



Office of  
Mental Health

# Using PSYCKES Quality Indicator Reports

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## 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
- Quality Indicators “Flags”
- My QI reports Demonstration Using “High Utilization” Indicator
- QI Trends Past Year
- Recipient Search Quality Flags
- Clinical Summary Quality Flags
- Training & Technical Support

# PSYCKES Overview

## What is PSYCKES?

### **Psychiatric Clinical Knowledge Enhancement System (PSYCKES)**

- A secure, HIPAA-compliant online application for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination and quality improvement
- Ongoing data updates
  - 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.
- User-friendly 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.

# 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 served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by 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

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

# My QI Report

## MAIN STREET MENTAL HEALTH CLINIC

### Quality Improvement As of 11/01/2025

### Performance Tracking As of 12/01/2024

No filters selected

Filters Reset

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.

Indicator	Population	Eligible Population/ Episode	# with QI F	...	...	...	...	...
BH QA		1,472						35.5
General Medical Health	All	19,118	2,697	14.1	11.6	12.1		14.10, 11.60, 12.10
Health Home Care Management - Adult	Adult 18+	2,295	2,177	94.9	87.2	91.2		94.90, 87.20, 91.20
High Utilization - Inpt/ER	All	19,124	8,695	45.5	28.8	20.3		45.50, 28.80, 20.30
Polypharmacy	All	2,338	241	10.3	15	12.7		10.30, 15.00, 12.70
Preventable Hospitalization	Adult	17,967	314	1.7	1.4	0.9		1.70, 1.40, 0.90
Readmission Post-Discharge from any Hospital(Episode Based)	All	16,326	5,517	33.8	24.4	14.7		33.80, 24.40, 14.70

# MAIN STREET MENTAL HEALTH CLINIC ⓘ

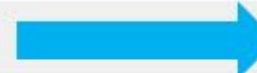
View: Standard ▾



Quality Improvement As of 11/01/2025

Performance Tracking As of 12/01/2024

No filters selected



Filters

Reset

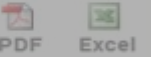
Indicator Set

Quality Improvement Indicators as of 11/01/2025 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,472	464	31.5	35.4	35.5	
General Medical Health	All	19,118	2,697	14.1	11.6	12.1	
Health Home Care Management - Adult	Adult 18+	2,295	2,177	94.9	87.2	91.2	
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# MAIN STREET MENTAL HEALTH CLINIC

View: Standard



## Quality Improvement As of 11/01/2025

## Performance Tracking As of 12/01/2024

No filters selected



### QI Filters

Site

Program Type

Managed Care

MC Product Line

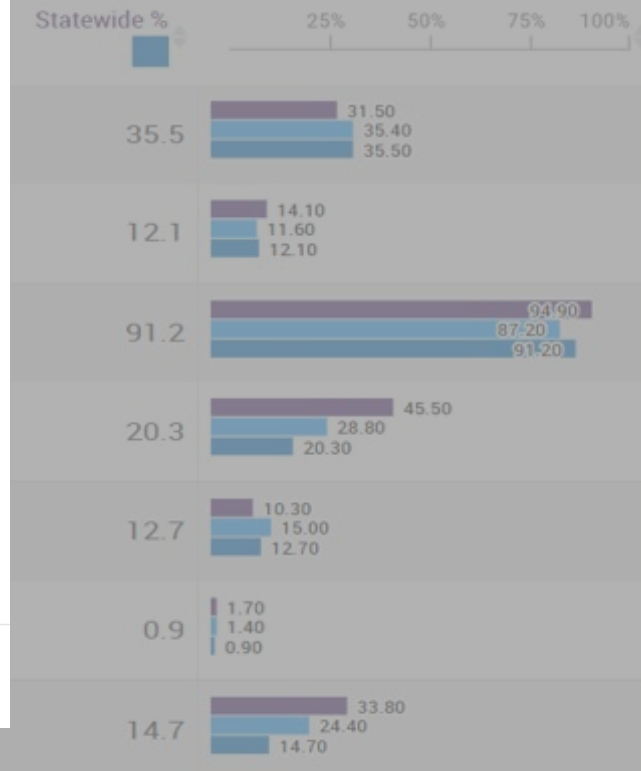
Age Group

Population  ALL  Complex Needs

Client Residence  
Client Region  Client County

Provider Location  
Provider Region   
  
Brooklyn  
Manhattan  
Queens  
Staten Island

Indicator Set	Population
BH QARR - Improvement Measure	All
General Medical Health	All
Health Home Care Management - Adult	Adult 18+
High Utilization - Inpt/ER	All
Polypharmacy	All
Preventable Hospitalization	Adult
Readmission Post-Discharge from any Hospital(Episode Based)	All



# MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Standard ▾



**Quality Improvement** As of 11/01/2025

**Performance Tracking** As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters

Reset

Indicator Set

**Quality Improvement Indicators as of 11/01/2025** Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	297	104	35	35.4	35.5	
General Medical Health	All	3,590	568	15.8	11.6	12.1	
Health Home Care Management - Adult	Adult 18+	483	452	93.6	87.2	91.2	
High Utilization - Inpt/ER	All	3,594	1,828	50.9	28.8	20.3	
Polypharmacy	All	383	38	9.9	15	12.7	

MAIN STREET MENTAL HEALTH CLINIC

View: Standard



Quality Improvement As of 11/01/2025

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set

Quality Improvement Indicators as of 11/01/2025 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	297	104	35	35.4	35.5	35.00 35.40 35.50
<p>A summary measure indicating the number of unique individuals who meet the criteria for any of the High Utilization indicators.</p>	All	3,590	568	15.8	11.6	12.1	15.80 11.60 12.10
	Adult 18+	483	452	93.6	87.2	91.2	93.60 87.20 91.20
High Utilization - Inpt/ER	All	3,594	1,828	50.9	28.8	20.3	50.90 28.80 20.30
Polypharmacy	All	383	38	9.9	15	12.7	9.90 15.00 12.70
Preventable Hospitalization	Adult	3,368	82	2.4	1.4	0.9	2.40 1.40 0.90
Readmission Post-Discharge from any Hospital(Episode Based)	All	3,186	1,227	38.5	24.4	14.7	38.50 24.40 14.70

A summary measure indicating the number of unique individuals who meet the criteria for any of the High Utilization indicators.

High Utilization - Inpt/ER



# MAIN STREET MENTAL HEALTH CLINIC <sup>3</sup>

View: Standard ▾



Quality Improvement As of 11/01/2025

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters

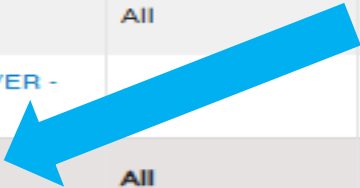
Reset

Indicator Set: High Utilization - Inpt/ER

Indicator Set

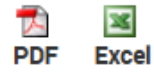
Indicator

Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
10+ ER - All Cause	All	3,594	249	6.9	1.8	0.6	6.90	1.80	0.60	
10+ ER - MH	All	3,594	28	0.8	0.2	0	0.80	0.20	0.00	
2+ ER - BH	All	3,594	277	7.7	3.3	1.2	7.70	3.30	1.20	
2+ ER - Medical	All	3,594	1,622	45.1	23.9	17.3	45.10	23.90	17.30	
2+ ER - MH	All	3,594	156	4.3	2	0.8	4.30	2.00	0.80	
2+ Inpatient - BH	All	3,594	167	4.6	2.5	0.9	4.60	2.50	0.90	
2+ Inpatient - Medical	All	3,594	421	11.7	6	3.4	11.70	6.00	3.40	
2+ Inpatient - MH	All	3,594	66	1.8	1.1	0.4	1.80	1.10	0.40	
4+ Inpatient/ER - MH	All	3,594	93	2.6	1.2	0.4	2.60	1.20	0.40	
Clozapine Candidate with 4+ Inpatient/ER - MH	All	37	37	100	92.8	91	100.00	92.80	91.00	
<b>2+ Inpatient / 2+ ER - Summary</b>	<b>All</b>	<b>3,594</b>	<b>1,828</b>	<b>50.9</b>	<b>28.8</b>	<b>20.3</b>	<b>50.90</b>	<b>28.80</b>	<b>20.30</b>	



MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Standard ▾



Quality Improvement As of 11/01/2025

Performance Tracking As of 12/01/2024

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters

Reset

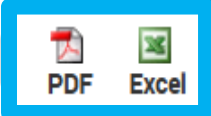
Indicator Set: High Utilization - Inpt/ER Indicator: 2+ Inpatient / 2+ ER - Summary

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag	Quality Flags	Current PHI Access
RaFCSUFO SaFDQUVSWVM Um								Hispanic or Latinx 2+ ER-Medical	No Access <a href="#">Enable Access</a> 🔒
QqFDRVJFUm TFVJUmq								Hispanic or Latinx 2+ ER-Medical	No Access <a href="#">Enable Access</a> 🔒
VqbMUqzO TUFsqm UQ								Unknown 2+ Inpt-Medical, No Outpt Medical	No Access <a href="#">Enable Access</a> 🔒
REVTSEbFTERT Qq7BUabTTUE Sm			VEMoN9ErMF2	MTILM9EIM9AmMQ				Hispanic or Latinx 2+ ER-Medical	No Access <a href="#">Enable Access</a> 🔒
RFbFUarVTbJPRQ QUvKQUvFVFRF			WEMvMTasMU2	MDalMT6lMTasNm				Multiracial 2+ ER-Medical, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP	No Access <a href="#">Enable Access</a> 🔒
TEzQRVe SaFDUVVFTEBORQ			WbQtNT2nMF2	MTILM9aIMTarMQ				Hispanic or Latinx 2+ ER-Medical, 2+ Inpt-Medical, MH Plcmt Consid	No Access <a href="#">Enable Access</a> 🔒

