

Using PSYCKES Recipient Search

We will begin shortly

To hear the webinar, click "Call Me" in the Audio Connection box and enter your phone number - the WebEx system will call your phone

If you do not see the Audio Connection box, go to the top of your WebEx screen, click "Communicate" > "Audio Connection" > "Join Teleconference"

Katrina M Vega Assistant Research Scientist PSYCKES Implementation Team March 3, 2020

Q&A via WebEx

- All phone lines are muted
- Access "Q&A" box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over green bar at top of screen to see menu
- Type questions using the "Q&A" feature
 - Submit to "all panelists" (default)
 - Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar



Agenda

- PSYCKES-Medicaid Overview
- Access to Client-Level Data
- Recipient Search
 - Individual & Group Searches
 - And / Or Logic
 - Bulk Population Management Views
 - Example Searches
- Streamlined Consent in Recipient Search
- Training and Technical Assistance
- Question & Answer

PSYCKES-Medicaid Overview



What is **PSYCKES**?

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support clinical decision-making and quality improvement
- Ongoing updates
 - Bulk Population Management Views in Recipient Search
 - Overdose Risk: Concurrent Opioid & Benzodiazepine Alert
 - Children's Waiver Status Filter
 - PSYCKES Consent Form: New design available & 10 languages



Who is Viewable in PSYCKES?

- Over 8 million NYS Medicaid enrollees (currently or previously enrolled)
 - Fee for service claims
 - Managed care encounter data
 - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral Health Population, i.e., at least one of the following:
 - Psychiatric or substance use service,
 - Psychiatric or substance use diagnosis, OR
 - Psychotropic medication
- Provides all data general medical, behavioral health, residential

What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- All Medicaid FFS claims and Managed Care encounter data, across treatment settings
 - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, etc.
 - Time lag varies from weeks to months, depending on how quickly providers bill and Managed Care plans submit to DOH
- "Real time" (0-7 day lag) data sources currently in PSYCKES:
 - MHARS, VistA, Meds Manager
 - CAIRS: ACT provider and contact information
 - TACT: AOT provider and contact information
 - MAPP: Health Home enrollment and CM provider information
 - NIMRS: Suicide attempt
 - Managed Care Enrollment Table: MC Plan & HARP status

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
- When a client has a quality flag, the provider is allowed access to that individual's Clinical Summary
- Examples of current quality flags include:
 - Medication-Related, e.g., Polypharmacy, Low Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - General Medical, e.g., No Diabetes Screening on AP, No Outpatient Medical Visit > 1 year
 - Health and Recovery Plan (HARP), e.g. HARP Enrolled No Assessment for HCBS

PSYCKES Use Cases

- 1. Support Quality Improvement Projects
 - Use My QI Reports to see report in real-time of clients flagged for specific quality indicators and drill down into Clinical Summary
- 2. Clinical Review and Decision-Making
 - Look up individual Clinical Summaries of treatment and services
 - Intake, evaluation, risk-assessment, and treatment planning for clients presenting to any provider (e.g., ERs, corrections)
 - Case review by quality managers (e.g., state, county, or MCOs)
- 3. Identify cohorts of interest
 - Use Recipient Search to perform flexible searches to answer a question about clients served in your agency/hospital
 - Export search results list to PDF or Excel

Access to Client-Level Data



Access to Client Data in PSYCKES

Clients are assigned to agency/hospital in one of two ways:

- Automatically: Client had a billed service at the agency/hospital within the past 9 months
- Manually: Through Registrar Menu/ PHI Access Module
 - Signed consent
 - Emergency (72 hours)
 - Attest client is served by / being transferred to agency prior to billing and/or signed consent
- New: Recipient Search menu can be used to manually link clients to your agency/hospital, in addition to the Registrar Menu



Access to Client Data Without Consent

- Certain data provided <u>without</u> consent...
 - Positive for any quality concern flagged in PSYCKES
 - At least one billed service anywhere in agency/hospital in past 9 months
- Rationale: monitor quality and safety of Medicaid program
- Does <u>not</u> include Protected Health Information (PHI) with special protections
 - Substance use information/treatment
 - HIV
 - Genetic testing
 - Reproductive / family planning



Access to Client Data With Consent

Expanded access

- Search among all Medicaid enrollees in the Behavioral Health population, including those not yet linked to agency/hospital through Medicaid billing and those not positive for a quality flag
- Includes information with special protections (substance use, HIV, genetic testing, family planning)
- Access to client-level data
 - With consent
 - In clinical emergencies (limited duration, 72 hours)
- Advantage of obtaining consent:
 - Access to data remains in effect until client is discharged (3 years after last bill) or client withdraws consent



Choose PSYCKES Home Screen



NEW YORK STATE OF OPPORTUNITY. Office of Mental Health	SYCKES				De-identify	Settings	; •	Log Of	f
My QI Report - Statewide Reports	Recipient Sea	rch Provider	Search Reg	istrar -	Usage Report	ts - Utilizati	on Reports		
		MAIN S Quality Indicate	TREET CLINI	C 🗿				🔂 PDF	I Excel
REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE:	ALL MANAGED CAP	RE: ALL D	SRIP PPS: ALL			Filters	Reset
Indicator Set									
Indicator Set	Population 🔶	Eligible Population	# with QI Flag 🖨	* \$	Regional %	Statewide %	25%	50% 75%	100%
BH QARR - DOH Performance Tracking Measure - as of 08/01/2019	All	188	118	62.77	65.66	64.44		62.77 65.66 64.44	
BH QARR - Improvement Measure	All	50	12	24	35.89	34.09	24.00 35.89 34.09)	
General Medical Health	All	492	174	35.37	13.75	11.96	35.37 13.75 11.96		
Health and Recovery Plan (HARP)	Adult 21+	100	90	90	90.52	90.01		90.0 90.5 90.0	0 2 1
High Utilization - Inpt/ER	All	493	161	32.66	26.95	23.66	32.66 26.95 23.66		
Polypharmacy	All	142	22	15.49	12.28	12.40	15.49 12.28 12.40		
Preventable Hospitalization	Adult	480	2	0.42	0.71	0.91	0.42 0.71 0.91		
Readmission Post-Discharge from any Hospital	All	135	14	10.37	11.42	11.48	10.37 11.42 11.48		
Substance Use Disorders - as of 08/01/2019	Adol & Adult (13+)	278	172	61.87	67.03	68.27		61.87 67.03 68.27	
Treatment Engagement	Adult 18-64	30	12	40	37.40	35.49	40. 37.4 35.49	D0 0	

User Settings: Change My Home Page



Recipient Search: Overview



Recipient Search Options

- Individual Search
 - Look up one person to view their Clinical Summary
 - Unique identifiers: Medicaid ID, SSN
 - First Name, Last Name, DOB
- Group Search
 - Flexible search to identify cohort of people served in your agency/hospital who meet specified criteria
 - Age Group, Quality Flag, AOT Status, HARP Status, MC Plan, history of suicide attempt, ideation, or self-harm
 - People taking psychotropic and non-psychotropic meds
 - People with specific behavioral health and medical diagnoses
 - People served in specific service setting in your agency/hospital or an outside agency/hospital, statewide (e.g., ACT, Health Home, Inpatient/ER, Clinic, etc.)



Recipient {	Search	וואליז: Indivi	dual or (Cohort	
My QI Report - Statewide Repo	orts Recipient	Search Provider Se	arch Registrar -	Usage Reports +	Utilization Reports
		Recipi	ent Search	Limit resul	its to 50 v Search Reset
Recipient Identifiers			Search i	in: 🔿 Full Database 🔿	MAIN STREET CUNIC
Medicaid ID	SSN		First Name	Last Name	DOB
AB00000A	000-00-0000				MM/DD/YYYY
Characteristics as of 02/24/2020	1				
Age Range To	Gender 🔹	Managed Care	•	Children's Waiver Status	\$
Population		MC Product Line	•	HARP Status	š 📃 🔻 🔻
High Need Population	•	Medicaid Restrictions	•	HARP HCBS Assessment Status	t 💽 🔻
AOT Status		DSRIP PPS	•	HARP HCBS Assessment	t 🖉
Alerts & Incidents	• •			nesura	5
Quality Flag as of 02/01/2020		C Definitions	Services: Specific Prov	vider as of 02/01/2020	Past 1 Year 🔹
HARP Enrolled - Not Health Home Enrolled - (L Antipsychotic Polypharmacy (2+ >90days) Ch	updated weekly) hildren		Provider	MAIN STREET CLINIC	
Antipsychotic Two Plus Antipsychotic Three Plus	, in the second s		Region		County
Antidepressant Two Plus - SC Antidepressant Three Plus			Current Access		•
Psychotropics Three Plus Psychotropics Four Plus			Service Utilization		▼ Number of Visits ▼
Polypharmacy Summary Discontinuation - Antidepressant <12 weeks ((MDE)		Convine Cotting	Convi	- Deteile Colootod
Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schz)			4-Care Coordination	Servic	2e Detah: Selecteu
Treatment Engagement - Summary No Metabolic Monitoring (Gluc/HbA1c and LE	DL-C) on Antipsychotic ((AII)	+-Outpatient - MH		
No Metabolic Monitoring (Gluc/HbA1c and LD	JL-C) on Antipsychotic ((Child)	-Outpatient - Medical S	Specialty	
No Diabetes Screening (Gluc/HbA1c) Schz or	Bipolar on Antipsychot	tic Adults	=-Outpatient - SU		
No Diabetes Monitoring (HbA1c) Diabetes	nmary		+-Outpatient - Unspecifi	ied	
BH QARR - 2018 Total Indicator Summary	interly		-		
No outpatient medical visit >1 m					
Medication & Diagnosis as of 02/01/202	0	Past 1 Year 🔻	Services by Any Provid	der as of 02/01/2020	Past 1 Year 🔻

