needs

## • General Criteria (All Ages)

- AOT active or expired in the past year
- ACT enrolled or discharged in the past year
- Intensive Mobile Treatment in the past year with MH diagnosis
- HH+ service in the 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 with 2+ Inpt MH or 3+ ER MH
- State PC Inpatient Discharge < 12 months
- CNYPC Release < 12 months
- Homeless in past 6 months + SMI
- Suicide attempt: Any history
- Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- Opioid overdose in the past year

## • Additional Eligibility Criteria for Children & Adolescents (0-21 years)

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

# Social Determinants of Health (SDOH)

## Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to life management difficulty
- Problems related to housing and economic circumstances
  - Financial insecurity
  - Unsheltered homelessness
  - Transportation insecurity
  - Sheltered homelessness

Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

## Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to life management difficulty
- Problems related to housing and economic circumstances
  - Financial insecurity
  - Unsheltered homelessness
  - Transportation insecurity
  - Sheltered homelessness

- Problems related to housing and economic circumstances
  - Financial insecurity
  - Sheltered homelessness
- Problems related to education and literacy
  - Less than a high school diploma



# Quality Flags

Quality Flag as of 11/01/2024

 [Definitions](#)

Preventable Hosp Dehydration  
Preventable Hosp Diabetes  
Preventable Hospitalization Summary  
POP : High User  
POP : Potential Clozapine Candidate  
10+ ER - All Cause  
10+ ER - MH  
2+ ER - BH  
2+ ER - MH  
2+ ER - Medical  
2+ Inpatient - BH  
2+ Inpatient - MH  
2+ Inpatient - Medical  
2+ Inpatient / 2+ ER - Summary  
4+ Inpatient/ER - MH  
4+ Inpatient/ER - BH  
4+ Inpatient/ER - Med  
Clozapine Candidate with 4+ Inpatient/ER - MH  
Readmission (30d) from any Hosp: MH to MH  
Readmission (30d) from any Hosp: MH to All Cause

**You can select  
up to 4 quality  
flags per search!**

# Medication & Diagnosis

**Medication & Diagnosis** as of 11/01/2024 Past 1 Year

Prescriber Last Name

Drug Name   Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class\*  
ADHD Med  
Antidepressant  
Antipsychotic  
Antipsychotic - Long Acting Injectable

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

BH Diagnoses  
Any BH Diagnosis  
Any MH Diagnosis  
Acute Stress Disorder  
Anxiety Disorders

Medical Diagnoses  
Cerebral degenerations usually manifest in  
Certain conditions originating in the perina  
Certain infectious and parasitic diseases  
Codes for special purposes

Individual Diagnosis  enter name or ICD-10 code

# Given   Primary Only

Search for a medication or diagnostic category, or type in an individual diagnosis or ICD-10 code

# Services by Any Provider

**Services by Any Provider** as of 11/01/2024 Past 1 Year

Provider

Region  County

Service Utilization  Number of Visits

Service Setting:  Tele

- Care Coordination
- Crisis Service
- Foster Care
- Inpatient - ER
- Living Support/Resid
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical Specialty
- Outpatient - SU
- Outpatient - Unspecified
- Practitioner - BH
- State Psych Center Services (Source

- Clinic MH - ALL
- ER - ALL
- ER - BH Dx/Svc/CPEP**
- ER - MH Dx/Svc/CPEP
- ER - Medical Dx/Svc
- ER - SU Dx/Svc
- Inpatient - ALL
- Inpatient - BH
- Inpatient - MH
- Inpatient - Medical
- Inpatient - SU

- 1+
- 2+
- 3+
- 5+
- 10+**
- 20+

In the 'Services by Any Provider' section, you can search for individuals you've served, who have received different types of services from other providers in NYS.

You can also search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns.

# Example Searches

**Services: Specific Provider** as of 11/01/2024 Past 1 Year

Provider: MAIN STREET HOSPITAL

Region: ▼ County: ▼

Current Access: ▼

Service Utilization: ▼ Number of Visits: ▼

Service Setting:  Telehealth coded

Service Detail: Selected

- └ Inpatient - ER
  - ER - ALL
  - ER - BH Dx/Svc/CPEP
  - ER - MH Dx/Svc/CPEP
  - ER - Medical Dx/Svc
  - ER - SU Dx/Svc
  - Inpatient - ALL
  - Inpatient - BH

**Search for individuals who have received any ER service (e.g., BH, MH, Medical) from your hospital in the past year**

# Example Searches

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

[← Modify Search](#)
→
**12,358 Recipients Found**
View:  PDF Excel

[Provider Specific] Provider: MAIN STREET HOSPITAL

AND [Provider Specific] Service Setting: ER - ALL

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Race & Ethnicity ⇅	Medicaid Quality Flags ⇅	Medicaid Managed Care Plan ⇅	Current PHI Access ⇅	
<a href="#">QUJBREbBLA UqFHRQ</a>	RFMsOD6s NUE	NoytLpEvOT E	TQ LQ MpM	Hispanic or Latinx	No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No Outpt Medical		Verbal PSYCKES Consent	
<a href="#">QUJBUaUi UabDSEFSRA S6</a>	RUEtM9QtM qe	N8ytLpImM D2	TQ LQ MT2	White	2+ ER-Medical, 4+ Inpt/ER-Med		PSYCKES Consent	
<a href="#">QUJCQVMi TVVIQURnQUQ</a>	RUMrN9Qp NEi	M8yoLpEvN 9I	TQ LQ N9I	Asian	Colorectal Screen Overdue (DOH)	Fidelis Care New York	No Access	<a href="#">Enable Access</a> 🔒
<a href="#">QUJCTrRULA QqFUSFJZT6 TA</a>	RFEoOD6m NaM	OSyoMCynO TQs	R6 LQ Np6	White	MH Plcmt Consid		No Access	<a href="#">Enable Access</a> 🔒
<a href="#">QUJCTrRULA SqFUSEnFRUu</a>	RF2uOT6rM b2	M8ypLpEvN 92	R6 LQ NT2	White	Breast Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH)	CDPHP	No Access	<a href="#">Enable Access</a> 🔒
<a href="#">QUJCTrRULA UazTQUUnZT6</a>	QUUtM9Ap OUI	OCypMCyn OTYm	R6 LQ N9Q	White	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid	VNSNY Choice Select Health	PSYCKES Consent	

# Example Searches

**Special Populations**


Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

 Complex Needs

**Managed Care Plan & Medicaid**

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

**Quality Flag** as of 11/01/2024

HARP Enrolled - Not Health Home Enrolled  
HARP-Enrolled - No Assessment for HCB  
Eligible for Health Home Plus - Not Health Home Plus  
Eligible for Health Home Plus - No Health Home Plus  
HH Enrolled, Eligible for Health Home Plus  
High Mental Health Need

**Social Determinants of Health**

SDOH Conditions (reported in)

- Problems related to medical f
- Problems related to life mana
- Problems related to housing a
- Problems related to employm
- Problems related to education
- Problems related to certain pe

**Any Complex Need**

- Any Complex Need


**General Eligibility Criteria (All Ages)**

- Any General Eligibility Criteria
- AOT active or expired in past year
- ACT enrolled or discharged in past year
- Intensive Mobile Treatment (IMT) in past year with MH diagnosis
- HH+ service in the 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
- Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
- State PC Inpatient Discharge < 12 months
- CNYPC Release < 12 months
- Homeless in past 6 months + SMI
- Suicide attempt: Any history
- Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- Opioid overdose in past year

**Of the individuals who have received any ER service at your hospital in the past year, how many have any Complex Need criteria?**

