



Office of Mental Health
PSYCKES

PSYCKES FOR NETWORK USERS

PSYCKES Training Webinar

FEBRUARY 25 , 2026

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
- Population Health in Recipient Search
- Quality Improvement in My QI Report
- Client-level details in the Clinical Summary
- Utilization Reports
- Training & Technical Support
- Questions and Answers

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
 - Quality Indicator reports (updated monthly)
 - Clinical Summary (updated weekly)

Who is Viewable in PSYCKES?

- Over 12 million individuals viewable in PSYCKES - individuals with any history of:
 - Medicaid funded behavioral health diagnosis or treatment, or
 - State Psychiatric Center inpatient or outpatient services, or
 - Health Home outreach or enrollment
- 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, AOT Referral Under Investigation, and MCT (DOHMH)

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, *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 provider location region/county, client residence region/county, plan, network, provider, etc.

Quality Indicators “Flags”

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement.
- Statewide Reports and My QI Reports, **updated monthly**, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, and managed care plan levels.
- Some examples of our quality indicators include:
 - No diabetes monitoring for individuals with diabetes and schizophrenia
 - Low medication adherence for individuals with schizophrenia
 - High utilization of inpatient or emergency room services
 - Eligible for Health Home Plus-No Health Home Plus Service in the past 3 months or 12 months
- The Performance Tracking Indicators are unique indicator sets in PSYCKES because the Department of Health (DOH) calculates them on “mature” Medicaid data. DOH calculates the indicator sets after a 6+ month billing data maturation period to allow for service invoicing. The ‘as of’ date for these measures in the application reflects the most recent performance tracking data run by DOH. These measures are based on a 12-month period of services.

Access to Client Data

Accessing Client Data as a Network User

- 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)

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

Accessing Client Data as a Provider User

- **Automatically:**

- Client had a billed service at the agency within the past 9 months, or
- Currently enrolled in the Health Home or Care Management Agency according to MAPP

- **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

Accessing Client Data as a Provider User

- **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 my agency)**
 - This will link client to your agency for Recipient Search reports but will not provide access to the clinical summary

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, filter by Complex Needs population etc.
- Recipient Search Reports: build your own reports to identify populations of interest within your network
- Utilization Reports: support value-based payment (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 with data sharing agreement & consent/ER access enabled by provider)

Recipient Search

Recipient Search

- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
- **Characteristics:**
 - Race & Ethnicity
 - Client Region & Client County
- **Special Populations:**
 - Complex Needs
 - High Mental Health Need
 - OPWDD Services Eligible (RE95)
 - OPWDD NYSTART – Eligible
 - ACT, AOT, HH+ Eligible
 - Homelessness
- **Quality Flags**
- **Social Determinants of Health (SDOH)**
- **“Service Setting” Categories by Specific Provider or Any Provider:**
 - Outpatient (MH/SU/DD)
 - Care Coordination (ACT/HH/CCO)
 - Crisis Services
 - Living Support/Residential
 - Inpatient/ER (MH/SU/BH)
- **Medications & Diagnoses**

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 02/18/2026

Age Range	To	Gender	Region
Race			County
Ethnicity			

Special Populations

Population	
High Need Population	
AOT Status	
Alerts	
Homelessness Alerts	
Complex Needs	

Social Determinants of Health (SDOH)

Past 1 Year

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

Managed Care Plan & Medicaid

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

Group Search

Group Search

Quality Flag as of 01/01/2026 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
- 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

Services: Specific Provider as of 01/01/2026 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
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD

Medication & Diagnosis as of 01/01/2026 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*

BH Diagnoses

Medical Diagnoses

Individual Diagnosis:

Given: Primary Only

Services by Any Provider as of 01/01/2026 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.

Limit results to

Cohort Search: And/Or Search Logic

- Multiple selections within the same filter box creates an “Or” logic – Use the “Ctrl” key on keyboard
 - Recipients in search results have one selection or the other, for example:
 - Depression or Schizophrenia
- Multiple selections from separate filter boxes creates an “And” logic
 - Recipients in search results meet all of the selected criteria, for example:
 - Schizophrenia and Type 1 Diabetes

Recipient Identifiers

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

Characteristics as of 02/18/2026

Age Range	To	Gender	Region
Race			County
Ethnicity			

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Social Determinants of Health (SDOH)

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial conditions
- Problems related to medical facilities and services
- Problems related to life management difficulties

SDOH Conditions: Selected

Managed Care Plan & Medicaid

Homeless in past 6 months with DOH SMI in past year

CORE Eligible (Community Oriented Recovery and Empowerment)

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%

OnTrackNY Early Psychosis Program : Enrolled

OnTrackNY Early Psychosis Program : Discharged < 3 years

OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years

OPWDD NYSTART - Eligible

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

ACT - Discharged < 12 months

3+ Inpt MH < 13 months

4+ ER MH < 13 months

Quality Flag as of 01/01/2026

HARP Enrolled - Not Health Home Enrolled

HARP-Enrolled - No Assessment for HCBS

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

HH Enrolled, Eligible for Health Home Plus

High Mental Health Need

Mental Health Placement Consideration

Antipsychotic Polypharmacy (2+ >90day)

Antipsychotic Two Plus

Antipsychotic Three Plus

Antidepressant Two Plus - SC

Antidepressant Three Plus

Children's Waiver Status

HARP Status

IP HCBS Assessment Status

OP HCBS Assessment Results

Specific Provider as of 01/01/2026

Provider

Region

County

Appointment Access

Service Utilization

Number of Visits

Service Detail: Selected

- Care Coordination
- Crisis Service



Recipient Search – Quality Flags

Quality Flag as of 01/01/2026

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
- 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
- Atypical Antipsychotic Monitoring (Plus (Lithium and LPL-C) or Antipsychotic (Lithium))

Search for Quality Flags (can select up to 4 flags per search)

Recipient Search – Quality Flags Definitions

Complex Needs

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

Quality Flag as of 01/01/2026 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
- 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

Services: Specific Provider as of 01/01/2026 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
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD

Medication & Diagnosis as of 01/01/2026 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*

BH Diagnoses

Medical Diagnoses

Services by Any Provider as of 01/01/2026 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