Click on a client's name to review their Clinical Summary

MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Standard ▾



Quality Improvement As of 11/01/2025

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+ Inpatient / 2+ ER - Summary

Show new/dropped for last:  1 Month  3 Months

Indicator Set	Indicator	Site	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
Recipient	Medicaid ID	DOB	Current Quality Flag	Dropped Quality Flags	Most Recent BHOutpatient Attending	Month Dropped	
QaVSTaFSRA UazETaVZ	VbYpOT2pNqe	MD2IM9aIMTatNA			2+ ER-Medical		
QbJZQUvU UaFWRUu	Va6mMpUmMr6	MDYIMDEIM9AmMm			2+ ER-Medical		
UEzMQUvDTm SqbBUaE	VqYsNpYrMFY	MDYIMDQIMTavM6			10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, Adher-AD - Recovery (DOH)		

**Identify clients who are new to your list or dropped from your list since the last QI Refresh**

MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Standard ▾



Quality Improvement As of 11/01/2025

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+ Inpatient / 2+ ER - Summary

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

Recipient	Medicaid ID	DOB	Quality Flags	Attending	Site Address	Program Type
QU7NRUQ SVFCQUm SA	UaioODauNqU	MDUIMTIIMTauN6	2+ Inpt-BH, 2+ Inpt-MH, Adher-AP (DOH), HARP No Health Home, MH Plcmt Consid, No Engage after MH IP, No ICM after MH ED, No ICM after MH Inpt, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult			Inpatient - MH
QazVUau TEzHQUu	WU6qNTAsMUM	MDEIM9YIMTavM6	2+ Inpt-BH, 2+ Inpt-Medical, Adher-AP (DOH), Adher-MS (DOH), HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, Readmit 30d - BH to All Cause, Readmit 30d - BH to BH, Readmit 30d - Medical to All Cause			Inpatient - MH

**Different Recipients  
Tabs Available**

MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Race & Ethnicity ▾  
 Standard  
 Race & Ethnicity



Quality Improvement As of 11/01/2025

Performance Tracking As of 12/01/2025

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

Filters Reset

Indicator Set: High Utilization - Inpt/ER Indicator: 2+ Inpatient / 2+ ER - Summary

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

		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%	
10+ ER - All Cause	All	6.9% 249	12.5% 1	9% 8	8.9% 95	0% 0	14.8% 25	6.5% 4	4.9% 90	Total 6.90 Native American 12.50 Asian 9.00 Black 8.90 Pacific Islander 0.00 White 14.80 Multiracial 6.50 Hispanic or Latinx 4.90	
10+ ER - MH	All	0.8% 28	0% 0	0% 0	1.2% 13	0% 0	1.2% 2	0% 0	0.4% 8	Total 0.80 Native American 0.00 Asian 0.00 Black 1.20 Pacific Islander 0.00 White 1.20 Multiracial 0.00 Hispanic or Latinx 0.40	
2+ ER - BH	All	7.7% 277	25% 2	7.9% 7	9.6% 103	0% 0	16% 27	9.7% 6	5.2% 95	Total 7.70 Native American 25.00 Asian 7.90 Black 9.60 Pacific Islander 0.00 White 16.00 Multiracial 9.70 Hispanic or Latinx 5.20	
										Total 45.10 Native American 75.00 Asian 36.00	