# Example Searches

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

← Modify Search  **1,288 Recipients Found** View: Standard PDF Excel

Complex Needs: Any Complex Need

AND [Provider Specific] Provider: MAIN STREET HOSPITAL

AND [Provider Specific] Service Setting: ER - ALL

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Race & Ethnicity ▾	Medicaid Quality Flags ▾	Medicaid Managed Care Plan ▾	Current PHI Access ▾	
<a href="#">QUFSTqui SEzXQVJE S6</a>	QqEsM9Ms OFe	M8yo0Syn0 T2o	R6 LQ NTI	White	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, 2AP, 4+ Inpt/ER-Med, 4PP(A), Breast Cancer Screen Overdue (DOH), 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 DM Monitoring - DM & Schiz (DOH), POP High User, PQI 92 (DOH), PrevHosp-DM	Fidelis Care New York	PSYCKES Consent	
<a href="#">QURBTVMi TUVMSVNTQQ QQ</a>	QVQvMp2o NU2	OCyoNCyn0 T2n	R6 LQ NTM	White	2+ ER-Medical, Colorectal Screen Overdue (DOH), High MH Need, MH Plcmt Consid	CDPHP	No Access	<a href="#">Enable Access</a> 🔒
<a href="#">QUFMSVbBT8m QVbBQVQ</a>	QVMqNTYs MVI	OCynOCyn0 T2r	TQ LQ NDa	White	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 Outpt Medical	CDPHP	All Data - Emergency	
<a href="#">QUFSTqui QrJBSU2 Vm</a>	RE2rMp2rN q2	M8ynNSyn0 T2n	TQ LQ NTM	Black	2+ ER-Medical, Colorectal Screen Overdue (DOH), MH Plcmt Consid, No Outpt Medical	Fidelis Care New York	PSYCKES Consent	

# Example Searches

**Special Populations**


Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

 Complex Needs

**Managed Care Plan & Medicaid**

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

**Quality Flag** as of 11/01/2024

HARP Enrolled - Not Health Home Enrolled  
HARP-Enrolled - No Assessment for HCB  
Eligible for Health Home Plus - Not Health Home Plus  
Eligible for Health Home Plus - No Health Home Plus  
HH Enrolled, Eligible for Health Home Plus  
High Mental Health Need  
Mental Health Placement Consideration

**Social Determinants of Health**

SDOH Conditions (reported in...)

- Problems related to medical f...
- Problems related to life mana...
- Problems related to housing a...
- Problems related to employm...
- Problems related to education...
- Problems related to certain ps...

**Any Complex Need**

- Any Complex Need

**General Eligibility Criteria (All Ages)**

- Any General Eligibility Criteria
- AOT active or expired in past year
- ACT enrolled or discharged in past year
- Intensive Mobile Treatment (IMT) in past year with MH diagnosis
- HH+ service in the 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 schizop... or bipolar past year
- Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
- State PC Inpatient Discharge < 12 months
- CNYPC Release < 12 months
- Homeless in past 6 months + SMI
- Suicide attempt: Any history
- Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year
- Opioid overdose in past year

Of the individuals who have received any ER service at your hospital in the past year, how many have a specific Complex Needs criteria?



# Example Searches

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

← Modify Search ➔ **67 Recipients Found** View: Standard ▾ PDF Excel

Complex Needs Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH

AND [Provider Specific] Provider MAIN STREET HOSPITAL

AND [Provider Specific] Service Setting: ER - ALL

Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Race & Ethnicity ⇅	Medicaid Quality Flags ⇅			
QU70RVJULA UrRFUE7FT6	SEIoMDam MV6	MTIINSynO TYu	TQ LQ NTU	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause		No Access	Enable Access 🔒
QaFTUom SEVSTUFO RQ	QU2nNpErN EM	MTAIM9EIM TatOA	TQ LQ NDY	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, 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 Detox f/u 14d (DOH), No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, No Outpt Medical, No SUD ER f/u 30d (DOH), No SUD ER f/u 7d (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - Medical to All Cause	Fidelis Care New York	PSYCKES Consent	

**Drill into a Clinical Summary (with appropriate level of access), export to PDF or Excel, or change to an Advanced View!**

# Advanced Views

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

67 Recipients Found

View: Standard PDF Excel

Complex Needs

AND [Provider Specific] Provider

AND [Provider Specific] Service Se

Maximum Number of Rows Displayed: 50

Name Medicaid ID

QaFTUom SEVSTUFO RQ QU2nNpErM EM

SEIoMDam MV6

UrRFUE7FT6

Current PHI Access

No Access Enable Access

PSYCKES Consent

Medical, No SUD ER f/u 30d (DOH), No SUD ER f/u 7d (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - Medical to All Cause

### About Search Results Views

All views display: Name, Medicaid ID, Date of Birth, Gender, Race & Ethnicity, Managed Care Plan, Current PHI Access

Results View	Columns Displayed
Standard	Quality Flags
Care Coordination	HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
High Need/High Risk	OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound 2 Likely Eligible, Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization	Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Outpatient Providers	Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.

Close

## 67 Recipients Found

View: High Need/High Risk



Modify Search

Complex Needs	Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
AND [Provider Specific] Provider	MAIN STREET HOSPITAL
AND [Provider Specific] Service Setting:	ER - ALL

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	Current PHI Access	OMH Unsuccessful Discharge	Transition Age Youth (TAY-BH)
QU7ORVJULA UrRFUE7FT6	SEIoMDam MV6	MTIInSynO TYu	TQ LQ NTU	White		All Data - Emergency		
QaFTUom SEVSTUFO RQ	QU2nNpErN EM	MTAIM9EIM TatOA	TQ LQ NDY	Black	Fidelis Care New York	PSYCKES Consent		
QazSSqbORSm TbbTRUFO S6	RUemN9Eq OEU	MTAIMpAIM TavOA	TQ LQ M9Y	Hispanic or Latinx		All Data - Emergency		
QbJPVqui REFLRUVUQQ TQ	QbYoN9YsN FA	NCyoMoynO T6v	R6 LQ MpU	Black	Fidelis Care New York	No Access		
QbJPVqui TEFUTrbJQQ	QbluN9IuOV a	MSynMoyn OT6u	R6 LQ MpY	Black	Fidelis Care New York	PSYCKES Consent		
QqnFTUVOVEUi QrbOVE7JQQ	REQqM9M mOF6	N8ynMoynO TYo	R6 LQ N9I	White		No Access		
QqnFTUrPTbMi SqVOTaVUSA		MTIIMTYIM auNA	TQ LQ Mpa	Black	Fidelis Care New York	Verbal PSYCKES Consent		
QqzSREVSTom VFbSTqvF		MoynLpEvO DU	TQ LQ Mpa	Hispanic or Latinx		All Data - Emergency		

Click here to scroll...

[← Modify Search](#)

## 67 Recipients Found

View: High Need/High Risk



Complex Needs	Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
AND [Provider Specific] Provider	MAIN STREET HOSPITAL
AND [Provider Specific] Service Setting:	ER - ALL

Maximum Number of Rows Displayed: 50

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

Name	OPWDD NYSTART-Eligible	High Fidelity Wraparound - Likely Eligible	Health Home Plus-Eligible	Homelessness		AOT		Suicide Att (Medicaid/M Past 1 y
				Homelessness (Medicaid/DHS) Past 1 year	Homelessness (Medicaid/DHS) Any	AOT Status	AOT Expiration Date	
QU7ORVJULA UrRFUE7FT6								
QaFTUom SEVSTUFO RQ			Yes		Yes			
QazSSqbORSm TbbTRUFO S6			Yes					
QbJPVqui REFLRUVUQQ TQ								
QbJPVqui TEFUTrbJQQ	Yes		Yes					
QqnFTUVOVEUi QrbOVE7JQQ								
QqnFTUrPTbMi SqVOTaVUSA			Yes		Yes			
QqzSREVSTom VFbSTqvF			Yes	Yes	Yes			

Click here to scroll...

