NEW YORK STATE | Office of Mental Health

PSYCKES for Health Homes & Care Management Agencies

Michelle Rahm, Medical Informatics
Office of Population Health & Evaluation

DECEMBER 17, 2024

Agenda

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

PSYCKES Overview

What is PSYCKES?

Psychiatric Clinical Knowledge Enhancement System (PSYCKES)

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

Who is Viewable in PSYCKES?

- Over 12 million NYS Medicaid enrollees (currently or past)
  - Fee for service claims
  - Managed care enrollees, all product lines
  - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
  - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
    - 99% of Health Home population is included in PSYCKES!
- Behavioral Health Population (any history of):
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication
- Provides all data – general medical, behavioral health, residential

What Data is Available in PSYCKES?

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

Quality Indicators "Flags"

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

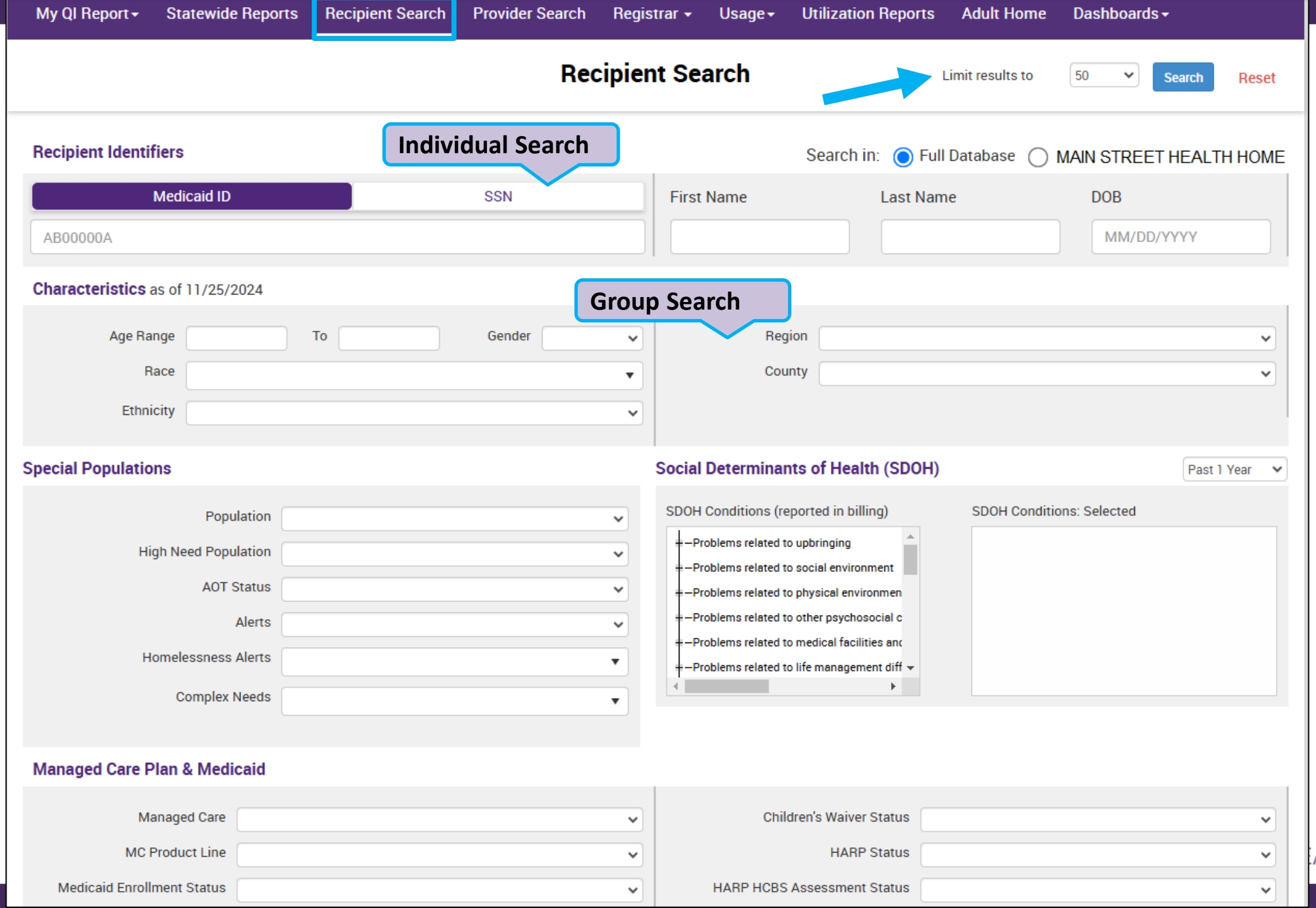
What Types of Reports are Available?

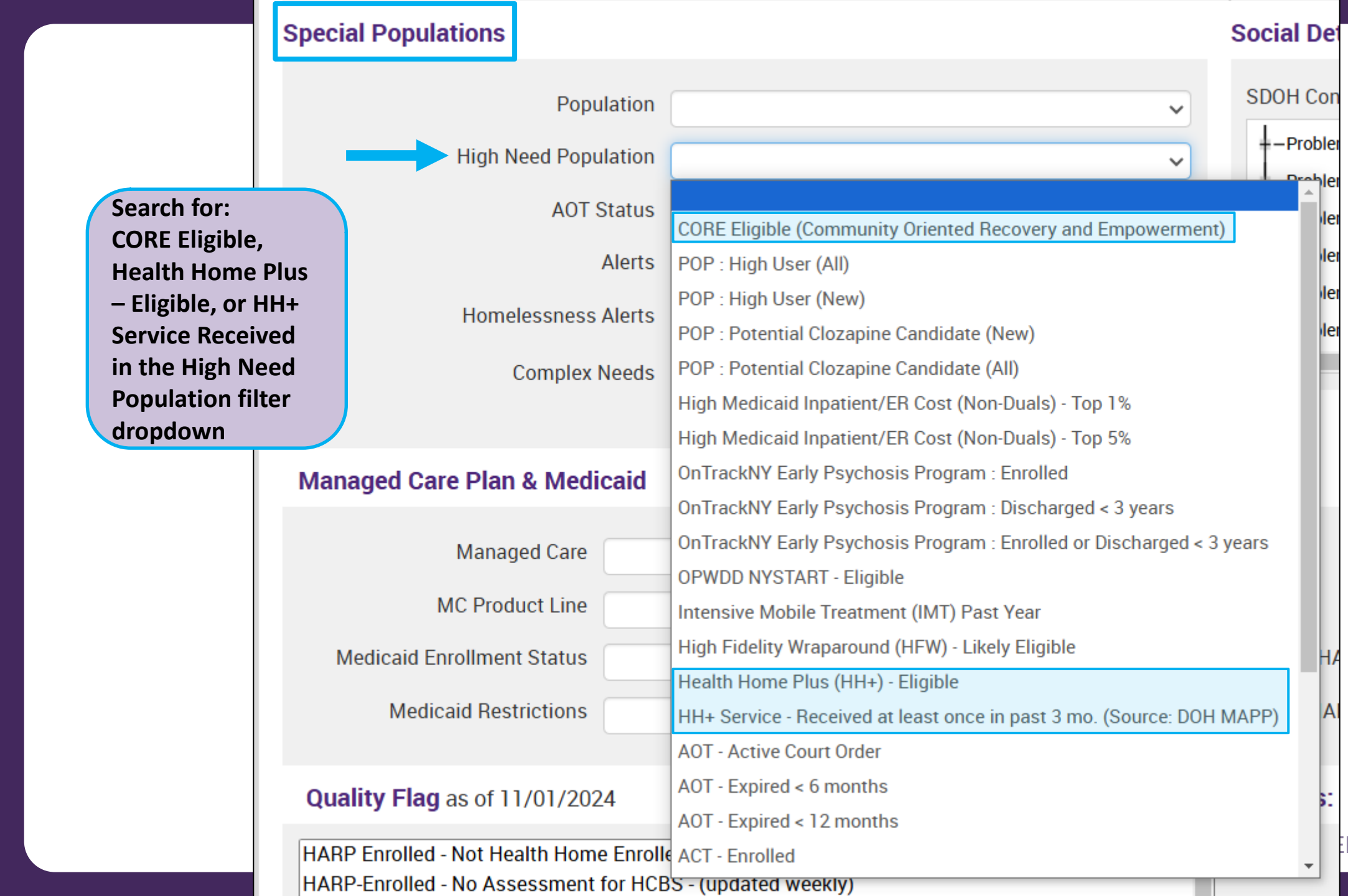
- Individual Client Level Reports
  - Clinical Summary: Medicaid and state database treatment history, up to 5 years' worth of data
- Provider Level Reports
  - My QI Report: Displays current performance on all quality indicators, review the names of clients who are flagged, *enable access (provider 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.

Population Health with Recipient Search

Recipient Search

- Clients linked to a provider agency if billed for in the past year or currently linked through MAPP
- Use Recipient Search to search for an individual client or generate list of clients meeting specified criteria (examples below):
  - Health Home Plus (HH+) – Eligible
  - Complex Needs
  - Homelessness
  - Alerts (e.g., suicide attempt, ideations, etc.)
  - Quality Flags
  - Service Settings (e.g., HH or CMA enrolled/outreach, Health Home Plus)
- Enable access on the results page or export to Excel/PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
Dashboards
Recipient Search
Limit results to
50
Search
Reset
Individual Search
Recipient Identifiers
Search in:
Full Database
MAIN STREET HEALTH HOME
Medicaid ID
SSN
AB00000A
First Name
Last Name
DOB
MM/DD/YYYY
Characteristics as of 11/25/2024
Group Search
Age Range
To
Gender
Race
Ethnicity
Region
County
Special Populations
Population
High Need Population
AOT Status
Alerts
Homelessness Alerts
Complex Needs
Social Determinants of Health (SDOH)
Past 1 Year
SDOH Conditions (reported in billing)
SDOH Conditions: Selected
Problems related to upbringing
Problems related to social environment
Problems related to physical environmen
Problems related to other psychosocial c
Problems related to medical facilities and
Problems related to life management diff
Managed Care Plan & Medicaid
Managed Care
MC Product Line
Medicaid Enrollment Status
Children's Waiver Status
HARP Status
HARP HCBS Assessment Status



Search for: CORE Eligible, Health Home Plus – Eligible, or HH+ Service Received in the High Need Population filter dropdown

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

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Complex Needs

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

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Quality Flag as of 11/01/2024

HARP Enrolled - Not Health Home Enrolle

HARP-Enrolled - No Assessment for HCB

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

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts — Shelter (DHS) or Outreach (DHS) or Any past 1 y...

Complex Needs

Homelessness: All Sources

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

Homelessness: NYC DHS

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

Homelessness: Medicaid

- [ ] Any (Medicaid)
- [x] Any past 1 year (Medicaid)
- [ ] Unsheltered past 1 year (Medicaid)
- [ ] Sheltered past 1 year (Medicaid)

