

PSYCKES for Network Users

We will begin shortly...

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Kristen McLaughlin
Director, Medical Informatics | PSYCKES
Office of Population Health & Evaluation
August 15, 2024

Q&A via WebEx

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

Agenda

- PSYCKES Overview
- Access to client data (new consent pass through feature!)
- Population Health in Recipient Search
- Quality Improvement in My QI Report
- Client-level details in the Clinical Summary
- Utilization Reports
- Training & Technical Support

PSYCKES Overview

What is PSYCKES?

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination and quality improvement
- Ongoing data updates
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (currently or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
- Behavioral Health Population (any history of):
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data – general medical, behavioral health, residential

What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
 - New York City Correctional Health Services (CHS)
 - New York City Department of Homeless Services (NYC DHS)
 - Health Home enrollment & CMA provider (DOH MAPP)
 - Managed Care Plan & HARP status (MC Enrollment Table)
 - MC Plan assigned Primary Care Physician (Quarterly, DOH)
 - State Psychiatric Center EMR
 - Assisted Outpatient Treatment provider contact (OMH TACT)
 - Assertive Community Treatment provider contact (OMH CAIRS)
 - Adult Housing/Residential program Information (OMH CAIRS)
 - Suicide attempt (OMH NIMRS)
 - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
 - IMT and AOT Referral Under Investigation (DOHMH)

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concerns in order to inform the treating provider or care coordinator, and to support clinical review and quality improvement.
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening Schiz or Bipolar on Antipsychotic, No Outpatient Medical Visit Past Year
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient - 7/30 Days, No Follow-Up After MH ED Visit - 7/30 Days

Access to Client Data

Accessing Client Data

New Consent Pass Through Feature!

- Consents and clinical emergency attestations entered into PSYCKES by your network providers (*with data sharing agreements in place*) will be passed on to you, as network lead
- This allows network users the same level of access as their provider partners to client data
 - Note: To update the list of network providers or the status of a data sharing agreement with a provider, contact the PSYCKES Helpdesk (PSYCKES-Help@omh.ny.gov)

Levels of Access to Client Data

- **Signed Consent** (*PSYCKES, BHCC*)
 - Allows access to all available data (including data with special protections such as substance use, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal PSYCKES 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

Accessing Client Data

Access Level Comparison Chart

Client Data - Linkage	Client Data Access Type	Any Client Data for Network Users?	Data with Special Protections? (SUD, HIV, Family Planning, Genetic Testing)	Duration
Manual linkage by provider agency (with data sharing agreement in place)	Clinical Emergency	Yes	Yes, all data	72 hours
	Verbal PSYCKES Consent	Yes	No, limited release	9 months
	PSYCKES Consent BHCC consent	Yes	Yes, all data	3 years after last billed service

What information about clients is available?

- Aggregate Data
 - My QI Report: view current performance on all quality indicators, including # of clients flagged at network and provider level
 - Statewide Reports: select a quality indicator and review statewide proportions by region, county, plan, network, provider, etc.
 - Recipient Search Reports: build your own reports to identify populations of interest within your network
 - Utilization Reports: support VBP and network data needs
- Individual Client-Level Data
 - My QI Report: drill-in to lists of clients who meet criteria for selected quality indicator
 - Recipient Search Reports: view names of clients who meet population search criteria
 - Clinical Summary: access Medicaid and State PC treatment history, up to 5 years (available w/ data sharing agreement & consent/ER access enabled by provider)

Population Health in Recipient Search

Recipient Search

- Tool for population health management and oversight
- Automatic attribution is clients billed by one or more network provider in past 12 months; attribution time period can be modified
- Build your own population searches, can search by:
 - Demographics (e.g., race, ethnicity, etc.)
 - High need characteristics (e.g., High MH Need, HH+ eligible, etc.)
 - Medications received
 - Medical or behavioral health diagnoses
 - Services received by specific provider or any provider
- Search results report shows count and unique identifiers of individuals
- Export results page to Excel or PDF
- Advanced search results “Views” provide more information in bulk
 - Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers

Recipient Search

Limit results to

50

Search

Reset

Individual Search

Recipient Identifiers

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Characteristics as of 08/01/2024

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

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environme
- Problems related to other psychosocial
- Problems related to medical facilities ar
- Problems related to housing and econor

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

HARP HCBS Assessment Results



Group Search

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled
- Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
- Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
- High Mental Health Need
- Mental Health Placement Consideration
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)
- Treatment Engagement - Summary

Past 1 Year

Provider:

Region:

County:

Current Access:

Service Utilization:

Number of Visits:

Service Setting: Telehealth coded

Service Detail: Selected

- Care Coordination
- Crisis Service
- Foster Care
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical

Past 1 Year

Prescriber Last Name:

Drug Name: Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class* Non-Psychotropic Drug Class*

- ADHD Med
- Antidepressant
- Antipsychotic
- Antipsychotic - Long Acting Injectabl

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

BH Diagnoses Medical Diagnoses

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

- Cerebral degenerations usually manifest
- Certain conditions originating in the perir
- Certain infectious and parasitic diseases
- Codes for special purposes

Individual Diagnosis:

Given: Primary Only

Past 1 Year

Provider:

Region:

County:

Service Utilization:

Number of Visits:

Service Setting: Telehealth coded

Service Detail: Selected

- Care Coordination
- Crisis Service
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical Specialty
- Outpatient - SU
- Outpatient - Unspecified
- Practitioner - BH

— Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 — Search uses "OR" criteria within a list and "AND" criteria between lists.
 — *To select multiple options within a list, hold down "CTRL" while making additional selections.