[← Modify Search](#)

## 67 Recipients Found

View: High Need/High Risk



Complex Needs	Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
AND [Provider Specific] Provider	MAIN STREET HOSPITAL
AND [Provider Specific] Service Setting:	ER - ALL

Maximum Number of Rows Displayed: 50

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

Name	AOT Expiration Date	Suicide Risk			Overdose Risk		PSYCKES Registries		
		Suicide Attempt (Medicaid/NIMRS) Past 1 year	Suicidal Ideations (Medicaid)	Self - Inflicted Harm / Injury(Medicaid)	Self-Inflicted Poisoning (Medicaid)	Overdose - Opioid past 1 year	Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year	High Risk List Registry	Suicide Care Pathway
QU7ORVJULA UrRFUE7FT6			Yes						
QaFTUom SEVSTUFO RQ			Yes		Yes				
QazSSqbORSm TbbTRUFO S6			Yes						
QbJPVqui REFLRUVUQQ TQ									
QbJPVqui TEFUTrbJQQ			Yes	Yes	Yes				
QqnFTUVOVEUi QrbOVE7JQQ									
QqnFTUrPTbMi SqVOTaVUSA			Yes		Yes				
QqzSREVSTom VFbSTqvF			Yes						

# **Access to Client-Level Data**

# Client Linkage to Agency

- **Automatically:**

- Client had a billed service at the agency within the past 9 months

- **Manually:**

- Provider attests to one of the following:
  - Client signed PSYCKES consent, DOH Health Home Patient Information Sharing consent, BHCC consent
  - Verbal consent
  - Clinical emergency
  - Client is currently being served by/transferred to your agency

# Levels of Access to Client Data

- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
  - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
  - Allows access to limited data (excluding data with special protections) for 9 months
- **Clinical Emergency**
  - Allows access to all available data (including data with special protections) for 72 hours
- **Attestation of service** (*Client currently being served by/transferred to your agency*)
  - This will link client to your agency for Recipient Search reports but will not provide access to the clinical summary



# Enable Access Module

- Recipient Search

- Step 1: Enter recipient identifier(s) and click “Search”

- Medicaid ID
- Social Security Number (SSN)
- First Name (at least first two characters required, if entered)
- Last Name (full last name required, if entered)
- Date of Birth (DOB) (enter to improve search results when searching with name)

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





**Recipient Search** Limit results to 50

Recipient Identifiers Search in:  Full Database  MAIN STREET HOSPITAL

Medicaid ID	SSN	First Name	Last Name	DOB
AB12345C				MM/DD/YYYY

# Enable Access Module

- Step 2: Confirm client match and select “Enable Access”
  - If there’s no match, select “Modify Search”

<a href="#">My QI Report</a> <a href="#">Statewide Reports</a> <a href="#">Recipient Search</a> <a href="#">Provider Search</a> <a href="#">Registrar</a> <a href="#">Usage</a> <a href="#">Utilization Reports</a> <a href="#">Adult Home</a> <a href="#">Dashboards</a>								
<a href="#">← Modify Search</a>		<b>1 Recipients Found</b>					 PDF  Excel	
Medicaid ID		AB12345C						
Review recipients in results carefully before accessing Clinical Summary.								
Maximum Number of Rows Displayed: 50								
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, 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 MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , POP Cloz Candidate, POP High User	Fidelis Care New York	No Access	 <a href="#">Enable Access</a> 

# Enable Access Module

- Step 3: Select the appropriate level of access and click “Next”
  - If you’d like to learn more about what each access level entails, click the “About Access Levels” link

PHI Access for DOE, JANE (F - 60)

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

Name (Gender - Age)	Unique Identifiers	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB12	No Access <a href="#">Enable Access</a>

# Enable Access Module

- Step 4: Confirm client's identity
- Step 5: Select "Enable" or "Enable and View Clinical Summary"

PHI Access for **DOE, JANE (F - 60)**

Confirm this is the correct individual before enabling

Unique Identifiers: Medicaid ID: AB12345C  
Date Of Birth: 01/01/1964  
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

Identification 2




**MAIN STREET HOSPITAL** will be given access to all available data for 3 years (renews automatically with billed service).

Previous Cancel Enable Enable and View Clinical Summary

Name (Gender - Age)	Unique Identifiers	Current PHI Access
DOE JANE F - 60	Medicaid ID: AB12345C	No Access

# Enable Access Module

- You'll now see the updated access level reflected in the "Current PHI Access" column!

<a href="#">My QI Report</a> - <a href="#">Statewide Reports</a> - <a href="#">Recipient Search</a> - <a href="#">Provider Search</a> - <a href="#">Registrar</a> - <a href="#">Usage</a> - <a href="#">Utilization Reports</a> - <a href="#">Adult Home</a> - <a href="#">Dashboards</a>								
<a href="#">← Modify Search</a>		<b>1 Recipients Found</b>					 PDF  Excel	
Medicaid ID		AB12345C						
Review recipients in results carefully before accessing Clinical Summary.								
								Maximum Number of Rows Displayed: 50
Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, 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 MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	PSYCKES Consent	<a href="#">Update Access</a> 

# Clinical Summary

## What is a PSYCKES Clinical Summary?

- Summarizes up to 5 years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
  - E.g., Hospitalizations from Medicaid billing, State PC residential services from State PC EMR, health home information from MAPP, suicide risk from incident management, AOT court orders from OMH database, Homelessness information from DHS and Medicaid
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnosis and procedures)
- Clinical Summary organized by sections like an EMR

## Clinical Summary Sections

- General
- Current Care Coordination
- Notifications
- POP Intensive Care Transition Services
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- Plans & Documents
- BH/Medical Diagnoses
- IVOS
- Care Coordination (historical)
- Medications (Controlled, BH, Medical)
- Outpatient Services (BH, Medical)
- Crisis Services
- Hospital/ER
- Dental/Vision
- Living Support/Residential Treatment
- Laboratory & Pathology
- Radiology
- Medical Equipment
- Transportation



# QUnWQVJBREyi QUvUSEzOWQ U6

As of 12/11/2024 [Data sources](#)



[← Recipient Search](#)

**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: RaInMpQtMrM Medicare: No HARP Status: HARP Enrolled (H1)  
 Address: MTIq TVVSUaFZ UrQ QVBU OQ, QabORq7BTVRPT6, Tba, Managed Care Plan: Fidelis Care New York (HARP) HARP HCBS Assessment Status: Never Assessed  
 MTMvMDU MC Plan Assigned PCP : N/A Medicaid Eligibility Expires on: 3/31/2025

### Current Care Coordination

**Health Home (Enrolled)** ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-OCT-24) • Status : Pended  
 Member Referral Number: 1-855-613-7659; referrals@hhuny.org  
**Care Management (Enrolled):** ADDICTION CTR OF BROOME CNTY

### Notifications

**Complex Needs due to** HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , 4+ER MH < 13 months,  
**Health Home Plus Eligibility** This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH

### Alerts • all available

Most Recent

- |   |  |           |                                       |
|---|--|-----------|---------------------------------------|
| 9 | Treatment for Suicidal Ideation (2 Inpatient, 7 ER, 1 Other) | 1/5/2022  | ST JOHNS EPISCOPAL HOSPITAL (ER - MH) |
| 1 | C-SSRS (Suicide Screen) (1 C-SSRS)                           | 9/14/2020 | Administered in PSYCKES mobile app    |

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

**Problems related to education and literacy** Less than a high school diploma  
**Problems related to housing and economic circumstances** Homelessness unspecified • Unsheltered homelessness • Food insecurity • Problem related to housing and economic circumstances, unspecified • Transportation insecurity

### Active Quality Flags • as of monthly QI report 11/1/2024

#### General Medical Performance Tracking Measure (as of 04/01/2024)

Overdue for Breast Cancer Screening

#### High Utilization - Inpt/ER

2+ Inpatient - BH • 2+ Inpatient - MH

#### MH Performance Tracking Measure (as of 04/01/2024)

No Intensive Care Management after MH ED Visit • No Intensive Care Management after MH Inpatient

### Diagnoses Past Year

**Behavioral Health (5)** 5 Most Recent:Other psychoactive substance related disorders • Schizoaffective Disorder • Tobacco related disorder • Cocaine related disorders • Cannabis related disorders ...  
 5 Most Recent:(services):Cocaine related disorders(30) • Other psychoactive substance related disorders(20) • Schizoaffective Disorder related disorders(6) • Tobacco related disorder(2)  
 ...  
**Medical (32)** 5 Most Recent:Encounter for screening for malignant neoplasms • Type 2

Scroll down...