Quality Flag Definitions

PDF ✕

Previous 1 2 3 4 5 6 7 8 9 10 ... 26 Next

Display Name	Abbreviation	Definition
Readmission (30d) from this Hosp: MH to MH	Readmit 30d - MH to MH	The percentage of MH (Mental Health) inpatient discharges from this facility that are readmitted within 30 days of discharge to any hospital's inpatient service for MH (Mental Health) reasons in the past 13 months.
Readmission (30d) from this Hosp: MH to All Cause	Readmit 30d - MH to All Cause	The percentage of MH (Mental Health) inpatient discharges from this facility that are readmitted within 30 days of discharge to any hospital's inpatient service for any cause in the past 13 months.
Readmission (30d) from this Hosp: Medical to Medical	Readmit 30d - Medical to Medical	The percentage of Medical inpatient discharges from this facility that are readmitted within 30 days of discharge to any hospital's inpatient service for Medical reasons in the past 13 months.
Readmission (30d) from this Hosp: Medical to All Cause	Readmit 30d - Medical to All Cause	The percentage of Medical inpatient discharges from this facility that are readmitted within 30 days of discharge to any hospital's inpatient service for any cause in the past 13 months.
		The percentage of BH (Behavioral Health: MH and/or SUD) inpatient discharges from this facility that are

Recipient Search – Services: Medication and Diagnosis

Medication & Diagnosis as of 01/01/2026

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 Injectabl

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

Certain conditions originating in the perin
Certain infectious and parasitic diseases
Codes for special purposes
Congenital malformations, deformations,

Individual Diagnosis

enter name or ICD-10 code

Given 1+

Primary Only

Recipient Search – Services: Specific Provider

Services: Specific Provider as of 01/01/2026

Past 1 Year

Provider MAIN STREET NETWORK

Region

County

Current Access

Service Utilization

Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

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



Recipient Search – Services by Any Provider

Services by Any Provider as of 01/01/2026

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
- Outpatient - SU
- Outpatient - Unspeci
- Practitioner - BH

- 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

< Modify Search

1,003 Recipients Found

View: Standard

PDF Excel

[Provider Specific] Provider	MAIN STREET NETWORK
AND [Any Provider] Service Utilization	ER - MH 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
QUnWQVJFW8m UabDQVJETm	WaioM9Yo0 F2	OSyoNCynO T2o	TQ LQ NTM	Hispanic or Latinx	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Outpt Medical	ElderPlan	No Access
QUn0VUJBSURJLA QUJEVUnIQZFRQ	TbYpM9Mm NaU	MTIIM9AIM TauM6	TQ LQ NDM	Unknown	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No Outpt Medical	Fidelis Care New York	Verbal PSYCKES Consent
QUvERVJTTqui RVJJQqE	QVesOD6m Mqq	NoyoMSynO T6p	R6 LQ NDI	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	Fidelis Care New York	No Access
QUvERVJTTqui SaFMSVbBSA	RqevNplrOU Y	MSyoOCyo MDEo	R6 LQ MTM	Unknown	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	Fidelis Care New York	No Access
QUvERVJTTqui Sq7BTEbG S6	VaEuMTQq OVU	OSysLpEvO TQ	TQ LQ MpE	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, 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, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical		No Access
QUvERVJTTqui UqFSQQ Qm	QretND2rNb a	MoynNSynO Tat	R6 LQ M96	White	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cervical Cancer Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - Medical to All Cause	Fidelis Care New York	PSYCKES Consent
					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,		



← Modify Search

1,003 Recipients Found

View: Standard

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

PDF Excel

[Provider Specific] Provider MAIN STREET NETWORK

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

Results displayed: 50

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QUnWQVJFW8m UabDQVJETm	WaioM9YoO F2	OSyoNCynO T2o	TQ LQ NTM	Hispanic or Latinx	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Outpt Medical	ElderPlan	No Access
QUn0VUJBSURJLA QUJEVUnIQZFRQ	TbYpM9Mm NaU	MTIIM9AIM TauM6	TQ LQ NDM	Unknown	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), Cloz Candidate, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 30d (DOH) - Adult, No Outpt Medical	Fidelis Care New York	Verbal PSYCKES Consent
QUvERVJTTqui RVJJQqE	QVesOD6m Mqq	NoyoMSynO T6p	R6 LQ NDI	White	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	Fidelis Care New York	No Access
QUvERVJTTqui SaFMSVbBSA	RqevNplrOU Y	MSyoOCyo MDEo	R6 LQ MTM	Unknown	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP	Fidelis Care New York	No Access
QUvERVJTTqui Sq7BTEbG S6	VaEuMTQq OVU	OSysLpEvO TQ	TQ LQ MpE	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, 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, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical		No Access
QUvERVJTTqui UqFSQq Qm	QretND2rNb a	MoynNSynO Tat	R6 LQ M96	White	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cervical Cancer Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - Medical to All Cause	Fidelis Care New York	PSYCKES Consent
					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,		

← Modify Search

1,003 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, Substance Use 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
[Provider Specific] Provider	[Any Provider] Service Utiliza		
QUn0VUJBSURJLA QUJEVUniQUZFRQ	TbYpM9Mn NaU	Fidelis Care New York	Verbal PSYCKES Consent
QUvERVJTTqui RVJJQqE	QVesOD6m Mqq	Fidelis Care New York	No Access
QUvERVJTTqui SaFMSVbBSA	RqevNplrOU Y	Fidelis Care New York	No Access
QUvERVJTTqui Sq7BTEbG S6	VaEuMTQq OVU	Fidelis Care New York	No Access
QUvERVJTTqui UqFSQQ Qm	QretND2rNb a	MoynNSynO Tat	R6 LQ M96
	White	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cervical Cancer Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, Readmit 30d - BH to BH, Readmit 30d - MH to All Cause, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - Medical to All Cause	PSYCKES Consent

989 Recipients Found

[Modify Search](#)

View: High Need/High Risk



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

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

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)
SqFUSEVSSUvF S6	NEu	MDAt	MT6	Latinx	Fidelis Care New York	No Access		
QUnWQVJFW8m UabDQVJETm	Wai0M9YoO F2	OSyoNCynO T2o	TQ LQ NTM	Hispanic or Latinx	ElderPlan	No Access		
QUn0VUJBSURJLA QUJEVUnIQUZFRQ	TbYpM9Mm NaU	MTIIM9AIM TauM6	TQ LQ NDM	Unknown	Fidelis Care New York	Verbal PSYCKES Consent		
QUvERVJTTqui RVJJQqE	QVesOD6m Mqq	NoyoMSyn0 T6p	R6 LQ NDI	White	Fidelis Care New York	No Access		
QUvERVJTTqui SaFMSVbBSA	RqevNplrOU Y	MSyoOCyo MDEo	R6 LQ MTM	Unknown	Fidelis Care New York	No Access		
QUvERVJTTqui Sq7BTEbG S6	VaEuMTqQ OVU	OSysLpEvO TQ	TQ LQ MpE	Black	Fidelis Care New York	No Access		
QUvERVJTTqui UqFSQQ Qm	QretND2rNb a	MoynNSyn0 Tat	R6 LQ M96	White	Fidelis Care New York	PSYCKES Consent		
QUvERVJTTqui VqbMTEbBTQ	TaEmMpar ME6	OSyrLpEvO DQ	TQ LQ NDE	Black	Fidelis Care New York	No Access		
QUvEUaVXUom TEzUQUvB	Tb2sMp2rM VQ	NoypMSyn0 Tar	R6 LQ MpA	Unknown	MetroPlus Health Plan	No Access		
QUvOVUv0SUFUTom SbVMSUU	RUIsND6uO UY	MSysLpEvO TE	R6 LQ MpQ	White	Healthfirst PHSP, Inc.	No Access		

SCROLL...

