PSYCKES-Medicaid

My QI Report User's Guide



Table of Contents

My QI Report	
Overview	3
Customizing My QI Reports	5
Sorting PSYCKES Data	5
Modify Filter	7
View Options	9
Race and Ethnicity View	9
Description of My QI Report Tabs	
Indicator Set	
Indicator	
Site	
HH/CM Site(s)	
МСО	
Attending	
Recipients	
New QI Flag	
Dropped QI Flag	
Enable Access in My QI Report	
Export QI Reports to Excel or PDF	
Excel Export	
PDF Export	
De-Identifying Data Provider-Level Users State-Level Users	23
QI Trend Past Year	24

My QI Report

Overview

Quality Improvement (QI) reports in PSYCKES-Medicaid summarize data on several quality indicators. The reports are linked to individual clients with quality flags to help focus quality improvement efforts. There are medication-focused quality indicators, such as polypharmacy and treatment engagement, as well as hospital utilization quality indicators, such as high utilization of medical and/or behavioral health emergency and inpatient services and readmissions.

The My QI Report screen is the starting point when logging into PSYCKES and displays aggregated data for each quality indicator set under the "Indicator Set" tab (Figure 1). Regional and Statewide prevalence rates are provided for comparison purposes.

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Indicator Set							
Quality Improvement Indicators (As Of (02/01/2024)	Run monthly on all av	ailable data as of run da	te			
Indicator Set	Population	0 Eligible Population		È.	Regional %	Statewide %	25% 50% 75% 180%
BH QARR - Improvement Measure	All	1,68	4 643	38.2	37.7	36.5	38.20 (37.78 36.59
General Medical Health	All	10,00	4 2,076	20.8	13.2	12.2	20.80 13.20 12.20
Health Home Care Management - Adult	Adult 18+	1,56	0 910	58.3	87.1	87.1	58 30 81%(b) 81%(b)
High Utilization - Inpt/ER	All	10.00	5 2,066	20.6	20.4	21.4	20.60 20.40 21.40
Polypharmacy	All	2,70	1 492	18.2	11.8	12.3	18.20 11.40 12.30
Preventable Hospitalization	Adult	8,35	1 83	1	0.8	0.9	1.00 0.80 0.90
Readmission Post-Discharge from any Hospital	All	1,72	9 284	16.4	11.2	12.1	10.40 11.20 12.10
Readmission Post-Discharge from this Hospital	All	1,44	5 249	17.2	11.2	12	17 20 11 20 12 00
Treatment Engagement	Adult 18-64	1,34	5 469	34.9	35.4	35.5	14.90 35.40 35.50
Performance Tracking Indicators (As Of	08/01/2023)) Reflects the most re	cent performance tracki	ing data ru	n by the Department of	Health (DOH)	
Indicator Set	Population	Eligible Population		5.0	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	3,27	6 1,300	39.7	38	36.5	30 70 38 00 36 59
MH Performance Tracking Measure	All	2,10	0 1,004	47.8	52.3	51.7	47.80 52.30 51.70
SUD Performance Tracking Measure	Adol & Adult (13+)	1,47	1 1,175	79.9	76.9	80.5	70 50 76 10 80 50
Vital Signs Dashboard - Adult	Adult	3,19	4 1,674	52.4	50.4	49.2	52.40 50.40 40.20
vitel Signs Deshboerd - Child	Child & Adol	2,09	9 666	31.7	29.5	27	31.78 25.50

Figure 1. My QI Report: Indicator Set

My QI Report is divided into two categories of indicator sets to help easily identify between "real time" measures versus "mature" measures.

- **Quality Improvement Indicators**: The indicator sets in this category are considered more "real time" and are run on a monthly basis, as of the refresh date
- **Performance Tracking Indicators**. The indicator sets in this category contain more mature data and are calculated monthly after a 6-month data maturation period to allow for services to be invoiced.

This indicator set separation will also be reflected in Statewide Reports and in the clientlevel Clinical Summary quality flag section.

The table below reviews the definitions of columns under the "Indicator Set" tab:

COLUMN	Content
Indicator Set	The summary indicator set for a quality concern.
Population	The population relevant to the indicator set (i.e., All, Adult, Child).
Eligible Population	The eligible population for the specific indicator set (the denominator).
# with QI Flag	The indicated population for the specific indicator set, or the number of individuals meeting criteria (the numerator).
%	The percentage of the eligible population meeting criteria for the indicator set.
Regional %	The percentage of the regional population meeting criteria for the indicator set.
Statewide %	The percentage of the statewide population meeting criteria for the indicator set.