### MAIN STREET MENTAL HEALTH CLINIC

Quality Improvement As of 11/01/2025

Performance Tracking As of 11/01/2025

CLIENT REGION: NEW YORK CITY CLIENT COUNTY: BRONX

View: Race & Ethnicity

- Standard
- Race & Ethnicity**

Filters Reset

Indicator Set: High Utilization - Inpt/ER

#### About QI Report Views

All views display: Indicator Name, Population

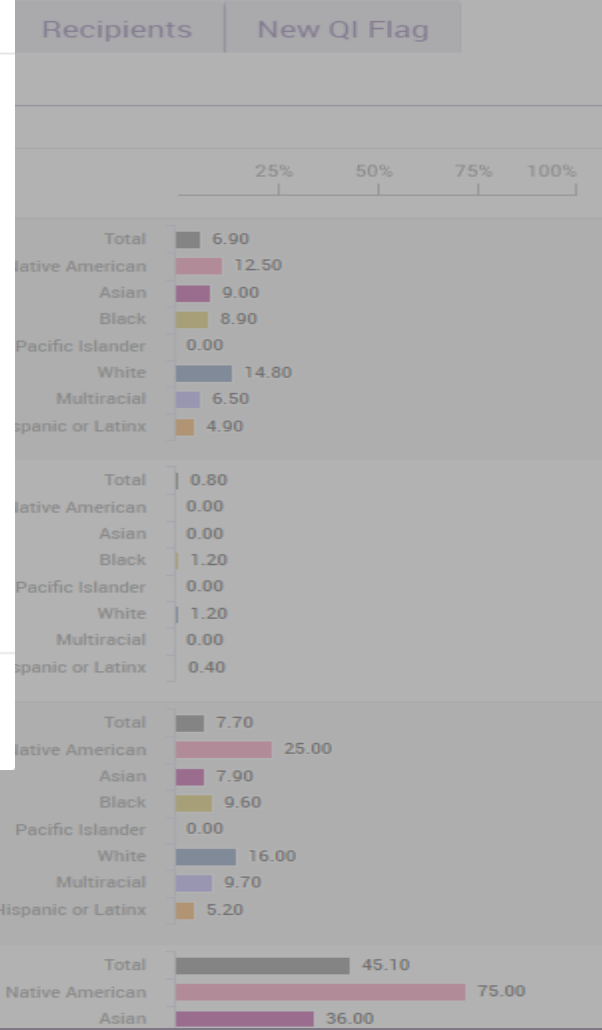
Indicator Set Indicator Site

Dropped QI Flag

Indicator	Population
10+ ER - All Cause	All
10+ ER - MH	All
2+ ER - BH	All

View	Columns Displayed
<p><b>Standard</b></p> <p>Displays quality indicator prevalence rates for the organization compared to the region and statewide prevalence rates.</p>	Eligible Population, # with QI Flag, %, Region %, Statewide %
<p><b>Race &amp; Ethnicity</b></p> <p>Displays quality indicator prevalence rates for clients in different race and ethnicity groups. Available in the "Indicator Set" and "Indicator" tabs.</p>	Total % (for this organization), Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. Clients for which race is unknown are included in the "Total" number, but are not represented as a separate race/ethnicity group.

Close



MAIN STREET MENTAL HEALTH CLINIC ⓘ

View: Race & Ethnicity ▾



Quality Improvement As of 11/01/2025

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+ Inpatient / 2+ ER - Summary

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

Indicator	Population	Clients with QI Flags by Percentage (%) and Number									Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx	Bar Chart
		Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx										
10+ ER - All Cause	All	6.9%	12.5%	9%	8.9%	0%	14.8%	6.5%	4.9%	249	1	8	95	0	25	4	90		
10+ ER - MH	All	0.8%	0%	0%	1.2%	0%	1.2%	0%	0.4%	28	0	0	13	0	2	0	8		
2+ ER - BH	All	7.7%	25%	7.9%	9.6%	0%	16%	9.7%	5.2%	277	2	7	103	0	27	6	95		

# Q1 Trends Past Year

# MAIN STREET MENTAL HEALTH CLINIC

View: Standard



My QI Report

QI Trends Past Year



## Quality Improvement As of 11/01/2025

## Performance Tracking As of 12/01/2024

No filters selected

Filters

Reset

Indicator Set

Quality Improvement Indicators as of 11/01/2025 Run monthly on all available data to help rapidly address quality improvement concerns.

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	
BH QARR - Improvement Measure	All	1,472	464	31.5	35.4	35.5	
General Medical Health	All	19,118	2,697	14.1	11.6	12.1	
Health Home Care Management - Adult	Adult 18+	2,295	2,177	94.9	87.2	91.2	
High Utilization - Inpt/ER	All	19,124	8,695	45.5	28.8	20.3	
Polypharmacy	All	2,338	241	10.3	15	12.7	
Preventable Hospitalization	Adult	17,967	314	1.7	1.4	0.9	

### QI Trends Past Year

Select organization, indicator set, and indicator

Organization: Provider, Network, Plan

MAIN STREET MENTAL HEALTH CLINIC

Indicator Set

High Utilization - Inpt/ER

Indicator

2+ ER - Medical

Modify filters (optional)