Recipient Search

Characteristics as of 08/01/2024

Age Range <input type="text"/>	To <input type="text"/>	Gender <input type="text"/>	Region <input type="text"/>
Race <input type="text"/>	County <input type="text"/>		
Ethnicity <input type="text"/>			

Special Populations

Population <input type="text"/>
 High Need Population <input type="text"/>
AOT Status <input type="text"/>
Alerts <input type="text"/>
Homelessness Alerts <input type="text"/>

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

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

Managed Care Plan & Medicaid

Managed Care <input type="text"/>	OPWDD NYSTART - Eligible
MC Product Line <input type="text"/>	High Fidelity Wraparound (HFW) - Likely Eligible
Medicaid Enrollment Status <input type="text"/>	Health Home Plus (HH+) - Eligible
Medicaid Restrictions <input type="text"/>	HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)
	AOT - Active Court Order
	AOT - Expired < 6 months
	AOT - Expired < 12 months
	ACT - Enrolled
	ACT - Discharged < 12 months

Children's Waiver Status <input type="text"/>
HARP Status <input type="text"/>
HARP HCBS Assessment Status <input type="text"/>
HARP HCBS Assessment Results <input type="text"/>

Recipient Search

Quality Flag as of 07/01/2024

 [Definitions](#)

- HARP Enrolled - Not Health Home Enrolled - (updated weekly)
- HARP-Enrolled - No Assessment for HCBS - (updated weekly)
- Eligible for Health Home Plus - Not Health Home Enrolled
- Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
- Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
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- Antidepressant Three Plus
- Psychotropics Three Plus
- Psychotropics Four Plus
- Polypharmacy Summary
- Discontinuation - Antidepressant <12 weeks (MDE)
- Adherence - Mood Stabilizer (Bipolar)
- Adherence - Antipsychotic (Schiz)
- Treatment Engagement - Summary

Recipient Search

Medication & Diagnosis as of 07/01/2024 Past 1 Year ▾

Prescriber Last Name

Drug Name Active Drug

Active medication (past 3 months) requiring Prior Authorization

Psychotropic Drug Class* Non-Psychotropic Drug Class*

ADHD Med
Antidepressant
Antipsychotic
Antipsychotic - Long Acting Injectable ▾

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

BH Diagnoses Medical Diagnoses

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

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

Individual Diagnosis

Given ▾ Primary Only

Recipient Search

Services: Specific Provider as of 07/01/2024

Past 1 Year

Provider

Region

County

Current Access

Service Utilization

Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

- +--Care Coordination
- +--Crisis Service
- +--Foster Care
- +--Living Support/Residential
- +--Other
- +--Outpatient - DD
- +--Outpatient - MH
- +--Outpatient - Medical

Recipient Search

Services by Any Provider as of 07/01/2024 Past 1 Year

Provider

Region County

Service Utilization Number of Visits

Service Setting: Tele Selected

- 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 Psch Center Services (Source

(Dropdown menu items for Service Utilization):

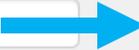
- Clinic MH - ALL
- ER - ALL
- ER - BH Dx/Svc/CPEP
- ER - MH Dx/Svc/CPEP
- ER - Medical Dx/Svc
- ER - SU Dx/Svc
- Inpatient - ALL
- Inpatient - BH
- Inpatient - MH
- Inpatient - Medical
- Inpatient - SU

Recipient Search

Services by Any Provider as of 07/01/2024 Past 1 Year

Provider

Region County

Service Utilization  Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

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

660 Recipients Found

View: Standard ▾

 PDF
  Excel

◀ Modify Search

Maximum Number of Rows Displayed: 50

[Provider Specific] Provider MAIN STREET NETWORK
 AND [Any Provider] Service Utilization ER - BH Dx/Svc/CPEP (5+ Visits)

Name ▲	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QUJCRUvFLA QURBTQ S6	QaiuMTYm Mr2	MTAIMTaIM TasOA	TQ LQ NTU	Pacific Islander	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-MS (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, POP High User, Readmit 30d - BH to BH, Readmit 30d - Medical to Medical	Fidelis Care New York	No Access
QUJSQRTTqui TabDTqnF	QrErMTYvO E6	N8yoLpEvO TU	R6 LQ M9a	White	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4PP(A), Adher-AP (DOH), Cervical Cancer Screen Overdue (DOH), 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, POP Cloz Candidate, POP High User	UnitedHealthcare Community Plan	PSYCKES Consent
QUNPurBLA SURFTEbtQQ	VEqsOTIoO U6	MTIIMSynO T2v	R6 LQ NDQ	Hispanic or Latinx	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Cervical Cancer Screen Overdue (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, High MH Need, MH Plcmt Consid, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No ICM after MH ED, No LDL-C - AP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - Medical to All Cause	HealthPlus	No Access

660 Recipients Found



View: Standard ▾



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 & 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

Name	Medicaid ID	Managed Care Plan	Current PHI Access
QUJCRUVFLA QURBTQ S6	QaiuMTYm Mr2	Fidelis Care New York	No Access
QUJSQR TTqui TabDTqnF	QrErMTYvC E6	UnitedHealthcare Community Plan	PSYCKES Consent
QUNP URBLA SURFTebTQQ	VEqsOTloC U6	HealthPlus	No Access
QURBTVMi RqbBTavB TA	RFArM9Mv Mai	OSyulPlmM DI	R6 LQ M9E
		Unknown	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AD <12wks, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No Engage after MH IP, POP High User