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

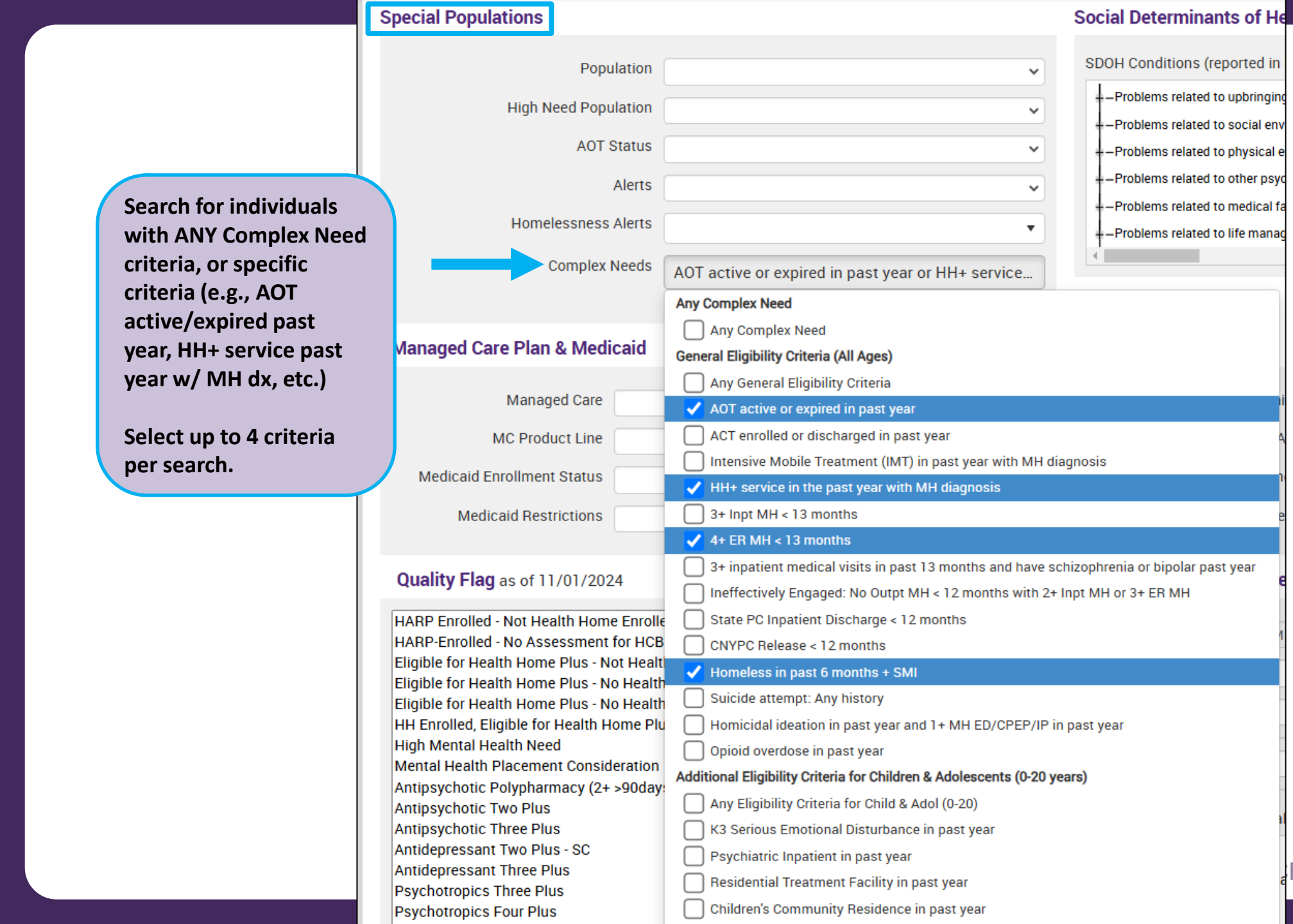
Medicaid Restrictions

Quality Flag as of 11/01/2024

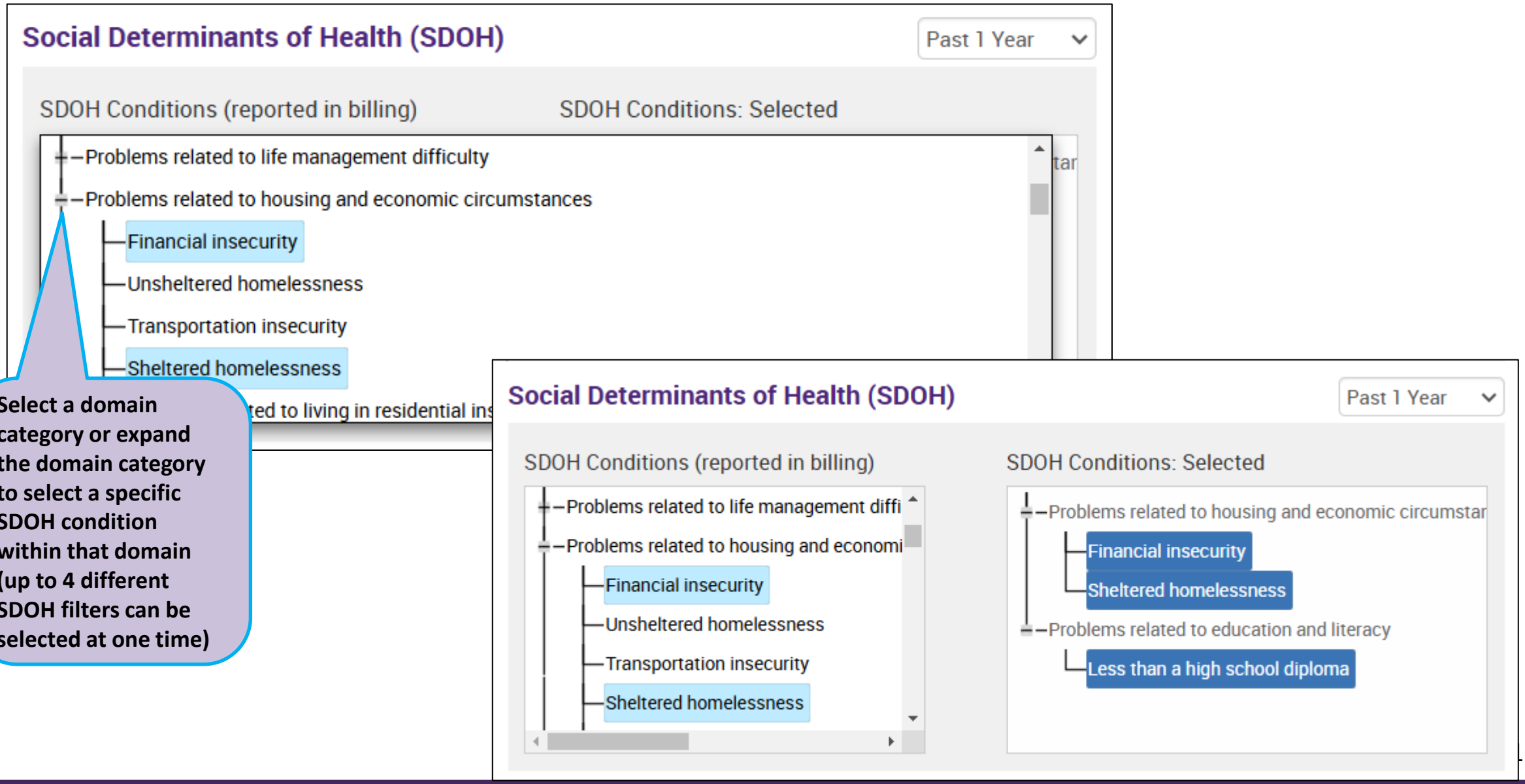
HARP Enrolled - Not Health Home Enrolle
HARP-Enrolled - No Assessment for HCB
Eligible for Health Home Plus - Not Healt
Eligible for Health Home Plus - No Health
Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months

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

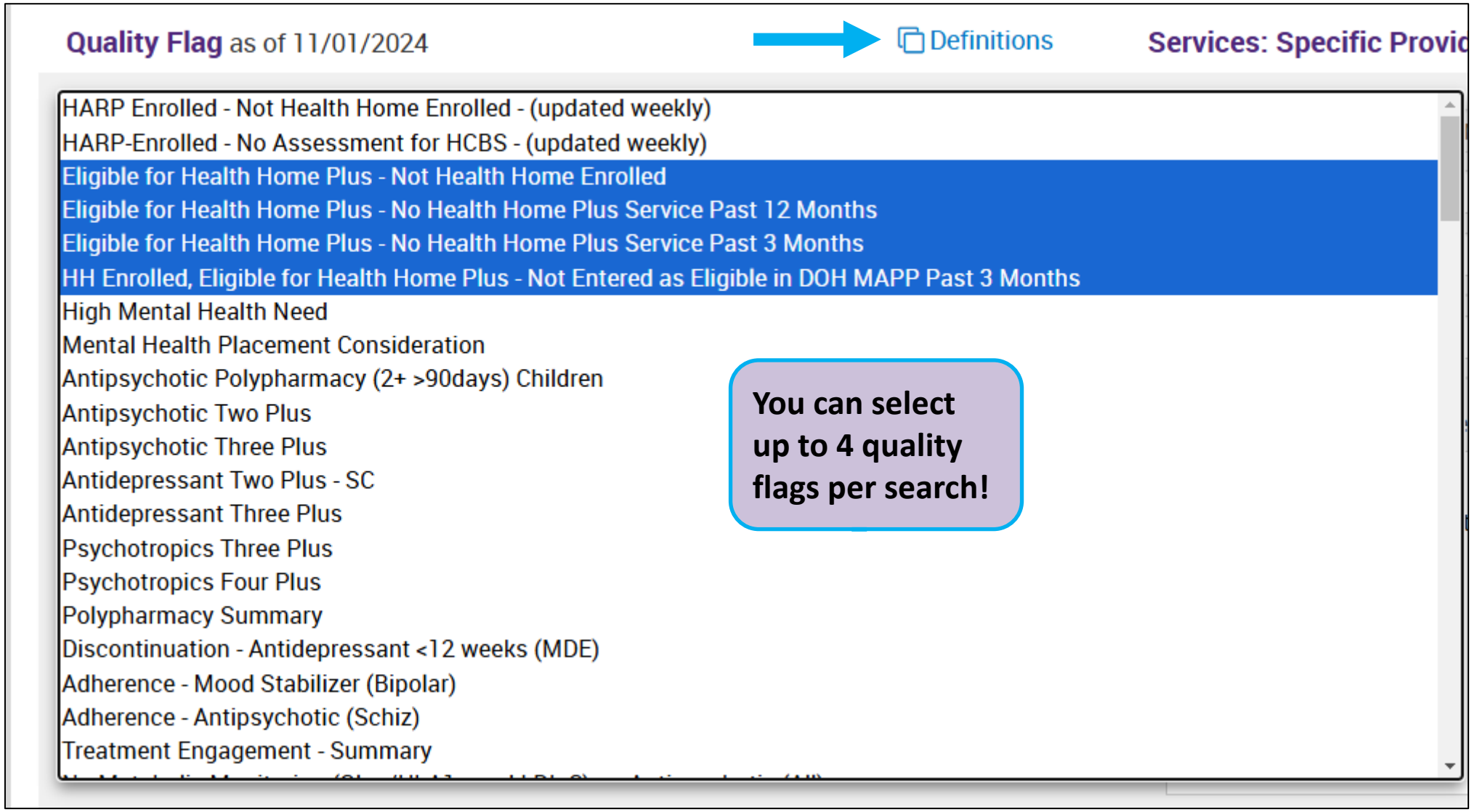
Select up to 4 criteria per search.



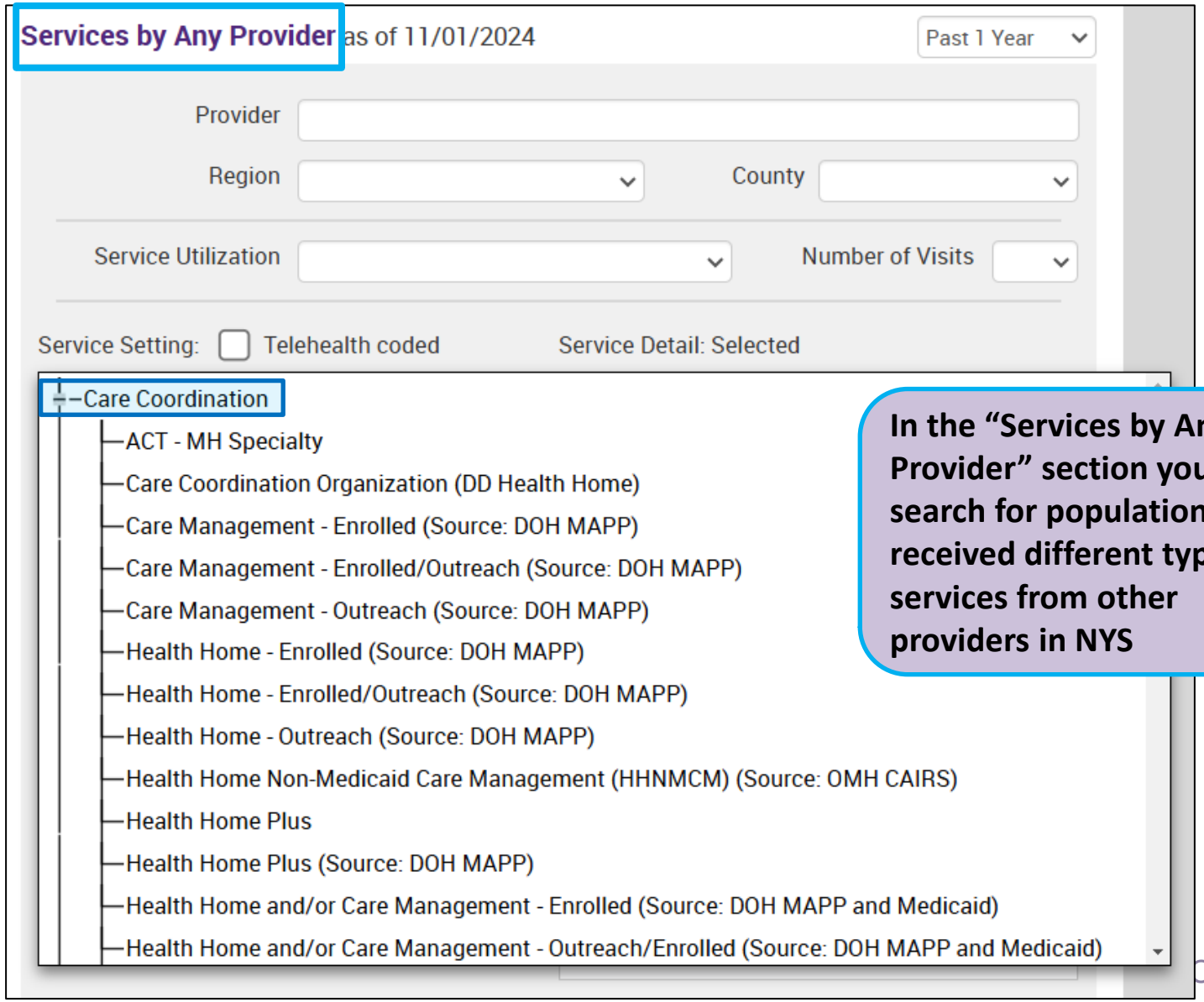
Social Determinants of Health (SDOH)