← Modify Search

989 Recipients Found

View: High Need/High Risk



[Provider Specific] Provider MAIN STREET NETWORK

AND [Any Provider] Service Utilization ER - MH 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 (Medical Past
				Homelessness (Medicaid/DHS) Past 1 year	Homelessness (Medicaid/DHS) Any	AOT Status	AOT Expiration Date	
SqFUSEVSSUvF S6								
QUvWQVJFW8m UabDQVJETm								
QUv0VUJBSURJLA QUJEVUnIQZFRQ			Yes					Yes
QUvERVJTTqui RVJJQqE								
QUvERVJTTqui SaFMSVbBSA								
QUvERVJTTqui Sq7BTEbG S6								
QUvERVJTTqui UqFSQQ Qm	Yes		Yes					
QUvERVJTTqui VqbMTEbBTQ								
QUvEUaVXUom TEzUQUvB								
QUv0VUv0SUFUTom SbVMSUU								



SCROLL...

989 Recipients Found

View: High Need/High Risk



Modify Search

[Provider Specific] Provider MAIN STREET NETWORK

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

Maximum Number of Rows Displayed: 50

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

Name	Suicide Risk				Overdose Risk		PSYCKES Registries	
	AOT Expiration Date	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
SqFUSEVSSUvF S6								
QUuWQVJFW8m UabDQVJETm								
QUu0VUJBSURJLA QUJEUUnIQUZFRQ		Yes	Yes					
QUuERVJTTqui RVJJQqE								
QUuERVJTTqui SaFMSVbBSA								
QUuERVJTTqui Sq7BTEbG S6								
QUuERVJTTqui UqFSQQ Qm			Yes					
QUuERVJTTqui VqbMTEbBTQ								
QUuEUaVXUom TEzUQUvB								
QUuOVUv0SUFUTom SbVMSUU								

My QI Report

My QI Report

- Tool for managing quality improvement efforts
- Separate tabs for Quality Improvement and Performance Tracking
- 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 who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by Complex Needs population program type, client residence or provider location region/county
- Drill down into list of recipients who meet criteria for flag
- Race/Ethnicity view of My QI Report
- Reports can be exported to Excel and PDF

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 Network in PSYCKES:**

- Clients served by provider agency according to Medicaid in past 9 months
- Provider 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 definitions, varies for each measures
- 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.*

My QI Report

My QI Report -

Statewide Reports

Recipient Search

Provider Search

Usage -

Utilization Reports

Dashboards -

MAIN STREET NETWORK

View: Standard



Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

No filters selected

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 01/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.

Name	Population	Eligible Population/ Episode	# with QI Flag	%	Statewide %	
BH QARR - Improvement Measure	All	10,881	3,475	31.9	35.3	
General Medical Health	All	203,020	24,827	12.2	12.2	
Health Home Care Management - Adult	Adult 18+	12,557	11,094	88.3	89.7	
High Utilization - Inpt/ER	All	202,204	67,474	33.4	20.1	
Polypharmacy	All	22,490	3,101	13.8	12.5	
Preventable Hospitalization	Adult	159,493	2,400	1.5	0.9	
Readmission Post-Discharge from any Hospital(Episode Based)	All	110,881	23,718	21.4	15.1	
Readmission Post-Discharge from this Hospital(Episode Based)	All	61,752	8,624	14	15.3	
Treatment Engagement	Adult 18-64	6,771	2,307	34.1	33.1	

The Quality Improvement measures are considered more 'real time' and are run on a monthly basis.

The Performance Tracking measures are considered more mature data and are calculated monthly after a 6+ month data maturation period.