660 Recipients Found



View:

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



[Provider Specific] Provider

MAIN STREET NETWORK

AND [Any Provider] Service Utilization

ER - BH Dx/Svc/CPEP (5+ Visits)

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▲	DOB ▲	Gender ▲	Race & Ethnicity ▲	Medicaid Quality Flags ▲	Medicaid Managed Care Plan ▲	Current PHI Access ▲
QUJCRUvFLA QURBTQ S6	QaiuMTYm Mr2	MTAIMTaIM TasOA	TQ LQ NTU	Pacific Islander	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-MS (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, POP High User, Readmit 30d - BH to BH, Readmit 30d - Medical to Medical	Fidelis Care New York	No Access
QUJSQRtTqui TabDTqnF	QrErMTYvO E6	N8yoLpEvO TU	R6 LQ M9a	White	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4PP(A), Adher-AP (DOH), Cervical Cancer Screen Overdue (DOH), 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, POP Cloz Candidate, POP High User	UnitedHealthcare Community Plan	PSYCKES Consent
QUNPUrBLA SURFTEbtQQ	VEqSOTIoO U6	MTIIMSynO T2v	R6 LQ NDQ	Hispanic or Latinx	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Cervical Cancer Screen Overdue (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, High MH Need, MH Plcmt Consid, No Engage after MH IP, No Gluc/HbA1c & LDL-C - AP, No ICM after MH ED, No LDL-C - AP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - Medical to All Cause	HealthPlus	No Access

< Modify Search

617 Recipients Found

View: High Need/High Risk



[Provider Specific] Provider MAIN STREET NETWORK

AND [Any Provider] Service Utilization ER - BH Dx/Svc/CPEP (5+ Visits)

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)
QUJCRUvFLA QURBTQ S6	QaiuMTYm Mr2	MTAIMTaIM TasOA	TQ LQ NTU	Pacific Islander	Fidelis Care New York	No Access		
QUJSQRtTtqui TabDTqnF	QrErMTYvO E6	N8yoLpEvO TU	R6 LQ M9a	White	UnitedHealthcare Community Plan	PSYCKES Consent		
QUNPURrBLA SURFTebTQQ	VEqsOTIoO U6	MTIIMSynO T2v	R6 LQ NDQ	Hispanic or Latinx	HealthPlus	No Access		
QURBTVMi RqbBTavB TA	RFArM9Mv Mai	OSyuLplmM DI	R6 LQ M9E	Unknown	Fidelis Care New York	No Access		
QURETom TEb0Wba	RFUmM9Ar OFM	NSynMSyn OT6q	R6 LQ NDA	Black		No Access		
QURKTqRIQSm TUFSSUU RQ	RbAtN9AtM aM	MTIIM9YIM 9AmM6	R6 LQ M9E	Unknown		No Access		
QU7NRUQi SVFCQUm SA	UaioODauN qU	NSynM8ynO T6s	TQ LQ Mp6	Asian	MetroPlus Health Plan	No Access		
QUndsUrFLA UaVOQUvETm	QbMrMTYU Mra	MSyoOCynO T6u	TQ LQ MpY	Black	UnitedHealthcare Community Plan	No Access		
QUnFWEFORFJFLA Qq7SSVNUTrBIRQ	RVMsOD2p MVM	M T6		Black	Fidelis Care New York	PSYCKES Consent		
QUngTrJELA RbJBTaNTaU	TUUtOD2m OU6	MSyoNCyn OTYs	R6 LQ NT6	Black	MetroPlus Health Plan	No Access		

Scroll...



< Modify Search

617 Recipients Found

View: High Need/High Risk



[Provider Specific] Provider MAIN STREET NETWORK

AND [Any Provider] Service Utilization ER - BH Dx/Svc/CPEP (5+ Visits)

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 At (Medicaid/Past 1 y
				Homelessness (Medicaid/DHS) Past 1 year	Homelessness (Medicaid/DHS) Any	AOT Status	AOT Expiration Date	
QUJCRUvFLA QURBTQ S6								
QUJSQRtTqui TabDTqnF	Yes		Yes					
QUNPUrBLA SURFTEbTQQ								
QURBTVMi RqbBTavB TA								
QURETom TEb0Wba								
QURKtqRIQSm TUFSSUU RQ								
QU7NRUQi SVFCQUm SA								
QUnDSUrFLA UaVOQUvETm								
QUnFWEFORFJFLA Qq7SSVNUTrBIRQ				Yes				
QUnGTrJELA RbJBTaNJTaU								

Scroll...