Program Type

ALL

Age Group

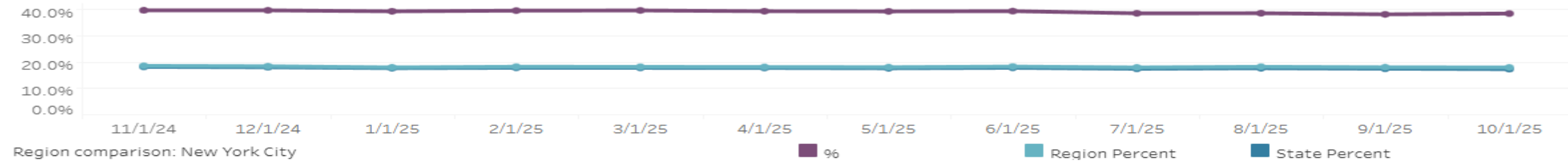
ALL

Managed Care

ALL

MC Product Line

ALL



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
10/1/25	19,245	7,365	38.3%	17.8%	17.2%
9/1/25	19,325	7,337	38.0%	17.9%	17.3%
8/1/25	18,568	7,130	38.4%	18.1%	17.5%
7/1/25	18,277	7,012	38.4%	17.8%	17.3%
6/1/25	17,737	6,952	39.2%	18.1%	17.7%
5/1/25	17,328	6,775	39.1%	17.9%	17.5%
4/1/25	17,684	6,926	39.2%	18.0%	17.6%
3/1/25	17,962	7,086	39.4%	18.0%	17.6%
2/1/25	18,073	7,118	39.4%	18.1%	17.6%
1/1/25	17,916	7,011	39.1%	17.8%	17.5%
12/1/24	18,696	7,382	39.5%	18.3%	17.6%
11/1/24	18,928	7,478	39.5%	18.4%	17.6%

- Image
- PDF
- PowerPoint

# 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
  - Region & 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

**Individual Search****Cohort Search**Search in:  Full Database  MAIN STREET MENTAL HEALTH CLINIC[Reset](#)[Individual Search](#)

### Recipient Identifier

Medicaid ID

SSN

AB00000A

### If you don't have a recipient identifier, enter what you have available

- For best results enter a combination of full Last Name and either DOB or First Name.
- Optional: add 1 or more known client characteristics to narrow results.

### Name and DOB

First Name

Last Name

DOB

MM/DD/YYYY

### Characteristics as of 11/19/2025

Age Range

To

Gender

Client Region

Race

Ethnicity

Client County

# Recipient Search

## Individual Search

## Cohort Search

Limit Number of Results

50

50

100

500

1,000

10,000

50,000

100,000

250,000

500,000

### Characteristics as of 11/01/2025

Age Range

To

Gender

Race

Ethnicity

### Special Populations

High Need

At Risk

Homeless

Complex Needs

Client Region

Client County

### 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
- Problems related to medical facilities

### 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 11/01/2025

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
- 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
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)

### Services: Specific Provider as of 11/01/2025

Past 1 Year

Provider

MAIN STREET MENTAL HEALTH CLINIC

County

Current Access

Service Utilization

Number of Visits

Service Setting:  Telehealth coded

Service Detail: Selected

- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical Specialty

# Recipient Search – Quality Flags

Quality Flag as of 11/01/2025

Definitions

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

Search for  
Quality Flags  
(can select up  
to 4 flags per  
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 Month
- 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
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)
- No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic

Provider: **MAIN STREET MENTAL HEALTH CLINIC**

Region:

Provider County:

Current Access:

Service Utilization:

Number of Visits:

Service Setting:  Telehealth coded

Service Detail: Selected

- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - DD
- Outpatient - MH
- Outpatient - Medical
- Outpatient - Medical Specialty
- Outpatient - SU

**Medication & Diagnosis as of 11/01/2025**

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 Injecta

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 per
- Certain infectious and parasitic disease
- Codes for special purposes
- Congenital malformations, deformation

Individual Diagnosis:

# Given:  1-

Primary Only

**Services by Any Provider as of 11/01/2025**

Provider:

Region:

Provider 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

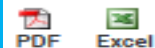
- Recipient related data is refreshed weekly and all other sections are refreshed monthly.  
 - Search uses "OR" criteria within a list and "AND" criteria between lists.  
 - To select multiple options within a list, hold down "CTRL" while making additional selections.

Limit Number of Results:  50

< Modify Search

### 5 Recipients Found

View: Standard



Quality Flag	2+ ER - BH OR 2+ ER - Medical
AND [Provider Specific] Provider	<b>MAIN STREET MENTAL HEALTH CLINIC</b>
AND SDOH Condition (reported in billing)	Problems related to physical environment