My QI Report

MAIN STREET NETWORK

View: Standard



Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

No filters selected

Indicator Set

Quality Improvement

Name

BH QARR - Improvement

General Medical Health

Health Home Care Man
Adult

High Utilization - Inpt/EF

Polypharmacy

Preventable Hospitaliza

Readmission Post-Disch
Hospital(Episode Based

Readmission Post-Disch
Hospital(Episode Based

Treatment Engagement

QI Filters



Site

Program Type

Managed Care

MC Product Line

Age Group

Population ALL Complex Needs

Client Residence

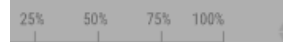
Client County

Provider Location

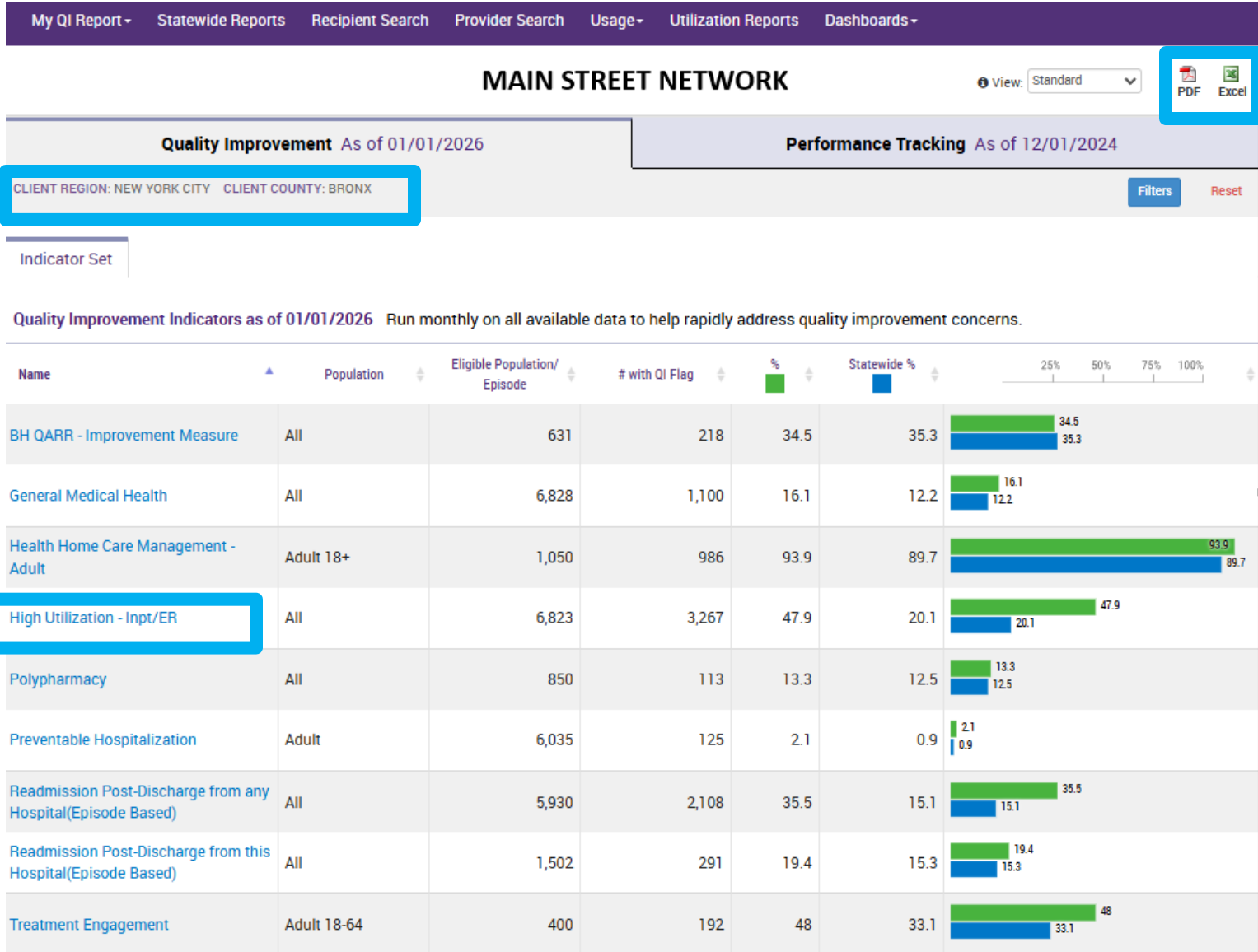
Brooklyn
Manhattan
Queens
Staten Island

Filters

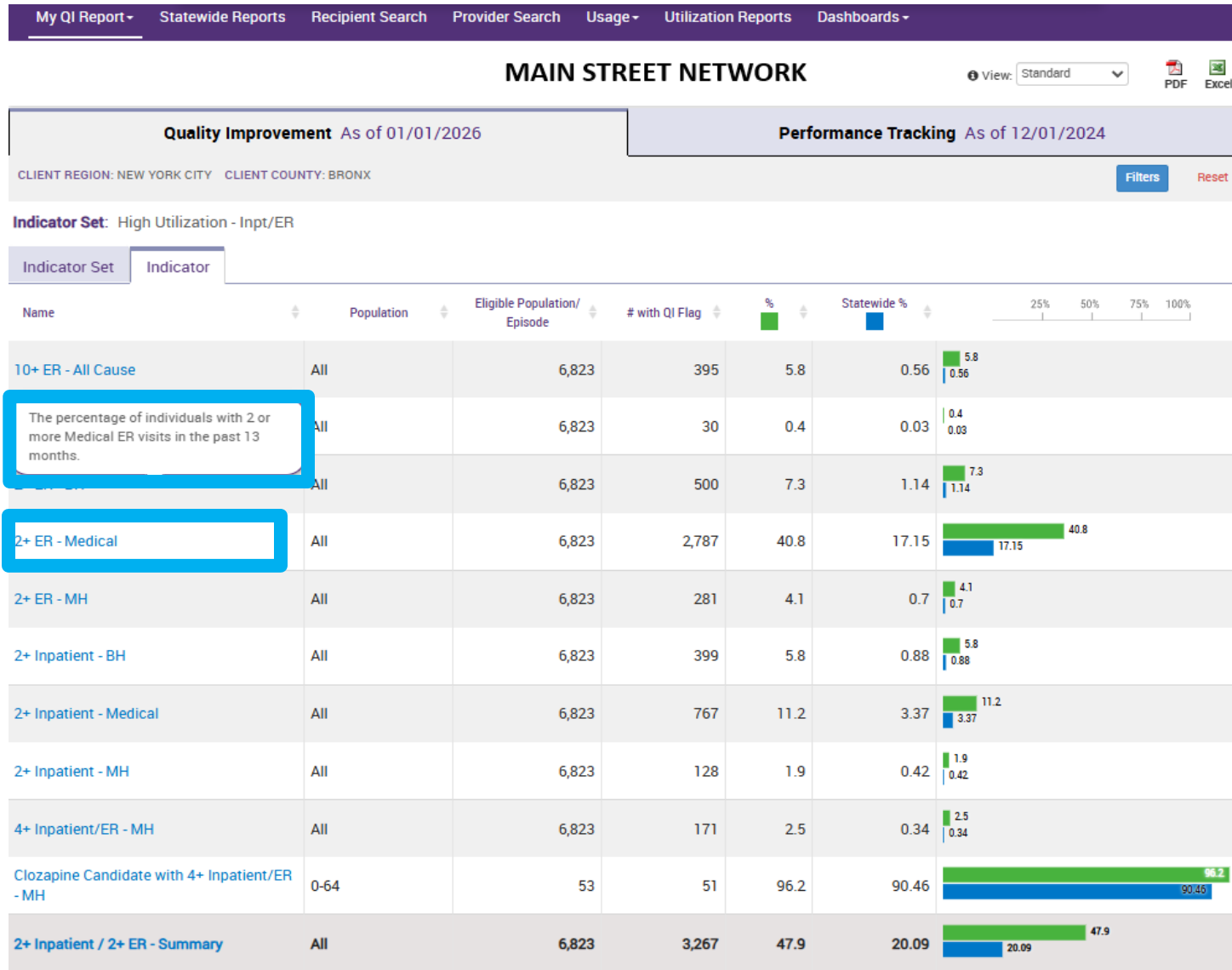
Reset



My QI Report



My QI Report



My QI Report

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

MAIN STREET NETWORK

View: Standard ▾ PDF Excel

Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set: High Utilization - Inpt/ER **Indicator:** 2+ ER - Medical

Indicator Set	Indicator	Provider	Eligible Population	# with QI Flag	%
		ABC AGENCY	3,670	1,683	45.86