My QI Report

My QI Report

- Tool for managing quality improvement efforts; updated monthly
- Displays quality Indicator Sets and Indicators (measures/flags)
- Eligible Population (Denominator): clients served by providers within network plus other parameters depending on quality indicator specifications*
- Number with QI Flag (Numerator): clients meeting criteria for flag*
- % prevalence rate: numerator over denominator; higher % indicates opportunities for improvement, lower is better
- Compare prevalence rates at the statewide, region, county, network, provider, program, and managed care plan
- Filter report by: Program Type, MC Plan, Age, Client Residence, Provider Location
- Reports can be exported to Excel and PDF

**Certain flags are events/episode based vs client/individual based*

Events/Episode-Based Quality Flags

- Historically in PSYCKES, measures' numerators and denominators were based on the count of unique individuals
- In August 2024, we began transitioning some of the existing quality flags from individual-based counts to events/episodes-based counts
- Certain DOH-run Performance Tracking measures will now capture each separate event or episode (e.g., hospitalizations) to calculate a measure's numerator and denominator
 - When drilling down to the Provider/Recipient level tabs, episode-based measures will continue to reflect the number of unique individuals who meet the criteria for the quality flag

Understanding My QI Report

- Network Access View:
 - Review your overall network performance on all quality indicators
 - See head-to-head comparisons of providers within your network, identify high volume opportunities for improvement
 - *Drill down to individual list of client names
 - *Access client-level Clinical Summary to support treatment review/planning/care coordination for high-risk clients
- Attribution of Clients to Providers and Networks in PSYCKES:
 - Clients served by provider agency according to Medicaid in past 9 months
 - Providers within the Network are identified when you request PSYCKES Network Access development for your network
- Period of observation for the quality indicator:
 - Depends on that quality measure definition, varies for each measure
 - For example, the period of observation for the High Utilization quality indicator is 13 months
- **Client names are only available when your network has legal data sharing agreements in place, client-level data is only available with data sharing agreement & when consent/ER is in place*

MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard



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

Indicator Set

Quality Improvement Indicators (As Of 07/01/2024) Run monthly on all available data as of run date

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
BH QARR - Improvement Measure	All	7,285	2,639	36.2	36	
General Medical Health	All	37,603	8,879	23.6	12.9	
Health Home Care Management - Adult	Adult 18+	8,872	6,467	72.9	87.9	
High Utilization - Inpt/ER	All	37,634	9,219	24.5	20.7	
Polypharmacy	All	10,797	2,484	23	12.8	
Preventable Hospitalization	Adult	31,178	307	1	0.8	
Readmission Post-Discharge from any Hospital	All	8,524	1,621	19	11.4	
Readmission Post-Discharge from this Hospital	All	0	0	0	10.9	
Treatment Engagement	Adult 18-64	5,406	1,636	30.3	32.7	

Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
General Medical Performance Tracking Measure	All	9,882	4,137	41.9	37.9	
MH Performance Tracking Measure	All	8,883	4,650	52.3	55	
SUD Performance Tracking Measure	Adol & Adult (13+)	8,785	6,943	79	80.4	

MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard



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

Filters Reset

Indicator Set

Quality Improvement Indicators (A

Name

BH QARR - Improvement Measure

General Medical Health

Health Home Care Management - Adult

High Utilization - Inpt/ER

Polypharmacy

Preventable Hospitalization

Readmission Post-Discharge from any Hospital

Readmission Post-Discharge from this Hospital

Treatment Engagement

QI Filters

Program Type

ALL

Managed Care

MC Product Line

Age Group

Client Residence

Provider Location

- ALL
- ACT - MH Specialty
- CCBHC
- CDT - MH Specialty
- CFTSS - All
- CFTSS - CPST
- CFTSS - Family Peer Support Services (FPSS)
- CFTSS - Family/Youth Peer Support (FPSS/YPS)
- CFTSS - Other Licensed Practitioners (OLP)
- CFTSS - Psychosocial Rehabilitation (PSR)
- CFTSS - Youth Peer Support (YPS)
- CORE Psychosocial Rehabilitation - Education Focus
- CORE Psychosocial Rehabilitation - Employment Focus
- CORE or HCBS All
- CORE or HCBS Community Psychiatric Support and Treatment
- CORE or HCBS Empowerment Services - Peer Support
- CORE or HCBS Family Support and Training
- CORE or HCBS Psychosocial Rehabilitation - Any
- CSIDD - Crisis Service - DD
- Care Management - Enrolled (Source: DOH MAPP)**



Performance Tracking Indicators (As Of 12/01/2023)

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

Name

Population

Eligible Population

with QI Flag

%

Statewide %

General Medical Performance Tracking Measure

All

9,882

4,137

41.9

37.9

MH Performance Tracking Measure

All

8,883

4,650

52.3

55

SUD Performance Tracking Measure

Adol & Adult (13+)

8,785

6,943

79

80.4

MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard ▾



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters Reset

Indicator Set

Quality Improvement Indicators (As Of 07/01/2024) Run monthly on all available data as of run date

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
BH QARR - Improvement Measure	All	2,559	881	34.4	36	
General Medical Health	All	13,035	2,684	20.6	12.9	
Health Home Care Management - Adult	Adult 18+	3,686	1,785	48.4	87.9	
High Utilization - Inpt/ER	All	13,037	3,443	26.4	20.7	
Polypharmacy	All	3,972	1,006	25.3	12.8	
Preventable Hospitalization	Adult	11,450	148	1.3	0.8	
Readmission Post-Discharge from any Hospital	All	3,118	517	16.6	11.4	
Readmission Post-Discharge from this Hospital	All	0	0	0	10.9	
Treatment Engagement	Adult 18-64	2,009	587	29.2	32.7	

Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
General Medical Performance Tracking Measure	All	3,559	1,554	43.7	37.9	
MH Performance Tracking Measure	All	3,062	1,569	51.2	55	
SUD Performance Tracking Measure	Adol & Adult (13+)	2,408	1,986	82.5	80.4	



MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set: MH Performance Tracking Measure