Medications Past Year	Last Pick Up
Bupropion Hcl (Bupropion Hcl Er (XI)) • Antidepressant	11/4/2024 Dose: 300 MG, 1/day • Quantity: 30
Nicotine (Nicotine) • Withdrawal Management	11/4/2024 Dose: 14 MG/24HR, 1/day • Quantity: 14
Atorvastatin Calcium (Atorvastatin Calcium) • HMG CoA Reductase Inhibitors	10/20/2024 Dose: 40 MG, 1/day • Quantity: 30

Outpatient Providers Past Year	Last Service Date & Type
FLUSHING ENDOSCOPY CENTER LLC	6/11/2024 Clinic - Medical Specialty
SANFORD ENDOSCOPY PLLC	6/11/2024 Physicians Group - Anesthesiology
SANFORD MEDICAL CARE PLLC	6/11/2024 Physicians Group - Internal Medicine
MEDS OOS PHYSICIAN & OTHE	5/28/2024 Urgent Care - Medical Dx
FATIMA PEDIATRIC MEDICAL CARE P C	4/26/2024 Physicians Group - Family Practice
ELMHURST HOSPITAL CENTER	1/27/2024 Clinic - Medical Specialty

All Hospital and Crisis Utilization • 5 Years		
ER Visits	# Providers	Last ER Visit
2 Mental Health	2	6/7/2024 at JAMAICA HOSPITAL
3 Medical	3	5/12/2024 at JAMAICA HOSPITAL
Inpatient Admissions	# Providers	Last Inpatient Admission
4 Mental Health	2	7/1/2024 at JAMAICA HOSPITAL MED CTR
Crisis Services	# Providers	Last Crisis Service
2 Crisis Telephonic	1	7/2/2024 at JAMAICA HOSPITAL

Brief Overview as of 12/11/2024



[View Full Summary](#)
[Export Overview](#)

[← Recipient Search](#)

# QUFSTqui SEzXQVJE S6

As of 12/9/2024 [Data sources](#)

PDF



EXCEL



CCD

[Sections](#)[Brief Overview](#)[Full Summary](#)Data with Special Protection  Show  Hide  
This report contains all available clinical data.

## General

**Name**

QUFSTqui SEzXQVJE S6

**DOB**

XX/XX/XXXX (XX Yrs)

**Address**Mp2r RQ QaFZ RFJJVaU,  
TEzORm QaVBQq6, Tba, MTErN9E**Medicaid ID**

SqlqNpEmMrQ

**Medicaid Aid Category**

MA-SSI

**Medicaid Eligibility Expires on**

03/31/2025

**Medicare**

Yes

**Managed Care Plan**

No Managed Care(FFS Only)

**MC Plan Assigned PCP**

N/A

**HARP Status**Not HARP Eligible (Current Medicaid  
Enrollees excluding H1-H9)**HARP HCBS Assessment Status**Tier 2 HCBS Eligibility (Reassess  
overdue)

## Current Care Coordination

**Health Home (Enrolled)**ONONDAGA CASE MGMT SVCS MH (Begin Date: 01-OCT-24) • Status : Pended  
Member Referral Number: 1-855-613-7659; referrals@hhuny.org**Care Management (Enrolled):** ADDICTION CTR OF BROOME CNTY

## Notifications

**Complex Needs due to**

HH+ Eligibility , Ineffectively Engaged: No Outpt MH &lt; 12 months with 2+ Inpt MH or 3+ ER MH , 4+ ER MH &lt; 13 months

**Health Home Plus Eligibility**

This client is eligible for Health Home Plus due to: 4+ ER MH &lt; 13 months, Ineffectively Engaged - No Outpt MH &lt; 12 months &amp; 2+ Inpt MH/3+ ER MH

# Alerts & Social Determinants of Health (SDOH)

**Alerts** Incidents from NIMRS, Service invoices from Medicaid [Details](#)


[Table](#) [Graph](#)

Alert 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	9	9/22/2019	1/5/2022	ST JOHNS EPISCOPAL HOSPITAL	ER - MH	Suicidal Ideation	
C-SSRS (Suicide Screen)	1	9/14/2020	9/14/2020	Administered in PSYCKES mobile app		4 Suicide Attempt(s); Last attempt Between 1-3 years High Risk: Suicidal Behavior in past 3 months	

## Social Determinants of Health (SDOH) reported in billing

Personal risk factors, not elsewhere classified	<a href="#">Other specified personal risk factors, not elsewhere classified</a>
Problems related to employment and unemployment	<a href="#">Unemployment, unspecified</a>
Problems related to housing and economic circumstances	<a href="#">Homelessness</a> • <a href="#">Homelessness unspecified</a>

# Quality Flags

Quality Flags as of monthly QI report 11/1/2024 [Definitions](#) 

Recent

All (Graph)

All (Table)

Indicator Set

BH QARR - Improvement Measure

[Adherence - Antipsychotic \(Schiz\)](#)

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](#) • [HH+ Eligibility](#)

High Utilization - Inpt/ER

[10+ ER - All Cause](#) • [2+ ER - BH](#) • [2+ ER - MH](#) • [2+ ER - Medical](#) • [2+ Inpatient - BH](#) • [2+ Inpatient - MH](#) • [2+ Inpatient - Medical](#) • [4+ Inpatient/ER - BH](#) • [4+ Inpatient/ER - MH](#) • [4+ Inpatient/ER - Med](#) • [Clozapine Candidate with 4+ Inpatient/ER - MH](#) • [POP : High User](#) • [POP : Potential Clozapine Candidate](#)

MH Performance Tracking Measure (as of 04/01/2024)

[Low Antipsychotic Medication Adherence - Schizophrenia](#)

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](#)  
 • [Four or more emergency MH visits in past 13 months](#) • [Ineffectively Engaged - No Outpatient MH services in past year & two or more inpatient MH stays or three or more emergency MH visits](#)

Readmission Post-Discharge from any Hospital

[Medical to Medical](#)

SUD Performance Tracking Measure (as of 04/01/2024)

[No Follow Up after SUD ER Visit \(30 days\)](#) • [No Follow Up after SUD ER Visit \(7 days\)](#)

Treatment Engagement

[Adherence - Antipsychotic \(Schiz\)](#)

Vital Signs Dashboard - Adult (as of 04/01/2024)

[Clozapine Candidate with 4+ Inpatient/ER - MH](#) • [Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months](#) • [Low Antipsychotic Medication Adherence - Schizophrenia](#)

# Diagnoses (Behavioral Health, Medical)

## Behavioral Health Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)

[Schizoaffective Disorder](#) • [Schizophrenia](#) • [Tobacco related disorder](#) • [Borderline Personality Disorder](#) • [Unspecified/Other Bipolar](#) • [PTSD](#) • [Alcohol related disorders](#) • [Cannabis related disorders](#) • [Unspecified/Other Psychotic Disorders](#) • [Adjustment Disorder](#) • [Unspecified/Other Depressive Disorder](#) • [Delusional Disorder](#) • [Cocaine related disorders](#) • [Conduct Disorder](#) • [Substance-Induced Psychotic Disorder](#) • [Unspecified/Other Anxiety Disorder](#) • [Unspecified/Other Personality Disorder](#) • [Bipolar I](#) • [Intellectual Disabilities](#) • [Paranoid Personality Disorder](#) • [Major Depressive Disorder](#) • [Selective Mutism](#) • [Substance-Induced Depressive Disorder](#) • [Brief Psychotic Disorder \(ICD10 Only\)](#) • [Other Mental Disorders](#) • [Sedative, hypnotic, or anxiolytic related disorders](#)

## Medical Diagnoses Primary, secondary, and quality flag-related diagnoses (most frequent first)

Certain infectious and parasitic diseases

[Viral infection of unspecified site](#)

Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

[Other disorders of white blood cells](#) • [Other anemias](#)

Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

### Services provided for the selected Diagnosis: Schizoaffective Disorder

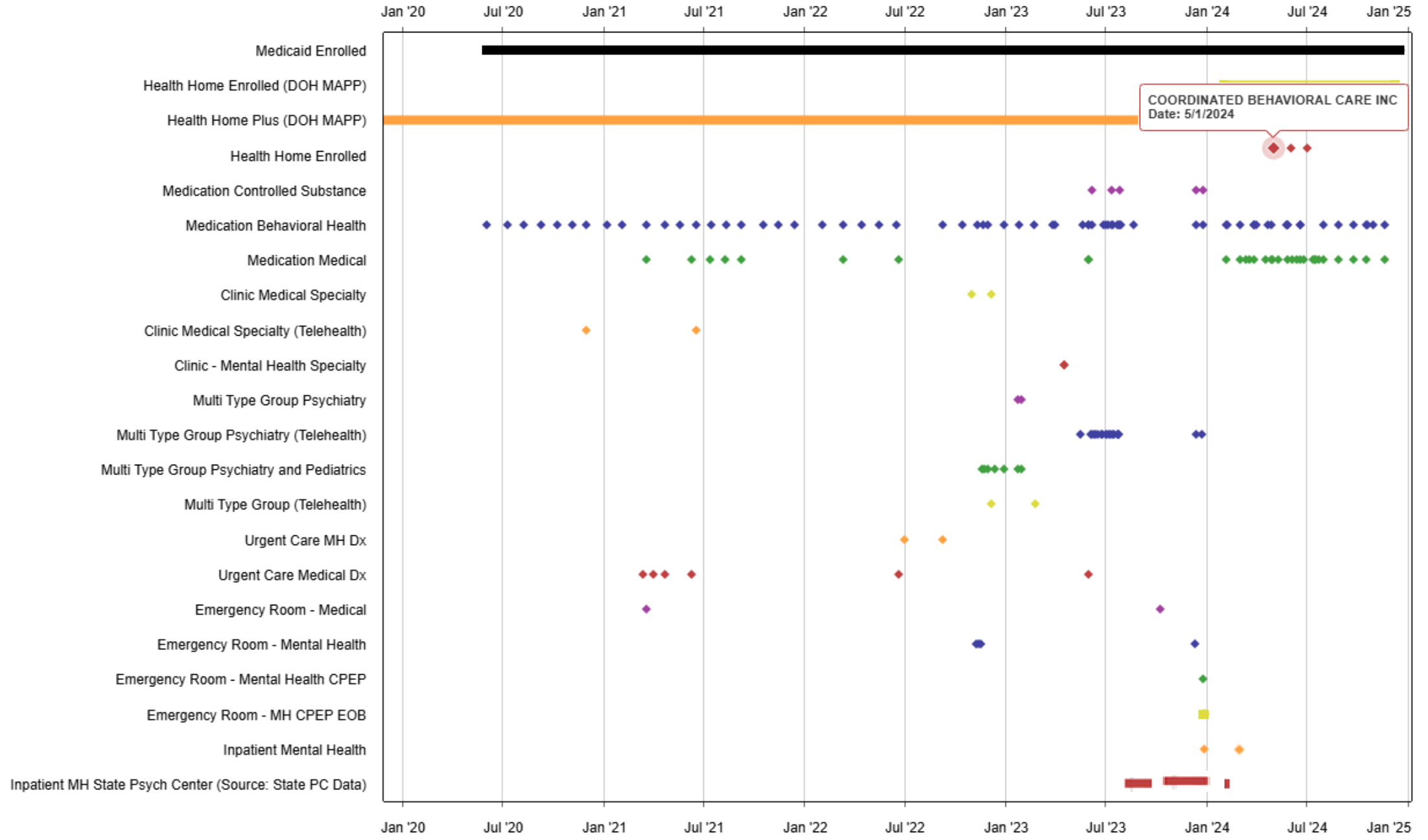


Previous **1** 2 3 4 5 6 7 8 9 10 ... 61 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
10/23/2024	Inpatient-ER	ER - MH	METROPOLITAN HOSPITAL CENTER	Nicotine dependence, cigarettes, uncomplicated, Other long term (current) drug therapy, Schizoaffective disorder, bipolar type, Sheltered homelessness, Unspecified asthma, uncomplicated

# Integrated View of Services Over Time

Table Graph



# Medications (Controlled Substance, BH, Medical)

Medication: Controlled Substance <a href="#">Details</a>							Table	Graph
Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up		
	Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	3 Year(s) 1 Week(s)		10/10/2024		<a href="#">Details</a>
	Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	3 Year(s) 1 Day(s)		10/10/2024		<a href="#">Details</a>
IV	Anxiolytic/Hypnotic	Clonazepam	1 MG , 6/day	1 Week(s)		11/1/2023		<a href="#">Details</a>
Medication: Behavioral Health <a href="#">Details</a>							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antipsychotic	Paliperidone Palmitate (Invega Sustenna)	234 MG/1.5ML	2 Month(s) 1 Week(s) 2 Day(s)	9/20/2024	11/1/2024		<a href="#">Details</a>	
Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	3 Year(s) 6 Month(s) 3 Week(s) 1 Day(s)	3/19/2021	10/10/2024		<a href="#">Details</a>	
Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	3 Year(s) 10 Month(s) 3 Day(s)	11/28/2020	9/30/2024		<a href="#">Details</a>	
Medication: Medical <a href="#">Details</a>							Table	Graph
Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up			
Antiparkinson Anticholinergics	Benzotropine Mesylate	1 MG , 2/day	4 Year(s) 0 Month(s) 3 Week(s) 2 Day(s)	11/25/2020	11/18/2024		<a href="#">Details</a>	
Aminopenicillins	Amoxicillin	500 MG , 3/day	1 Week(s)	1/17/2024	1/17/2024		<a href="#">Details</a>	








Toggle to 'Graph' view or click on 'See Details' icon to drill-in and see information on pickup dates, brand & generic name, drug class, strength, quantity dispensed, days supply, pharmacy, etc.



# Outpatient Behavioral Health Services

**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)	
CORE or HCBS Psychosocial Rehabilitation - Any	<a href="#">CATHOLIC CHARITIES STEUBEN/LIVINGST</a>	10/9/2024	10/29/2024	5	Illness, unspecified	- Psysoc Rehab Svc, Per 15 Min	
Physicians Group - Family Practice	<a href="#">KEUKA FAMILY PRACTICE ASSOCIATES LL</a>	9/6/2024	10/29/2024	3	Schizoaffective disorder, bipolar type	- Complex E/M Visit Add On, Office O/P Est Mod 30 Min, Pt Scrn Tbco Id As Non User - Ther/Proph/Diag Inj Sc/Im - Alcohol/Drug Screening, Office O/P New Mod 45 Min, Pt Scrn Tbco And Id As User	
Clinic - SU Specialty	<a href="#">STEUBEN COUNTY ALCOHOLISM SUB</a>	9/5/2024	10/18/2024	14	Other psychoactive substance dependence, uncomplicated	- Group Psychotherapy - Office O/P Est Mod 30 Min, Psytx W Pt 30 Minutes - Psytx W Pt 45 Minutes - Alcohol And/Or Drug Assess	
Clinic - Medical Specialty	<a href="#">IRA DAVENPORT MEMORIAL HOSPITAL</a>	9/13/2024	9/13/2024	1	Opioid dependence, uncomplicated	- Complete Cbc W/Auto Diff Wbc, Comprehen Metabolic Panel, Hep B Core Antibody Igm, Hepatitis A Igm Antibody, Hepatitis B Surface Ag Ia, Hepatitis C Ab Test, Hepatitis C Revrs Trnscrpj, Hiv-1 Ag W/Hiv-1&-2 Ab Ag Ia, Lipid Panel, Syphilis Test Non-Trep Qual	
ACT - MH Specialty	<a href="#">ST MARYS HEALTHCARE</a>	3/31/2020	8/30/2024	52	Bipolar disorder, current episode manic severe with psychotic features	- Assert Comm Tx Pgm Per Diem	
PROS - MH Specialty (Telehealth)	<a href="#">CONSUMER SERVICES OF MADISON COUNTY</a>	9/30/2023	9/30/2023	1	Major depressive disorder, recurrent, moderate	- Comp Comm Supp Svc, Per Diem	
Clinic - MH Specialty (Telehealth)	<a href="#">HELIO HEALTH INC</a>	12/4/2022	12/18/2022	2	Anxiety disorder, unspecified	- Home/Res Vst Est Sf Mdm 20	

# Crisis Services

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 Intervention Service - Telephonic Follow-up (Telehealth)	NEIGHBORHOOD CENTER INC	7/31/2024	7/31/2024	1	Mental disorder, not otherwise specified	- Crisis Interven Svc, 15 Min	
Crisis Residential Services - Residential Crisis Support	ASSOC REHAB CM & HOUSING INC	5/26/2024	5/26/2024	1	Schizophrenia, unspecified	- Crisis Interven Waiver/Diem	
Crisis Intervention Service - Mobile Crisis Response	ST JOSEPHS HOSPITAL HEALTH CE	1/22/2024	1/22/2024	1	Alcohol dependence with intoxication, unspecified	- Crisis Intervention Mental H	
Crisis Intervention Service - Telephonic Response (Telehealth)	LIBERTY RESOURCES INC	4/14/2021	4/14/2021	1	Illness, unspecified	- Crisis Interven Svc, 15 Min	