Recipient Search: Individual

My QI Report - Statewide Reports	Recipient Search Provider Se	arch Registrar -	Usage Reports - Utilization Reports	
	Recipi	ent Search	Limit results to 50 V Se	arch Reset
Recipient Identifiers Medicaid ID AB00000A Characteristics as of 02/24/2020 Age Range To Gen.	SSN 000-00-0000 Enter Recipient Identifier a	Search	in: Full Database MAIN STREET CLINIC Last Name DOB MM/DD/YY Children's Waiver Status	
Population High Need Population AOT Status Alerts & Incidents	MC Product Line Medicaid Restrictions DSRIP PPS	• • •	HARP Status HARP HCBS Assessment Status HARP HCBS Assessment Results	• •
Quality Flag as of 02/01/2020 HARP Enrolled - Not Health Home Enrolled - (update 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 (Sch2) Treatment Engagement - Summary No Metabolic Monitoring (Gluc/HbA1c and LDL-C) of No Metabolic Monitoring (HbA1c and LDL-C) of No Diabetes Monitoring (HbA1c and LDL-C) Diabetes No Diabetes Monitoring (HbA1c) Sch2 or Bipola No Diabetes Monitoring (HbA1c) Diabetes BH QARR - 2018 Quality Incentive Subset Summary No Outpatient Medical Visit >1 Yr	Definitions	Services: Specific Pro	Vider as of 02/01/2020 MAIN STREET CLINIC County County Number of Service Detail: Selected	Past 1 Year V

Past 1 Year

۳

Click on recipient name to go to Clinical Summary

Recipient Identifiers		Search in:	🔵 Full Database 💿	Main Street Clinic
Medicaid ID	SSN	First Name	Last Name	DOB

< Modify Search 1 Recipients Found					🔂 PDF	X Excel		
AND	Medicaid ID [Provider Specific] Provide	er Name Main Street Clini	ic					
						Maximum Number of Rows	s Display	ed: 50
	Name 🔺	Medicaid ID	DOB 🍦	Gender 🍦	Quality Flags	Managed Care Plan 🍦	Curren Acc	nt PHI ess
Jedig	Jah Cjdeahd	Daacabc Egcdhfb	01/01/9999	Ddcfcfc Cdfiegc		Fidelis Care New York	All D - Con)ata sent



Recipient Search: Group

Characteristics as of 02/24/2020

Age Range To	Gender	Managed Care		Children's Waiver Status	· · · · · · · · · · · · · · · · · · ·
Population		MC Product Line		HARP Status	
High Need Population	· · · · · · · · · · · · · · · · · · ·	Medicaid Restrictions		HARR HCRS Assessment	
High Need Population	•	Medicald Restrictions	•	Status	Ŧ
AOT Status	•	DSRIP PPS		HARP HCBS Assessment	•
Alerts & Incidents	•			Results	
Quality Flag is of 11/01/2019		C Definitions	Services: Specific Prov	rider as of 11/01/2019	Past 1 Year 🔻
HARP Enrolled - Not Health Home Er	nrolled - (updated weekly)		Provider		
HARP-Enrolled - No Assessment for Antipsychotic Polypharmacy (2+ >90	HCBS - (updated weekly) Ddays) Children				
Antipsychotic Two Plus			Region	•	county
Antipsychotic Three Plus Antidepressant Two Plus - SC			Current Access		•
Antidepressant Three Plus			Service Utilization		Number of Visits
Psychotropics Three Plus Psychotropics Four Plus					
Polypharmacy Summary	a weaks (MDT)		Service Setting:	Service D	etail: Selected
Adherence - Mood Stabilizer (Bipolar	r)		-Care Coordination	<u> </u>	
Adherence - Antipsychotic (Schiz)			-Foster Care		
Treatment Engagement - Summary	1 c and I DL-C) on Antinevebotic	(Child)	-Inpatient - ER		
No Metabolic Monitoring (Gluc/HbA	1c and LDL-C) on Antipsychotic	: (All)	-Living Support/Reside	ential	
No Metabolic Monitoring (Gluc/HbA	1c) on Antipsychotic		-Other		
No Metabolic Monitoring (LDL-C) on	Antipsychotic		-Outpatient - DD		
No Diabetes Screening (Gluc/HbA1c	c) Schiz or Bipolar on Antipsych	otic Adults	-Outpatient - MH	-	
No blabetes Monitoring (HDATC and	TEDE-C) Diabetes and Schiz Add	115	A	►	
Medication & Diagnosis as of 11	/01/2019	Past 1 Year 🔻	Services by Any Provid	er as of 11/01/2019	Past 1 Year 🔻
Prescriber Last Name			Provider		
Drug Name		Active Drug	Region	•	County
Psychotropic Drug Class*	Non-Psychotropic	Drug Class*	Service Utilization		Number of Visits
ADHD Med	 Analgesics and Ar Anti-Infective Age 	nesthetics	Service Setting:	Service D	etail: Selected
Antipsychotic	Anti-Obesity Agen	ts		▲	
Antipsychotic - Long Acting Injectab	Antidiabetic	•	-Care Coordination		
Diagnosis			- Inpatient - ER	untic l	
				intial	
Diagnosis given 1+ V	Primary Only	Primary/Secondary	-Outpatient - DD		
BH Diagnosis	Medical Diagnosis	1	-Outpatient - MH		
-Any BH Diagnosis	+-Certain condit	ions originating in the perin	Outpatient - Medical		
- Any MH Diagnosis	-Certain infecti	ious and parasitic diseases	-Outpatient - Medical S	pecialty	
- Anviety Disorders		alformations deformations	-Outpatient - SU		
Display and Delated Disorders		anon mations, deformations	-Outpatient - Unspecifie	ed 🖉	
T-Bipolar and Related Disorders	 The provide the provided set of the provided set of	le blood and blood-forming		*	

Recipient 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 Search: Look-back Periods

- Different filter options have different look-back periods in which the data in that filter is updated
- Read the date at the top of the main filter box
- Select a different look-back period from a dropdown box when available, if desired
 - Default for medications, diagnoses, and service settings is past 1 year as of the Recipient Search report date
 - Other options include past 6 months, 9 months, 2 years, 3 years, or specific calendar year



Recipient Search: Max No. Rows to display

- Search results page will provide:
 - Total number of people who matched search criteria
 - The filter selections included in your search
 - Names of all the people who matched your search criteria
 - Ability to export names in search results to PDF or Excel
- The default number of names of people listed in your search results is 50
 - To see more than 50 names in your results page, expand the "Maximum No. of Rows to be displayed" drop-down located in Recipient Search screen by "Search" button



Recipient Search: Data w/ Special Protection

- Certain data in PSYCKES has special protection:
 - Substance use, HIV, family planning, genetic testing
- When selecting a filter option from Recipient Search that contains data with special protection, results page will provide:
 - Total number of people who matched search criteria
 - Number of names excluded from your search results because you do not have their consent
 - Number of names included in your search results because you have their consent



Recipient Characteristics

Characteristics as of 02/24/2020

Age Range To	Gender 🔻	Managed Care	.	Children's Waiver Status	T
Population	.	MC Product Line	•	HARP Status	.
High Need Population	.	Medicaid Restrictions		HARP HCBS Assessment	.
AOT Status	.	DSRIP PPS	.	HARP HCBS Assessment	T
Alerts & Incidents				Results	



Transition from WMS to NYSoH: Report Filters



Characteristics as of 02/11/2020

Age Range To	Gender V Managed Care	~	Chil
Population		\checkmark	
High Need Population	OPWDD Services Eligible (RE95) Any OMH Outpatient Specialty MH Services Medicaid Managed Care - Any		HAR
AOT Status	Medicaid Managed Care +SSI	\checkmark	
Alerts & Incidents	Medicaid No Managed Care(FFS Only) Dual Eligible (Medicaid + Medicare) Medicaid (No Medicare)		HAKI
	Transition from WMS to NYSoH: Medicaid Recertification Due < 3 mo.		
Quality Flag as of 11/01/20	Transition from WMS to NYSoH: Medicaid Eligibility Expired	Services: Specific Prov	i der as c

Transition from WMS to NYSoH: Clinical Summary Message

My QI Report 🗸 Statewid	le Reports Recipient Search	Provider Search Registrar 👻	Usage Reports 👻	Utilization Reports MyCHOIS
Recipient Search	Cli	SMITH, JANE inical Summary as of 2/24/2020		DF
	Brief Overview 1 Y	ear Summary 5 Year Summ	Data with Hide This repo data.	n Special Protection Show ort contains all available clinical
DOB: 2/1/1983 (37 yrs)	Medica	aid ID: Medicare:	No HARP Star	tus: HARP Enrolled (H1)
Address: 123 Main Street Albany, NY 1220	t, AB123 08 Manag MediS MC Pla	345C J ed Care Plan : Independent Hea Source (HARP) an Assigned PCP : Sharma, Nish	HARP HCE Ith's Assessed	BS Assessment Status: Never
Current Care Coordina	ation			
Medicaid Eligibility Thi Alert (Ex	is client must use the New (piration: 02/29/2020) • For	York State of Health (NYSoH) More information contact N) enrollment systen YSoH at 1-855-355 [,]	n for Medicaid recertification -5777.