My QI Report

<Network QI

ABC AGENCY ⓘ

View: Standard ▾



Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - Medical

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Race & Ethnicity	Quality Flags	Current PHI Access		
UazCSUvTTqu REVMTEE	WbAtMT6rNU2	MD2IM92IMTasMm	Black	2+ ER-Medical, MH Plcmt Consid	No Access		
UEVURVJTTqu UazDSEVTVEVS	VrArMTIuNEi	MDMIMpAIMTasM6	Black	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 4+ Inpt/ER-MH, Adher-AP (DOH), HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, High MH Need, MH Plcmt Consid, No Engage after MH IP, No ICM after MH ED, 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 Utilization of Pharmacotherapy (DOH)	PSYCKES Consent		
SqzOQVRF SEFCSUJBVEzV	SqQvOTQmMva	MTAIMTUIMTatM6	Black	2+ ER-Medical, Breast Cancer Screen Overdue (DOH)	No Access		
SEVQUEFSRA RUnJSaFI QQ	VUErODEmMUI	MDEIMDEIMTasNA	Unknown	2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, HARP No Health Home, MH Plcmt Consid, No Statin Therapy Med - CV (DOH), PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	No Access		
				2+ ER-Medical, 2+ Inpt-Medical, Adher-MS (DOH), HHPlus			

< Network QI

ABC AGENCY ⓘ

View: Standard ▾



Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - Medical

Indicator Set	Indicator	Site	Site's Recipient(s)	MCO	MCO Recipients	Attending	Attending's Recipients	Recipients	New QI Flag
			Dropped QI Flag						

Different Recipients Tabs Available

Identify clients who are new to this list or dropped from this agency's list since the last QI Refresh

Recipient	Medicaid ID	Site	Demographics	Quality Flags	Current PHI Access
UazCSUvTTqu REVMTEE	WbAtMT6rNU2			2+ ER-Medical, MH Plcmt Consid	
UEVURVJTtqu UazDSEVTVEVS	VrArMTluNEi	MDMIMpAIMTasM6	Black	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt/ER-MH, Adher-AP (DOH), HARP No HHPlus No HHPlus Service > 12 mos, HHPlus Service > 3 mos, High MH Need, MH Plcmt Engage after MH IP, No ICM after MH ED 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 Utilization of Pharmacotherapy (DOH)	
SqzOQVRF SEFCSUJBVEzV	SqQvOTQmMVa	MTAIMTUIMTatM6	Black	2+ ER-Medical, Breast Cancer Screen Overdue (DOH)	No Access
SEVQUEFSRA RUhJSaFI QQ	VUErODEmMUI	MDEIMDEIMTasNA	Unknown	2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, HARP No Health Home, MH Plcmt Consid, No Statin Therapy Med - CV (DOH), PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to All Cause, Readmit 30d - Medical to Medical	No Access
				2+ ER-Medical, 2+ Inpt-Medical, Adher-MS (DOH), HHPlus	

Quality Improvement As of 01/01/2026

Performance Tracking As of 12/31/2025

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

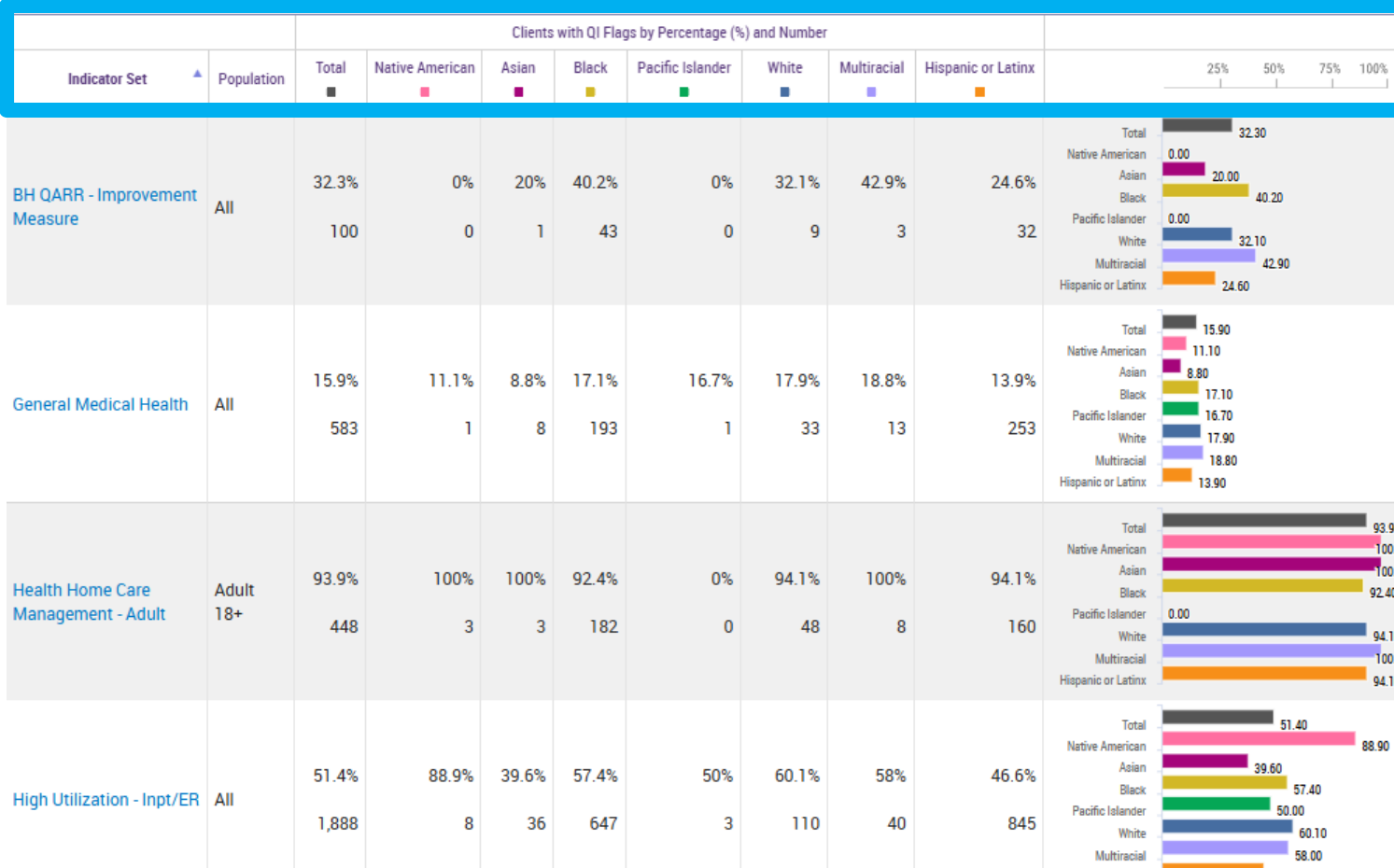
Filters

Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - Medical

Indicator Set	Indicator	Site	Site's Recipient(s)	MCO	MCO Recipients	Attending	Attending's Recipients	Recipients	New QI Flag
Dropped QI Flag									

Quality Improvement Indicators as of 01/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.