Indicator Set

Indicator

Name	Population	Eligible Population/ Episode	# with QI Flag	%	Statewide %	
1. No Follow Up for Child on ADHD Med - Initiation	Child	88	19	21.6	36.38	
2. No Follow Up for Child on ADHD Med - Continuation	Child	33	7	21.2	30.73	
3. Antidepressant Medication Discontinued - Acute Phase	Adult	429	191	44.5	43.35	
4. Antidepressant Medication Discontinued - Recovery Phase	Adult	429	231	53.8	57.89	
5. Low Antipsychotic Medication	Adult	1,037	344	33.2	34.5	
6. No Follow Up after MH Inpatient - 7 Days	Adult	1,159	507	43.7	48.8	
7. No Follow Up after MH Inpatient - 7 Days	6+	680	280	41.2	45.8	
8. No Follow Up After MH ED Visit - 7 Days	6+	808	265	32.8	35.04	
9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	1,464	246	16.8	21.74	
10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	286	152	53.1	64.54	
11. No Metabolic Monitoring (Gluc/HbA1c) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	286	84	29.4	43.11	
12. No Metabolic Monitoring (LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	286	150	52.4	62.76	
13. No Diabetes Monitoring - DM & Schizophrenia	Adult	293	53	18.1	32.02	
14. No Follow Up after MH Inpatient - 30 Days	6+	680	141	20.7	27.74	

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

Events/Episode-Based Measures

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters Reset

Indicator Set: MH Performance Tracking Measure

Indicator Set Indicator

Name	Population	Eligible Population/ Episode	# with QI Flag	%	Statewide %	
7. No Follow Up after MH Inpatient - 7 Days	6+	680	280	41.2	45.8	
8. No Follow Up After MH ED Visit - 7 Days	6+	808	265	32.8	35.04	
9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	1,464	246	16.8	21.74	
10. No Metabolic Monitoring (Gluc/HbA1c and LDL-C) Child & Adol on Antipsychotic	Child & Adol (1 to 17)	286	152	53.1	64.54	



MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard ▾

PDF Excel

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters Reset

Indicator Set: MH Performance Tracking Measure Indicator: 8. No Follow Up After MH ED Visit - 7 Days

Indicator Set	Indicator	Provider	Eligible Population	# with QI Flag	%
Provider Facility Name					
ABC AGENCY			183	82	44.81
WELLIFE NETWORK INC.			150	42	28
SAMARITAN DAYTOP VILLAGE, INC.			49	21	42.86
MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, I			30	17	56.67
FEDERATION OF ORG. F/T NYS MENT.DISABLED, INC			43	16	37.21
CENTRAL NASSAU GUIDANCE AND COUN. SERV., INC.			32	14	43.75
FAMILY SERVICE LEAGUE, INC.			58	13	22.41
FAMILY AND CHILDREN'S ASSOCIATION			37	11	29.73
SCO FAMILY OF SERVICES			91	11	12.09
ASSOCIATION FOR MENTAL HEALTH AND WELLNESS, I			49	10	20.41
EAC, INC.			20	10	50
HOPE FOR YOUTH, INC.			8	7	87.5
OPTIONS FOR COMMUNITY LIVING, INC.			22	7	31.82

ABC AGENCY ⓘ

Quality Indicator Overview As Of 07/01/2024

View: Standard ▾

PDF Excel

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters Reset

Indicator Set: MH Performance Tracking Measure **Indicator:** 8. No Follow Up After MH ED Visit - 7 Days

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
---------------	-----------	------	---------------	-----	-----------	-------------------	-------------	-----------------

Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access	
QUrBUJay RURESUjB WQ	VV2vODluNaq		MDIIMTMIMTavN6	Hispanic or Latinx	2+ ER-Medical, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), HARP No Health Home, MH Plcmt Consid, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No SUD Tx Engage (DOH), No SUD Tx Initiation (DOH), No Utilization of Pharmacotherapy (DOH)	PSYCKES Consent
QaVSRUvHVUVS RVZFTFb0	WbUqOT2vNVI		MDEIM9UIMTarMQ	Hispanic or Latinx	2+ ER-Medical, MH Plcmt Consid	No Access
RqFSQqbB SazIT6	VqioMDQoMUY		MD6IMDEIMTavM6	Hispanic or Latinx	2+ ER-Medical, HARP No Assessment for HCBS, HARP No Health Home, MH Plcmt Consid	No Access
RanPUaVT RVJBUrRP	WFasOT6vNai		MTAIMDIIMTasMQ	Hispanic or Latinx	2+ ER-Medical, MH Plcmt Consid	PSYCKES Consent
					2+ ER-BH, 2+ Inpt-BH, Adher-AP, MH Plcmt	PSYCKES

MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Standard



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

Filters Reset

Indicator Set

Quality Improvement Indicators (As Of 07/01/2024) Run monthly on all available data as of run date

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
BH QARR - Improvement Measure	All	7,285	2,639	36.2	36	
General Medical Health	All	37,603	8,879	23.6	12.9	
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Polypharmacy	All	10,797	2,484	23	12.8	
Preventable Hospitalization	Adult	31,178	307	1	0.8	
Readmission Post-Discharge from any Hospital	All	8,524	1,621	19	11.4	
Readmission Post-Discharge from this Hospital	All	0	0	0	10.9	
Treatment Engagement	Adult 18-64	5,406	1,636	30.3	32.7	