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Medicaid ID	DOB	Race & Ethnicity	Medicaid Managed Care Plan	Medicaid Quality Flags	Planning Considerations	Current PHI Access
QabCRVJBS8m SVNNRVQ KEq LQ N9If	Ua6vODUm Nb6	MDMIMDQI MTasMm	White	Molina Healthcare of New York	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, No HbA1c-DM	Notifications: Complex Needs	No Access Enable Access
RqbOVrJJRq7ULA QUvUSEzOWQ KEY LQ NTaf	VbAsMTQtO VI	MDIIMTaIM TasN6	Black	HealthPlus	10+ ER, 10+ ER-MH, 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, Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Outpt Medical, Readmit 30d - BH to All Cause, Readmit 30d - Medical to All Cause	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need	No Access Enable Access
SaFNRMi VEFJUVBTaE KEY LQ MpQf	VrYpMDUvN Fe	MDIIM9MIM TavMQ	Black	Healthfirst PHSP, Inc.	10+ ER, 2+ ER-Medical, 4+ Inpt/ER-Med	Notifications: Complex Needs	No Access Enable Access
TUFSSUui REFNSUm QQ KEq LQ NDif	UaEuNTQrO UI	MDYIMDIIM TauMm	Hispanic or Latinx	Healthfirst PHSP, Inc.	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, 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, No Outpt Medical	Notifications: Complex Needs, Health Home Plus - Eligible, High MH Need	No Access Enable Access
UFEFW8m REEOSUVM	WbMxND6u	MTAIMTMI	Hispanic	Molina	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, Colorectal Screen		No Access

Modify Search

### 5 Recipients Found

View: Standard

PDF Excel

Quality Flag

2+ ER - BH OR 2+ ER - Medical

AND [Provider Specific] Provider

AND SDOH Condition (reported in

#### 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, Planning Considerations
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 (Gender - Age)

QabCRVJBS8m  
SVNNRVQ KEq LQ N9If

RqbOVrJJRq7ULA  
QUvUSEzOWQ KEY LQ  
NTaf

SaFNRVMi  
VEFJUUVBTaE KEY LQ  
MpQf

TUFSSUui REFNSUm QQ  
KEq LQ NDIf

LFFEW8m REEQLUM

Medicaid ID

Ua6v

VbAs

VrYp

UaEuNTQrO  
UI

WbMrND6u

MDYIMDIIM  
TauMm

MDYIMDIIM  
TauMm

MTAIMTMI

Race & Ethnicity

Hispanic  
or Latinx

Hispanic

Managed Care Plan

Healthfirst  
PHSR, Inc.

Molina

Quality Flags

ER-Medical, 2+ Inpt-BH, 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, No Outpt Medical

2+ ER-Medical, 2+ Inpt-Medical, 4+  
Inpt/ER-Med, Colorectal Screen

Planning Considerations

Notifications: Complex Needs,  
Health Home Plus - Eligible, High  
MH Need

Current PHI Access

No Access  
Enable Access

No Access  
Enable Access

No Access  
Enable Access

No Access  
Enable Access

No Access

Maximum Number of Rows Displayed: 50

# Recipient Search – Quality Flags

Name (Gender - Age) ▲	Medicaid ID ◆	DOB ◆	Race & Ethnicity ◆	Medicaid Managed Care Plan ◆	Medicaid Quality Flags ◆	Planning Considerations ◆	Current PHI Access ◆
QUFSTqui SazOQVRIQUu S6 KEq LQ NDUf	WFaoOTMv Mal	MDaIMT2IM TauMA	Black		10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-Med, No Outpt Medical	<b>Notifications:</b> Complex Needs, High MH Need <b>Documents:</b> Safety Plan (07/23/2024)	PSYCKES Consent
QURBTVMi VEBn Q6 KEq LQ Mp2f	VreqNpEuN UI	MD6IMTQIM TauOA	Unknown		10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med	<b>Notifications:</b> Complex Needs, High MH Need <b>Documents:</b> Care Plans (10/06/2016), Discharge Plan (10/05/2016), Psychiatric Advance Directive (10/05/2016), Relapse Prevention Plan (10/06/2016), Safety Plan (10/01/2018)	No Access <a href="#">Enable Access</a> 🔒
QURFREUi SqVOTaVUSA KEq LQ NTMf	VaQvNpYsM FE	MD6IMTaIM TatM6	Unknown	MetroPlus Health Plan	10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, Adher-AP, Adher-AP (DOH), Adher-MS (DOH), Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, No Engage after MH IP, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult, No MH Inpt F/U 30d (DOH), No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult, No Outpt Medical	<b>Notifications:</b> Complex Needs, Health Home Plus - Eligible, High MH Need	No Access <a href="#">Enable Access</a> 🔒

# Clinical Summary

## What is a PSYCKES Clinical Summary ?

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

## Clinical Summary Sections

- General
- Current Care Coordination
- Notifications
- 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