Medication & Diagnosis

Medication & Diagnosis as of 02/01/2020	Past 1 Year 🛛 🔻
Prescriber Last Name Drug Name	Active Drug
Psychotropic Drug Class*	Non-Psychotropic Drug Class*
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectab	Analgesics and Anesthetics
Diagnosis	
Diagnosis given 👔 🔹 🔍 Pri	mary Only Orimary/Secondary
BH Diagnosis	Medical Diagnosis
 Any BH Diagnosis Any MH Diagnosis Anxiety Disorders Bipolar and Related Disorders Image: Second se	 Certain conditions originating in the perir Certain infectious and parasitic diseases Congenital malformations, deformations Diseases of the blood and blood-forming



Medication & Diagnosis

Medication & Diagnosis as of 10/01/2019	Past 1 Year 🔻
Prescriber Last Name Drug Name	Active Drug
Psychotropic Drug Class*	Non-Psychotropic Drug Class*
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable Diagnosis Diagnosis given 1+ • • • Pri	Controlled Substances Endocrine and Metabolic Drugs Gastrointestinal Agents Genitourinary Products Hematological Agents Miscellaneous Products Neuromuscular Drugs Nutritional Products Mojoid Medications Respiratory Agents
BH Diagnosis	Medical Diagnosis
 Any BH Diagnosis Any MH Diagnosis Anxiety Disorders Bipolar and Related Disorders 	 Certain conditions originating in the perin Certain infectious and parasitic diseases Congenital malformations, deformations Diseases of the blood and blood-forming



Services by a Specific Provider (Your Agency/Hospital)

Services: Specific Prov	ider as of 10/01/2019		Past 1 Year 🔻
Provider			
Region		County	T
Current Access			Ŧ
Service Utilization		Number of Y	Visits 🔹
Service Setting:	Servic	e Detail: Selected	
 Care Coordination Foster Care Inpatient - ER Living Support/Reside Other Outpatient - DD Outpatient - MH 	ntial		



Services by Any Provider (Any Agency/Hospital in NYS)

Services by Any Provider as of	10/01/2019		Pa	ast 1 Year 🛛 🔻
Provider				
Region		Cour	nty	T
Service Utilization		Y	Number of Vis	sits 💌
Service Setting:	Se	rvice Detail: Select	ed	
 Care Coordination Foster Care Inpatient - ER Living Support/Residential Other Outpatient - DD Outpatient - MH Outpatient - Medical Outpatient - Medical Specialty Outpatient - SU Outpatient - Unspecified 				



Bulk Population Management Views in Recipient Search



Recipient Search: Group

My QI Report -	Statewide Reports	Recipien	t Search	Provider Sea	rch Registrar -	Usage Reports •	- Utiliz	zation Reports	МуС	CHOIS
				Recipie	nt Search	Lin	nit results to	50 v	Search	Reset
Recipient Identifier Medicaid ID AB00000A	S	SSN 000-00-000	0		First Name	Last Name		100 500 1,000 50,000 100,000 250,000 500,000	D/YYYY	
Characteristics as of	f 02/24/2020									
Age Range Pop High Need Pop AOT Alerts & Inc	To Geno pulation Geno status Geno status Geno cidents Geno	der v	Mana MC Proc Medicaid Res DS	ged Care duct Line strictions	• • •	Children's Waiver HARP HARP HCBS Asse HARP HCBS Asse	Status Status Status Status Status Status Status Status Status Results			Y Y Y
Quality Flag as of 11	1/01/2019		(C) D	efinitions	Services: Specific P	rovider as of 11/01/201	9		Past 1	Year 🔻
HARP Enrolled - Not He HARP-Enrolled - No Ass Antipsychotic Polyphan Antipsychotic Two Plus Antipsychotic Three Plu	alth Home Enrolled - (updat essment for HCBS - (updat macy (2+ >90days) Childrer IS	ted weekly) ed weekly) n		-	Provide Regior Current Access	m Main Street Mental I n s	-lealth Centr	County		v
Antidepressant Two Plu Antidepressant Three P Psychotropics Three Plu	is - SC lus us				Service Utilization	n		• Numb	er of Visits	
Psychotropics Four Plus Polypharmacy Summar	S y annessant <12 weeks (MDE)				Service Setting:		Service Deta	il: Selected		
Adherence - Mood Stab Adherence - Antipsycho Treatment Engagement No Metabolic Monitorin No Metabolic Monitorin No Metabolic Monitorin No Diabetes Screening	ilizer (Bipolar) · Summary g (Gluc/HbA1c and LDL-C) g (Gluc/HbA1c and LDL-C) g (Gluc/HbA1c) on Antipsy g (LDL-C) on Antipsychotic (Gluc/HbA1c) Schiz or Bipo	, on Antipsychotic on Antipsychotic chotic olar on Antipsycho	(Child) (All) ptic Adults		Care CoordinationFoster CareInpatient - ERLiving Support/ReOtherOtherOutpatient - DDOutpatient - ML	sidential				

Recipient Search: Standard View

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports 🗸	Utilization Reports	MyCH	IOIS
K Modify Search			2,062 Recipier	nts Found		• View: Standard Care Coordination	PC	F Excel
[Provider Spec	cific] Provider	MAIN STREET MENTAL HEALT	TH CENTER			Hospital Utilization		

Maximum Number of Rows Displayed: 50

Name 🔺	Medicaid ID	DOB 🍦	Gender 🌲	Quality Flags	Managed Care Plan 🛛 🍦	Current PHI Access
SMITH JOHN	ABCD1234	8/16/1964	M - 55	2+ ER-Medical, HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York	PSYCKES Consent, CBC IPA BHCC Consent
DOE JANE	XYZ01234	3/25/1975	F - 44		HIP (EmblemHealth)	No Access
BROWN SUE	XYZ4567A	12/26/1984	F - 35	2+ ER-Medical, 2+ Inpt-BH, No Outpt Medical		Quality Flag
WASHINGTON GEORGE	HIJ09876	10/16/1964	M - 55	2+ ER-Medical, 2+ Inpt-Medical, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, Readmit 30d - Medical to Medical	HIP (EmblemHealth)	Quality Flag
JONES BOB	QAS4567	2/25/1969	M - 50	2+ ER-Medical, 4+ Inpt/ER-Med, BH QARR - DOH, No HbA1c-DM	Healthfirst PHSP, Inc.	Quality Flag
Recipient Search: Care Coordination View

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports 🗸	Utilization Reports	MyCHOIS
K Modify Search			2,062 Recipier	nts Found		Standard O View <mark>Care Coordin</mark> Hospital Utili	ation Excel
[Provider Spe	cific] Provider	MAIN STREET MENTAL HEA	LTH CENTER				

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

∕.

Name 🔺	Medicaid ID 🔶	DOB 🔶	Gender 🌲	Current PHI Access 🔶	Managed Care Plan 🍦	HARP Status (H Code)	Children's Waiver Status (K Code)
SMITH JOHN	ABCD1234	8/16/1964	M - 55	Health Home Consent (DOH 5055), CBC IPA BHCC Consent			
BROWN SUE	XYZ4567A	12/26/1984	F - 35	PSYCKES Consent, CBC IPA BHCC Consent	Fidelis Care New York	Enrolled No HCBS Eligibility Assessment (H1)	
DOE JANE	XYZ01234	3/25/1975	F - 44	No Access	HIP (EmblemHealth)	CLICK HERE	
WASHINGTON GEORGE	HIJ09876	6/25/1984	F - 35	Quality Flag			

Recipient Search: Care Coordination View

му ці керогт S	statewide Reports Recipient	Search Provider Search	Registrar - Usage Reports -	Utilization Reports MyCHOIS
K Modify Search		2,062 Recipien	ts Found	Standard View Care Coordination Hospital Utilization
[Provider Specific]	Provider MAIN STREET	MENTAL HEALTH CENTER		
				Maximum Number of Rows Displayed: 50
Applicable data is displayed	for recipients with quality flag or conse	ent.		
Name 🔺	Health Home Name (Enrolled) 🛛 🍦	Care Management Name (Enrolled)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)
SMITH JOHN	COORDINATED BEHAVIORAL CARE INC	PROJECT HOSPITALITY INC AI		
BROWN SUE				
DOE JANE				CLICK HERE TO SCROLL
WASHINGTON GEORGE				

Recipient Search: Care Coordination View

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization Reports	MyCHOIS
Kodify Search			2,062 Recipien	nts Found		Standard View: Care Coordi Hospital Uti	nation Excel

[Provider Specific] Provider MA

MAIN STREET MENTAL HEALTH CENTER

Maximum Number of Rows Displayed: 50

>

oplicable data is displayed for recipients with quality flag or consent.											
Name 🔺	ed)	Å V	ACT Provider (Active)	OnTrackNY Early Psychosis (Enrolled)	s Program 🖕	AOT Status 🔶	AOT Provider (Active)	^			
SMITH JOHN											
BROWN SUE						Active Curt Order	Family Service League, Inc.				
DOE JANE											
WASHINGTON GEORGE											

Recipient Search: Hospital Utilization View

My QI Report S	Statewide Rep	orts Rec	ipient Sea	rch Provider Sea	rch Registrar -	Usag	e Reports •	• Utili:	zation Repo	orts N	Iychois
K Modify Search				2,062 Rec	ipients Found				Stan Care O View: Hos	Idard Coordination pital Utilization	Excel
Provider Specific] Provider	MAIN STRE	ET MENTAL	. HEALTH CENTER							
Applicable data is displayed	for recipients w	ith quality flag o	r consent.						Maximum Nu	mber of Rows	Displayed: 50
						# E	R Services Pas	t Yr	# Inpa	tient Services	Past Yr
Name 🔺	Medicaid ID	DOB 🔶	Gender 🔶	Managed Care Plan 🍦	Current PHI Access 🍦	ALL 🍦	Behavioral Health	Medical 🔶	ALL 🍦	Behavioral Health	Medical 🔶
SMITH JOHN	ABCD1234	8/16/1964	M - 55		Health Home Consent (DOH 5055), CBC IPA BHCC Consent				1	1	
BROWN SUE	XYZ4567A	12/26/1984	F-35	Fidelis Care New York	PSYCKES Consent, CBC IPA BHCC Consent	2		2			
DOE JANE	XYZ01234	3/25/1975	F - 44	HIP (EmblemHealth)	No Access						
WASHINGTON GEORGE	HIJ09876	6/25/1984	F - 35		Quality Flag	3	1	2	1	1	

Recipient Search: Outpatient Providers - PCP Assignment

My QI Report →	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization Reports	MyCHOIS
K Modify Search		1	1,115 Recipien	ts Found		O View: Outpatient Pro	viders V Excel

PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Name 🔺 O	OP A	Condor 🔺	Managad Cara Dian	Primary Care Physician Assignment(Assigned by MC Plan)					
	UD V	Gender 👻	Mallaged Cale Pian 🔶	Name 🔶	Most Recent Service Past 1 yr 🛛 🍦	# Visits with Assigned PCP past 1 yr $ eq$			
SMITH JOHN	/1964	M - 55	UnitedHealthcare Community Plan	KUMARI, JAISHREE	10/14/2019	14			
DOE JANE	/1975	F - 44		SMALL, ALLEN	8/9/2019	21			
JONES SUE	/1983	F - 37	Fidelis Car CLICK HERE TO SCROLL	CRUZ CHRISTINA					
BROWN BOB	2/1990	M - 30	Healthfirst PHSP, Inc.	DOMINGUEZ-RAFER, CARMEN			~		