# Hospital/ER Services

Hospital/ER Services <a href="#">Details</a>							Table	Graph
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)		
Inpatient - MH State Psych Center (Source: State PC Data)	<a href="#">NEW YORK PSYCHIATRIC INSTITUTE</a>	10/25/2024	11/29/2024	35	Essential (primary) hypertension	-		
Inpatient - MH	<a href="#">NEW YORK PRESBYTERIAN HOSPITAL</a>	10/25/2024	10/25/2024	1	Schizoaffective disorder, bipolar type	-		
ER - MH CPEP EOB	<a href="#">NEW YORK PRESBYTERIAN HOSPITAL</a>	10/24/2024	10/25/2024	1	Schizoaffective disorder, bipolar type	-		
ER - MH	<a href="#">NEW YORK PRESBYTERIAN HOSPITAL</a>	10/21/2024	10/21/2024	1	Schizoaffective disorder, bipolar type	- Collj Capillary Blood Spec, Emergency Dept Visit Hi Mdm, Glucose Blood Test		
ER - MH	<a href="#">NEW YORK PRESBYTERIAN HOSPITAL</a>	10/7/2024	10/8/2024	1	Restlessness and agitation	- Complete Cbc W/Auto Diff Wbc, Electrocardiogram Tracing, Glucose Blood Test, Hepatic Function Panel, Insulin Injection, Metabolic Panel Total Ca, X-Ray Exam Of Foot, X-Ray Exam Of Knee 1 Or 2		
ER - Medical	<a href="#">LINCOLN MEDICAL/MENTAL HLTH</a>	10/4/2024	10/4/2024	1		- Assay Of Troponin Quant, Complete Cbc Automated, Electrocardiogram Tracing, Emergency Dept Visit Low Mdm, Ketorolac Tromethamine Inj, Metabolic Panel Total Ca, Ther/Proph/Diag Inj Sc/Im		
ER - Medical	<a href="#">LINCOLN MEDICAL/MENTAL HLTH</a>	11/6/2023	11/6/2023	1	Type 2 diabetes mellitus with diabetic chronic kidney disease	- Emergency Dept Visit Mod Mdm		
ER - Medical	<a href="#">MONTEFIORE MEDICAL CENTER</a>	11/4/2023	11/5/2023	1	Shortness of breath	- Assay Carboxyhb Quant, Assay Glucose Blood Quant, Assay Of Calcium, Assay Of Ck (Cpk), Assay Of Lactic Acid, Assay Of Magnesium, Assay Of Natriuretic Peptide, Assay Of Serum Potassium, Assay Of Serum Sodium, Assay Of Troponin Quant, Blood Ph, Chorionic Gonadotropin Test, Complete Cbc W/Auto Diff Wbc, Compreh Metabolic Panel, Emergency		

# My QI Report

## My QI Report

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients or events/episodes plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients or events/episodes that meet criteria
- Compare prevalence rates for provider agency, region, state
- Filter report by Complex Needs population, program type (e.g., ER or Inpatient), client residence or provider location region/county
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF

# Understanding My QI Report

- **Attributing clients to agency QI reports:**
  - **Billing:** Clients linked to provider agency if billed by agency in the past 9 months
  - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- **Period of observation for the quality indicator:**
  - Assessed by a measure, varies for each measure
  - For example, the period of observation for the High Utilization quality indicator is 13 months

# MAIN STREET HOSPITAL

Quality Indicator Overview As Of 11/01/2024

View: Standard



SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL POPULATION: 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 11/01/2024)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population/Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,572	654	41.6	35.6	34.8	41.60, 35.60, 34.80
General Medical Health	All	20,830	3,435	16.5	13.3	12.8	16.50, 13.30, 12.80
Health Home Care Management - Adult	Adult 18+	1,633	1,480	90.6	81.1	87.9	90.60, 81.10, 87.90
High Utilization - Inpt/ER	All	20,893	8,253	39.5	24.1	21.1	39.50, 24.10, 21.10
Polypharmacy	All	3,674	595	16.2	17.7	12.9	16.20, 17.70, 12.90
Preventable Hospitalization	Adult	15,242	217	1.4	1	0.8	1.40, 1.00, 0.80
Readmission Post-Discharge from any Hospital	All	7,779	1,388	17.8	15.5	11.8	17.80, 15.50, 11.80
Readmission Post-Discharge from this Hospital	All	5,973	830	13.9	19.5	11.9	13.90, 19.50, 11.90
Treatment Engagement	Adult 18-64	761	274	36	30.1	31.4	36.00, 30.10, 31.40

## Performance Tracking Indicators (As Of 04/01/2024)

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

Indicator Set	Population	Eligible Population/Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	5,340	2,818	52.8	40.2	38	52.80, 40.20, 38.00
MH Performance Tracking Measure	All	1,872	1,187	63.4	55.4	56.4	63.40, 55.40, 56.40
SUD Performance Tracking Measure	Adol & Adult (12+)	2,235	1,672	74.8	69.6	73	74.80, 69.60, 73.00

# MAIN STREET HOSPITAL <sup>1</sup>

Quality Indicator Overview As Of 11/01/2024

View: Standard ▾



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



Indicator Set: High Utilization - Inpt/ER

Indicator Set **Indicator**

Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
10+ ER - All Cause	All	20,893	561	2.7	1.1	0.6	2.70 1.10 0.60
10+ ER - MH	All	20,893	39	0.2	0.1	0	0.20 0.10 0.00
2+ ER - BH	All	20,893	854	4.1	2.5	1.3	4.10 2.50 1.30
2+ ER - Medical	All	20,893	6,770	32.4	19.9	18	32.40 19.90 18.00
2+ ER - MH	All	20,893	601	2.9	1.6	0.8	2.90 1.60 0.80
2+ Inpatient - BH	All	20,893	538	2.6	2.5	0.9	2.60 2.50 0.90
2+ Inpatient - Medical	All	20,893	2,218	10.6	4.2	3.3	10.60 4.20 3.30
2+ Inpatient - MH	All	20,893	280	1.3	1.1	0.4	1.30 1.10 0.40
4+ Inpatient/ER - MH	All	20,893	372	1.8	0.9	0.4	1.80 0.90 0.40



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

## MAIN STREET HOSPITAL <sup>!</sup>

Quality Indicator Overview As Of 11/01/2024

View: Standard PDF Excel

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

Indicator Set: High Utilization - Inpt/ER

Indicator Set	Indicator						
	Indicator						
	10+ ER - All Cause						
	10+ ER - MH						
	2+ ER - BH						
	2+ ER - Medical						
	2+ ER - MH						
	2+ Inpatient - BH						
	2+ Inpatient - Medical						
	2+ Inpatient - MH						
	4+ Inpatient/ER - MH	All	20,893	372	1.8	0.9	
	Clozapine Candidate with 4+ Inpatient/ER - MH	0-64	85	82	96.5	88.4	91.6
	POP : High User	18+	8,330	201	2.4	1.3	0.6
	POP : Potential Clozapine Candidate	18+	82	80	97.6	92.8	95
	2+ Inpatient / 2+ ER - Summary	All	20,893	8,253	39.5	24.1	21.1

### QI Filters

Site: ALL

Program Type: ALL

Managed Care: ALL

MC Product Line: ALL

Age Group: ALL

Population:  ALL  **Complex Needs**

Client Residence: Client Region: ALL Client County: ALL

Provider Location: Provider Region: ALL Provider County: ALL

Apply Cancel

# MAIN STREET HOSPITAL

Quality Indicator Overview As Of 11/01/2024

View: Standard



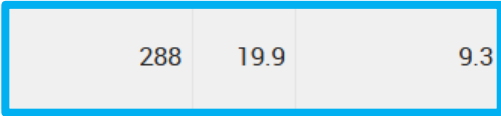
POPULATION: COMPLEX NEEDS

Filters

Reset

Indicator Set: High Utilization - Inpt/ER

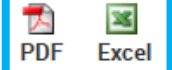
Indicator Set	Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
	Indicator							25% 50% 75% 100%
	10+ ER - All Cause	All	1,446	288	19.9	9.3	7.5	
	10+ ER - MH	All	1,446	39	2.7	1.3	1.1	
	2+ ER - BH	All	1,446	583	40.3	24.2	21.5	
	2+ ER - Medical	All	1,446	806	55.7	34.9	32.8	
	2+ ER - MH	All	1,446	473	32.7	17.9	15.9	
	2+ Inpatient - BH	All	1,446	384	26.6	22.9	15.4	
	2+ Inpatient - Medical	All	1,446	255	17.6	9.8	9.4	
	2+ Inpatient - MH	All	1,446	257	17.8	13.9	10.3	
	4+ Inpatient/ER - MH	All	1,446	353	24.4	13.5	10.7	