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

Alerts	Most Recent
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><b>NYS Medicaid billing database</b>                      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"> <li>Care Coordination information</li> <li>Diagnoses</li> <li>Medications</li> <li>Quality Flags</li> <li>Outpatient Medical or Behavioral Health Services</li> <li>Hospital/ER services</li> <li>Crisis services</li> <li>Living Support/Residential</li> <li>Laboratory &amp; Pathology</li> <li>Radiology</li> <li>Dental</li> <li>Vision</li> <li>Medical Equipment</li> <li>Transportation</li> </ul>
<p><b>MAPP - Health Home and Care Management Database from DOH</b>                      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"> <li>Outreach or enrollment status</li> <li>Health Home and Care Management provider names</li> <li>Start and End Dates</li> <li>Health Home/Care Management Agency</li> <li>Information from DOH website:                             <ul style="list-style-type: none"> <li>main contact name/phone number</li> <li>referral contact name and phone number</li> </ul> </li> </ul>
<p><b>Managed Care Enrollment Table</b>                      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"> <li>Name of Managed Care Plan</li> <li>HARP Status</li> <li>Managed Care Assigned Primary Care Physician (updated quarterly)</li> </ul>
<p><b>Uniform Assessment System New York (UAS-NY) assessment platform</b>                      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"> <li>HARP HCBS Assessment Status</li> </ul>
<p><b>TACT - Tracking for AOT Cases and Treatment</b>                      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"> <li>AOT provider name</li> <li>enrollment date</li> <li>expiration date</li> <li>main contact name and phone number</li> <li>rationale for non-renewal</li> </ul>
<p><b>CAIRS-Child and Adult Integrated Reporting System</b>                      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"> <li>service type: ACT, housing/residential Program, non-Medicaid care coordination program</li> <li>provider name</li> <li>start date</li> <li>expiration date</li> <li>main contact name, phone number and email address</li> <li>reason for discharge</li> </ul>
<p><b>OMH State PC data - NYS State Operated Psychiatric Center (PC) health information database:</b>                      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"> <li>service type</li> <li>provider (name of state PC)</li> <li>admission date</li> <li>discharge date</li> <li>most recent primary diagnosis for state PC visit(s)</li> <li>OMH Unsuccessful Discharge</li> <li>medications</li> </ul>
<p><b>NIMRS- NYS Incident Management and Reporting System</b>                      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"> <li>incident date</li> <li>name of the provider and program reporting the incident</li> <li>severity/harm resulting from the attempt, based on information from NIMRS</li> </ul>
<p><b>Maven - New York City</b></p>	<p>Weekly information from DOHMH data file (in the past 5 years)</p>

# Clinical Summary Sections

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

## QUFSTqui SazOQVRIQUu S6

As of 11/19/2025 [Data sources](#)

PDF
EXCEL

Sections

Brief Overview
Full Summary

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

### General

<b>Name</b> QUFSTqui SazOQVRIQUu S6	<b>Medicaid ID</b> WFao0TMvMaI	<b>Medicare</b> Yes	<b>HARP Status</b> Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)
<b>DOB</b> XX/XX/XXXX (XX Yrs)	<b>Medicaid Aid Category</b> MA-SAFETY NET	<b>Managed Care Plan</b> No Managed Care(FFS Only)	<b>HARP HCBS Assessment Status</b> N/A
<b>Address</b> MQ VUvETqrJQqbMRUQ, TaVX WUzSSm, Tba, MTAmMTY	<b>Medicaid Eligibility Expires on</b> 03/31/2026	<b>MC Plan Assigned PCP</b> N/A	

### Current Care Coordination

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

<b>Complex Needs due to</b>	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
<b>Limited Data</b>	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
<b>High Mental Health Need due to</b>	Ineffectively Engaged - No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
<b>Mental Health Placement Consideration due to</b>	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

# Clinical Summary Sections

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

[Definitions](#)

[Recent](#)

[All \(Graph\)](#)

[All \(Table\)](#)

Indicator Set

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
Vital Signs Dashboard - Adult (as of 12/01/2024)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