Recipient Search: Outpatient Providers - Mental Health Outpatient

My QI Report 🗸	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization Reports	MyCHCis
K Modify Search			I,115 Recipien	ts Found		Outpatient Pro	viders V Excel

PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Name 🔺		Mental Health Outpatient Provider	Medical Outpatient I			
	Most Recent Provider Facility Name 🔷	Most Recent Service Past 1 yr 🛛 🍦	# Services this Provider Past 1 yr 🍦	Most Recent Provider Facility Name 🔷	Most Recent Service	
SMITH JOHN	MANHATTAN PSYCHIATRIC CENTER	11/12/2019	12	INSTITUTE FOR FAMILY HLTH	10/24/2019	
DOE JANE	MONTEFIORE MEDICAL CENTER	12/9/2019	2	MEMORIAL HSP CANCER ALLIED	3/1/2019	
JONES SUE	LONG ISLAND CONSULTATION CENTER, INC.	12/16/2019	23	CLICK HERE TO SCROLL		
BROWN BOB	NYC-HHC METROPOLITAN HOSPITAL CENTER	12/17/2019	9	LENOX HILL HOSPITAL	10/9/2019	
					>	

Recipient Search: Outpatient Providers - Medical Outpatient

My QI Report →	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization Reports	MyCHOIS
K Modify Search		1	,115 Recipien	ts Found		View: Outpatient Pro	viders V Excel

PROVIDER: MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Name 🔺 –	ı Outpatient Provider			Medical Outpatient Provider				
Name	t Service Past 1 yr 🛛 🍦	# Services this Provider Past 1 yr \brace	Most Recent Provider Facility Name	Most Recent Service Past 1 yr 🛛 🍦	# Services this Provider Past 1	yr 🔶		
SMITH JOHN			HERITAGE HEALTH AND HOUSING, INC	1/17/2020	11			
DOE JANE			COMMUNITY HEALTHCARE NETWORK	1/3/2020	2			
JONES SUE		10	MORRIS HEIGHTS HEALTH CENTER	12/18/2019	1 CLICK HE	RE		
BROWN BOB			NY HOSPITAL	12/17/2019	7 TO SCROL	-L		
						>		

Recipient Search: Example Searches



Identify recipients based on AOT status

- 1. Login to PSYCKES and go to "Recipient Search"
- 2. Select from AOT Status filter:
 - Active Court Order
 - Expired < 6 months</p>
 - Expired < 12 months</p>
 - Active or expired within the last 3 years
- 3. Consider expanding "Maximum number of rows to be displayed" in order to see more than 50 names in results page (if needed)
- 4. Click Search

My QI Report - Stat	tewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports +	Utilization Reports	MyCHOIS
		<u> </u>	Recipient S	Search	Limit re	sults to 50 V	Search Reset
Recipient Identifiers		1. C Sea	lick "Recipient rch" from top				
Medicaid ID		SSN me r	nu options	Name	Last Name	DOB	
AB00000A		000-00-0000				MM/DD/	γγγγ
Characteristics as of 02/24,	/2020						
Age Range To	Gender	· · · Ma	anaged Care	T	Children's Waiver Sta	tus	•
Population		MC F	Product Line	•	HARP Sta	tus	T
High Need Population		Medicaid	Restrictions	Ŧ	HARP HCBS Assessm	ent	T
AOT Status			DSRIP PPS	•	Sta HARP HCBS Assessm	ent	
Alerts & Incidents		T			Resu	ilts	•
			tatus filtor				
Quality Flag as of 11/01/20	019			ices: Specific Prov	vider as of 11/01/2019		Past 1 Year 🛛 🔻
HARP Enrolled - Not Health Hor HARP-Enrolled - No Assessmen	me Enrolled - (updated It for HCBS - (updated	i weekly) weekly)	^	Provider			
Antipsychotic Polypharmacy (2	+ >90days) Children			Region		County	T
Antipsychotic Three Plus				Current Access			T
Antidepressant Two Plus - SC Antidepressant Three Plus							
Psychotropics Three Plus Psychotropics Four Plus				Service Utilization		Number	of Visits
Polypharmacy Summary Discontinuation - Antidepressar	nt <12 weeks (MDE)		Se	rvice Setting:	Sei	rvice Detail: Selected	
Adherence - Mood Stabilizer (Bi Adherence - Antipsychotic (Sch	ipolar) iz)		+	-Care Coordination	*		
Treatment Engagement - Summ	hary		+	-Foster Care			
No Metabolic Monitoring (Gluc/ No Metabolic Monitoring (Gluc/	/HbA1c and LDL-C) or /HbA1c and LDL-C) or) Antipsychotic (Child)) Antipsychotic (All)	+	-Inpatient - ER			
No Metabolic Monitoring (Gluc/	(HbA1c) on Antipsych	otic	+	-Living Support/Reside	ential		
No Metabolic Monitoring (LDL- No Diabetes Screening (Gluc/H	C) on Antipsychotic bA1c) Schiz or Bipole	r on Antipsychotic Adults	+	-Other			
No Diabetes Monitoring (HbA10	C and LDL-C) Diabetes	and Schiz Adults	+	-Outpatient - DD			
No Diabetes Monitoring (HbA1c	c) Diabetes		· · · · · · · · · · · · · · · · · · ·	-Outpatient - MH	* •		

2. Select from AOT Status filter (detail)

Characteristics as of 02/24/2020							
Age Range	То	Gender 🛛	Managed Care				
	Population	T	MC Product Line				
High N	eed Population		Medicaid Restrictions				
	AOT Status	T	DSRIP PPS				
Alerts & Incidents AOT-Active Court Order AOT-Expired < 6 months							
AOT- Expired < 12 months Quality Flag as of 11/01/201 AOT Active or expired within the last 3 years Definitions							
	Not Health Hom	a Eprolled (updated weakly)	,				

UADD Eprolled Not Lealth Lamo Eprolled (updated weekly)



No Diabetes Monitoring (HbA1c) Diabetes	+-Outpatient - MH
Medication & Diagnosis as of 11/01/2019 Past 1 Year V	ervices by Any Provider as of 11/01/2019
Prescriber Last Name Drug Name Active Drug	Provider County V
Psychotropic Drug Class* Non-Psychotropic Drug Class*	Service Utilization Visits
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable • Diagnosis Diagnosis given 1+ • • • Primary Only • Primary/Secondary	Service Setting: Service Detail: Selected -Care Coordination -Foster Care -Inpatient - ER -Living Support/Residential -Other
BH Diagnosis -Any BH Diagnosis -Any MH Diagnosis -Anxiety Disorders -Bipolar and Related Disorders Medical Diagnosis -Certain conditions originating in the perin -Certain infectious and parasitic diseases -Congenital malformations, deformations -Diseases of the blood and blood-forming	-Outpatient -Outp

- 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.



Му	QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Reports ·	Utilization Reports	Му	CHOI	S
< Modif	ly Search			103 Recipier	nts Found		O View: Standard	•	D PDF	Excel
	AOT Status	A	OT-Active Court Order			[Search results can	T		
AND	[Provider Spe	cific] Provider	Main Street	Clinic			be exported to PDF or Excel.			
Review recipients in results carefully before accessing Clinical Summary.										

Name 🔺	Medicaid ID 🌲	DOB 🍦	Gender		Quality Flags	Managed Care Plan 🛛 🔶	
QUJSRVU SazTRQ QaVUVFa	WVEtODUp MVa	MSynMCyn OT2q	R6 LQ NDU	2+ ER-E QARR -	3H, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 2AP, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH DOH, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Healthfirst PHSP, Inc.	•
QUNFVaVETm TqnHQQ SQ	WbMmMpa mNrl	N8yoM8ynO TYr	R6 LQ NTQ	2+ ER-E DOH, Cl Readmi	3H, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH QARR - loz Candidate, HARP No Health Home, POP Cloz Candidate, POP High User, it 30d - BH to BH, Readmit 30d - MH to MH	Healthfirst PHSP, Inc.	
QUnTQUbESQ VEFIQQ	VUInOD6m Ma6	Click on a name to Clinical S	recipie review ummary	nt ,	H, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH QARR - oz Candidate, No HbA1c & LDL-C (DM & Schiz), No HbA1c-DM, POP Cloz Candidate, jh User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	MetroPlus Health Plan	
QVZFUbNBTay TUbDSEFFTA	WbemNDUr Nre	MTElOCynO T2q	TQ LQ NDQ				
QaFEQUJIUq7BT6 TUzTVEFGQQ	VFapMp6qN El	MSynNCyn OTYt	TQ LQ NTI	2+ Inpt	BH, 2+ Inpt-MH, Adher-AP, BH QARR - DOH	WellCare of New York	



Identify recipients enrolled in a specific Managed Care Plan

- 1. Go to "Recipient Search" screen
- 2. Select from Managed Care (MC) filter:
 - Click on name of MC Plan
- 3. Choose from additional filter options in Recipient Search screen, if desired
- 4. Consider expanding "Maximum number of rows to be displayed" if needed
- 5. Click Search

My QI Report - St	atewide Reports	Recipient S	Search Provider S	Search	Registrar -	Usage Reports +	Utilization Reports	MyCHOIS
		K	Recip	oient Se	arch	Limit res	sults to 50 V	Search Reset
Recipient Identifiers			1. Click "Recip Search" from	pient top				
Medicaid ID		SSN	menu options	5	Name	Last Name	DOB	
AB00000A		000-00-0000				2. Select from Managed Car	e (MC)	/YYYY
Characteristics as of 02/2	24/2020					filter		
Age Range Populatio Populatio High Need Populatio AOT Statu Alerts & Incident	io Geno n Geno s S	ler v	Managed Care MC Product Line Medicaid Restrictions DSRIP PPS		V V V	Children's Waiver Stat HARP Stat HARP HCBS Assessme Stat HARP HCBS Assessme Resu	tus	τ τ τ
Quality Flag as of 11/01/2 HARP Enrolled - Not Health He HARP-Enrolled - No Assessme	2019 ome Enrolled - (updat ent for HCBS - (updat	ted weekly) ed weekly)	C Definitions	Servic	es: Specific Prov	ider as of 11/01/2019		Past 1 Year 🔻
Antipsychotic Polypharmacy Antipsychotic Two Plus Antipsychotic Three Plus	(2+ >90days) Children	n			Region		County	T