Quality Improvement As of 01/01/2026

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 2+ ER - Medical

Indicator Set	Indicator	Site	Site's Recipient(s)	MCO	MCO Recipients	Attending	Attending's Recipients	Recipients	New QI Flag
Dropped QI Flag									

Quality Improvement Indicators as of 01/01/2026 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Clients with QI Flags by Percentage (%) and Number								Total	Bar Chart
		Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx		
BH QARR - Improvement Measure	All	32.3%	0%	20%	40.2%	0%	32.1%	42.9%	24.6%	100	
General Medical Health	All	15.9%	11.1%	8.8%	17.1%	16.7%	17.9%	18.8%	13.9%	583	
Health Home Care Management - Adult	Adult 18+	93.9%	100%	100%	92.4%	0%	94.1%	100%	94.1%	448	
High Utilization - Inpt/ER	All	51.4%	88.9%	39.6%	57.4%	50%	60.1%	58%	46.6%	1,888	



Q1 Trends Past year

QI Trends Past Year

Select organization, indicator set, and indicator

Organization: Provider, Network, Plan

MAIN STREET NETWORK

Indicator Set

High Utilization - Inpt/ER

Indicator

2+ ER - Medical

Modify filters (optional)

Program Type

ALL

Age Group

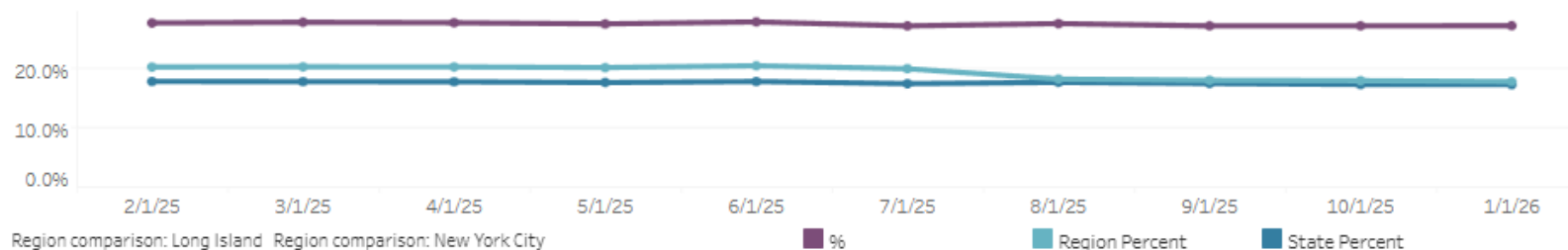
ALL

Managed Care

ALL

MC Product Line

ALL



Region comparison: Long Island Region comparison: New York City

% Region Percent State Percent

2+ ER - Medical: The percentage of individuals with 2 or more Medical ER visits in the past 13 months.

	Eligible Population	# with QI flag	%	Region Percent	State Percent
1/1/26	202,204	54,322	27.0%	17.7%	17.1%
10/1/25	202,980	54,674	26.9%	17.8%	17.2%
9/1/25	203,277	54,755	26.9%	17.9%	17.3%
8/1/25	197,480	53,944	27.3%	18.1%	17.5%
7/1/25	197,254	53,124	26.9%	19.8%	17.3%
6/1/25	189,310	52,228	27.6%	20.3%	17.7%
5/1/25	186,960	50,984	27.3%	20.0%	17.5%
4/1/25	190,008	52,159	27.5%	20.1%	17.6%
3/1/25	191,316	52,665	27.5%	20.1%	17.6%

Save Custom View



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
- Active Medicaid Restrictions
- Alerts
- Social Determinants of Health (SDOH)
- Quality Flags
- PSYCKES Registries
- 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

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 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

How to look up a client's Clinical Summary?

- Recipient Search

- 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)

The screenshot displays the 'Recipient Search' interface. At the top, a navigation bar includes 'My QI Report', 'Statewide Reports', 'Recipient Search' (highlighted), 'Provider Search', 'Usage', 'Utilization Reports', and 'Dashboards'. Below this, the 'Recipient Search' title is centered, with 'Limit results to' set to 50 and 'Search' and 'Reset' buttons. The 'Recipient Identifiers' section features a 'Medicaid ID' field with the value 'AB12345C' and an 'SSN' field. To the right are 'First Name', 'Last Name', and 'DOB' (format MM/DD/YYYY) fields. The 'Characteristics as of 02/11/2026' section includes filters for 'Age Range' (with 'To' field), 'Race', 'Ethnicity', 'Gender', 'Region', and 'County', all using dropdown menus.

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 Provider Search 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 **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.	PSYCKES Consent

Recipient Search

QFSTqui Sa COMBIOU-66

As of 11/19/2025

Data sources

PDF

Brief Overview Full Summary

Data with Special Protection Show Hide

This report contains all available clinical data.

DOB: XX/XX/XXXX (XX Yrs) Medicaid ID: WFaoOTMvMal Medicare: Yes HARP Status: Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
 Address: MQ VUVETqrJQqbMRUQ, TaVX WUZSSm, Tba, MTAmMTY Managed Care Plan: No Managed Care(FFS Only) HARP HCBS Assessment Status: N/A
 MC Plan Assigned PCP : N/A Medicaid Eligibility Expires on: 03/31/2026

Current Care Coordination

NYC Dept of Homeless Services Outreach: BOWERY RESIDENTS COMMITTEE, INC. (Outreach) · MANHATTAN
 Case Load Start Date: 11-NOV-25.
 Main Contact : Jose Del Toro Alonso, 9174120384, jtoro@brc.org

Notifications

- Complex Needs due to** Homeless in past 6 months + SMI , Homicidal ideation in past year and 1+ MH ED/CPEP/IP in past year , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH
- Limited Data** This individual has had both Medicaid and Medicare insurance in the past year. Any services covered by Medicare (e.g. most medications) will not be available in their Clinical Summary
- High Mental Health Need due to** Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
- 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; AOT History: Active or Expired; Any history of forensic psych inpatient setting or forensic status in any OMH inpatient setting; Any history of mental health diagnosis or treatment in jail; Any history of prison MH outpatient services