Performance Tracking Indicators (As Of 12/01/2023) Run with intentional lag of 6+ months to allow for complete data

Name	Population	Eligible Population	# with QI Flag	%	Statewide %	
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MH Performance Tracking Measure	All	8,883	4,650	52.3	55	
SUD Performance Tracking Measure	Adol & Adult (13+)	8,785	6,943	79	80.4	

MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Race & Ethnicity



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

Filters

Reset

Indicator Set

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

Run monthly on all available data as of run date

Indicator Set	Population	Clients with QI Flags by Percentage (%) and Number								Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx	
		25%	50%	75%	100%													
BH QARR - Improvement Measure	All	36.2%	41.4%	40.1%	39.3%	53.8%	30.3%	37.6%	35.9%	2,639	12	118	810	7	615	50	652	
General Medical Health	All	23.6%	26.6%	25%	25.9%	21.7%	22.3%	23%	20.3%	8,879	29	256	2,413	15	2,391	153	2,216	
Health Home Care Management - Adult	Adult 18+	72.9%	71.8%	74.5%	68.5%	82.4%	70.7%	79.7%	75.7%	6,467	28	155	1,855	14	1,838	126	1,757	
High Utilization - Inpt/ER	All	24.5%	30.9%	21.1%	27.3%	27.5%	23.9%	24.3%	23.7%	9,219	34	216	2,551	19	2,566	162	2,594	



MAIN STREET NETWORK

Quality Indicator Overview As Of 07/01/2024

View: Race & Ethnicity



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

Filters

Reset

Indicator Set: General Medical Health

Indicator Set Indicator

		Clients with QI Flags by Percentage (%) and Number											
Indicator	Population	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx	25% 50% 75% 100%			
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic	Adult 18-64	43.4% 3,493	37.5% 12	41.1% 122	43.2% 964	50% 7	43.2% 984	42% 63	40.3% 841				
Diabetes Monitoring-No HbA1c >1 Yr	All	23.7% 919	26.7% 4	23.8% 35	23.4% 281	18.2% 2	25.2% 215	21.7% 15	20.4% 246				
No Outpatient Medical Visit >1 Yr	(0-64) yrs	16.4% 5,332	20.9% 19	14.6% 132	18.1% 1,420	12.9% 8	16.1% 1,433	15.8% 89	13.4% 1,303				
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar on Antipsychotic	Adult 18-64	22.7% 799	33.3% 6	30.1% 43	23.1% 247	25% 2	21.4% 212	21.5% 14	20.1% 158				

Clinical Summary

What is a PSYCKES Clinical Summary?

- Up to 5 years of information on:
 - MC Plan, MC Plan Assigned PCP, Plan Product Line, HARP Status, HARP HCBS Assessment Status, Health Home, ACT, AOT, homelessness
 - Medical and behavioral health diagnoses
 - Medical and psychotropic medications
 - Outpatient and inpatient services
 - Hospital, ER, Crisis services
 - Housing and residential services (those paid for by Medicaid as well as housing programs with OMH oversight)
 - Lab, radiology, vision, dental, medical equipment, transportation

When am I able to view the Clinical Summary?

- View the client-level Clinical Summary for clients who were served by a provider in your network with which you have a data sharing agreement, and the client has:
 - **Signed a PSYCKES consent form**
 - Access to full Clinical Summary, including enhanced PHI (Substance use, HIV information, genetic testing, family planning, safety plans) for 3 years after the last billed service
 - **Signed a BHCC consent form:**
 - Access to full Clinical Summary, including enhanced PHI, for 3 years after the last billed service
 - **Verbal PSYCKES consent:**
 - Access to limited data (excluding enhanced PHI) for 9 months
 - **Clinical Emergency:**
 - Allows access to all available data (including enhanced PHI) for 72 hours

How to look up a client's Clinical Summary

- Navigate to the Recipient Search tab
- Enter one of the following:
 - Medicaid ID, or
 - Social Security Number, or
 - Name + Date of Birth
- PSYCKES will search database- if client found, will display:
 - 1 client if Medicaid ID or SS# was entered
 - Multiple potential matches if name + DOB entered
- Check access status to see what client-level data the network is eligible to view

Recipient Search – Individual Search

Recipient Search

Limit results to [Reset](#)

Recipient Identifiers

Medicaid ID	SSN	First Name	Last Name	DOB
<input type="text" value="AB12345C"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

Characteristics as of 08/01/2024

Age Range <input type="text"/>	To <input type="text"/>	Gender <input type="text" value=""/>	Region <input type="text" value=""/>
Race <input type="text" value=""/>			County <input type="text" value=""/>
Ethnicity <input type="text" value=""/>			

Individual Search – No Access

- Reason no results found or no access to client’s Clinical Summary:
 - Provider does not have data sharing agreement in place with network
 - Provider did not attest to consent or ER access

My QI Report ▾ Statewide Reports Recipient Search <u>Provider Search</u> Usage ▾ Utilization Reports							
← Modify Search		1 Recipients Found				PDF Excel	
Medicaid ID		AB12345C					
AND	[Provider Specific] Provider	MAIN STREET NETWORK					
Maximum Number of Rows Displayed: 50							
Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Race & Ethnicity ⇅	Medicaid Quality Flags ⇅	Medicaid Managed Care Plan ⇅	Current PHI Access ⇅
SMITH JOHN	AB12345C	01/01/1960	M - 64	Black	2+ ER-Medical, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), HARP No Health Home, MH Plcmt Consid, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	Healthfirst PHSP, Inc.	No Access