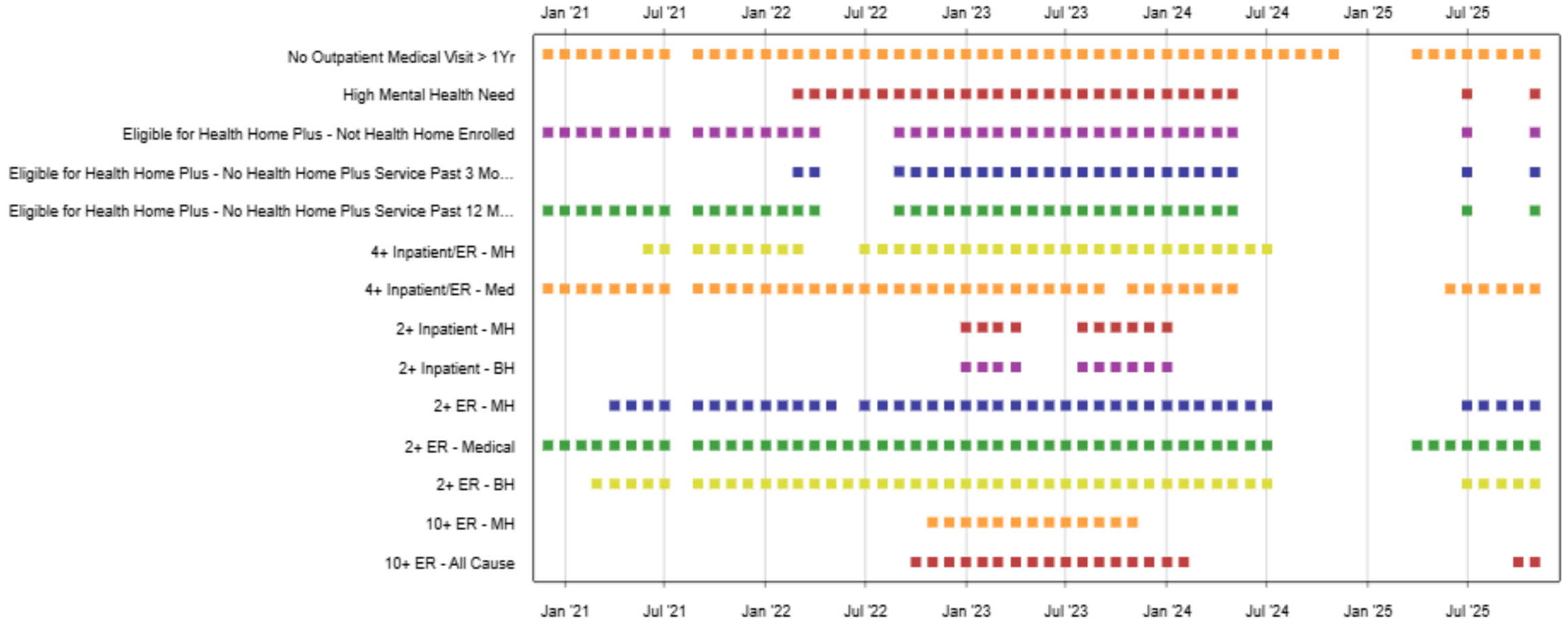
# Clinical Summary Sections

Quality Flags as of monthly QI report 11/1/2025 [Definitions](#)

Recent

All (Graph)

All (Table)



# Clinical Summary Sections

Hospital/ER Services [Details](#)

Table Graph

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - Medical	BELLEVUE HOSPITAL CENTER	10/20/2025	10/20/2025	1	Pain in left wrist	- X-RAY EXAM OF WRIST	
ER - MH	BELLEVUE HOSPITAL CENTER	10/2/2025	10/2/2025	1	Encounter for general psychiatric examination, requested by authority	- EMERGENCY DEPT VISIT LOW MDM	
ER - Medical	NYU LANGONE HOSPITALS	9/30/2025	9/30/2025	1	Persons encountering health services in other specified circumstances	- EMR DPT VST MAYX REQ PHY/QHP	
ER - Medical	BELLEVUE HOSPITAL CENTER	9/6/2025	9/6/2025	1	Altered mental status, unspecified	-	
ER - SU	BELLEVUE HOSPITAL CENTER	8/25/2025	8/25/2025	1	Alcohol use, unspecified with intoxication, uncomplicated	- REAGENT STRIP/BLOOD GLUCOSE	
ER - Medical	LENOX HILL HOSPITAL	7/19/2025	7/19/2025	1	Epigastric pain	- EMERGENCY DEPT VISIT LOW MDM	
ER - Medical	BELLEVUE HOSPITAL CENTER	7/18/2025	7/18/2025	1	Encounter for examination and observation for other specified reasons	- EMERGENCY DEPT VISIT SF MDM	
ER - Medical	BELLEVUE HOSPITAL CENTER	6/18/2025	6/18/2025	1	Headache, unspecified	- EMERGENCY DEPT VISIT LOW MDM	
ER - MH	WOODHULL MED & MNTL HLTH CTR	5/9/2025	5/9/2025	1	Schizophrenia, unspecified	- EMERGENCY DEPT VISIT MOD MDM	
ER - Medical	BELLEVUE HOSPITAL CENTER	3/23/2025	3/23/2025	1		- X-RAY EXAM CHEST 1 VIEW	

# Training & Technical Support

# Training & Technical Support

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## Quality Indicators

### What is a Quality Indicator/flag?

- PSYCKES identifies clients flagged for quality concerns to inform the treating provider, network, or care manager and to support clinical review, care coordination, and quality improvement.
- User-friendly 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.

### Technical Specifications Documents

- [Health Home Care Management – Adult](#) 
- [Quality Assurance Reporting Requirements \(QARR\) Improvement Measure](#) 
- [Hospital Readmission](#) 
- [High Utilization](#) 
- [Preventable Hospitalization](#) 
- [General Medical Health](#) 
- [Treatment Engagement](#) 
- [Polypharmacy](#) 

## Training & Technical Support

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