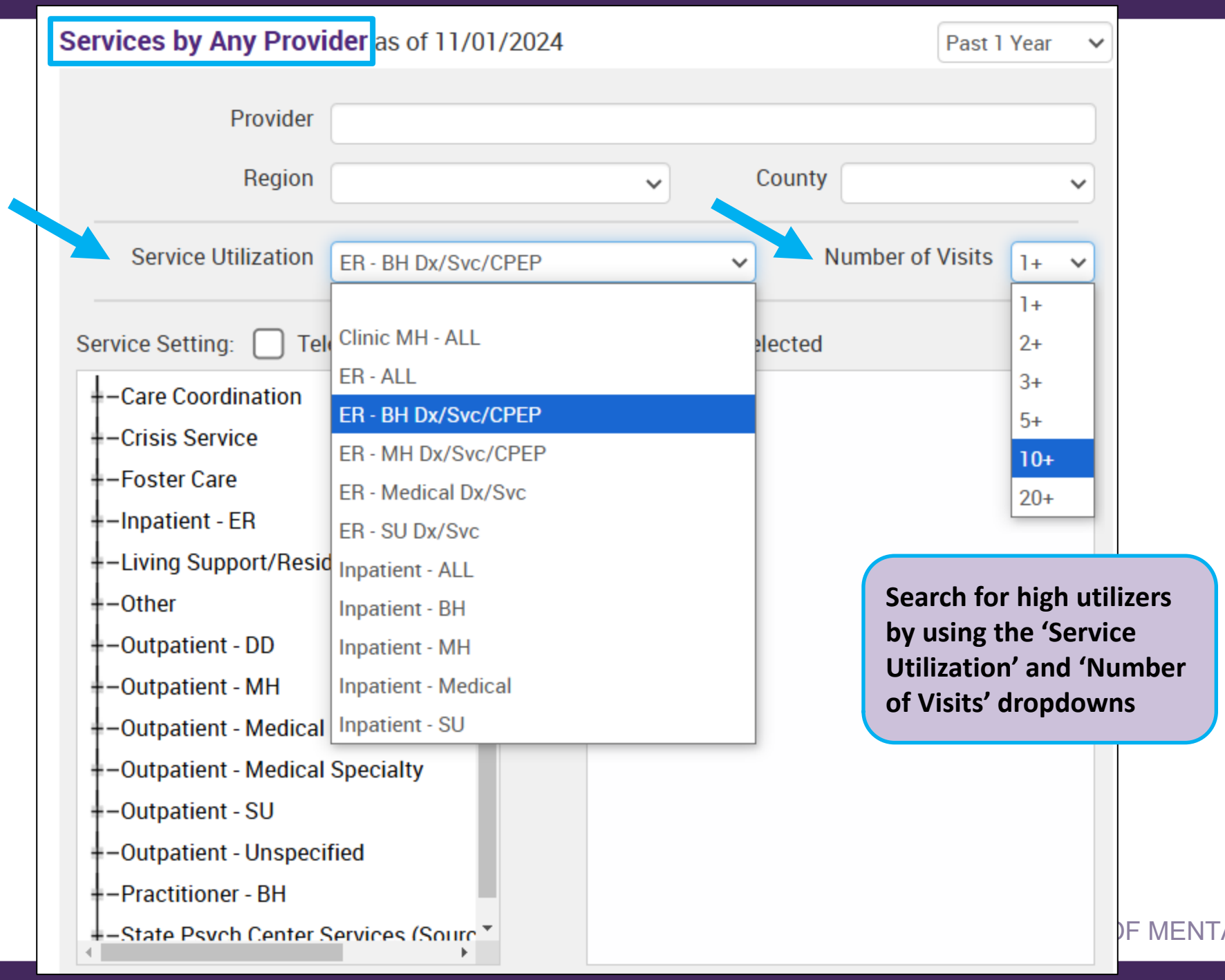
Quality Flags



Services by Any Provider



In the "Services by Any Provider" section you can search for populations who received different types of services from other providers in NYS


Services by Any Provider as of 11/01/2024
Past 1 Year
Provider
Region
County
Service Utilization
ER - BH Dx/Svc/CPEP
Number of Visits
1+
Service Setting:
Clinic MH - ALL
ER - ALL
ER - BH Dx/Svc/CPEP
ER - MH Dx/Svc/CPEP
ER - Medical Dx/Svc
ER - SU Dx/Svc
Inpatient - ALL
Inpatient - BH
Inpatient - MH
Inpatient - Medical
Inpatient - SU
1+
2+
3+
5+
10+
20+
Care Coordination
Crisis Service
Foster Care
Inpatient - ER
Living Support/Resid
Other
Outpatient - DD
Outpatient - MH
Outpatient - Medical
Outpatient - Medical Specialty
Outpatient - SU
Outpatient - Unspecified
Practitioner - BH
Search for high utilizers by using the 'Service Utilization' and 'Number of Visits' dropdowns

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

Modify Search

436 Recipients Found

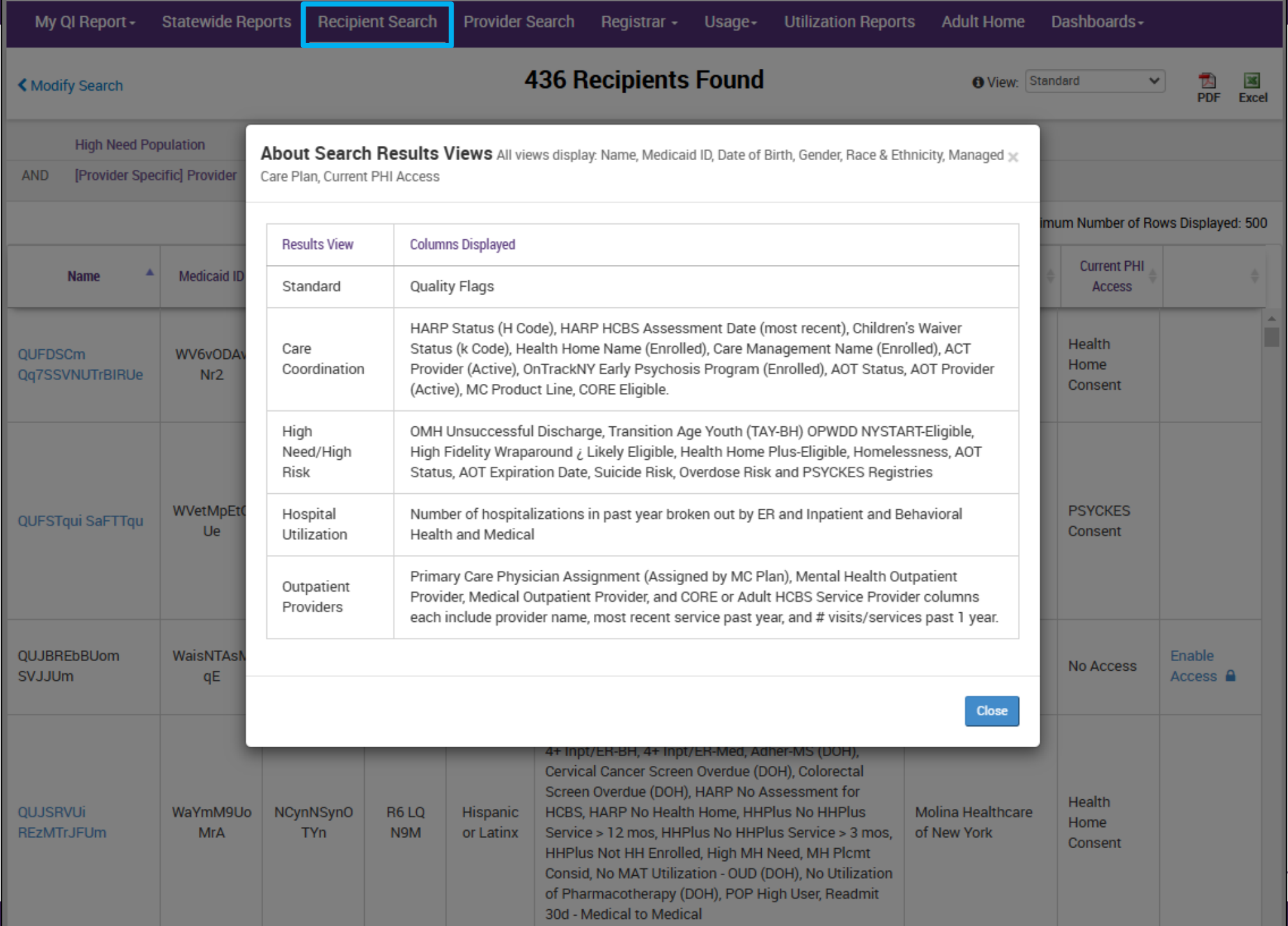
View: Standard | PDF | Excel

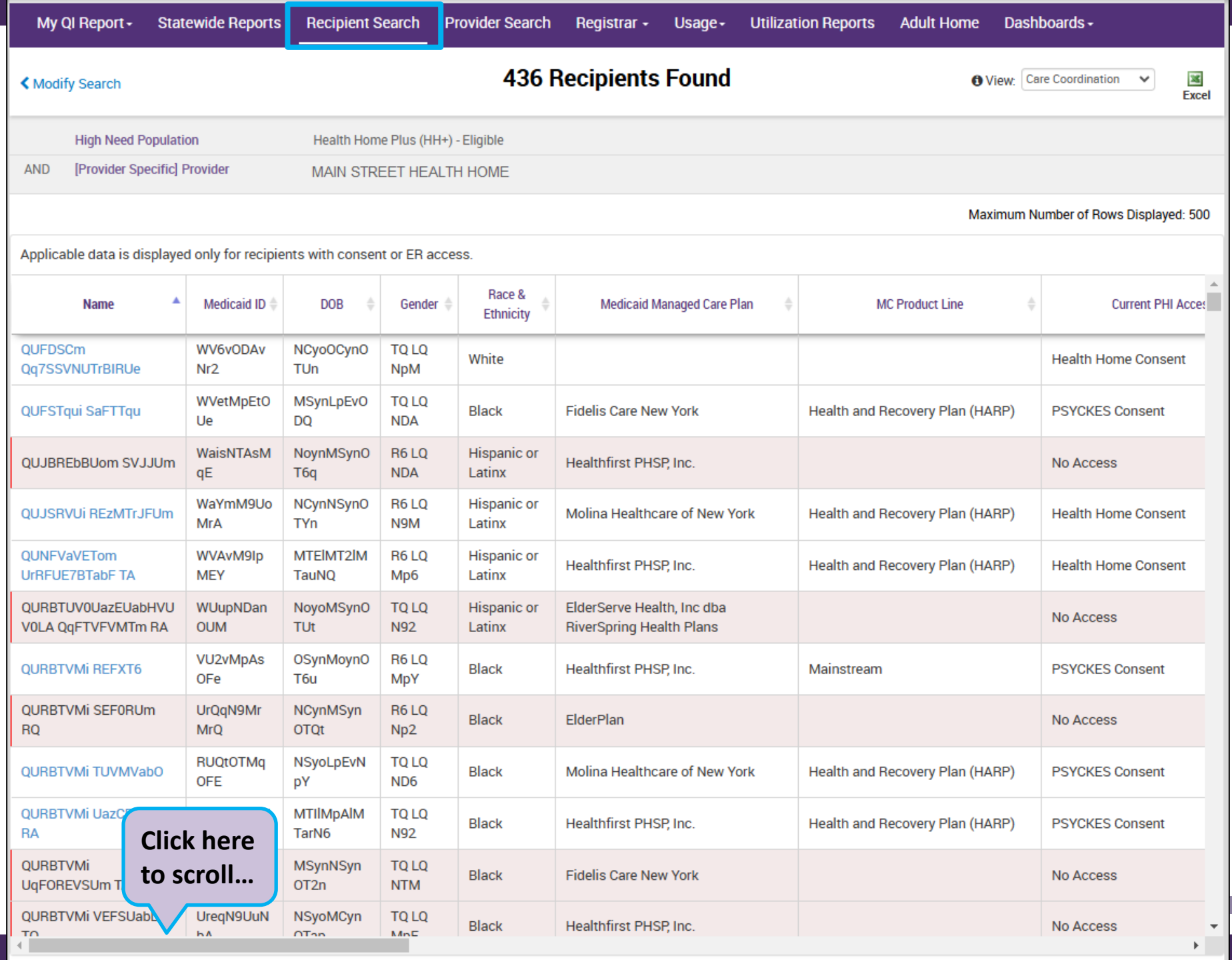
	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Provider	MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

Name	Medicaid ID	DOB	Gender	Race & Ethnicity	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
QUFDSCm Qq7SSVNUTrBIRUe	WV6vODAv Nr2	NCyoOCynO TUn	TQ LQ NpM	White	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid		Health Home Consent	
QUFSTqui SaFTTqu	WVetMpEtO Ue	MSynLpEvO DQ	TQ LQ NDA	Black	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 HHPlus No Consid, No No MH ED Pharmaco High User		Fidelis Care New York	PSYCKES Consent	
QUJBREbBUom SVJJUm	WaisNTAsM qE	NoynMSynO T6q	R6 LQ NDA	Hispanic or Latinx	2+ ER-BH, HHPlus No HHPlus Se High MH Nee		Healthfirst PHSP, Inc.	No Access	Enable Access
QUJSRVUi REzMTrJFUm	WaYmM9Uo MrA	NCynNSynO TYn	R6 LQ N9M	Hispanic or Latinx	2+ ER-BH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (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, No MAT Utilization - OUD (DOH), No Utilization of Pharmacotherapy (DOH), POP High User, Readmit 30d - Medical to Medical		Molina Healthcare of New York	Health Home Consent	

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


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
Dashboards
Modify Search
436 Recipients Found
View: Standard
PDF
Excel
High Need Population
AND [Provider Specific] Provider
About Search Results Views All views display: Name, Medicaid ID, Date of Birth, Gender, Race & Ethnicity, Managed Care Plan, Current PHI Access
Results View
Columns Displayed
Standard
Quality Flags
Care Coordination
HARP Status (H Code), HARP HCBS Assessment Date (most recent), Children's Waiver Status (k Code), Health Home Name (Enrolled), Care Management Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, AOT Provider (Active), MC Product Line, CORE Eligible.
High Need/High Risk
OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH) OPWDD NYSTART-Eligible, High Fidelity Wraparound ¿ Likely Eligible, Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Risk, Overdose Risk and PSYCKES Registries
Hospital Utilization
Number of hospitalizations in past year broken out by ER and Inpatient and Behavioral Health and Medical
Outpatient Providers
Primary Care Physician Assignment (Assigned by MC Plan), Mental Health Outpatient Provider, Medical Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year.
Close
Name
Medicaid ID
Current PHI Access
Health Home Consent
PSYCKES Consent
No Access
Enable Access
Molina Healthcare of New York