2. Select from Managed Care (MC) filter (detail)

Managed Care	Ŧ	1	Children's W
MC Product Line	Any Managed Care	1	ŀ
Medicaid Restrictions	Affinity Health Plan Amerigroup New York		HARP HCBS
DSRIP PPS	Amida Care CDPHP CenterLight Healthcare		HARP HCBS
	Excellus BlueCross BlueShield Fidelis Care New York		
C Definitions	HIP (EmblemHealth) HealthNow New York Inc. Healthfirst PHSP, Inc. Hudson Health Plan Independent Health's MediSource MVP MetroPlus Health Plan Neighborhood Health Providers Total Care UnitedHealthcare Community Plan VNSNY Choice Select Health	•	ider as of 11/01



Age Range To Gender Managed Cal Population To MC Product Lin High Need Population To Medicaid Restriction AOT Status To DSRIP PP	MetroPluo Health Plan Children's Waiver Status Ne T HARP Status T HARP HCBS Assessment T Status T
Alerts & Incidents	3. Choose from
Quality Flag as of 02/01/2020 Definit HARP Enrolled - Not Health Home Enrolled - (updated weekly) Antipaychotic Polypharmacy (2+ >90days) Children Antipaychotic Two Plus Antipaychotic Three Plus Antidepressant Two Plus - SC Antidepressant Three Plus Paychotropics Three Plus Paychotropics Four Plus Polypharmacy Summary Discontinuation - Antidepressant <12 weeks (MDE)	additional filter options, if desired Current Access Current Access Service Utilization Current Access Service Detail: Selected Care Coordination Foster Care Inpatient - ER Living Support/Residential Other Current Access
No Diabetes Monitoring (HbA1C and LDL-C) Diabetes and Schiz Adults Ne Diabetes Medication & Diagnosis as of 02/01/2020 Peor 1 Year Prescriber Last Name	Cuttratient - MH Services by Any Provider as of 02/01/2020 Provider
Drug Name Active Drug	Region V County V
Psychotropic Drug Class* ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectab Antiolesity Agents Antiobesity Agents Antiobesity Agents Antidiabetic Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis Antiolesity Agents Antidiabetic Diagnosis Diagnosis Diagnosis Antiolesity Agents Antidiabetic Primary Only Primary/Secondary Medical Diagnosis -Any MH Diagnosis -Anxiety Disorders -Anxiety Disorders -Anxiety Disorders -Bipolar and Related Disorders	Service Utilization Number of Vieits
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	Limit results to 50 V Scaroh Reset

- *To select multiple options within a list, hold down "CTRL" while making additional selections.

≮ Modify	y Search					138 Recipients Found	rd 🔻	DF	X Excel
	Managed Care	è		MetroPlus H	lealth Plan				
AND	Quality Flag			HARP Enrol	led - Not Heal	th Home Enrolled - (updated weekly)			
AND	[Provider Spec	ific] Provider		Main S	treet Clinic			
Review	v recipients in	res	sults carefully	before access	ing Clinical	Summary. Maximun	n Number of Row	rs Display	yed: 50
	Name		Medicaid ID 🔶	DOB 🍦	Gender 🔶	Quality Flags	Managed	Care Plan	\$
QUnJTaa Qq7SSV	a 'NUSUvF QQ		VqEvN9ErN VA	NCyrLpEvN 9I	R6 LQ NT2	HARP No Assessment for HCBS, HARP No Health Home	MetroPlus He	alth Pla	n
QUvDUb TUFSQU	IVN JVDSUE Tm		Vb6mNT2s NqY	OCyoM8ynO Tap	R6 LQ M9Y	HARP No Assessment for HCBS, HARP No Health Home	MetroPlus He	alth Pla	n
QUvERV SaVOTal	'JTTqu bGRVI		WaeoN9EuO FA	M8ynNCynO TUv	R6 LQ N9A	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, BH QARR - DOH, Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, No HbA1c & LDL-C (DM & Schiz), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	MetroPlus He	ealth Pla	n
QVNFTA	REZOTAE TQ		Wa6sNDEq Nra	MTIIM9YIM TasMm	R6 LQ NTU	HARP No Assessment for HCBS, HARP No Health Home	MetroPlus He	alth Pla	n
QaFFW6	5 VqbMTEbBTQ		VE6sMDatO VI	NoyoMoynO TYt	TQ LQ NTI	4PP(A), HARP No Health Home	MetroPlus He	alth Pla	n
QaFSTa\ TA	VT RbJFRERJR	Q	WbAmOTQu MbE	NoyoMSynO T6n	TQ LQ Mp6	HARP No Assessment for HCBS, HARP No Health Home, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Outpt Medical	MetroPlus He	alth Pla	n



Identify recipients based on HARP status

- 1. Go to "Recipient Search" screen
- 2. Select from HARP Status filter, for example:
 - Enrolled All (H1-H3)
- 3. Consider expanding "Maximum number of rows to be displayed" if needed
- 4. Click Search

My QI Report - Statew	vide Reports Recipient Search	n Provider Search Registrar -	Usage Reports 🗸 🛛 Utiliz	ation Reports MyCHOIS
	1. Click "Recipient	Recipient Search	Limit results to	50 v Search Reset
Recipient Identifiers	Search" from top menu options			
Medicaid ID AB00000A	SSN 000-00-0000	First Name	Last Name	DOB MM/DD/YYYY
Characteristics as of 02/24/20	20			
Age Range To Population High Need Population AOT Status Alerts & Incidents	Gender V V Medica	Managed Care	Children's Waiver Status HARP Status HARP HCBS Assessment Status HARP HCBS Assessment Results	۲ ۲ ۲



2. Select from HARP Status filter (detail)

Characteristics as of 02/24/2020

Age Range To Population	Gender	T	Managed Care	۲ ۲	Children	s Waiver Status HARP Status	T
High Need Population AOT Status Alerts & Incidents		v	Medicaid Restrictions	۲ ۲	HARP HC	BS Assessment Status BS Assessment Results	Eligible/Enrolled All (H1-H9) HARP Enrolled (H1) HARP Enrolled Tier 1 HCBS (H1 with H2) HARP Enrolled Tier 2 HCBS (H1 with H3) SNP HARP Eligible (H4) SNP HARP Eligible Tier 1 HCBS (H4 with H5)
Quality Flag as of 11/01/201	9		C Definitions	Services: Specific Pro	vider as of 11,	/01/2019	SNP HARP Eligible Tier 2 HCBS (H4 with H6) Eligible Pending Enrollment (H9) Not HARP Eligible (Current Medicaid Enrollees excluding H1-H
HARP Enrolled - Not Health Home	e Enrolled - (updated v	weekly)		A			



Medication & Diagnosis as of 11/01/201	9 Past 1 Year 🔻	Services by Any Provider as of 11/01/2019	Past 1 Year 🔻
Prescriber Last Name Drug Name	Active Drug	Provider County	
Psychotropic Drug Class*	Non-Psychotropic Drug Class*	Service Utilization Numb	er of Visits
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable - Diagnosis Diagnosis given 1+ •	Analgesics and Anesthetics Anti-Infective Agents Anti-Obesity Agents Antidiabetic	Service Setting: Service Detail: Selected	
BH Diagnosis -Any BH Diagnosis -Any MH Diagnosis -Anxiety Disorders -Bipolar and Related Disorders	Medical Diagnosis -Certain conditions originating in the perin -Certain infectious and parasitic diseases -Congenital malformations, deformations a -Diseases of the blood and blood-forming a	Consider expanding number of recipient names of recipient names coutpatien coutpatien	4. Click Search

- 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.



٧

Search

Reset

50

Limit results to

✓ Modify	/ Search		612	Recipients Found		O View: Standard	PDF	<u>عد</u> Excel
	HARP Status	Eligibe/Enrolled All (H1-H9)			Se	earch results can		
AND	[Provider Specific] Provider	MAIN STREET CLINIC			be Pl	be exported to PDF or Excel.		

Review recipients in results carefully before accessing Clinical Summary.

Name 🔺	Medicaid ID \Rightarrow	DOB 🔶	Gender		Quality Flags	Managed Care Plan 🍦
QUFSTqu REVCUaE	WF2vNTYo MrU	NSynMoynO TYs	R6 LQ NTM	HARPN	Io Assessment for HCBS	Healthfirst PHSP, Inc.
QUJBTEzW SqFSSUvB Qm	UqioM9UqM Ui	OSyoNoynO T6p	R6 LQ MpY	2+ ER-BH, 2+ ER-Medical, HARP No Health Home, No MAT Utilization - OUD, No OUD MAT Initiation - 30d Com		UnitedHealthcare Community Plan
QUJEVVIJUaFISUq TVVTVEFQSEE TA	VFAoODYpN F6	NCyoMoynO T6a	TQ LQ MpU	Adher-A	P, BH QARR - DOH, HARP No Assessment for HCBS	Healthfirst PHSP, Inc.
QUJSQUrPV6 QVJBUaFU	VVMuMplo OE6	Click on a name to	lick on a recipient ame to review		o Assessment for HCBS, HARP No Health Home	UnitedHealthcare Community Plan
QUJSQUrPV6 TabTSUq	UqEoODMt Mq2	T2 N9I 2+		2+ ER-N	edical, 4PP(A), HARP No Assessment for HCBS, HARP No Health Home	Fidelis Care New York
QUJSRVU TUVSQqVERVM	WbEmN96m NVI	MoynNSyn0 TUr	R6 LQ N9Q	HARP	Io Assessment for HCBS, HARP No Health Home	Amerigroup New York



Identify recipients with any ACT services

- 1. Go to "Recipient Search" screen
- 2. Locate the "Service Setting" filter box in the "Services by Any Provider" section
- 3. Expand the "Care Coordination" service setting by clicking the + sign
- 4. Click on "ACT MH Specialty"
- 5. Consider expanding "Maximum number of rows to be displayed" if needed
- 6. Click Search