Individual Search – Access

- Reason for access to client’s Clinical Summary:
 - Provider has data sharing agreement in place with network
 - Provider attested to consent or ER access

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

← Modify Search PDF Excel

1 Recipients Found

Maximum Number of Rows Displayed: 50

Name ▲	Medicaid ID ▾	DOB ▾	Gender ▾	Race & Ethnicity ▾	Medicaid Quality Flags ▾	Medicaid Managed Care Plan ▾	Current PHI Access ▾
SMITH, JOHN	AB12345C	01/01/1960	M - 64	Black	2+ ER-Medical, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), HARP No Health Home, MH Plcmt Consid, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	Healthfirst PHSP, Inc.	PSYCKES Consent

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: RqquNTQpNae	Medicare: No	HARP Status: HARP Enrolled (H1)
Address: ODE Vm NVRI UrQ, REVFU6 UEFSSm, Tba, MTEtM9a	Managed Care Plan: Fidelis Care New York (HARP)	MC Plan Assigned PCP : N/A	HARP HCBS Assessment Status: Never Assessed
			Medicaid Eligibility Expires on: 11/30/2024

Current Care Coordination

NYC Dept of Homeless Services Outreach:	BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach) Case Load Start Date: 19-JUL-24. Main Contact : Jose Del Toro Alonso: 9174120384, jtoro@brc.org
Health Home (Enrolled)	NORTH SHORE UNIVERSITY HOSPITAL (Begin Date: 01-OCT-23, End Date: 30-JUN-24) • Status : Active Main Contact Referral : Lidia Jordan: 516-220-0298, ljordan1@northwell.edu Member Referral Number: 888-680-6501; healthhomecommunication@northwell.edu
Care Management (Enrolled):	NORTH SHORE UNIVERSITY HOSPITAL

Notifications

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 or ext. 16072 for Non-HARP members (see HARP status above) BHHHighRisk@fideliscare.org
POP Potential Clozapine Candidate	Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan : Fidelis Care New York • Behavioral Health High Risk Alert Team 718-896-6500 ext. 16077 for HARP members or ext. 16072 for Non-HARP members (see HARP status above) BHHHighRisk@fideliscare.org
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 3+ Inpt MH < 13 months
High Mental Health Need due to	3+ Inpt MH < 13 months ; HH+ Eligibility
Mental Health Placement Consideration due to	1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1 or more inpatient MH stays in past 5 years
Medicaid Eligibility Alert	This client uses the New York State of Health (NYSoH) enrollment system for Medicaid recertification • For more information contact NYSoH at 1-855-355-5777.
CORE Eligibility	This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

Alerts • all available

Most Recent

Alerts	Most Recent
5 Homelessness - NYC DHS Outreach	Current BOWERY RESIDENTS COMMITTEE, INC. (Single Adult, Outreach)
1 Homelessness - NYC DHS Shelter	1/10/2024 NEW PROVIDENCE (Single Adult, Mental Health)
6 Treatment for Suicidal Ideation (3 Inpatient, 3 ER, 2 Other)	2/4/2023 LONG ISLAND JEWISH MED CTR (Inpatient - MH)
3 Overdose - Opioid (3 ER)	1/6/2023 NORTH SHORE-LIJ MEDICAL PC (ER - SU - Multi-Type Group)

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

Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Homelessness unspecified · Sheltered homelessness · Low income

Active Quality Flags · as of monthly QI report 7/1/2024

BH QARR - Improvement Measure

Adherence - Antipsychotic (Schiz) · No Metabolic Monitoring (LDL-C) on Antipsychotic

General Medical Health

No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All) · No Outpatient Medical Visit > 1Yr

General Medical Performance Tracking Measure (as of 12/01/2023)

Overdue for Cervical Cancer Screening

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 · HARP-Enrolled - No Assessment for HCBS · HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months

Diagnoses Past Year

Behavioral Health (18) 5 Most Recent: Schizoaffective Disorder · Cocaine related disorders · Tobacco related disorder · Opioid related disorders · Cannabis related disorders ...
5 Most Frequent (# of services): Schizoaffective Disorder(59) · Major Depressive Disorder(37) · Other psychoactive substance related disorders(25) · Schizophrenia(25) · Borderline Personality Disorder(18) ...

Medical (44) 5 Most Recent: Other functional intestinal disorders · Vitamin D deficiency · Deficiency of other nutrient elements · Rash and other nonspecific skin eruption · COVID-19 ...
5 Most Frequent (# of services): Personal history of certain other diseases(26) · Symptoms and signs involving emotional state(6) · Encounter for screening for other diseases and disorders(5) · Other disorders of urinary system(5) · Long term (current) drug therapy(5) ...