My QI Report
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436 Recipients Found
View: Care Coordination
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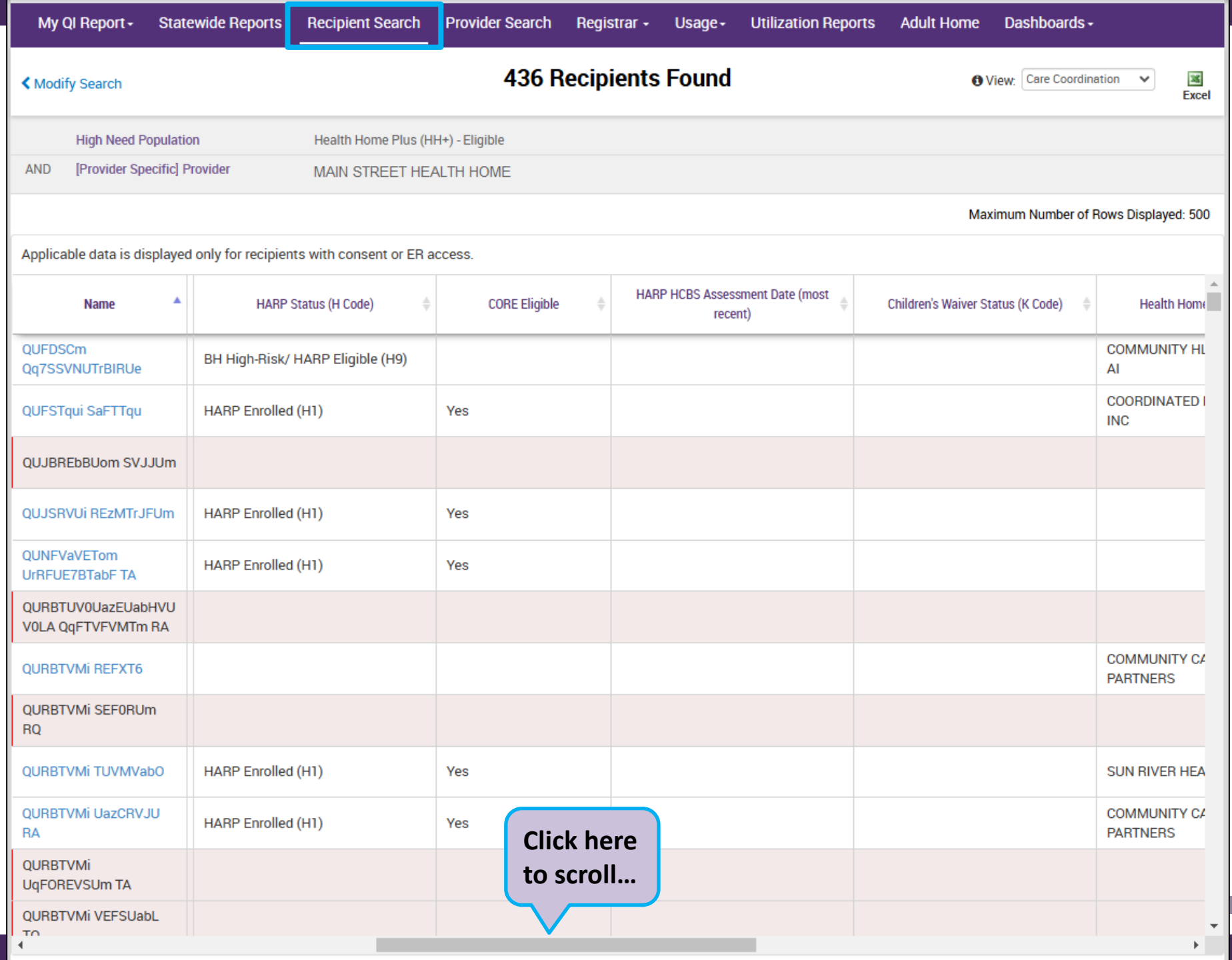
High Need Population
Health Home Plus (HH+) - Eligible
AND
[Provider Specific] Provider
MAIN STREET HEALTH HOME
Maximum Number of Rows Displayed: 500
Applicable data is displayed only for recipients with consent or ER access.
Name
Medicaid ID
DOB
Gender
Race & Ethnicity
Medicaid Managed Care Plan
MC Product Line
Current PHI Acces
QUFDSCm Qq7SSVNUTrBIRUe
WV6vODAv Nr2
NCyoOCynO TUn
TQ LQ NpM
White
Health Home Consent
QUFSTqui SaFTTqu
WVetMpEtO Ue
MSynLpEvO DQ
TQ LQ NDA
Black
Fidelis Care New York
Health and Recovery Plan (HARP)
PSYCKES Consent
QUJBREbBUom SVJJUm
WaisNTAsM qE
NoynMSynO T6q
R6 LQ NDA
Hispanic or Latinx
Healthfirst PHSP, Inc.
No Access
QUJSRVUi REzMTrJFUm
WaYmM9Uo MrA
NCynNSynO TYn
R6 LQ N9M
Hispanic or Latinx
Molina Healthcare of New York
Health and Recovery Plan (HARP)
Health Home Consent
QUNFVaVETom UrRFUE7BTabF TA
WVAvM9Ip MEY
MTElMT2lM TauNQ
R6 LQ Mp6
Hispanic or Latinx
Healthfirst PHSP, Inc.
Health and Recovery Plan (HARP)
Health Home Consent
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA
WUupNDan OUM
NoyoMSynO TUt
TQ LQ N92
Hispanic or Latinx
ElderServe Health, Inc dba RiverSpring Health Plans
No Access
QURBTVMi REFXT6
VU2vMpAs OFe
OSynMoynO T6u
R6 LQ MpY
Black
Healthfirst PHSP, Inc.
Mainstream
PSYCKES Consent
QURBTVMi SEF0RUm RQ
UrQqN9Mr MrQ
NCynMSyn OTQt
R6 LQ Np2
Black
ElderPlan
No Access
QURBTVMi TUVMVabO
RUQtOTMq OFE
NSyoLpEvN pY
TQ LQ ND6
Black
Molina Healthcare of New York
Health and Recovery Plan (HARP)
PSYCKES Consent
QURBTVMi UazC RA
MTIlMpAlM TarN6
TQ LQ N92
Black
Healthfirst PHSP, Inc.
Health and Recovery Plan (HARP)
PSYCKES Consent
QURBTVMi UqFOREVSUm T
MSynNSyn OT2n
TQ LQ NTM
Black
Fidelis Care New York
No Access
QURBTVMi VEFSUabL TQ
UreqN9UuN hA
NSyoMCyn OTap
TQ LQ MpF
Black
Healthfirst PHSP, Inc.
No Access
Click here to scroll…


My QI Report
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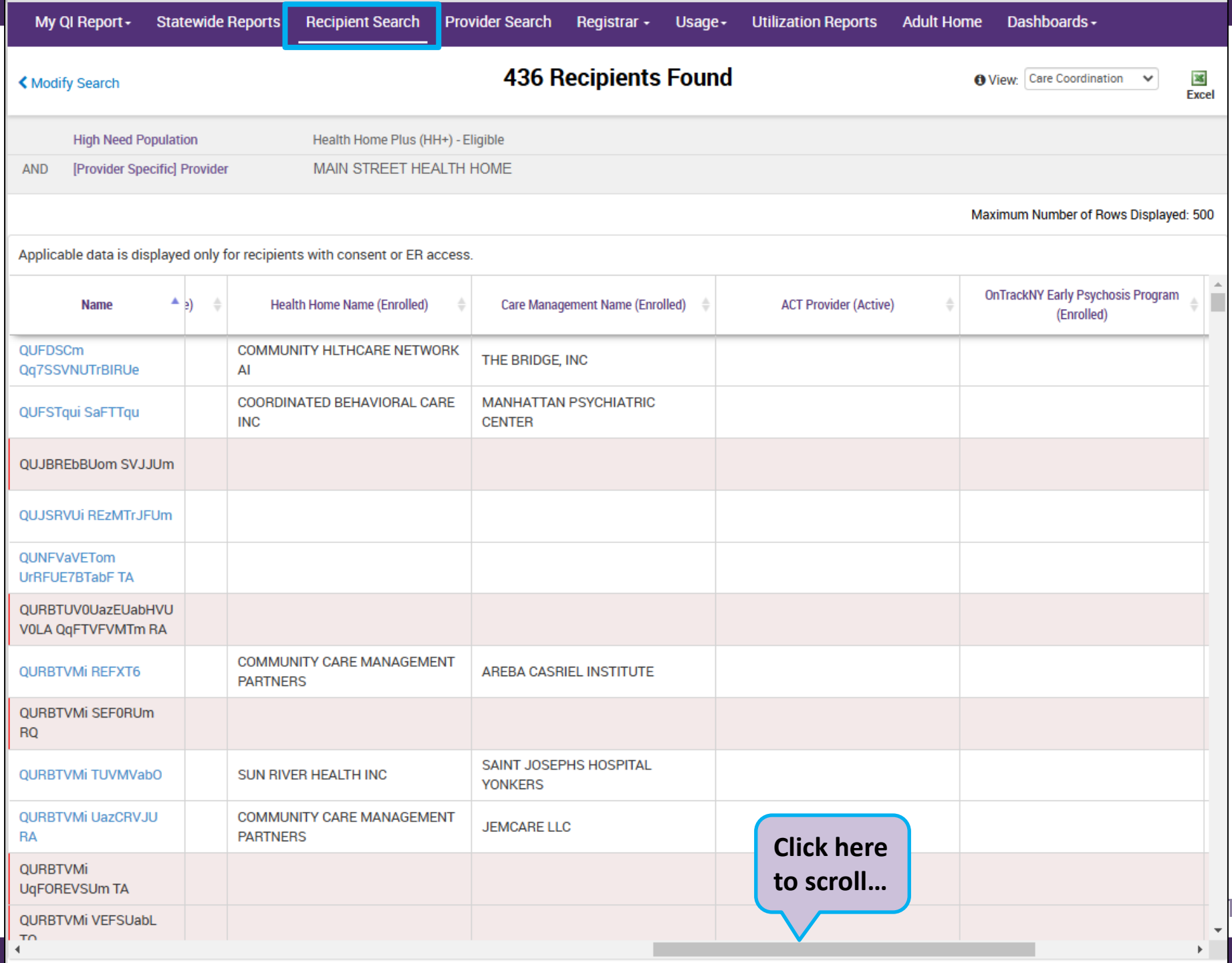
Modify Search
436 Recipients Found
View: Care Coordination
Excel
High Need Population
Health Home Plus (HH+) - Eligible
AND
[Provider Specific] Provider
MAIN STREET HEALTH HOME
Maximum Number of Rows Displayed: 500
Applicable data is displayed only for recipients with consent or ER access.
Name
HARP Status (H Code)
CORE Eligible
HARP HCBS Assessment Date (most recent)
Children's Waiver Status (K Code)
Health Home
QUFDSCm Qq7SSVNUTrBIRUe
BH High-Risk/ HARP Eligible (H9)
COMMUNITY HL AI
QUFSTqui SaFTTqu
HARP Enrolled (H1)
Yes
COORDINATED INC
QUJBREbBUom SVJJUm
QUJSRVUi REzMTrJFUm
HARP Enrolled (H1)
Yes
QUNFVaVETom UrRFUE7BTabF TA
HARP Enrolled (H1)
Yes
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA
QURBTVMi REFXT6
COMMUNITY CA PARTNERS
QURBTVMi SEF0RUm RQ
QURBTVMi TUVMVabO
HARP Enrolled (H1)
Yes
SUN RIVER HEA
QURBTVMi UazCRVJU RA
HARP Enrolled (H1)
Yes
COMMUNITY CA PARTNERS
QURBTVMi UqFOREVSUm TA
QURBTVMi VEFSUabL
Click here to scroll…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High Need Population
Health Home Plus (HH+) - Eligible
AND
[Provider Specific] Provider
MAIN STREET HEALTH HOME
Maximum Number of Rows Displayed: 500
Applicable data is displayed only for recipients with consent or ER access.
Name
Health Home Name (Enrolled)
Care Management Name (Enrolled)
ACT Provider (Active)
OnTrackNY Early Psychosis Program (Enrolled)
QUFDSCm Qq7SSVNUTrBIRUe
COMMUNITY HLTHCARE NETWORK AI
THE BRIDGE, INC
QUFSTqui SaFTTqu
COORDINATED BEHAVIORAL CARE INC
MANHATTAN PSYCHIATRIC CENTER
QUJBREbBUom SVJJUm
QUJSRVUi REzMTrJFUm
QUNFVaVETom UrRFUE7BTabF TA
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA
QURBTVMi REFXT6
COMMUNITY CARE MANAGEMENT PARTNERS
AREBA CASRIEL INSTITUTE
QURBTVMi SEF0RUm RQ
QURBTVMi TUVMVabO
SUN RIVER HEALTH INC
SAINT JOSEPHS HOSPITAL YONKERS
QURBTVMi UazCRVJU RA
COMMUNITY CARE MANAGEMENT PARTNERS
JEMCARE LLC
QURBTVMi UqFOREVSUm TA
QURBTVMi VEFSUabL
Click here to scroll...