The definitions of eligible population and indicated population for each indicator set are provided in the Technical Specifications documents under the Quality Indicators section of the PSYCKES website (Figure 2):

https://www.omh.ny.gov/omhweb/psyckes_medicaid/quality_concerns/

Login to PSYCKES	Overlite Indianters
Login Instructions	Quality Indicators
About PSYCKES	What is a Quality Indicator/flag?
PSYCKES Training Materials PSYCKES Training Webinars Quality Indicators Implementing PSYCKES Quality Improvement Collaboratives MyCHOIS	 PSYCKES identifies clients flagged for quality concern in order to inform the treating provider, network, or care manager and to support clinical review, care coordination, and quality improvement User-friendly Statewide Reports and My QI Reports, updated monthly, display quality indicator prevalence rates at the statewide, region, county, network, provider, program, managed care plan, and PPS level Over 80 quality indicators, such as: No diabetes monitoring for individuals with diabetes and schizophrenia Low medication adherence for individuals with depression High Utilization of Inpatient/Emergency Room, Hospital Readmission, Preventable Hospitalization HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS The BH QARR - DOH Performance Tracking Measures Indicator Set is a unique indicator set in PSYCKES because it is calculated by the NYS Department of Health (DOH) on "mature" Medicaid data and sen to OMH to display in the PSYCKES application. DOH calculates the QARR Performance Tracking Measures set after a 6-month billing data maturation period to allow for services to be invoiced. The measures are based on a 12-month period of services.
Contact Us	Technical Specifications Documents
	• Health Home Care Management – Adult 🟂
	• Quality Assurance Reporting Requirements (QARR) Improvement Measure 📆
	• Hospital Readmission 📩
	• High Utilization ங
	<u>Preventable Hospitalization</u>
	• General Medical Health 📩
	• <u>Treatment Engagement</u>
	• Polypharmacy, 🔁

Figure 2. Quality Indicator Definition

Customizing My QI Reports

Sorting PSYCKES Data

Data in the Quality Indicator table can be sorted by clicking on the heading name of each column. Clicking once will sort in ascending order, clicking a second time will sort in descending order. For example, to sort the indicators by the number of individuals who are flagged for a particular quality concern, click on "# with QI Flag" (Figure 3).

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Quality Improvement Indicators (As Of (02/01/2024)	Run monthly on all avail	able data as of run d				
Indicator Set	Population	0 Eligible Population	# with QI Flag 🖗	È,	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	1,684	643	38.2	37.7	36.5	38 23 37.70 36.50
General Medical Health	All	10,004	2,076	20.8	13.2	12.2	20.83 13.20 12.20
Health Home Care Management - Adult	Adult 18+	1,560	910	58.3	87.1	87.1	58 30 8700 8780
High Utilization - Inpt/ER	All	10,005	2,066	20.6	20.4	21.4	28.60 29.40 21.40
Polypharmacy	All	2,701	492	18.2	11.8	12.3	18.20 11.80 12.30
Preventable Hospitalization	Adult	8,351	83	1	0.8	0.9	1.00 9.80 9.50
Readmission Post-Discharge from any Hospital	All	1,729	284	16.4	11.2	12.1	11.20 12.10
Readmission Post-Discharge from this Hospital	All	1,445	249	17.2	11.2	12	17.20 11.20 12.00
Treatment Engagement	Adult 18-64	1,345	469	34.9	35.4	35.5	34 30 35 40 35 50
Performance Tracking Indicators (As Of	08/01/2023)	Reflects the most rece	ent performance track	ing data ru	n by the Department of	Health (DOH)	
Indicator Set	Population	+ Eligible Population	# with QI Flag 🖗	N 0	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	3,276	1,300	39.7	38	36.5	30.70 38.00 36.59
MH Performance Tracking Measure	All	2,100	1,004	47.8	52.3	51.7	47.80 52.30 51.70
SUD Performance Tracking Measure	Adol & Adult (13+)	1,471	1,175	79.9	76.9	80.5	70 50 76 99 80 50
Vital Signs Dashboard - Adult	Adult	3,194	1,674	52.4	50.4	49.2	52.40 50.40 45.20
vital Signs Dashboard - Child	Child & Adol	2,099	666	31.7	29.5	27	21.70 29.50 27.00

Figure 3. My QI Report: Sorting PSYCKES-Medicaid Data

Modify Filter

Information in the My QI Report can be customized using the "Filters" option (Figure 4). If filters are applied, the provider agency's information, as well as regional and state level comparison rates will change to reflect those filters. For example, if a user chooses to view only mental health clinic programs within the agency, the regional and state performance rates will change to reflect only clinic programs providing mental health services.