My QI Report - Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports -	Utilization Reports	MyCHOIS
	K	Recipient S	earch	Limit result	sto 50 🔻	Scoroh Reset
Recipient Identifiers Medicaid ID AB00000A	SSN 1. 0 000-00-0000 Sea	Click "Recipient rch" from top	lame	Last Name	DOB MM/DD	DAMAA
Characteristics as of 02/24/2020	me	nu options				
Age Range To Gen	der 💌 M	anaged Care		Children's Waiver Status HABP Status		•
High Need Population	Medicaid	Restrictions DSRIP PPS	• •	HARP HCBS Assessment Status	t	•
Alerts & Incidents				HARP HCBS Assessment Results	8	•
Quality Flag ss of 11/01/2019	, c	Definitions Serv	ices: Specific Prov	vider as of 11/01/2019		Peot 1 Year 🖤
HARP Enrolled - Not Health Home Enrolled - (upda HARP-Enrolled - No Assessment for HCBS - (upda Antipaychotic Polyoparmacy (2+ >0(daya) Childre	ted weekly) ted weekly) o	-	Provider			
Antipsychotic Two Plus Antipsychotic Three Plus	-		Current Access		County	• • •
Antidepressant Two Plus - SC Antidepressant Three Plus Psychotropics Three Plus			Service Utilization		• Numb	er of Visits 🛛 🔻
Psychotropics Four Plus Polyphermacy Summary Discontinuation - Antidepressant <12 weeks (MDE		Ser	vice Setting:	Servic	ce Detail: Selected	
Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schiz) Treatment Engagement - Summary No Metabolic Monitoring (Gluc/HbA1c and LDL-C) No Metabolic Monitoring (Gluc/HbA1c and LDL-C) No Metabolic Monitoring (Gluc/HbA1c) on Antipsy No Metabolic Monitoring (LDL-C) on Antipsychotic No Diabetes Screening (Gluc/HbA1c) Schiz or Bip No Diabetes Monitoring (Gluc/HbA1c) Schiz or Bip	on Antipsychotic (Child) on Antipsychotic (All) ychotic olar c 2. Locate the	Service	-Outpatient - MH -Outpatient - Medical -Outpatient - Medical S -Outpatient - SU -Outpatient - Unspecifi -Practitioner - BH -State Paych Center Se	Specialty ied		
Medication & Diagnosis as of 11/01/2019	Setting filter l	box in Serv	ices by Any Provid	ler as of 11/01/2019		Paot 1 Year 🔻
Prescriber Last Name	"Any Provide	r" section	Provider			
Drug Name	Ac	tive Drug	Region		County	T
ADHD Med Antidepressant	Ion-Psychotropic Drug Class* Analgesics and Anesthetics Anti-Infective Agents	Service Servic	Service Utilization	Servic	Numb Numb Detail: Selected	er of Visits 🛛 🔻
Antipsychotic Antipsychotic - Long Acting Injectab	Anti-Obesity Agents Antidiabetic	▼	-Care Coordination -Foster Care -Inpatient - ER	^		
Diagnosis Diagnosis given 1+ 🔻 💿 Prime	ary Only Orimary/Se	econdary	-Living Support/Reside -Other -Outpatient - DD	ential		
BH Diegnosis	Aedical Diagnosis		-Outpatient - MH -Outpatient - Medical			
Any BH Diagnosis Any MH Diagnosis Anxiety Disorders Bipolar and Related Disorders	 Certain conditions originat Certain infectious and para Congenital malformations, Diseases of the blood and 	ing in the peri	-Outpatient - Medical S -Outpatient - SU -Outpatient - Unspecifi	Specialty		

3. Expand the Care Coordination Service Setting





Medication & Diagnosis as of 11/01/2019	Past 1 Year 🔹	Services by Any Provider as of 11/01,	/2019	Past 1 Year 🔹
Prescriber Last Name Drug Name	Active Drug	Provider Region	▼ County	
Psychotropic Drug Class* Non-Psychotropic ADHD Med Analgesics and A	c Drug Class*	Service Utilization	▼ Nu	imber of Visits
Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable - Diagnosis	ents ents	Service Setting: -Care Coordination ACT - MH Specialty Care Coordination Organizatio		ty
Diagnosis given 1+ Primary Only BH Diagnosis Medical Diagnosi	Primary/Secondary	Care Management - Enrolled (S Care Management - Enrolled/C Car Car Car		
 Any BH Diagnosis Any MH Diagnosis Anxiety Disorders Bipolar and Related Disorders Diseases of t 	itions originating in the perin tious and parasitic diseases nalformations, deformations the blood and blood-forming	-Cac expanding nur -Cac of recipient na -Chi Hei to be displayed	nber imes d 6. C	lick Search

- 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.



v

Search

Reset

50

Limit results to

✓ Modify Search					Recipi	ients Fo	ound			O View: Standar	d v	DF	IN Excel
[Provider Specific] Provider Main				reet Clinic			Search results can						
AND [Any Provider] Service Setting: ACT - MH Specialty			ecialty	be exported t		ted to							
Review recipients in re	sults carefully	before access	ing Clinical	Summary.						PDF or E	xcei	J	
										Maximum	Number of Rows	Display	ed: 50
Name 🔺	Medicaid ID	DOB 🍦	Gender 🍦				Quality F	Flags		Å	Managed Ca	are Plan	Å.
QUNFVaVETm TqnHQQ SQ	WbMmMpa mNrl	N8yoM8ynO TYr	ynO R6 LQ NTQ 2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, BH QA DOH, Cloz Candidate, HARP No Health Home, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH		l, BH QARR - Ih User,	Healthfirst PHSP, Inc.		Â					
QUnMRVbORQ SqVOVrbO	UauoNTam NqM	N8yoMoynO T6s	TQ LQ MpM	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-Med, BH QARR - DOH, HARP No Assessment for HCBS, HARP No Health Home, No SUD Tx Engage, No SUD Tx Initiation				ARP No Tx Initiation	UnitedHealthcare Community Plan				
QUvERVJTTqu WaeoN9		cipient	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, BH QARR - DOH, Cloz Candidate, HARP No Assessment for HCBS,			MetroPlus Health Plan		n					

SaVOTabGRVI	DTabGRVI FA name to review Clinical Summary			HARP No Health Home, No HbA1c & LDL-C (DM & Schiz), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Metror las ricultin fun
QVFVSUvP TUVMVab0	WVMoM nNUQ	DQ MTIIMT2IM TavMA	TQ LQ M96	2+ ER-BH, Adher-AP, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No Outpt Medical, No SUD ER f/u 30d, No SUD ER f/u 7d	
QVJOTqnE SazO UFYmNDAv MaY		Av MoynNCynO T6v	TQ LQ MpA	BH QARR - DOH, HARP No Assessment for HCBS, HARP No Health Home, No SUD Tx Engage	Healthfirst PHSP, Inc.



Identify recipients with any Health Home or Care Management Enrollment or Outreach

- 1. Go to "Recipient Search" screen
- 2. Locate the "Service Setting" filter box in the "Services by Any Provider" section
- 3. Expand the "Care Coordination" service setting by clicking the + sign
- 4. Click on "Health Home" or "Care Management" "Enrolled" or "Outreach"
- 5. Consider expanding "Maximum number of rows to be displayed" if needed
- 6. Click Search

My QI Report - Statewide Reports	Report - Statewide Reports Recipient Search Provider Sea		Registrar -	Usage Reports -	Utilization Reports	MyCHOIS
	K	Recipient	Search	Limit result	s to 50 🔻	Scaroh Reset
Recipient Identifiers			1			
Medicaid ID S	I. Clic	ck "Recipient	st Name	Last Name	DOB	
AB00000A	Searc	h" from top			MM/DD	······
Characteristics ee of 02/24/2020	menu	options				
Age Range To Gender	T Ma	naged Care	- -	Children's Waiver Status	2	•
Population	WC F	Product Line	•	HARP Status	8	•
High Need Population	Medicaid I	Restrictions	T	HARP HCBS Assessment	t	•
AOT Status	•	DSRIP PPS	•	Status		
Alerts & Incidents	•			Results	3	Ŧ
Quality Flag as of 11/01/2019	C	Definitions Ser	rvices: Specific Prov	vider as of 11/01/2019		Paot 1 Year 🔻
HARP Enrolled - Not Health Home Enrolled - (updated	weekly)	<u> </u>	Provider			
Antipsychotic Polypharmacy (2+ >90daya) Children	weekiy)		Region		County	•
Antipsychotic Two Plus Antipsychotic Three Plus			Current Access			•
Antidepressant Two Plus - SC Antidepressant Three Plus			Consistent Unification of			
Psychotropics Three Plus Psychotropics Four Plus			Service Utilization		¥ Numbe	Prof Visits
Polypharmacy Summary		Se	ervice Setting:	Servio	ce Detail: Selected	
Adherence - Mood Stabilizer (Bipolar)			-Outpatient - MH	^		
Adherence - Antipsychotic (Schiz) Treatment Engagement - Summary			-Outpatient - Medical	Specialty		
No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on /	Antipsychotic (Child)		-Outpatient - SU			
No Metabolic Monitoring (Gluc/HbA1c) and LDL-C) on No Metabolic Monitoring (Gluc/HbA1c) on Antipsycho	Antipsychotic (All)		-Outpatient - Unspecifi	ied		_
No Metabolic Monitoring (LDL-C) on Antipsychotic	2. Locate the S	Service	-Practitioner - BH	*		
No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar			 State Paych Center Set 	ervices (Soi		
Medication & Diagnosis on of 11/01/2010	Setting filter b	ox in	vices by Any Provid	ler es ef 11/01/2010		Devel Year
medication a biagnosis as of 1767/2015	"Any Provider	" section	vices by Any Provid	201800111/01/2019		Paori Tear
Prescriber Last Name			Provider			
Drug Name	Act	ive Drug	Region		County	•
Psychotropic Drug Class* Non-	Psychotropic Drug Class*	Z	Service Utilization		• Numbe	er of Visits 🛛 🔻
ADHD Med Anal	Igesics and Anesthetics	Se	ervice Setting:	Servio	ce Detail: Selected	
Antipsychotic Anti	-Obesity Agents		-Care Coordination	^		
Antipsychotic - Long Acting Injectab Antio	diabetic	<u> </u>	Foster Care			_
Discocia		· · · · ·	-Inpatient - ER			_
			-Living Support/Reside	ential		_
Diagnosis given 1+ V Primary 0	Only OPrimary/Se	condary	-Other			
BH Diagnosis Medi	ical Diagnosis		-Outpatient - MH			
+−Any BH Diagnosis	Certain conditions originati	ng in the peri 🔺	-Outpatient - Medical	Specialty		
Any MH Diagnosis	Certain infectious and para	sitic diseases	-Outpatient - Medical S	speciality		
Anxiety Disorders	Congenital malformations,	deformations	-Outpatient - Unspecifi	ied 👻		
+-Bipolar and Related Disorders	Diseases of the blood and t	blood-forminc		•		