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

Modify Search

436 Recipients Found

View: Care Coordination

Excel

	High Need Population	Health Home Plus (HH+) - Eligible
AND	[Provider Specific] Provider	MAIN STREET HEALTH HOME

Maximum Number of Rows Displayed: 500

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

Name	ed)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	AOT Provider (Active)
QUFDSCm Qq7SSVNUTrBIRUe					
QUFSTqui SaFTTqu				Active Court Order	BronxCare Health System
QUJBREbBUom SVJJUm					
QUJSRVUi REzMTrJFUm					
QUNFVaVETom UrRFUE7BTabF TA					
QURBTUV0UazEUabHVU V0LA QqFTVFVMTm RA					
QURBTVMi REFXT6				Active Court Order	Beth Israel Medical Center
QURBTVMi SEF0RUm RQ					
QURBTVMi TUVMVabO				Active Court Order	BronxCare Health System
QURBTVMi UazCRVJU RA					
QURBTVMi UqFOREVSUm TA					
QURBTVMi VEFSUabL TO					

Access to Client-Level Data

Client Linkage to Agency

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

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

Levels of Access to Client Data

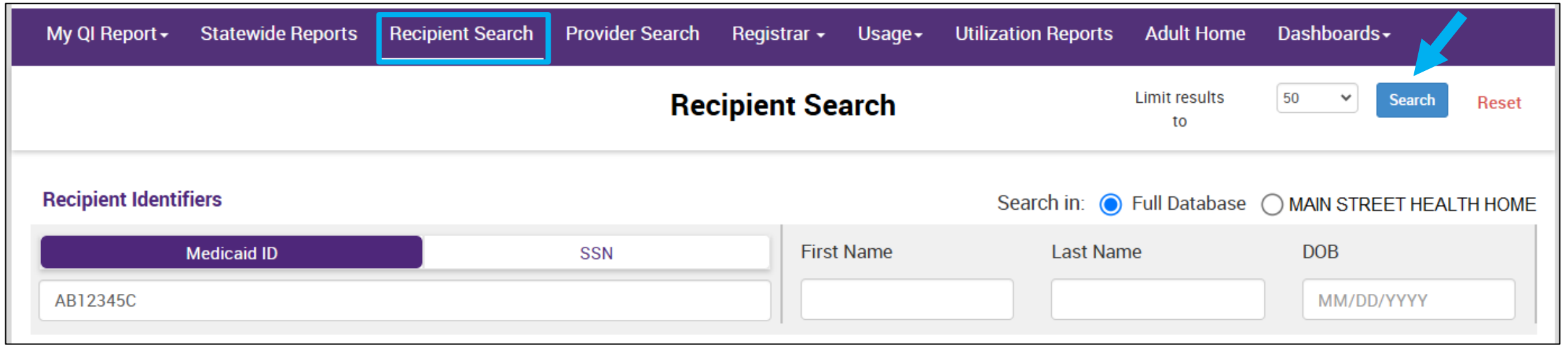
- **Signed Consent (PSYCKES, BHCC, DOH Health Home/CCO)**
  - Allows access to all available data (including data with special protections such as SUD, HIV, family planning, genetic testing), for 3 years after the last billed service
- **Verbal Consent**
  - Allows access to limited data (excluding data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

DOH Health Home Consent Logic (5055/5021)

- Access to client-level data via a signed DOH Health Home (HH) consent form covers staff who:
  - Work for a Health Home or Care Management program, according to MAPP OR
  - Work for a Care Coordination Organization (CCO), providing Health Home Care Management within OPWDD, and have billed at least one CCO case management service in the past year
- In PSYCKES, the DOH consent check box option will only be enabled once users indicate in their User Role Profile that they work for either:
  - Health Home Administration/CCO, or
  - Care Management program
- Access will stay active as long as the client's HH/CM enrollment is verified in MAPP system (90-day grace period after entry in PSYCKES)

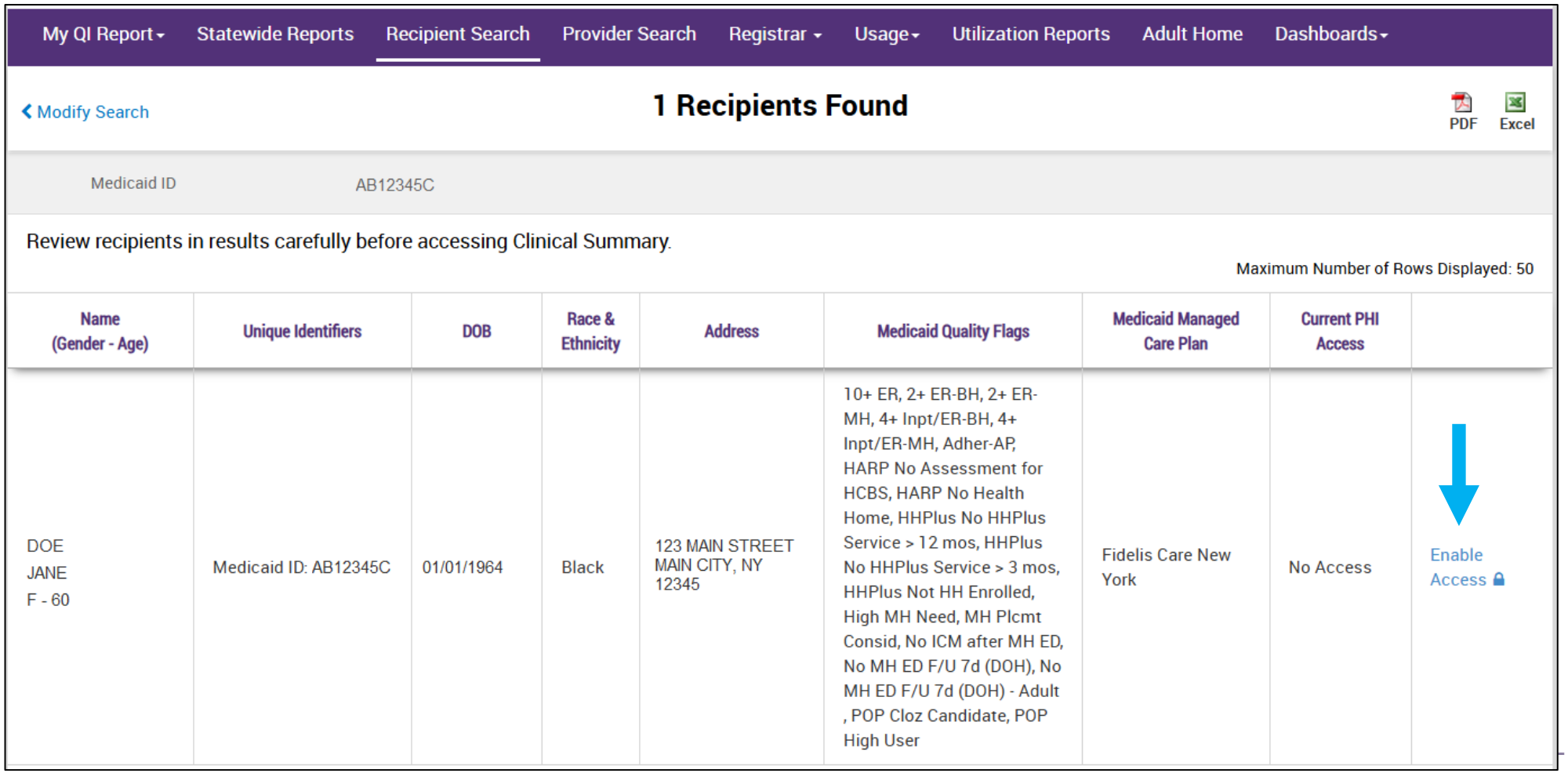
Enable Access Module

- Recipient Search
  - Step 1: Enter recipient identifier(s) and click “Search”
    - Medicaid ID
    - Social Security Number (SSN)
    - First Name (at least first two characters required, if entered)
    - Last Name (full last name required, if entered)
    - Date of Birth (DOB) (enter to improve search results when searching with name)