Please note, "Program Type" will only display the program types in which the organization bills for.

STATE Office of Mental Health	PSYCKES	De-identify	0	Settings -	Log Off						
My QI Report - Statewide Reports	Recipient Search Pro	wider Search Registrar - Usage - Utilization Report		dult Home							
MAIN STREET MENTAL HEALTH CLINICO Quality Indicator Overview As 0F12/01/2023											
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Indicator Set	Site	ALL	~								
Quality Improvement Indicators (a	Program Type	ALL	*								
Indicator Set	Managed Care	Care Management - Enrolled (Source: DOH MAPP) Care Management - Enrolled/Outreach (Source: DOH MAPP)		Î	50% 75% 100%						
BH QARR - Improvement Measure	MC Product Line	Care Management - Outreach (Source: DOH MAPP) Clinic - MH Specialty Clinic - MH Specialty - Intensive Outpatient Program (IOP)			54.35 37.60 38.55						
General Medical Health	Age Group Client Residence	Clinic - Medical Specialty Clinic - SU - Opiold Treatment Program Clinic - SU Specialty									
Health Home Care Management - Adult		Clinic - Unopecified Specialty Clinic MH - ALL ER - 8H Dx/Svc/CPEP			11.50 (21.10 (21.10)						
High Utilization - Inpt/ER	Provider Location	ER - Medical Dx/Svc Health Home - Enrolled (Source: DOH MAPP) Health Home - Enrolled/Outreach (Source: DOH MAPP)			10						
Polypharmacy		Health Home - Cutreach Gostrac DOH MAPP) Health Home Plus Health Home Plus (Source: DOH MAPP)									
Preventable Hospitalization		Health Home and/or Care Management - Enrolled (Source: DOH & Health Home and/or Care Management - Outreach/Enrolled (Source: DOH & Health Home and/or Care Management - Outreach/Enrolled (Sou									

Figure 4. My QI Report: Modify Filter

The options available in "Filters" are listed in the table below:

FILTER	Content
Sites	List of sites associated with the provider agency, if location of service is available on the Medicaid claim.
Program Type	List of program types billed by the provider agency.
Managed Care	List of managed care organizations.
MC Product Line	List of managed care product lines (i.e. HARP, SNP, etc.)
Age Group	All, Adult (18+), Youth (0-17).
Client Residence	List of client's regions and counties in which they reside according to Medicaid.
Provider Location	List of provider regions and provider counties in which the provider agency provides services.

Click "Apply" after making a filter selection to generate a Quality Indicator report based on the selected filters. To change filters, click "Reset" (Figure 5).