3. Expand the Care Coordination Service Setting

	Services by Any Provider as of 11/01/2019	Past 1 Year 🛛 🔻						
3. Expa Coordi by clicl	Provider Region County Service Utilization Number of V	v /isits						
	Service Setting: Service Detail: Selected	A						
	ACT - MH Specialty Care Coordination Organization (DD Health Home) Care Management - Enrolled (Source: DOH)							
	Care Management - Enrolled/Outreach (Source: DOH) Care Management - Outreach (Source: DOH) Case Management - ALL							
	Case Management - DOH Case Management - OMH Child Waiver Services - OMH							
	Health Home - Enrolled (Source: DOH) Health Home - Enrolled/Outreach (Source: DOH)	-						

Medication & Diagnosis as of 10/01/201	19 Past 1 Year 🔻	Services by Any Provider as of 10/0	01/2019 Past 1 Year 🔻
Prescriber Last Name Drug Name Psychotropic Drug Class*	Active Drug Non-Psychotropic Drug Class*	Provider Region Service Utilization	County Visits
ADHD Med Antidepressant Antipsychotic Antipsychotic - Long Acting Injectable Diagnosis Diagnosis given	Analgesics and Anesthetics Anti-Infective Agents Anti-Obesity Agents Antidiabetic	Service Setting: -Care Coordination -ACT - MH Specialty -Care Coordination Organization -Care Management - Enrolled (S -Care Management - Enrolled/C -Care Management - Outreach (Service Detail: Selected
BH Diagnosis -Any BH Diagnosis -Any MH Diagnosis -Anxiety Disorders -Bipolar and Related Disorders	Medical Diagnosis -Certain conditions originating in the perin -Certain infectious and parasitic diseases -Congenital malformations, deformations a -Diseases of the blood and blood-forming a 5	Case Management - ALL Case Management - DOH Case Management - OMH Child Waiver Services - OMH Health Home - Enrolled (Source Health Home - Enrolled (Outrea Consider	• 6. Click Search
 Recipient Related data is refreshed weekly a Search uses "OR" criteria within a list and "A *To select multiple options within a list, hold 	and all other sections are refreshed monthly. AND" criteria between lists. d down "CTRL" while making additional selections	f recipient names be displayed	Limit results to 50 v Search Reset

_

≮ Modify Search					3,642 Recipients Found	O View. Standard	D V DF Excel
[Provide	er Specific	Provider		Main S	treet Clinic	Search results car	1
AND [Any Pro	ovider] Ser	vice Setting:	Health Hom	e - Enrolled/Ou	treach (Source: DOH)	be exported to	
Review recipier	Number of Rows Displayed: 50						
Name		Medicaid ID 🔶	DOB 🍦	Gender 🌲	Quality Flags	Å	Managed Care Plan 🛛 🍦
QUFSTqu REVCUa	яE	WF2vNTYo MrU	NSynMoynO TYs	R6 LQ NTM	HARP No Assessment for HCBS		Healthfirst PHSP, Inc.
QUJEVUnBWab0 SqbNQaVSTFa		UqIsNDMoN a6	M8yrLpImM DQ	R6 LQ MTU	2+ ER-BH, 2+ ER-MH		Fidelis Care New York
QUJEVVIjUaFISUo TVVTVEFQSEE TA	9 V	VFAoODYpN F6	NCyoMoynO T6a	TQ LQ MpU	Adher-AP, BH QARR - DOH, HARP No Assessment for HCBS		Healthfirst PHSP, Inc.
QUJPVVNFVFRB TUFJUqE MUQ Click on a recipier name to review		cipient iew mary			Fidelis Care New York		
QUJSRVU SEVSTaFOREV0 SUVESVJB		UVMqMpAr MEE	MoyoNCynO T6r	R6 LQ MpQ	2+ ER-Medical, No Outpt Medical		Amerigroup New York
QUJSRVU SazTRO QaVUVFa	2	WVEtODUp MVa	MSynMCyn OT2q	R6 LQ NDU	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 2AP, 4+ Inpt/ER-BH QARR - DOH, POP High User, Readmit 30d - BH to BH, Readmit 3	H, 4+ Inpt/ER-MH, BH 0d - MH to MH	Healthfirst PHSP, Inc.



Identify recipients taking psychotropic or non-psychotropic medication

From "Recipient Search" screen

- 1. Locate "Medication & Diagnosis" section
- Type specific "Drug Name" in text box or select from "Psychotropic Drug Class" or "Non-Psychotropic Drug Class"
- 3. Consider expanding "Maximum number of rows to be displayed" if needed
- 4. Click Search



- 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.

Example search containing data with special protection: Alcohol Related Disorders

From "Recipient Search" screen:

- 1. Locate the "BH Diagnosis" box in the "Medication & Diagnosis" section
- 2. Expand the category "Substance-Related and Addictive Disorders" by clicking the + sign and select the subcategory "Alcohol related disorders"
- 3. Click Search
- 4. Search results page will provide:
 - # Total recipients matching search criteria
 - # Recipients excluded from search results (consent required)
 - # Recipients included in search results
Medication & Diagnosis as of 11/01/2019	Past 1 Year 🔻	Services by Any Provider as of 11/0	Past 1 Year 🔻
Prescriber Last Name Drug Name	Active Drug	Provider Region	County
Psychotropic Drug Class*	Non-Psychotropic Drug Class*	Service Utilization	Number of Visits
ADHD Med Antidepressant Antipsychotic Antipsyc 1. Locate the "BH Diagnosis" filter box Diagnosis given 1+ • • • •	Analgesics and Anesthetics Anti-Infective Agents Anti-Obesity Agents Antidiabetic rimary Only Primary Primary	Service Setting: -Care Coordination -Foster Care -Inpatient - FR Substance- I Addictive category D	Service Detail: Selected
BH Diagnosis	Medical Diagnosis ions origi and select " related disco ions origi ions origi and select " related disco ions origi ions origi ions origi ions origi and select " related disco ions origi ions origi and select " related disco ions origi and select " related disco ions origi and select " related disco ions origi and select " related disco ions origi and select " related disco iformations, deformations ; e blood and blood-forming ~ ponly)	Alcohol IH edical -Outpatient - Medical Specialty -Outpatient - SU -Outpatient - Unspecified	3. Click Search
Hallucinogen related disorders	sts.		Limit results to 50 V Search Reset

My QI Report -	Statewide Rep	oorts Rec	cipient Sear	ch Provider Search	Registrar -	Usage Reports	s - Utilization Repor	rts
K Modify Search				4,123 Recipien	ts Found		O View: Standard	▼ 🔂 🗷 PDF Excel
BH Diagnosis		Alcohol rela	ted disorders					
AND [Provider Specific] Provider	MAIN STREE	ET CLINIC					
2 Recipients included	in search resu	lts (Note: This	search incl	udes data with special prot	tection; i.e. HIV, St	ubstance use or F	amily Planning)	
4,121 Recipients exclu	uded from sea	rch results (co	nsent requi	red)				
							Maximum Num	ber of Rows Displayed: 50
Name	Medicaid ID	DOB 🔶	Gender	Qu	uality Flags	Å	Managed Care Plan 🔶	Current PHI Access
RbVFTbRFUm SbVMSUy Tm	UrEqOTMn MFa	MTElM9alM TasMm	TQ LQ NTY	2+ ER-Medical, No OUD MAT I	-Medical, No OUD MAT Initiation - 30d, No Rehab f/u 14d		MetroPlus Health Plan	PSYCKES Consent
SqVMTFa TUFVUaVFT6	TUEtMTImO EQ	NCyoNCynO TYt	R6 LQ NTI	2+ ER-BH, 2+ ER-Medical, 2+ I BH, 4+ Inpt/ER-Med, BH QARF No Rehab f/u 14d, No SUD ER Tx Engage, No SUD Tx Initiatio Readmit 30d - Medical to All C	R-BH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-Medical, 4+ Inpt/ER- 4+ Inpt/ER-Med, BH QARR - DOH, No OUD MAT Initiation - 30d, Wehab f/u 14d, No SUD ER f/u 30d, No SUD ER f/u 7d, No SUD ngage, No SUD Tx Initiation, Readmit 30d - BH to All Cause, dmit 30d - Medical to All Cause		Healthfirst PHSP, Inc.	PSYCKES Consent