# MAIN STREET HOSPITAL ?

Quality Indicator Overview As Of 11/01/2024

View: Standard



POPULATION: COMPLEX NEEDS

Filters Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 10+ ER - All Cause

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
---------------	-----------	------	-----	-----------	------------	-------------	-----------------

Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access
-----------	-------------	-----	------------------	---------------	--------------------

QU7ORVJU UrRFUE7FT6	SEIoMDamMV6	MTIIMDUIMTasOA	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No Rehab f/u 14d (DOH), Readmit 30d - BH to BH, Readmit 30d - MH to All Cause	All Data - Emergency
QazSSqbORQ TbbTRUFO S6	RUemN9EqOEU	MTAIMpAIMTavOA	Black	10+ ER, 2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	All Data - Emergency
				10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2+ Inpt-Medical, 4+ Inpt/ER-MH, Adher-AP (DOH), Adher-MS (DOH), Adher-MS (DOH)	

# Statewide Reports

# Statewide Report

As of 11/01/2024



Select an Indicator Set and any other filters:



Indicator Set	<input type="text" value=""/>
Indicator Type	<b>Quality Improvement Indicators (as of 11/01/2024)</b> BH QARR - Improvement Measure General Medical Health Health Home Care Management - Adult <b>High Utilization - Inpt/ER</b> Polypharmacy Preventable Hospitalization Readmission Post-Discharge from any Hospital Readmission Post-Discharge from this Hospital Treatment Engagement
Program Type	
Managed Care	
MC Product Line	
Age Group	
Population	
Client Residence	<b>Performance Tracking Indicators (as of 04/01/2024)</b> General Medical Performance Tracking Measure MH Performance Tracking Measure SUD Performance Tracking Measure Vital Signs Dashboard - Adult Vital Signs Dashboard - Child
Provider Location	ALL ▾

[Indicator Definitions](#)

Submit

Reset

# Statewide Report

As of 11/01/2024



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

10+ ER - All Cause

10+ ER - MH

Managed Care

2+ ER - BH

2+ ER - Medical

MC Product Line

2+ ER - MH

2+ Inpatient - BH

Age Group

2+ Inpatient - Medical

2+ Inpatient - MH

Population

**4+ Inpatient/ER - MH**

Clozapine Candidate with 4+ Inpatient/ER - MH

Client Residence

POP : High User

POP : Potential Clozapine Candidate

2+ Inpatient / 2+ ER - Summary

Provider Location

Provider Region

ALL ▾

Provider County

ALL ▾

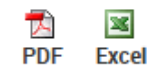
[Indicator Definitions](#)

Submit

Reset

# Statewide Report

As of 11/01/2024



Select an Indicator Set and any other filters:

Indicator Set

Indicator Type

Program Type

Managed Care

MC Product Line

Age Group

Population

Client Residence

Provider Location

[Indicator Definitions](#)

- Crisis Residential Services - Residential Crisis Support (age 21+)
- Crisis Service - Any
- Day Treatment - MH Specialty
- ER - BH Dx/Svc/CPEP**
- ER - MH CPEP
- ER - MH CPEP EOB
- ER - Medical Dx/Svc
- HCBS Educational Support Services
- HCBS Habilitation
- HCBS Intensive Supported Employment
- HCBS Non-Medical Transportation
- HCBS On-Going Supported Employment
- HCBS Prevocational Services
- Habilitation - DD - Family Care
- Habilitation - DD - Individualized Residential Alternative (IRA)
- Health Home - Enrolled (Source: DOH MAPP)
- Health Home - Enrolled/Outreach (Source: DOH MAPP)



# Statewide Report

As of 11/01/2024



PDF

Excel

Select an Indicator Set and any other filters:

Indicator Set

Indicator Type

Program Type

Managed Care

MC Product Line

Age Group

Population  ALL  Complex Needs

Client Residence

Client Region

Client County

Provider Location

Provider Region

Provider County

[Indicator Definitions](#)



Submit

Reset



# Statewide Report

As of 11/01/2024

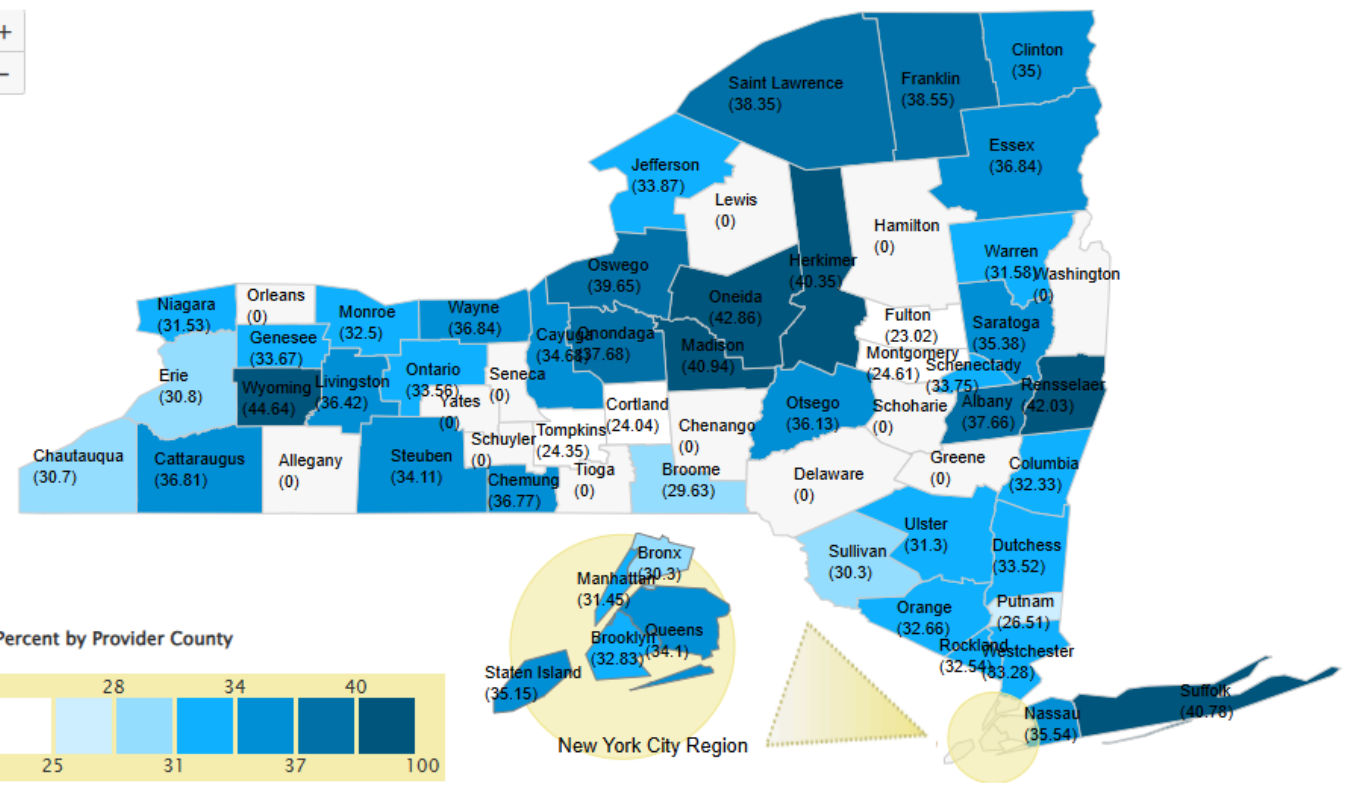


INDICATOR SET: HIGH UTILIZATION - INPT/ER INDICATOR: 4+ INPATIENT/ER - MH PROGRAM TYPE: ER - BH DX/SVC/CPEP POPULATION: COMPLEX NEEDS

Filters

### Map view

Client Residence  Provider Location



Client Region	Client County	Provider Region	Provider County	Network	Provider	Plan
Provider		Eligible Population		# with QI Flag	%	Rate High
STATE		87,520		10,160	11.61	NO
HOSPITAL A		533		237	44.47	YES
HOSPITAL B		108		31	28.7	YES
HOSPITAL C		96		37	38.54	YES

# Utilization Reports

# Three Utilization Reports

- Medicaid Managed Care Plan & Product Line:
  - Which Managed Care Plans and product lines are my clients enrolled in?
  - Which plans and product lines should I focus on?
- Provider Network
  - Which other providers do I share clients with, for what service types?
    - For example, which Outpatient Mental Health clinic are clients using most that come into our ER?
  - Who should I partner with?
- Service Setting & Volume
  - What services are my clients utilizing – from my hospital, and from other providers?
  - How many encounters per year, by service type (at my hospital, at other providers, and in total)?