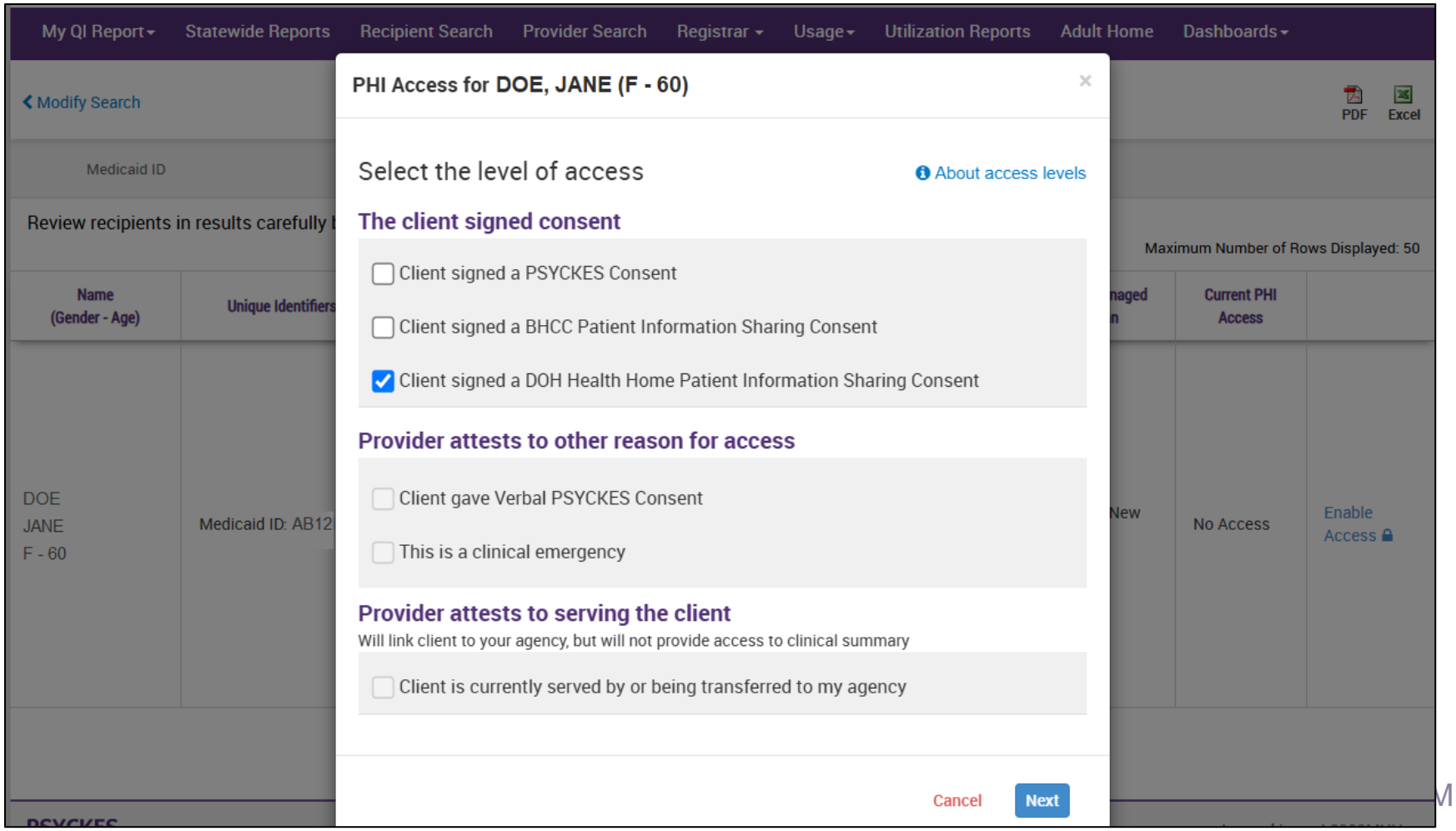
Enable Access Module

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



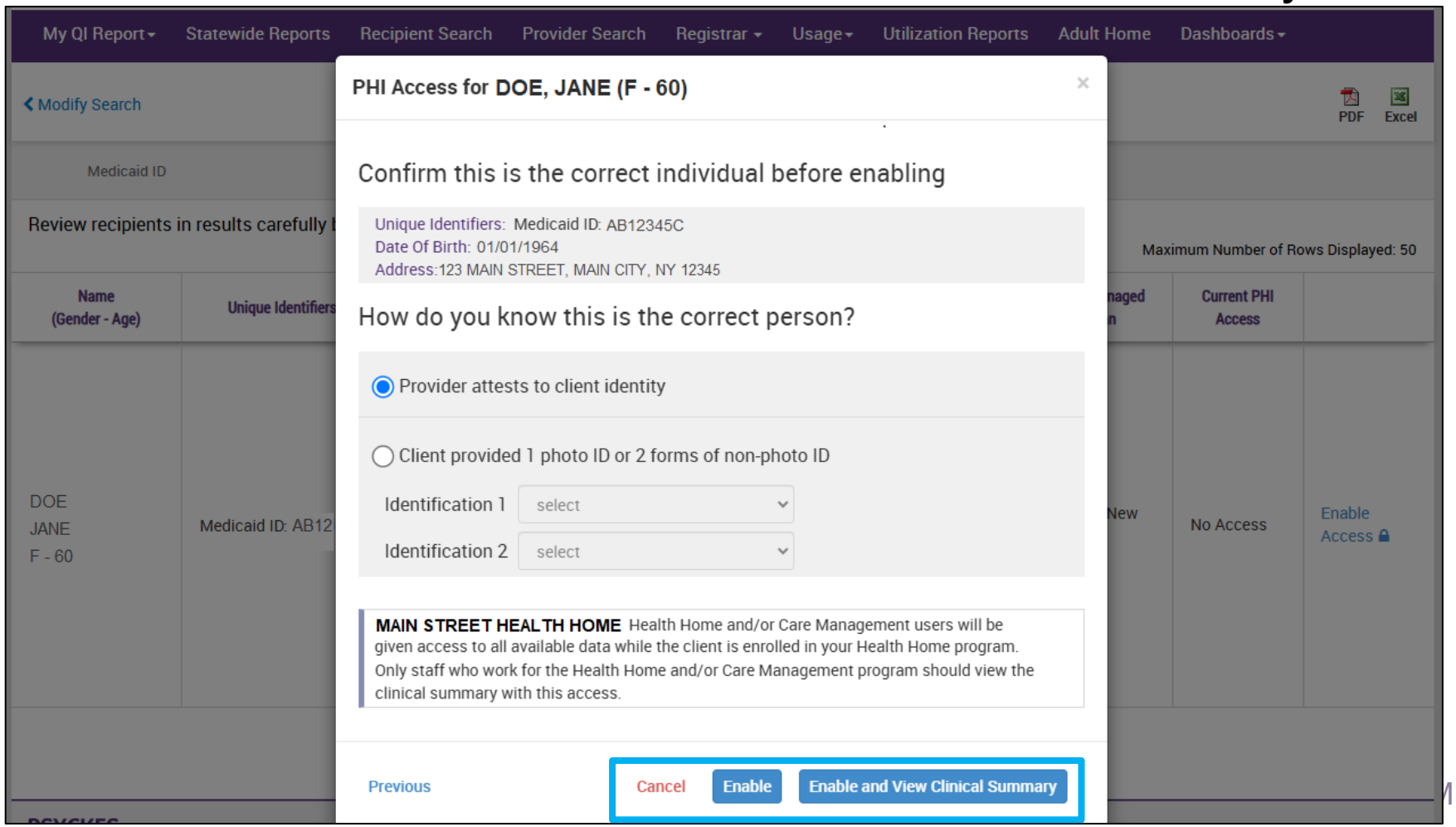
Enable Access Module

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



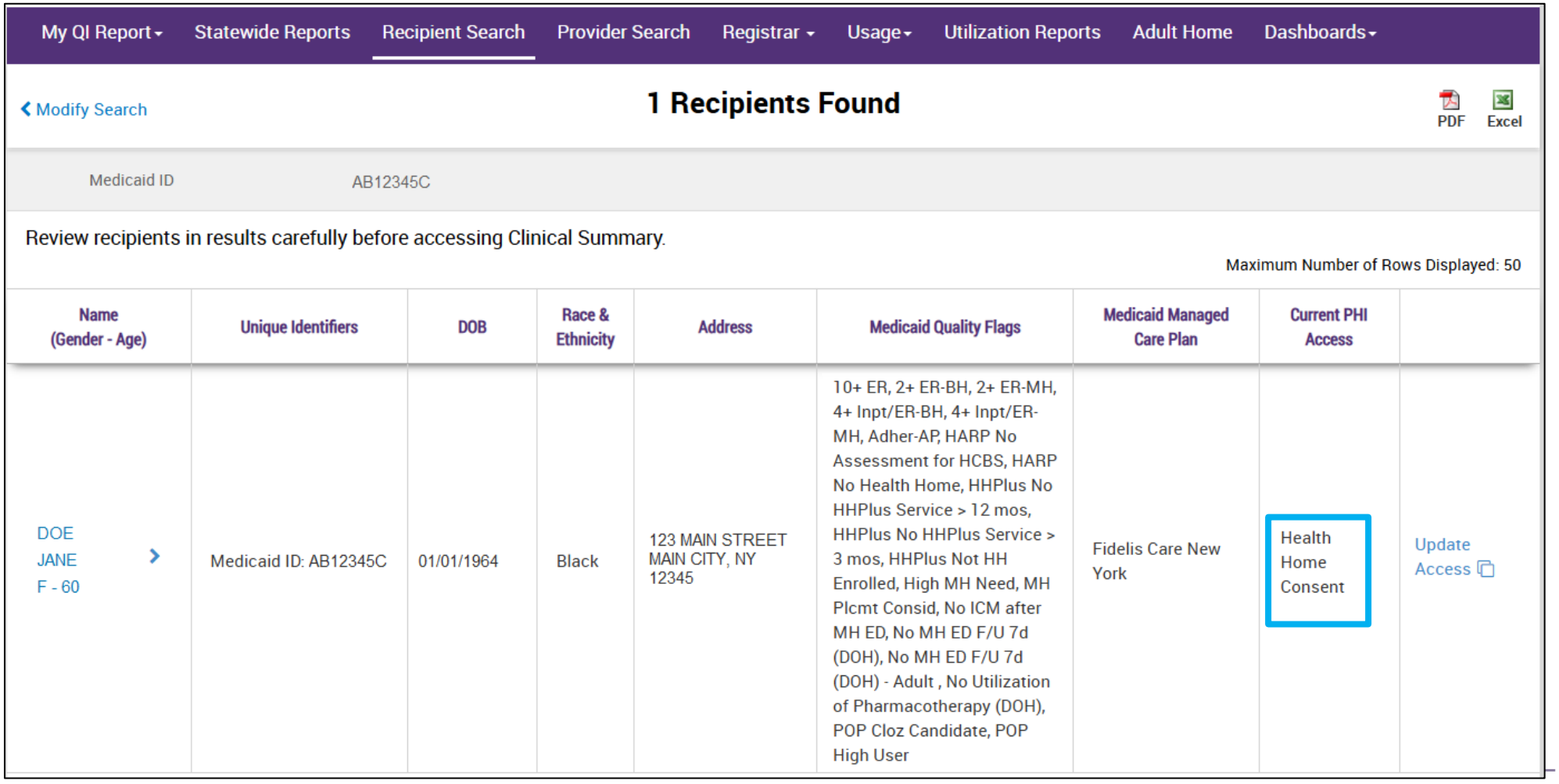
Enable Access Module

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



Enable Access Module

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



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

Modify Search

1 Recipients Found

PDF Excel

Medicaid ID AB12345C

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name (Gender - Age)	Unique Identifiers	DOB	Race & Ethnicity	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
DOE JANE F - 60	Medicaid ID: AB12345C	01/01/1964	Black	123 MAIN STREET MAIN CITY, NY 12345	10+ ER, 2+ ER-BH, 2+ ER-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No ICM after MH ED, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult , No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User	Fidelis Care New York	Health Home Consent	Update Access

Clinical Summary

What is a PSYCKES Clinical Summary?

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

Clinical Summary Sections

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

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

Recipient Search

QUFSTqui SaFTTqu

As of 12/3/2024 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)
Address: NDEq Vm MTItVE6 UrQ, TaVX WUzSSm, Tba, MTAmM92
Phone (Source: NYC DHS): KDAnM8a MpQrLTYtODa

Medicaid ID: WVetMpEtOUe Medicare: No
Managed Care Plan: Fidelis Care New York (HARP)
MC Plan Assigned PCP : N/A

HARP Status: HARP Enrolled (H1)
HARP HCBS Assessment Status: Never Assessed
Medicaid Eligibility Expires on: 3/31/2025

Current Care Coordination

NYC Jail Based Care	NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 01/02/2024, Jail Discharge Date: 01/23/2024, Released to: Community) **Meds at time of discharge**: Methadone 5 Mg (Keep) Tablet: 90mg Daily, Melatonin 1 Mg (Psych) Tablet: 1 Mg In The Evening, Diphenhydramine (Psych) 50 Mg Capsule: 50mg In The Evening, Sertraline Hcl Tablet 25 Mg: 25mg In The Evening, Methadone 40 Mg (Keep) Tablet Sol: 80 Mg Daily
Health Home (Enrolled)	NEW YORK CITY HLTH & HOSP CORP (Begin Date: 01-FEB-24) • Status : Active Main Contact Referral : Nafisatu Issaka-Jafaro: 212-676-1921, Nafisatu.Issaka-Jafaro@nychhc.org • Destiny Francis: 646-458-6423, LeadHealthHome@nychhc.org Member Referral Number: 1-833-692-HH4U (4448); HHReferrals@nychhc.org **Care Management (Enrolled)**: CONEY ISLAND HOSPITAL SCM
NYC Dept of Homeless Services Shelter:	127TH STREET KELLY SAFE HAVEN (Single Adult, General) • MANHATTAN Most Recent Placement Date: 12-SEP-24 Shelter Director Contact : Aimee Poulin : 9292031001, Aimee.Poulin@cucs.org

Notifications

Complex Needs due to	4+ ER MH < 13 months , HH+ Eligibility , Homeless in past 6 months + SMI , Suicide attempt: Any history
Prescription Prior Authorization	This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Clozapine, Risperidone. To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990. Standard PA Form : https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa_forms.asp
POP High User	In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan : Fidelis Care New York • Behavioral Health High Risk Alert Team 718-896-6500 ext. 16077 for HARP members or ext. 16072 for Non-HARP members (see HARP status above) BHHighRisk@fideliscare.org
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months
High Mental Health Need due to	4+ ER MH < 13 months ; HH+ Eligibility
Mental Health Placement Consideration due to	1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code; 1 or more inpatient MH stays in past 5 years; ACT enrolled or discharged in the 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 prison MH outpatient services; Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years; Four or more emergency MH visits in past 13 months; OMH Housing history in past 5 years
CORE Eligibility	This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit:https://omh.ny.gov/omhweb/bho/core

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

Recipient Search

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As of 12/3/2024 Data sources

PDF EXCEL CCD

Sections

Brief Overview | Full Summary

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

General

Name
QUFSTqui SaFTTqu

DOB
XX/XX/XXXX (XX Yrs)

Address
NDEq Vm MTItVE6 UrQ,
TaVX WUzSSm, Tba, MTAmM92

Phone (Source: NYC DHS)
KDAnM8a MpQrLTYtODa

Medicaid ID
WVetMpEtOUe

Medicaid Aid Category
SSI

Medicaid Eligibility Expires on
3/31/2025

Medicare
No

Managed Care Plan
Fidelis Care New York (HARP)

MC Plan Assigned PCP
N/A

HARP Status
HARP Enrolled (H1)

HARP HCBS Assessment Status
Never Assessed

Current Care Coordination

NYC Jail Based Care	NYC CORRECTIONAL HEALTH SERVICES (Jail Admission Date: 01/02/2024, Jail Discharge Date: 01/23/2024, Released to: Community) **Meds at time of discharge**: Methadone 5 Mg (Keep) Tablet: 90mg Daily, Melatonin 1 Mg (Psych) Tablet: 1 Mg In The Evening, Diphenhydramine (Psych) 50 Mg Capsule: 50mg In The Evening, Sertraline Hcl Tablet 25 Mg: 25mg In The Evening, Methadone 40 Mg (Keep) Tablet Sol: 80 Mg Daily
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Notifications

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POP High User	In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan : Fidelis Care New York • Behavioral Health High Risk Alert Team 718-896-6500 ext. 16077 for HARP members or ext. 16072 for Non-HARP members (see HARP status above) BHHighRisk@fideliscare.org
Health Home Plus Eligibility	This client is eligible for Health Home Plus due to: 4+ ER MH < 13 months

Alerts

Alerts Incidents from NIMRS, Service invoices from Medicaid Details

Table | Graph

Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/ Meds/Results	
Homelessness - NYC DHS Shelter	16	11/30/2017		127TH STREET KELLY SAFE HAVEN	Single Adult, General		
PHQ-9 (depression screening and monitoring)	3	9/14/2020	3/18/2024	COMMUNITY CARE MA PARTNERS		Moderately Severe Depression (Score = 18 out of 27) - Thoughts of better off dead and/or hurting self	
Treatment for Suicidal Ideation	10	3/4/2014	2/19/2024	LINCOLN MEDICAL/MENTAL HLTH	ER - SU	Suicidal Ideation	
C-SSRS (Suicide Screen)	2	9/14/2020	3/22/2023	NYC-HHC Correctional Health Services		High Risk: Suicide Intent with Specific Plan Past Month	

Drill-in to view more information about each alert type (e.g., reporting/billing provider, source, etc.)

All Alerts for Homelessness - NYC DHS Shelter

PDF Excel

Previous 1 2 3 4 Next

Alert/Incident Type	Reporting/Billing Provider	Reporting/Billing Program	Date of Incident/Service	Medical Classification	Source
Homelessness - NYC DHS Shelter	127TH STREET KELLY SAFE HAVEN	Single Adult, General	9/12/2024		NYC DHS
Homelessness - NYC DHS Shelter	127TH STREET KELLY SAFE HAVEN	Single Adult, Special Population	6/2/2024		NYC DHS
Homelessness - NYC DHS Shelter	127TH STREET KELLY SAFE HAVEN	Single Adult, General	5/30/2024		NYC DHS

Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) reported in billing

Adult and child abuse, neglect and other maltreatment, confirmed	Adult sexual abuse, confirmed, initial encounter
Other problems related to primary support group, including family circumstances	Disappearance and death of family member • Disruption of family by separation and divorce
Personal risk factors, not elsewhere classified	Personal history of adult physical and sexual abuse
Problems related to education and literacy	Less than a high school diploma
Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Sheltered homelessness • Homelessness • Homelessness unspecified • Food insecurity • Other problems related to housing and economic circumstances • Transportation insecurity • Low income • Problem related to housing and economic circumstances, unspecified

Click on a SDOH condition to drill-in and view more details

Services provided for the selected Social Determinants of Health:
Unemployment, unspecified

PDF Excel

Previous 1 2 3 4 5 6 7 8 9 10 ... 24 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
10/10/2024	Inpatient-ER	ER - MH - CPEP	BELLEVUE HOSPITAL CENTER	Allergy status to other drugs, medicaments and biological substances, Cocaine use, unspecified, uncomplicated, Long term (current) use of inhaled steroids, Other long term (current) drug therapy, Other psychoactive substance abuse, uncomplicated, Personal history of suicidal behavior, Schizoaffective disorder, bipolar type, Unemployment, unspecified, Unspecified psychosis not due to a substance or known physiological condition

Quality Flags

Quality Flags as of monthly QI report 11/1/2024 Definitions

Recent | All (Graph) | All (Table)