Streamlined Consent in Recipient Search



Recipient Search: Streamlined Consent

My QI Report - Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports -	Utilization Reports
		Recipient S	Search	Limit resu	ults to 50 V Search Reset
Recipient Identifiers Medicaid ID AB00000A	SSN 000-00-0000		Search ir irst Name	n: Full Database Last Name	MAIN STREET CLINIC
Characteristics as of 02/24/2020 Age Range To Population High Need Population AOT Status Alerts & Incidents	r v Mar V MC Pr V Medicaid R	naged Care roduct Line lestrictions DSRIP PPS	۲ ۲ ۲ ۲	Children's Waiver Statu HARP Statu HARP HCBS Assessmen Statu HARP HCBS Assessmen Result	IS T
Quality Flag as of 02/01/2020 HARP Enrolled - Not Health Home Enrolled - (updated Antipsychotic Polypharmacy (2+ >90days) Children Antipsychotic Two Plus Antipsychotic Three Plus Antidepressant Two Plus - SC Antidepressant Three Plus Psychotropics Three Plus Psychotropics Four Plus Polypharmacy Summary Discontinuation - Antidepressant <12 weeks (MDE) Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schz) Treatment Engagement - Summary No Metabolic Monitoring (Gluc/HbA1c and LDL-C) or No Diabetes Monitoring (HbA1c and LDL-C) or No Diabetes Screening (Gluc/HbA1c) Schz or Bipolar No Diabetes Monitoring (HbA1c) Diabetes BH QARR - 2018 Quality Incentive Subset Summary No Outpatient Medical Visit >1 Yr	d weekly) h Antipsychotic (All) h Antipsychotic (Child) s and Schiz r on Antipsychotic Adults	Definitions Ser	Provides: Specific Prov Provider Region Current Access Service Utilization ervice Setting: Care Coordination Outpatient - MH Outpatient - MH Outpatient - SU Outpatient - Unspecifie	ider as of 02/01/2020 MAIN STREET CLINIC Serv pecialty ed	Past 1 Year

Past 1 Year

v

Recipient Search: Individual Search

Search for client: Enter recipient identifier(s) and click "search"

- Medicaid ID
- Social Security Number (SSN)
- First name (at least first 2 characters)
- Last Name (full last name required)
- Date Of Birth (DOB)

NEW YORK STATE OF OPPORTUNITY.	Office of Mental Health	SYCKES			De-identi	fy Settings -	Log Off
My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports -	Utilization Reports	
			Recipient	Search		Limit results to 50	Search Reset
Recipient Identifie	irs			Search in: (🖲 Full Database 🔵 :	MAIN STREET CLINIC	
Medicaid ID		SSN	F	irst Name	Last Name	DOB	
ABCD1234						MM/DD/	γγγγ

Confirm Correct Match, Select "Enable Access"

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage Reports 🗸	Utilization Reports			
Modify Search			1 Recipients	Found			DF	Excel	
Medicaid ID	ABC	CD1234							
Review recipients in results carefully before accessing Clinical Summary.									

Maximum Number of Rows Displayed: 50

Name (Gender - Age) Medicaid ID	DOB	Address	Quality Flags	Managed Care Plan	Current PHI Access		
DOE JANE F - 49 ABCD1234	10/10/1970	12 MAIN ST #5 BROOKLYN, NY 12345		Fidelis Care New York	No Access	Enable Access	



Step 1: Why are you allowed to view data?

Attest to right to access client's Medicaid data: Client consent, clinical emergency, or attestation of service

My QI Report	Statewide Reports	Recipient Search	Provider Search	Registrar 🗸	Usage Report	ts -	Utilization I	Reports	
K Modify Search			1 Recipients	Found				2 PDF	Excel
Medicaid ID Review recipients in	PHI results carefully I	Access for DOE JA	NE (F - 49)			×	Maximur	n Number of Rows Displ	aved: 50
Name (Gender - Age) Medicaid ID DOE JANE F - 49 ABCD1234	DOB The 10/10/1970	hy are you allow e client signed con Client signed a PSYCK Client signed a BHCC Client signed a DOH-5	ved to view this sent (ES Consent Patient Information SI 055 Health Home Pati	aring Consent	haring Consent	8	PHI Access SS	Enable Access	
		e client did not sign) This is a clinical emer) Client is currently serv	n consent gency ved by or being transfe	rred to my facility					
					Cancel	Next			



Step 2: How do you know this is correct person?

Attest that client identity has been verified: Provider attests to client identity or client provided 1 form of photo ID or 2 forms of non-photo ID

My QI Report	Statewide Repo	orts Recipient Search	Provider Search	Registrar 🗸	Usage Reports 🗸	Utilization	Reports	
< Modify Search			1 Recipient	s Found			DF	X Excel
Medicaid ID		PHI Access for DOE JAN	NE (F - 49)			×		
Review recipients in	results carefully l	How do vou know	this is the co	rrect person?)	Maximu	m Number of Rows Display	yed: 50
Name (Gender - Age) Medicaid ID	DOB	Provider attests to cliv	ent identity			PHI Access		
DOE JANE F - 49 ABCD1234	10/10/1970	Client provided 1 phot Identification 1 select	to ID or 2 forms of no	n-photo ID		ss	Enable Access 🖨	
		Identification 2 selec	t	Ŧ				
		BROOKLYN CENTER FOR F years (renews automatically	PSYCHOTHERAPY, INC. v with billed service).	will be given access	to all available data for 3			
		Previous	Cancel Ena	ble Enable and M	View Clinical Summary			



Clinical Summary Contains All Available Data

Recipient Search

QUnMRUui RVJJQqE

Clinical Summary as of 12/2/2019

	,					
	Brief Overview 1 Year S	Summary 5 Ye	ear Summary	Data with Special Protection $\ensuremath{^{\odot}}$ Show $\ensuremath{^{\odot}}$ Hide This report contains all available clinical data.		
DOB: M8ynOSynOTav (M9A Yrs) Address: MpYvOQ UrRBVEU UazVVEU Mp2mLA QqFUTom Tbai MTMmMpM	Medicaid ID: REInMDYqMbY Managed Care Plan: Fidelis Care	Medicare e New York (Mai	: No instream)	Children's Waiver Status: N/A DSRIP PPS: Central New York Care Collaborative, Inc. PPS		
Alerts & Incidents · all available	Most Recent	t				
1 Overdose - Opioid (1 ER)	6/5/2019	CROUSE HOS	SPITAL (ER - SU)			
1 Self inflicted Poisoning (1 Inpatient)	5/20/2016	UNIVERSITY	HSP SUNY HLTH	SC (Inpatient - Medical)		
Note: Higher # count totals for Inpatient, ER, and Other settings	s may represent multiple services	s in same day				
Active Quality Flags • as of monthly QI report 9/1/2019		Diagnoses Past Year				
BH QARR - DOH Performance Tracking Measure - as of 04/01/ No Engagement of Alcohol/Drug Treatment - No Initiation of A	Behavioral Health (2)	Most Recent: Opioid related disorders • Cocaine related disorders Most Frequent (# of services): Opioid related disorders (73) • Cocain				
High Utilization - Inpt/ER			related disorders (22)			
2+ ER - BH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient -	Medical	Medical (20)	5 Most Recent: Other inflammation of vagina and vulva · Trichomoni			
Readmission Post-Discharge from any Hospital BH to All Cause • Medical to Medical			Abdominal and	peivic pain • Other diseases of billary tract • Choleithiasis		
Substance Use Disorders - as of 04/01/2019 No Engagement in Opioid Use Disorder (OUD) Treatment • No Engagement in SUD Treatment • No Follow Up after SUD ER Visit (30 days) • No Follow Up after SUD ER Visit (7 days) • No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD) • No Initiation of Opioid Use Disorder (OUD) Treatment • No Initiation of SUD Treatment			5 Most Frequent (# of services): Cholelithiasis (4) • Other diseases of biliary tract (5) • Superficial injury of head (1) • Abdominal and pelvic pa (3) • Abnormalities of heart beat (2)			
Medications Past Year		Last Pick U	р			
Fluconazole • Imidazole-Related Antifungals		11/8/2019	Dose: 150 MG,	1/day • Quantity: 1		



7

PDF

Training & Technical Assistance



PSYCKES Training

- PSYCKES website: www.psyckes.org
- Webinars
 - Live webinars: Register on **PSYCKES Calendar**
 - Recorded webinars: Posted here on PSYCKES Website
- PSYCKES User's Guides
 - www.PSYCKES.org > About PSYCKES > Training
 - Each User's Guide explains an individual section of the PSYCKES application



Helpdesk Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM 5:00PM, Monday Friday
 - PSYCKES-help@omh.ny.gov
- ITS Help Desk (Login & SMS support)
 - OMH Employee ITS Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov
 - Provider Partner ITS Helpdesk:
 - 1-800-435-7697; healthhelp@its.ny.gov



Enhancements to Consent in PSYCKES



Client Consent for PSYCKES

There are three possible consent forms that a client can sign for provider/network access to their information in PSYCKES:

- PSYCKES Consent Form
 - New design available
 - 10 languages
- Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent
- Department of Health Adult Health Home Patient Information Sharing Consent (DOH-5055)
- For additional information on enabling access to client level data in PSYCKES please <u>click here</u>
- To view the new PSYCKES consent form design, please <u>click here</u>

BHCC Consent Logic

- The BHCC Patient Information Sharing Consent is intended to cover data sharing by and among the BHCC and the providers in the BHCC network
- Checking the box in PSYCKES that the client signed the BHCC Patient Information Sharing Consent for the selected BHCC will:
 - Grant users at your provider agency access to clinical summary
 - Grant users at the selected BHCC access to clinical summary when they use their specialized BHCC PSYCKES Access View
 - Not automatically grant users at other provider agencies access to PSYCKES; each provider serving the client has to check this box in their own PSYCKES view (client only has to sign once)
- Access is granted for 3 years after the last billed service or until the client withdraws their BHCC consent
- If the client withdraws their BHCC consent, the provider agency will also loose their access to the clinical summary
- Withdrawal of BHCC consent is managed in the PSYCKES Registrar Menu > Withdraw Consent

DOH 5055 Adult Health Home Consent Logic

- Access to PSYCKES by way of a signed Adult Health Home Patient Information Sharing Consent (DOH-5055) only covers staff who work for the Health Home or the CMA program
- In PSYCKES, the DOH 5055 Health Home Consent Form check box option will only be available for:
 - Provider Agencies recognized as a DOH Health Home or CMA, according to MAPP
 - Users who say they work for Health Home Administration or the Care Management program at a provider agency, according to PSYCKES User Role Profile
- Access is granted to the clinical summary in real time and will stay active as long as the clients Health Home enrollment is verified in MAPP system (90 day grace period after entry in PSYCKES)
- Access will expire after Health Home enrollment ends, according to MAPP (access will remain for 90 days after end date)
- PSYCKES User Role profile can be updated under "Settings"