## MAIN STREET HOSPITAL



MANAGED CARE PLAN : ALL MANAGED CARE PRODUCT LINE : ALL POPULATION TYPE : ALL PROGRAM TYPE : ALL

[Filters](#) [Reset](#)

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

The distribution of Medicaid Managed Care Plans and Product Lines for MAIN STREET HOSPITAL current Medicaid clients.

Name	Total Clients	Mainstream	HARP	HIV SNP	LTC FIDA-IDD	LTC MAP	LTC PACE	LTC Partial Cap	Medicaid Advantage
CDPHP	8,670	7,842	828						
Centers Plan for Healthy Living	3							3	
ElderPlan	1							1	
Excelsus BlueCross BlueShield	100	88	12						
Fidelis Care New York	7,866	6,738	725			38		364	1
HIP (EmblemHealth)	23	18	5						
Hamaspik Choice	3							3	
Health Advantage Plan	1							1	
HealthPlus	61	54	2					5	
Healthfirst PHSP, Inc.	118	102	16						
Highmark Western and Northeastern New York Inc.	6	6							
Icircle Care	5							5	
Independent Health's MediSource	1	1							
MVP	2,077	1,939	138						
MetroPlus Health Plan	25	24	1						
Molina Healthcare of New York	17	13	4						
Senior Care Connection	50						50		
UnitedHealthcare Community Plan	345	309	36						
VNA Home Care Options	142							142	
VNSNY Choice Select Health	295					6		289	
WellCare of New York	4	2							2
<b>Medicaid Managed Care Plan Total (A)</b>	<b>19,813</b>	<b>17,136</b>	<b>1,767</b>			<b>44</b>	<b>50</b>	<b>813</b>	<b>3</b>
<b>Medicaid Fee For Service* (B)</b>	<b>10,673</b>								
<b>Medicaid All Client Total (A + B)</b>	<b>30,486</b>	<b>17,136</b>	<b>1,767</b>			<b>44</b>	<b>50</b>	<b>813</b>	<b>3</b>

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET HOSPITAL in the past year 11/01/2023 - 11/01/2024.

-- The Managed Care Plan and Product Line were refreshed as of the 12/11/2024.

\* Medicaid Fee for service count includes any client who lost their Medicaid coverage during the report time period.

## MAIN STREET HOSPITAL



MANAGED CARE PLAN : ALL   
 MANAGED CARE PRODUCT LINE : ALL   
 POPULATION TYPE : ALL   
 PROGRAM TYPE : ALL

Filters

Reset

Medicaid Managed Care Plan and Product Line

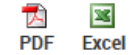
Provider Network

Service Settings and Volume

The distribution of agencies providing services to MAIN STREET HOSPITAL current Medicaid clients.

Provider Name ▾	Total Clients ▾	IP-Medical ▾	IP-SUD ▾	IP-MH ▾	ER/CPEP Medical ▾	ER/CPEP MH ▾	ER/CPEP SUD ▾	OP-Medical ▾	OP-SUD ▾	OP-MH ▾	OP-DD ▾	Health Home ▾	Residential/Living ▾	Home Care ▾	Pharm ▾	Other Services ▾
Unduplicated Count of Clients	<a href="#">29,204</a>	<a href="#">3,040</a>	<a href="#">715</a>	<a href="#">770</a>	<a href="#">10,819</a>	<a href="#">1,054</a>	726	<a href="#">26,796</a>	<a href="#">1,092</a>	<a href="#">3,312</a>	<a href="#">1,903</a>	<a href="#">4,048</a>	<a href="#">5,174</a>	<a href="#">2,152</a>	<a href="#">23,175</a>	<a href="#">26,449</a>
UCP ASSN OF THE CAPITAL DIST	<a href="#">860</a>							<a href="#">473</a>		<a href="#">275</a>	<a href="#">136</a>					<a href="#">606</a>
PARSONS CHILD AND FAMILY CENTER	<a href="#">332</a>							<a href="#">49</a>	<a href="#">3</a>	<a href="#">261</a>			<a href="#">55</a>	<a href="#">10</a>		<a href="#">5</a>
ALBANY COUNTY DEPARTMENT OF MENTAL HEALTH	<a href="#">235</a>								<a href="#">6</a>	<a href="#">231</a>						
ELLIS HOSPITAL	<a href="#">3,429</a>	<a href="#">440</a>	<a href="#">16</a>	<a href="#">117</a>	<a href="#">1,629</a>	<a href="#">218</a>	131	<a href="#">1,904</a>	<a href="#">2</a>	<a href="#">192</a>			<a href="#">7</a>	<a href="#">1</a>		<a href="#">1,805</a>
RENSSELAER COUNTY DEPT OF MENTAL HEALTH	<a href="#">267</a>							<a href="#">2</a>	<a href="#">2</a>	<a href="#">192</a>	<a href="#">57</a>		<a href="#">17</a>	<a href="#">1</a>		<a href="#">1</a>
CAPITAL DISTRICT PSYCHIATRIC CENTER	<a href="#">204</a>			<a href="#">23</a>						<a href="#">176</a>			<a href="#">12</a>			<a href="#">36</a>
BEHAVIORAL HEALTH SERVICES NORTH, INC.	<a href="#">184</a>							<a href="#">2</a>	<a href="#">18</a>	<a href="#">172</a>						<a href="#">5</a>

# MAIN STREET HOSPITAL



MANAGED CARE PLAN : ALL MANAGED CARE PRODUCT LINE : ALL POPULATION TYPE : ALL PROGRAM TYPE : ALL

Filters

Reset

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

## Volume and type of Medicaid services provided by any agency to MAIN STREET HOSPITAL current Medicaid clients.

Service Settings/Type	MAIN STREET HOSPITAL		Any Other Provider		Total	
	Clients with services	Claims/Encounters by these clients	Clients with services	Claims/Encounters by these clients	Unduplicated Clients with services	Claims/Encounters by these clients
<b>Unduplicated Count of Clients</b>	<a href="#">22,221</a>	89,277	<a href="#">29,204</a>	2,520,464	<a href="#">29,520</a>	2,563,155
ACT - MH Specialty			<a href="#">73</a>	561	<a href="#">73</a>	561
Any OMH Outpatient Specialty MH Services			<a href="#">82</a>	1,264	<a href="#">82</a>	1,264
CORE Psychosocial Rehabilitation - Education Focus			<a href="#">1</a>	3	<a href="#">1</a>	3
CORE or HCBS All			<a href="#">82</a>	1,264	<a href="#">82</a>	1,264
CORE or HCBS Community Psychiatric Support and Treatment			<a href="#">40</a>	535	<a href="#">40</a>	535
CORE or HCBS Empowerment Services - Peer Support			<a href="#">14</a>	74	<a href="#">14</a>	74
CORE or HCBS Psychosocial Rehabilitation - Any			<a href="#">36</a>	399	<a href="#">36</a>	399
CPEP Mobile Crisis			<a href="#">9</a>	9	<a href="#">9</a>	9
Child Care - MH - Residential Treatment Facility			<a href="#">24</a>	1,111	<a href="#">24</a>	1,111
Child Foster Care			<a href="#">168</a>	22,600	<a href="#">168</a>	22,600
Clinic - MH Specialty	<a href="#">476</a>	5,763	<a href="#">3,062</a>	37,901	<a href="#">3,515</a>	43,655
Clinic - Medical	<a href="#">10,476</a>	27,552	<a href="#">16,409</a>	134,221	<a href="#">20,870</a>	158,856
Clinic - SUD			<a href="#">1,092</a>	19,214	<a href="#">1,092</a>	19,214
Clinic - Unspecified	<a href="#">285</a>	585	<a href="#">850</a>	3,421	<a href="#">1,087</a>	3,984

# **Training & Technical Support**

## Training & Technical Support

- For more PSYCKES resources, please go to our website at: [www.psyckes.org](http://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](mailto: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, option 2; [healthhelp@its.ny.gov](mailto:healthhelp@its.ny.gov)