Indicator Set	
General Medical Health	No Diabetes Monitoring (HbA1c) Diabetes
Health Home Care Management - Adult	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • HARP Enrolled - Not Health Home Enrolled • HARP-Enrolled - No Assessment for HCBS • HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months
High Mental Health Need	3+ inpatient medical visits in past 13 months and have schizophrenia or bipolar past year • 4+ ER MH < 13 months • HH+ Eligibility
High Utilization - Inpt/ER	10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - Medical • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • 4+ Inpatient/ER - Med • POP : High User
MH Performance Tracking Measure (as of 04/01/2024)	Low Mood Stabilizer Medication Adherence - Bipolar
Mental Health Placement Consideration	1 or more ER visits or inpatient stays in the past year with a suicide attempt/ suicide ideation/ self-harm code • Evidence of Supplemental Security Income (SSI) or SSD AND Any OMH Specialty MH Service in past 5 years • Four or more emergency MH visits in past 13 months
Readmission Post-Discharge from any Hospital	BH to BH • Medical to Medical
SUD Performance Tracking Measure (as of 04/01/2024)	No Continuity of Care after Detox to Lower Level of Care • No Continuity of Care after Rehab to Lower Level of Care • No Follow Up After High-Intensity Care for SUD (30 days) • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence
Vital Signs Dashboard - Adult (as of 04/01/2024)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

Diagnoses

Behavioral Health Diagnoses

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

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

Medical Diagnoses

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

Certain infectious and parasitic diseases	Viral infection of unspecified site
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Other disorders of white blood cells • Other anemias

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

Services provided for the selected Diagnosis:
Schizoaffective Disorder

PDF Excel

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

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

Care Coordination (Historical)

Care Coordination

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills
AOT (TACT Data)	ST. MARY'S HEALTHCARE	4/22/2024	12/3/2024	1
Health Home - Enrolled (DOH MAPP)	SOUTHWEST BROOKLYN HEALTH HOME LLC (HH), INSTITUTE FOR COMMUNITY LIVING (CM)	11/1/2022	4/30/2024	1
Health Home - Enrolled	SOUTHWEST BROOKLYN HEALTH HOME LLC	11/1/2022	3/1/2024	13
NYC Jail Based Care (Source: CHS)	NYC Correctional Health Services	1/7/2024	1/24/2024	
Health Home - Outreach (DOH MAPP)	NEW YORK CITY HLTH & HOSP CORP (HH), NATIONAL ASSOCIATION ON DRUG ABUSE (CM)	3/1/2022	10/31/2022	2
ACT - MH Specialty	INSTITUTE FOR COMM LIVING	12/31/2019	1/31/2022	25
Assertive Community Treatment (ACT)	INSTITUTE FOR COMMUNITY LIVING, INC.	5/12/2011	1/31/2022	1
Intensive Mobile Treatment (IMT) (Source: DOHMH)	VISITING NURSE SERVICE OF NY (VNSNY) BROOKLYN IMT I	1/20/2022	1/20/2022	1
Health Home Plus	ST MARYS HEALTHCARE	1/1/2020	2/1/2020	2

Medications

Medication: Controlled Substance

Details | Table | Graph

Schedule	Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
	Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	3 Yea Week		10/10/2024
	Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	3 Ye Day(		9/30/2024
IV	Anxiolytic/Hypnotic	Clonazepam	1 MG , 6/day	1 We		5/31/2023

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

Medication: Behavioral Health

Details | Table | Graph

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Antipsychotic	Paliperidone Palmitate (Invega Sustenna)	234 MG/1.5ML	2 Month(s) 1 Week(s) 2 Day(s)	9/20/2024	11/1/2024
Anxiolytic/Hypnotic	Midazolam Hydrochloride, Injection	PER 1 MG	3 Year(s) 6 Month(s) 3 Week(s) 1 Day(s)	3/19/2021	10/10/2024
Anxiolytic/Hypnotic	Lorazepam, Injection	2 MG	3 Year(s) 10 Month(s) 3 Day(s)	11/28/2020	9/30/2024

Medication: Medical

Details | Table | Graph

Drug Class	Drug Name	Last Dose*	Estimated Duration	First Day Picked Up	Last Day Picked Up
Antiparkinson Anticholinergics	Benztropine Mesylate	1 MG , 2/day	4 Year(s) 0 Month(s) 3 Week(s) 2 Day(s)	11/25/2020	11/18/2024
Aminopenicillins	Amoxicillin	500 MG , 3/day	1 Week(s)	1/17/2024	1/17/2024

Outpatient Behavioral Health Services

Behavioral Health Services

Details

Table | Graph

Service Type	Provider	First Date Billed	Last Date Billed	Number of Visits	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)
CCBHC	BESTSELF BEHAVIORAL HEALTH, INC	2/22/2023	9/26/2024	2	Major depressive disorder, recurrent, moderate	- Comm Bh Clinic Svc Per Diem
PROS - MH Specialty (Telehealth)	LSCA GROUP INC BESTSELF BEHAVIORAL	9/30/2023	1/31/2024	5	Cannabis dependence, uncomplicated	- Clinic Service, Ther Behav Svc, Per 15 Min - Ther Behav Svc, Per 15 Min - Psysoc Rehab Svc, Per Diem, Ther Behav Svc, Per 15 Min
CORE or HCBS Empowerment Services - Peer Support	NEW FRONTIERS IN TBI INC	12/5/2023	1/4/2024	3	Illness, unspecified	- Self-Help/Peer Svc Per 15min
CORE or HCBS Community Psychiatric Support and Treatment	NEW FRONTIERS IN TBI INC	12/1/2023	12/1/2023	1	Illness, unspecified	- Comm Psy Face-Face Per 15min
CORE or HCBS Empowerment Services - Peer Support	AIDS SERVICE CENTER OF LOWER MANHAT	6/20/2023	6/20/2023	1	Unspecified disorder of adult personality and behavior	- Self-Help/Peer Svc Per 15min
ACT - MH Specialty (Telehealth)	FEDERATION OF ORGANIZATIONS FOR THE	6/30/2022	10/31/2022	5	Schizophrenia, unspecified	- Assert Comm Tx Pgm Per Diem
Outpatient - State Psych Center (Source: State PC)	CENTRAL NEW YORK PSYCHIATRIC CENTER	3/3/2022	3/3/2022	1	Cannabis dependence, uncomplicated	-
Care Management - State Psych Center (Source: State PC)	SOUTH BEACH PSYCHIATRIC CENTER	4/25/2013	4/25/2013	1	Schizoaffective disorder, unspecified	-

Crisis Services

Crisis Services Details

Table | Graph

Service Type	Provider	Admission/ First Billed	Discharge Date/ Last Date Billed	#Visits/ Length of Stay	Most Recent Primary Diagnosis	Most Recent Procedures (Last 3 Months)	
Crisis Intervention Service - Telephonic Follow-up (Telehealth)	NEIGHBORHOOD CENTER INC	7/31/2024	7/31/2024	1	Mental disorder, not otherwise specified	- Crisis Interven Svc, 15 Min	
Crisis Residential Services - Residential Crisis Support	ASSOC REHAB CM & HOUSING INC	5/26/2024	5/26/2024	1	Schizophrenia, unspecified	- Crisis Interven Waiver/Diem	
Crisis Intervention Service - Mobile Crisis Response	ST JOSEPHS HOSPITAL HEALTH CE	1/22/2024	1/22/2024	1	Alcohol dependence with intoxication, unspecified	- Crisis Intervention Mental H	
Crisis Intervention Service - Telephonic Response (Telehealth)	LIBERTY RESOURCES INC	4/14/2021	4/14/2021	1	Illness, unspecified	- Crisis Interven Svc, 15 Min	

Hospital/ER Services

Hospital/ER Services

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	MAIMONIDES MEDICAL CENTER	9/29/2024	9/29/2024	1	Adverse effect of synthetic cannabinoids, initial encounter	- Emergency Dept Visit Low Mdm
ER - SU	MAIMONIDES MEDICAL CENTER	9/19/2024	9/19/2024	1	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter	- Emergency Dept Visit Sf Mdm
ER - SU	MAIMONIDES MEDICAL CENTER	9/2/2024	9/2/2024	1	Opioid use, unspecified with intoxication, uncomplicated	- Assay Of Ck (Cpk), Blood Gases W/O2 Saturation, Complete Cbc W/Auto Diff Wbc, Critical Care First Hour, Droperidol Injection, Electrocardiogram Tracing, Hydrate Iv Infusion Add-On, Hydration Iv Infusion Init, Inj Midazolam Hydrochloride, Inj Naloxone Hydrochloride, Ringers Lactate Infusion, Ther/Proph/Diag Inj Sc/Im
ER - Medical	WOODHULL MED & MNTL HLTH CTR	8/8/2024	8/8/2024	1	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter	- Assay Of Troponin Quant, Blood Gases W/O2 Saturation, Complete Cbc Automated, Comprehen Metabolic Panel, Ct Head/Brain W/O Dye, Electrocardiogram Report, Electrocardiogram Tracing, Emergency Dept Visit Mod Mdm, Hydrate Iv Infusion Add-On, Inj Naloxone Hydrochloride, Normal Saline Solution Infus, Ther/Proph/Diag Inj Iv Push, Tx/Pro/Dx Inj New Drug Addon
ER - SU	NEW YORK PRESBYTERIAN HOSPITAL	8/8/2024	8/8/2024	1	Other psychoactive substance use, unspecified with intoxication, uncomplicated	- Collj Capillary Blood Spec, Complete Cbc W/Auto Diff Wbc, Drug Screen Quantalcohols, Emergency Dept Visit Low Mdm, Glucose Blood Test, Inj Midazolam Hydrochloride, Metabolic Panel Total Ca, Ther/Proph/Diag Inj Sc/Im
ER - MH	MAIMONIDES MEDICAL CENTER	7/6/2024	7/7/2024	1	Restlessness and agitation	- Droperidol Injection, Emergency Dept Visit Mod Mdm, Glucose Blood Test, Inj Midazolam Hydrochloride, Ther/Proph/Diag Inj Sc/Im
Inpatient - MH	MAIMONIDES MEDICAL CENTER	5/15/2024	5/22/2024	7	Schizophrenia, unspecified	- Group Psychotherapy
ER - SU	NYU LANGONE HOSPITALS	5/15/2024	5/15/2024	1	Poisoning by other opioids, accidental (unintentional), initial encounter	- Emergency Dept Visit Low Mdm, X-Ray Exam Of Hand

My QI Report

My QI Report

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

Understanding My QI Report

- Attributing clients to agency QI reports:
  - Billing: Clients linked to provider agency if billed by agency in the past 9 months
  - 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 | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Adult Home | Dashboards

MAIN STREET AGENCY

Quality Indicator Overview As Of 11/01/2024

View: Standard PDF Excel

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

Filters Reset

Indicator Set

Quality Improvement Indicators (As Of 11/01/2024)

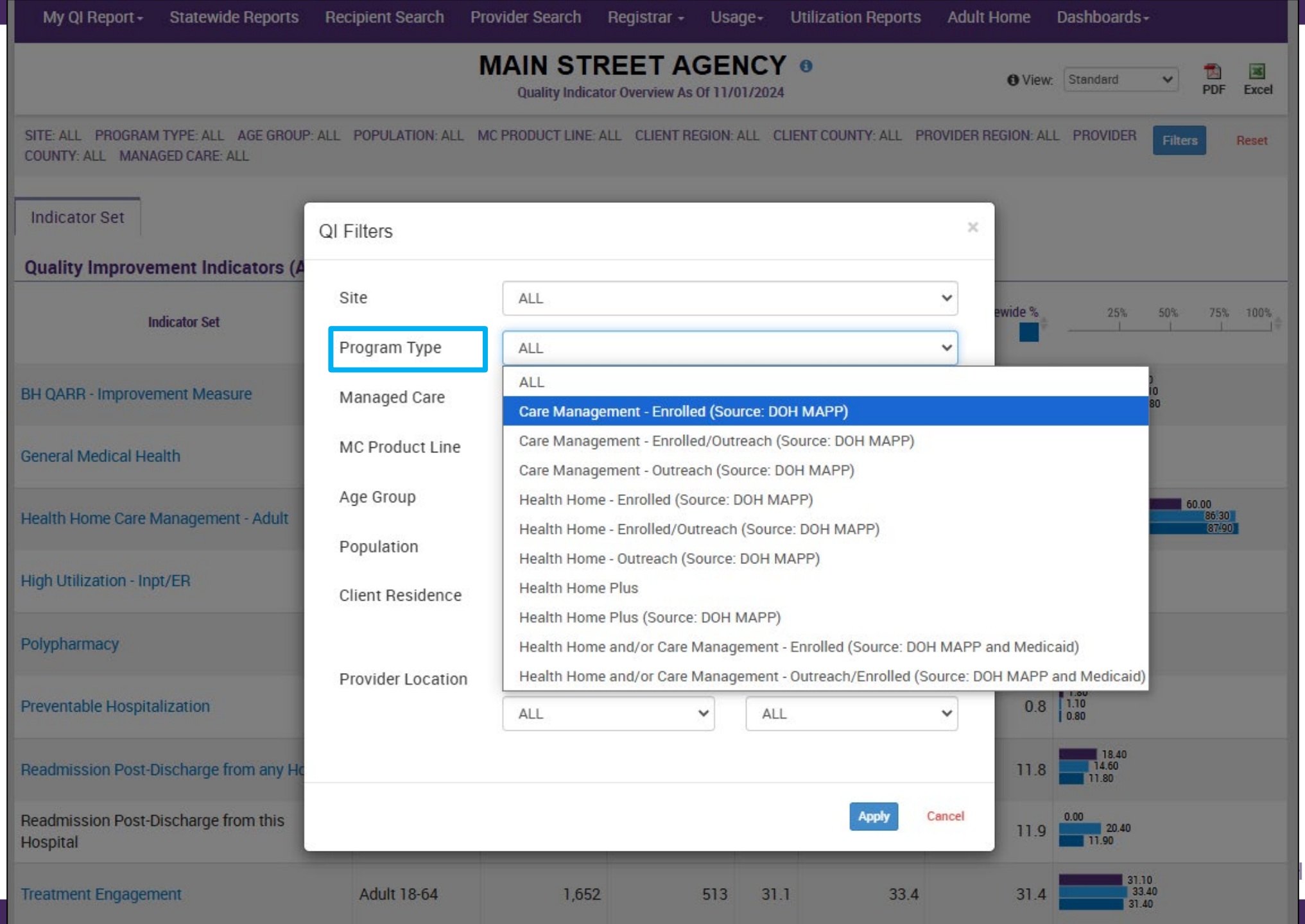
Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,909	604	31.6	34.1	34.8	31.60 34.10 34.80
General Medical Health	All	19,722	2,497	12.7	11.6	12.8	12.70 11.60 12.80
Health Home Care Management - Adult	Adult 18+	3,745	2,246	60	86.3	87.9	60.00 86.30 87.90
High Utilization - Inpt/ER	All	19,723	5,339	27.1	24.5	21.1	27.10 24.50 21.10
Polypharmacy	All	4,096	733	17.9	14.1	12.9	17.90 14.10 12.90
Preventable Hospitalization	Adult	18,875	339	1.8	1.1	0.8	1.80 1.10 0.80
Readmission Post-Discharge from any Hospital	All	4,509	830	18.4	14.6	11.8	18.40 14.60 11.80
Readmission Post-Discharge from this Hospital	All	0	0	0	20.4	11.9	0.00 20.40 11.90
Treatment Engagement	Adult 18-64	1,652	513	31.1	33.4	31.4	31.10 33.40 31.40