Alerts • all available Most Recent

Alert ID	Alert Title	Date	Location
13	Homelessness - NYC DHS Outreach	Current	BOWERY RESIDENTS COMMITTEE, INC. (Outreach)
14	Homelessness - NYC DHS Shelter	3/4/2025	ATLANTIC ASSESSMENT SHELTER (Single Adult, Assessment)
2	Treatment for Suicidal Ideation (2 ER)	3/23/2025	BELLEVUE HOSPITAL CENTER (ER - Medical)
2	C-SSRS (Suicide Screen) (2 C-SSRS)	7/23/2024	UCP OF ROCHESTER, INC.
1	PHQ-9 (depression screening and monitoring) (1 PHQ-9)	8/21/2023	ALBANY MEDICAL CENTER
1	Homelessness - reported in billing (1 Unspecified)	11/22/2022	MAHMOOD TARIQ (ER - MH - Physician - Psychiatry; Homelessness - Unspecified)

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 · Unsheltered homelessness · Financial insecurity · Other specified lack of adequate food

Active Quality Flags • as of monthly QI report 11/1/2025

- General Medical Health**
No Outpatient Medical Visit > 1Yr
- 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
- High Utilization - Inpt/ER**
10+ ER - All Cause · 2+ ER - BH · 2+ ER - MH · 2+ ER - Medical · 4+ Inpatient/ER - BH · 4+ Inpatient/ER - Med

Diagnoses Past Year

- Behavioral Health (5)**
5 Most Recent: Alcohol related disorders · Schizophrenia · Tobacco related disorder · Cocaine related disorders · Cannabis related disorders ...
5 Most Frequent (# of services): Alcohol related disorders(5) · Schizophrenia(4) · Tobacco related disorder(1) · Cocaine related disorders(1) · Cannabis related disorders(1) ...
- Medical (25)**
5 Most Recent: Unspecified fall · External cause status · Fracture of forearm · Fracture at wrist and hand level · Other joint disorder, not elsewhere classified ...
5 Most Frequent (# of services): Convulsions, not elsewhere classified(3) ·

PSYCKES Data Sources for Individuals with Medicaid Enrollment

Clinical Summaries display information from multiple sources and are updated weekly.

PDF close

<p>NYS Medicaid billing database For consumers who have received behavioral health diagnosis, service, or psychotropic medication paid for by Medicaid.</p>	<p>Weekly information on Medicaid Fee for Service claims or Managed Care encounter data, includes:</p> <ul style="list-style-type: none"> Care Coordination information Diagnoses Medications Quality Flags Outpatient Medical or Behavioral Health Services Hospital/ER services Crisis services Living Support/Residential Laboratory & Pathology Radiology Dental Vision Medical Equipment Transportation
<p>MAPP - Health Home and Care Management Database from DOH For consumers in outreach or enrolled in Health Home and Care Management programs</p>	<p>Weekly information from DOH Health Home file:</p> <ul style="list-style-type: none"> Outreach or enrollment status Health Home and Care Management provider names Start and End Dates Health Home/Care Management Agency Information from DOH website: <ul style="list-style-type: none"> main contact name/phone number referral contact name and phone number
<p>Managed Care Enrollment Table For consumers enrolled in a Managed Care Plan/Product Line</p>	<p>Weekly information from MC Enrollment Table</p> <ul style="list-style-type: none"> Name of Managed Care Plan HARP Status Managed Care Assigned Primary Care Physician (updated quarterly)
<p>Uniform Assessment System New York (UAS-NY) assessment platform For consumers with a Health and Recovery Plan (HARP) Home and Community Services (HCBS) Assessment Status/Results</p>	<p>Weekly information from UAS-NY:</p> <ul style="list-style-type: none"> HARP HCBS Assessment Status
<p>TACT - Tracking for AOT Cases and Treatment For consumers on an Assisted Outpatient Treatment (AOT) order.</p>	<p>Weekly information from TACT (in the past 5 years)</p> <ul style="list-style-type: none"> AOT provider name enrollment date expiration date main contact name and phone number rationale for non-renewal
<p>CAIRS-Child and Adult Integrated Reporting System For consumers with a history or currently part of an Assertive Community Treatment (ACT) team.</p>	<p>Weekly information from CAIRS (in the past 5 years)</p> <ul style="list-style-type: none"> service type, ACT, housing/residential Program, non-Medicaid care coordination program provider name start date expiration date main contact name, phone number and email address reason for discharge
<p>OMH State PC data - NYS State Operated Psychiatric Center (PC) health information database: For consumers who received services from a state operated psychiatric center</p>	<p>Weekly information from State PC data (all historical data available)</p> <ul style="list-style-type: none"> service type provider (name of state PC) admission date discharge date most recent primary diagnosis for state PC visit(s) OMH Unsuccessful Discharge medications
<p>NIMRS- NYS Incident Management and Reporting System For consumers who have had a suicide attempt incident documented by an OMH provider into the NIMRS system. Providers have 24 hours to enter an incident from the time they are aware of the incident</p>	<p>Weekly information from NIMRS (all historical data available)</p> <ul style="list-style-type: none"> incident date name of the provider and program reporting the incident severity/harm resulting from the attempt, based on information from NIMRS
<p>Maven - New York City</p>	<p>Weekly information from DOHMH data file (in the past 5 years)</p>

QUFSTaUi QUnFWEE U6

As of 2/11/2026 [Data sources](#)

[PDF](#) [EXCEL](#) [CCD](#)

[Recipient Search](#)

[Sections](#)

[Brief Overview](#)

[Full Summary](#)

Date with Special Protection Show Hide
This report contains all available clinical data.

General

Name QUFSTaUi QUnFWEE U6	Medicaid ID VaYsM9luMba	Medicare No	HARP Status HARP Enrolled (H1)
DOB XX/XX/XXXX (XX Yrs)	Medicaid Aid Category N/A	Managed Care Plan Healthfirst PHSP Inc. (HARP)	HARP HCBS Assessment Status Never Assessed
Address NDa TEFNUEzSVA QanWRA, UrRBVEVO SVNMQUvE, Tba, MTApMDU	Medicaid Eligibility Expires on	MC Plan Assigned PCP N/A	

Current Care Coordination

Health Home (Enrolled) COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-JAN-26) • Status : Active
Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org
Care Management (Enrolled): BRIDGING ACCESS TO CARE INC

Notifications

- Complex Needs due to** 3+ Inpt MH < 13 months , HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , State PC Inpatient Discharge < 12 months , Suicide attempt: Any history
- Prescription Prior Authorization** This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Atomoxetine Hcl, Lisdexamfetamine Dimesylate (Vyvanse).
To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.
Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf
Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp
- Health Home Plus Eligibility** This client is eligible for Health Home Plus due to: 3+ Inpt MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH, State PC Inpatient Discharge < 12 months
- High Mental Health Need due to** 3+ Inpt MH < 13 months ; HH+ Eligibility ; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH ; State PC Inpatient Discharge < 12 months
- 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; Ineffectively Engaged - No Outpatient MH services in past year & two or more inpatient MH stays or three or more emergency MH visits
- 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 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
C-SSRS (Suicide Screen)	8	10/30/2018	1/15/2026	SOUTH BEACH PSYCHIATRIC CENTER		Suicidal Behavior in Lifetime Copy
Treatment for Self inflicted Poisoning	3	12/1/2024	4/30/2025	NORTH SHORE-LIJ MEDICAL PC	Inpatient - MH - Multi-Type Group	Self inflicted Poisoning Copy