Medications Past Year

Last Pick Up

Aripiprazole (Aripiprazole) · Antipsychotic	7/9/2024	Dose: 30 MG, 1/day · Quantity: 30
Benzotropine Mesylate (Benzotropine Mesylate) · Antiparkinson Anticholinergics	7/9/2024	Dose: 0.5 MG, 1/day · Quantity: 30
Divalproex Sodium (Divalproex Sodium) · Mood Stabilizer	7/9/2024	Dose: 500 MG, 2/day · Quantity: 60
Lithium Carbonate (Lithium Carbonate) · Mood Stabilizer	7/9/2024	Dose: 300 MG, 3/day · Quantity: 90
Topiramate (Topiramate) · Mood Stabilizer	7/9/2024	Dose: 50 MG, 1/day · Quantity: 30

Outpatient Providers Past Year

Last Service Date & Type

UNIVERSITY HOSPITAL	6/8/2024	Clinic - Medical Specialty
FAMILY SVC LEAGUE SUFFOLK CTY	5/24/2024	Clinic - MH Specialty
SUN RIVER HEALTH INC	3/28/2024	Clinic - MH Specialty (Telehealth)
CENTRAL SUFFOLK HOSPITAL	1/8/2024	Clinic - Medical Specialty

All Hospital and Crisis Utilization · 5 Years

ER Visits	# Providers	Last ER Visit
9 Mental Health	2	6/9/2024 at UNIVERSITY HOSPITAL
6 Substance Use	2	5/5/2024 at CENTRAL SUFFOLK HOSPITAL
15 Medical	2	5/4/2024 at CENTRAL SUFFOLK HOSPITAL
Inpatient Admissions	# Providers	Last Inpatient Admission
5 Mental Health	3	4/3/2024 at LONG ISLAND HOME
5 Substance Use	2	3/24/2022 at PHELPS MEMORIAL HSP ASSOC
Crisis Services	# Providers	Last Crisis Service
1 Crisis Telephonic	1	1/27/2024 at UNIVERSITY HOSPITAL

Brief Overview as of 8/1/2024

[View Full Summary](#)

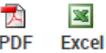
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Utilization Reports

Utilization Reports

- Three aggregate reports
 - Medicaid Managed Care Plan and Product Line
 - Provider Network (all of the other providers who have served that agency's clients, not restricted to your network)
 - Service Settings and Volume (count of total individuals and of total service claims/encounters received, by service type)
- Current functionality
 - First select a provider in you network in order to view these reports about clients served by that provider
- Future enhancements
 - Aggregate reports for all clients served by any provider in your network
 - Cost data reports

MAIN STREET AGENCY



PROVIDER: MAIN STREET AGENCY

Filters

Reset

Medicaid Managed Care Plan and Product Line

Provider Network

Service Settings and Volume

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

Name	Total Clients	Mainstream	HARP	HIV SNP	LTC FIDA-IDD	LTC MAP	LTC PACE	LTC Partial Cap	Medicaid Advantage
Aetna	6				6				
Affinity Health Plan	1	1							
Centers Plan for Healthy Living	21							21	
ElderServe Health, Inc dba RiverSpring Health Plans	5							5	
Fidelis Care New York	253	126	112			1		14	
HIP (EmblemHealth)	50	23	27						
Hamaspik Choice	2							2	
HealthPlus	17	4	6					7	
Healthfirst PHSP, Inc.	266	151	115						
Molina Healthcare of New York	57	30	27						
Senior Whole Health of NY	9							9	
UnitedHealthcare Community Plan	118	47	71						
VNSNY Choice Select Health	7							7	
Medicaid Managed Care Plan Total (A)	812	382	358		6	1		65	
Medicaid Fee For Service* (B)	489								
Medicaid All Client Total (A + B)	1,301	382	358		6	1		65	

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET AGENCY in the past year 07/01/2023 - 07/01/2024.

-- The Managed Care Plan and Product Line were refreshed as of the 08/01/2024.

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

MAIN STREET AGENCY



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Service Settings and Volume

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

Service Settings/Type	MAIN STREET AGENCY		Any Other Provider		Total	
	Clients with services	Claims/Encounters by these clients	Clients with services	Claims/Encounters by these clients	Unduplicated Clients with services	Claims/Encounters by these clients
Unduplicated Count of Clients	406	10,008	1,293	175,540	1,295	184,660
ACT - MH Specialty			10	64	10	64
Any OMH Outpatient Specialty MH Services	127	2,437	11	272	137	2,709
CORE Psychosocial Rehabilitation - Education Focus	6	86			6	86
CORE Psychosocial Rehabilitation - Employment Focus	1	3			1	3
CORE or HCBS All	127	2,437	11	272	137	2,709
CORE or HCBS Community Psychiatric Support and Treatment	43	632	2	124	45	756
CORE or HCBS Empowerment Services - Peer Support	49	839	6	100	54	939
CORE or HCBS Psychosocial Rehabilitation - Any	85	958	4	6	89	964
CPEP Mobile Crisis			9	10	9	10
Child Foster Care			3	418	3	418
Clinic - MH Specialty	6	15	443	11,407	447	11,422
Clinic - Medical	86	1,270	672	4,651	711	5,918
Clinic - SUD			133	5,978	133	5,978
Clinic - Unspecified	22	240	117	409	137	649
Crisis Service - Any			9	10	9	10
Day Treatment - MH Specialty			17	120	17	120

Training & Technical Support

Network Provider Updates

- If you need to make any changes to your Network, please reach out to PSYCKES-Help@omh.ny.gov and you will be provided your Network's latest spreadsheet on file
- You'll want to format the Excel as follows:
 - New data sharing agreements in place with listed providers (highlight in **yellow**)
 - Adding new providers to your network (highlight in **green**)
 - Removing any providers from your network (highlight in **red**)
- You'll need to make sure you have network providers' Tax ID and Medicaid Provider ID
- Once updated, send back to PSYCKES Help and the updates will be reflected in the application within 1 monthly refresh

Technical Support

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