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

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

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	5,659	2,416	42.7	36.4	38	42.70 36.40 38.00
MH Performance Tracking Measure	All	2,555	1,337	52.3	56.7	56.4	52.30 56.70 56.40


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
Dashboards
MAIN STREET AGENCY
Quality Indicator Overview As Of 11/01/2024
View: Standard
PDF
Excel
SITE: ALL PROGRAM TYPE: ALL AGE GROUP: ALL POPULATION: ALL MC PRODUCT LINE: ALL CLIENT REGION: ALL CLIENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER COUNTY: ALL MANAGED CARE: ALL
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Care Management - Enrolled (Source: DOH MAPP)
Care Management - Enrolled/Outreach (Source: DOH MAPP)
Care Management - Outreach (Source: DOH MAPP)
Health Home - Enrolled (Source: DOH MAPP)
Health Home - Enrolled/Outreach (Source: DOH MAPP)
Health Home - Outreach (Source: DOH MAPP)
Health Home Plus
Health Home Plus (Source: DOH MAPP)
Health Home and/or Care Management - Enrolled (Source: DOH MAPP and Medicaid)
Health Home and/or Care Management - Outreach/Enrolled (Source: DOH MAPP and Medicaid)
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Cancel
BH QARR - Improvement Measure
General Medical Health
Health Home Care Management - Adult
High Utilization - Inpt/ER
Polypharmacy
Preventable Hospitalization
Readmission Post-Discharge from any Ho
Readmission Post-Discharge from this Hospital
Treatment Engagement
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33.4
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11.8
18.40
14.60
11.80
11.9
0.00
20.40
11.90
31.10
33.40
31.40

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

MAIN STREET AGENCY

Quality Indicator Overview As Of 11/01/2024

View: Standard PDF Excel

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

Filters Reset

Indicator Set

Quality Improvement Indicators (As Of 11/01/2024)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,458	441	30.2	33.8	36.7	30.20 33.80 36.70
General Medical Health	All	14,891	1,728	11.6	13.4	16.8	11.60 13.40 16.80
Health Home Care Management - Adult	Adult 18+	2,850	1,388	48.7	53.3	53.7	48.70 53.30 53.70
High Utilization - Inpt/ER	All	14,891	3,836	25.8	28.9	27.6	25.80 28.90 27.60
Polypharmacy	All	3,302	605	18.3	20.4	22.3	18.30 20.40 22.30
Preventable Hospitalization	Adult	14,190	250	1.8	1.9	1.6	1.80 1.90 1.60
Readmission Post-Discharge from any Hospital	All	3,259	538	16.5	20.1	18	16.50 20.10 18.00
Readmission Post-Discharge from this Hospital	All	0	0	0	37.5	18.6	0.00 37.50 18.60
Treatment Engagement	Adult 18-64	1,284	358	27.9	31.3	30.2	27.90 31.30 30.20

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

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

Indicator Set	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	4,255	1,780	41.8	38.7	40.9	41.80 38.70 40.90
MH Performance Tracking Measure	All	1,894	948	50.1	51.5	53	50.10 51.50 53.00
SUD Performance Tracking Measure	Adol & Adult (13+)	2,067	1,545	74.7	73.7	72.9	74.70 73.70 72.90

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

MAIN STREET AGENCY

Quality Indicator Overview As Of 11/01/2024

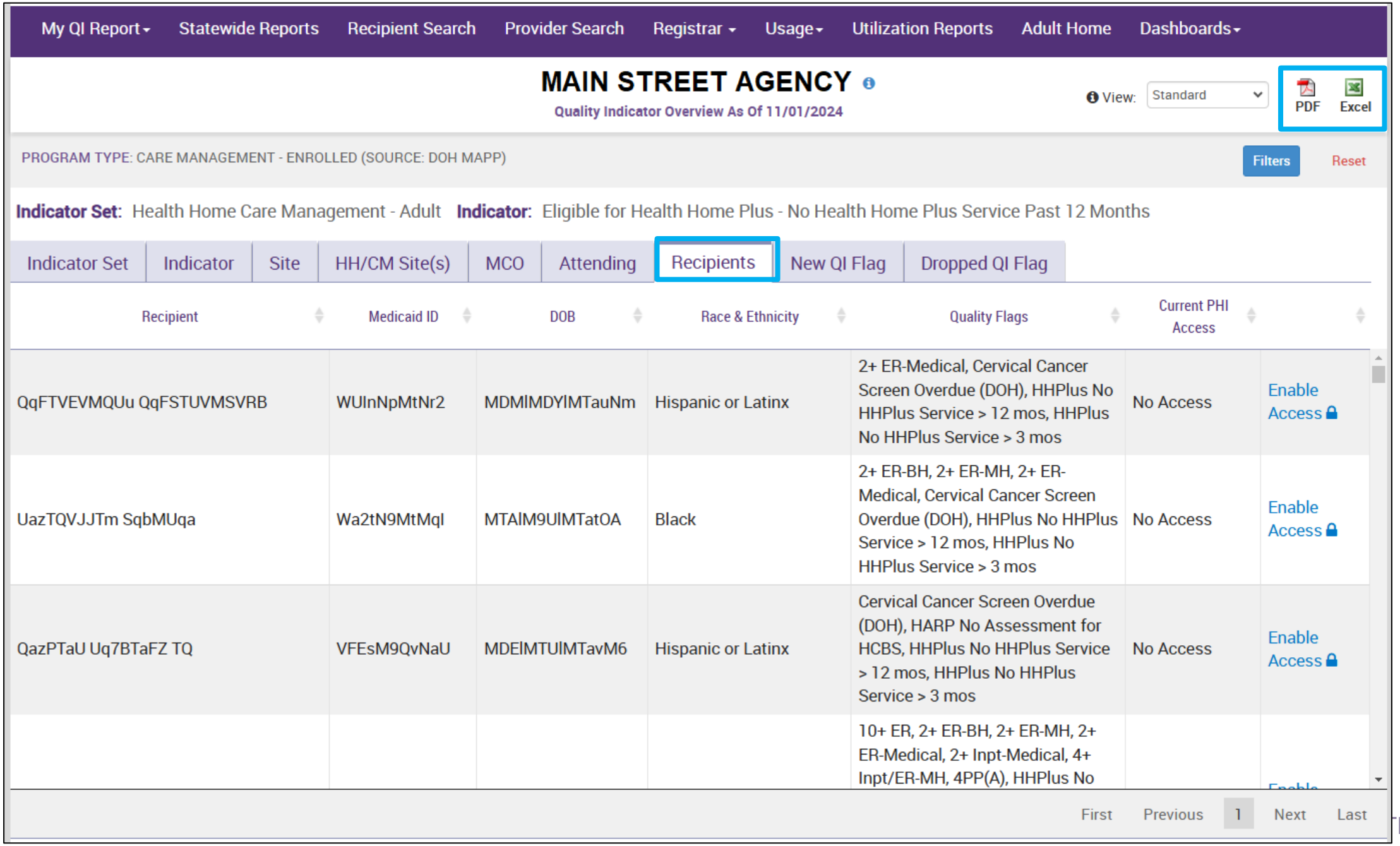
View: Standard | PDF | Excel

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

Indicator Set: Health Home Care Management - Adult

Indicator Set | Indicator

Indicator	Population	Eligible Population/ Episode	# with QI Flag	%	Regional %	Statewide %	25% 50% 75% 100%
HARP Enrolled - Not Health Home Enrolled	Adult 21+	2,505	0	0	0	0	0.00 0.00 0.00
HARP-Enrolled - No Assessment for HCBS	Adult 21+	2,505	1,113	44.4	51.6	55.4	44.40 51.60 55.40
Eligible for Health Home Plus - Not Health Home Enrolled	Adult 18+	607	0	0	0	0	0.00 0.00 0.00
Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months	Adult 18+	607	301	49.6	37.2	25	49.60 37.20 25.00
Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months	Adult 18+	607	356	58.6	48.1	36	58.60 48.10 36.00
HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months	Adult 18+	607	134	22.1	22.6	14.6	22.10 22.60 14.60
Health Home Care Management - Adult Summary	**Adult 18+**	**2,850**	**1,388**	**48.7**	**53.3**	**53.7**	48.70 53.30 53.70


My QI Report
Statewide Reports
Recipient Search
Provider Search
Registrar
Usage
Utilization Reports
Adult Home
Dashboards
MAIN STREET AGENCY
Quality Indicator Overview As Of 11/01/2024
View: Standard
PDF
Excel
PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)
Filters
Reset
Indicator Set: Health Home Care Management - Adult Indicator: Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months
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Recipients
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Dropped QI Flag
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Race & Ethnicity
Quality Flags
Current PHI Access
QqFTVEVMQUu QqFSTUVMSVRB
WUlnNpMtNr2
MDMlMDYlMTauNm
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First
Previous
1
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My QI Report | Statewide Reports | Recipient Search | Provider Search | Registrar | Usage | Utilization Reports | Adult Home | Dashboards

MAIN STREET AGENCY

Quality Indicator Overview As Of 11/01/2024

View: Standard PDF Excel

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

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

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

Site Name (Source:DOH)	Site Address	ProgramType (Enrollment Status)	Eligible Population	# with QI Flag	%
FAMILY SERVICES NETWORK NY AI	1420 BUSHWICK AVE	Care Management - Enrolled (Source: DOH MAPP)	6	3	50
TRANSITIONAL SER FOR NY MH	1016 162ND ST	Care Management - Enrolled (Source: DOH MAPP)	23	3	13
FED OF ORG FOR NYS MENTALLY DISABLE	1 FARMINGDALE RD	Care Management - Enrolled (Source: DOH MAPP)	1	1	100
JEMCARE LLC	1224 E 23RD ST	Care Management - Enrolled (Source: DOH MAPP)	28	14	50
ABC AGENCY	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)	43	15	34.9
CCN GENERAL MEDICINE PLLC	1262 BOSTON RD STE 2	Care Management - Enrolled (Source: DOH MAPP)	6	6	100
SALVATION ARMY AI	120 W 14TH ST	Care Management - Enrolled (Source: DOH MAPP)	13	12	92.3
AIDS CENTER QUEENS COUNTY INC	16121 JAMAICA AVE FL 6	Care Management - Enrolled (Source: DOH MAPP)	9	7	77.8
COMMUNITY HLTHCARE NETWORK AI	60 MADISON AVE FL 5	Care Management - Enrolled (Source: DOH MAPP)	10	8	80
COMMUNITY DEVELOPMENT OF ASAIN AMER	22 CRESTHOLLOW LN	Care Management - Enrolled (Source: DOH MAPP)	1	1	100
CABS HOME ATTENDANTS SERVICES INC	44 VARET ST	Care Management - Enrolled (Source: DOH MAPP)	4	4	100
LOWER EASTSIDE SERVICE CENTER	PRESIDENT CEO LESC	Care Management - Enrolled (Source: DOH MAPP)	1	1	100

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

MAIN STREET AGENCY

Quality Indicator Overview As Of 11/01/2024

View: Standard PDF Excel

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

Indicator Set: Health Home Care Management - Adult **Indicator:** Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months

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

Recipient	Medicaid ID	DOB	Quality Flags	Attending	Site Address	Program Type
QU3VSUnBU6 TEzSQVbORQ	UqQuNDEnMaU	MDYlMD2lMTatN6	2+ Inpt-BH, 2+ Inpt-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, Low Asthma Med Ratio (DOH), MH Plcmt Consid, No Engage after MH IP, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	JOHN SMITH	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)
QUnDQUvUQVJBUEFESUnMQQ SazTRQ	UEYpNDUmOFA	MTAlM9IlMTavNm	HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, MH Plcmt Consid	JANE DOE	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)
QaVMVFJF UaFNSVJFW6 UazNRUnJTaE	UEUsNTInNau	MTIlMTIlMTaqM6	HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos	ROBERT BROWN	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)

Training & Technical Support

Training & Technical Support

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