QUFSTaUi QUnFWEE U6

As of 2/11/2026 [Data sources](#)

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[← Recipient Search](#)

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

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

Sections

- Care Coordination
- Medication: Controlled Substance
- Medication: BH
- Medication: Medical
- BH Outpatient
- Medical Outpatient
- Crisis Services
- Hospital/ER Services
- Dental
- Vision
- Support/Residential
- Lab & Pathology
- Laboratory Results(EMR)
- Radiology
- Medical Equipment
- Transportation

Medicaid ID

VaYsM9luMbA

Medicaid Aid Category

N/A

Medicaid Eligibility Expires on

Medicare

No

Managed Care Plan

Healthfirst PHSP, Inc. (HARP)

MC Plan Assigned PCP

N/A

HARP Status

HARP Enrolled (H1)

HARP HCBS Assessment Status

Never Assessed

COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-JAN-26) • Status : Active
Member Referral Number: 866-899-0152; cbchealthhome@cbcare.org

Care Management (Enrolled): BRIDGING ACCESS TO CARE INC

Notifications

Complex Needs due to 3+ Inpt MH < 13 months , HH+ Eligibility , Ineffectively Engaged: No Outpt MH < 12 months with 2+ Inpt MH or 3+ ER MH , State PC Inpatient Discharge < 12 months , Suicide attempt: Any history

Prescription Prior Authorization This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Atomoxetine Hcl, Lisdexamfetamine Dimesylate (Vyvanse).
To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990.
Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf
Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp

Health Home Plus Eligibility This client is eligible for Health Home Plus due to: 3+ Inpt MH < 13 months, Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH, State PC Inpatient Discharge < 12 months

High Mental Health Need due to 3+ Inpt MH < 13 months ; HH+ Eligibility ; Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH ; State PC Inpatient Discharge < 12 months

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 your 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

Utilization Reports: Medicaid Managed Care Plan and Product Line

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

MAIN STREET AGENCY

PDF Excel

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	73				73				
Amide Care	562			562					
Archcare	6						6		
CDPHP	3	2	1						
CenterLight Healthcare	44						44		
Centers Plan for Healthy Living	380					1		379	
ElderPlan	410					117		293	
ElderServe Health, Inc dba RiverSpring Health Plans	172					5		167	
Excelsus BlueCross BlueShield	4	3	1						
Fidelis Care New York	3,321	2,769	411			29		112	
HIP (EmblemHealth)	852	740	112						
Hemaspix Choice	103					13		90	
HealthPlus	2,219	1,491	156			32		540	
Healthfirst PHSP, Inc.	7,619	5,772	803			918		126	
Highmark Western and Northeastern New York Inc.	3	3							
Independence Care System	1							1	
Independent Health's MediSource	1	1							
MVP	21	18	3						
MetroPlus Health Plan	1,214	852	291	52				19	
Molina Healthcare of New York	635	524	111						
Senior Whole Health of NY	180							180	
UnitedHealthcare Community Plan	473	382	91						
VNSNY Choice Select Health	387			110		104		173	
Village Senior Services Corporation	390					72		318	
Medicaid Managed Care Plan Total (A)	19,073	12,557	1,980	724	73	1,291	50	2,398	
Medicaid Fee For Service* (B)	7,789								
Medicaid All Client Total (A + B)	26,862	12,557	1,980	724	73	1,291	50	2,398	

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET AGENCY in the past year 01/01/2025 - 01/01/2026.
 -- The Managed Care Plan and Product Line were refreshed as of the 02/18/2026.
 * Medicaid Fee for service count includes any client who lost their Medicaid coverage during the report time period.



Utilization Reports: Provider Network

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 agencies providing services to MAIN STREET AGENCY 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	1,293	160	56	83	415	145	47	1,137	133	497	64	1,200	312	214	975	1,170
SRH CHN LEAD HEALTH HOME	1,101									3		1,101	25	25		
CVS ALBANY LLC	469														463	25
STATE UNIVERSITY OF NY AT STONY BROOK	376	48	17	33	123	81	10	194	22	2						38
QUEST DIAGNOSTICS INC	340															340
HOMETOWN TAXI INC	283															283
J.T.E. ENTERPRISES INC	242															242
NORTH SHORE-LIJ MEDICAL PC	236							138					3			173
SUN RIVER HEALTH, INC.	184							167	2	22		1				68
STONY BROOK RADIOLOGY	152							11								150
CVS ALBANY, L.L.C.	148														146	10
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER,	147	22	5		99	28	14	29	1	1						7
FAMILY SERVICE LEAGUE, INC.	145								6	144						1
NORTH SHORE LIJ HLTH SYS LABS	143															143

Utilization Reports: Service Settings and Volume

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

MAIN STREET AGENCY

PDF Excel

PROVIDER: MAIN STREET AGENCY 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 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

We want your feedback!

User Feedback

- We'll be asking a short series of polling questions to gather your feedback!
- **To participate in the poll, please select the “Slido” app on the bottom righthand corner of your WebEx screen**



- Once a question is launched, you'll see the question appear in the Slido app with an option to type in your answer. Please feel free to submit more than one suggestion!

- **Question #1: Would you like to see any enhancements added to Recipient Search?**
 - For example, new filters (e.g., population filters, new demographic or social needs options)? New service settings (e.g., CTI, ESD, etc.)?

- **Question #2: Are there any additional data sources you'd like to see added to PSYCKES?**
 - For example, cost-related data, OTDA, etc.?

- **Question #3: Would you like to see functionality updates within the application?**
 - For example, multi-select capabilities within more filters, create additional lookback periods, etc.?

User Feedback

- If you're interested in adding specific features to PSYCKES, here's how you can make a request:
 - Email PSYCKES-Help@omh.ny.gov and include the following information:
 - Description of the feature you'd like to be added (please be as detailed as possible)
 - Purpose the new feature would serve
 - How this new feature could help a larger group of users

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 networks (highlight in **green**)
 - Removing any providers from your network (highlight in **red**)
- You'll need to make sure to have network provider's Tax ID and Medicaid Provider ID
- Once updated, send back to PSYCKES Helpdesk and the updates will be reflected in the application within 1 monthly refresh

Training and 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, option 2; healthhelp@its.ny.gov

Questions and Answers

Thank You!