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PROGRAM TYPE: CLINIC MH - AL							Filters	Reaet
Indicator Set								
Quality Improvement Indicators (As Of (02/01/2024)	Run monthly on all avai	lable data as of run da	te				
Indicator Set	Population	Eligible Population	# with QI Flag 🖗	à 0	Regional %	Statewide %	25% 50% 75	3, 100
H QARR - Improvement Measure	All	1,684	643	38.2	37.7	36.5	38 20 37,70 31,50	
Seneral Medical Health	All	10,004	2,076	20.8	13.2	12.2	20.80 13.20 12.20	
Health Home Care Management - Adult	Adult 18+	1,560	910	58.3	87.1	87.1	58.30 57 676	10 10
ligh Utilization - Inpt/ER	All	10,005	2,066	20.6	20.4	21.4	20.60 20.40 21.40	
Polypharmacy	All	2,701	492	18.2	11.8	12.3	18.20 11.80 12.30	
Preventable Hospitalization	Adult	8,351	83	1	0.8	0.9	1.00 0.80 0.50	
teadmission Post-Discharge from any Hospital	All	1,729	284	16.4	11.2	12.1	10.40 11.20 12.10	
teadmission Post-Discharge from this tospital	All	1,445	249	17.2	11.2	12	17.20 11.20 12.00	
freatment Engagement	Adult 18-64	1,345	469	34.9	35.4	35.5	34.30 35.40 35.50	
Performance Tracking Indicators (As Of	08/01/2023) Reflects the most rec	ent performance tracki	ng data run	by the Department of	Health (DOH)		
Indicator Set	Population	+ Eligible Population	# with QI Flag 🖗	N 0	Regional %	Statewide %	25% 50% 75	8, 100
eneral Medical Performance Tracking leasure	All	3,276	1,300	39.7	38	36.5	30 70 34.00 35.50	
IH Performance Tracking Measure	All	2,100	1,004	47.8	52.3	51.7	47.90 52.30 51.70	
UD Performance Tracking Measure	Adol & Adult (13+)	1,471	1,175	79.9	76.9	80.5		79.90 75.90 80.50
ital Signs Dashboard - Adult	Adult	3,194	1,674	52.4	50.4	49.2	52.40 50.40 45.20	
ital Signs Dashboard - Child	Child & Adol	2.099	666	31.7	29.5	27	29.50	

Figure 5. My QI Report: Selecting Filters

View Options

My QI Report has a "View" capability, currently with two options: "Standard" (default) and "Race and Ethnicity." To change the view, users can select the drop-down in the upper right corner of My QI Report (Figure 6).

Race and Ethnicity View

This view, available for both the "Indicator Set" and "Indicator" tabs, displays the percentage and number of clients flagged for each of the quality indicators, broken out by different race and ethnicity groups. In the table, the columns displayed for each quality indicator include details regarding recipients flagged: Total (for this agency),

Native American, Asian, Black, Pacific Islander, White, Multiracial, and Hispanic or Latinx. The race/ethnicity view is applied to both the numerator and the denominator to calculate each percentage. A bar chart to the right of the table offers another way to review the data in this view.

Within the race/ethnicity view, the "Total" column will display information about the number of recipients with QI Flag (also known as the numerator.) If a user wants to know the specific number of the eligible population for said flag (also known as the denominator), they could do one of two things:

- a) Hover over the 'Total bar' in the graph and would see both the numerator as well as the denominator displayed
- b) Export to Excel which will display the numerator, denominator, and percentage information for each of the groups within the race and ethnicity view, which includes the eligible population

In this report, clients who identified more than one race in their Medicaid registration are represented in the "Multiracial" group only. Clients who identified Hispanic or Latinx as their ethnicity are represented in the "Hispanic or Latinx" group only. Clients for which race is unknown are included in the "Total" number but are not represented in a separate race/ethnicity group. When the "Race and Ethnicity" view is selected, the Excel export displays the numerator, denominator, and percentage information for each of the groups.

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E: ALL AGE GE					MENTAL HE				O View:	Race & Ethnicity 💙	PDF	Exc
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cator			Cliente	with OI Fla	no hy Parcantana (%)	and Number						
Decideries	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx		25% 50%	75%	10
Population											1	
									Total Native American Asian	0.80		
All	0.8%	2.3%	0.3%	607	1.2%	1.3%	1.6%	0.7%	Black Pacific Islander White	1.30 1.20		
									Multiracial Hispanic or Latinx	1.60		
									Total Native American	0.10 0.30		
All	0.1%	0.3%	0%	0.1%	0.3%	0.1%	0.1%	0.1%	Asian Black Pacific Islander	0.00 0.10 0.30		
	148	1	1	57	1	14	3	56	White Multiracial Hispanic or Latinx	0.10 0.10 0.10		
									Total Native American	1.40		
411	1.4%	2.1%	0.5%	2%	2.8%	2.2%	2.9%	1.2%	Asian Black	0.50		
- m	2,728	8	43	927	9	216	66	1,188	White Multiracial	2.20		
									Total	22.40		
All	22.4%	18.8%	20.6%	23.6%	20%	19.4%	25%	22.9%	Asian Black	20.60		
	42,976	73	1,698	10,689	65	1,916	577	22,234	White Multiracial	19.40		
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Figure 6. Race and Ethnicity View

Description of My QI Report Tabs

Indicator Set

The different tabs in the My QI Report screen allow users to review agency and client level data within a given quality indicator set. Individual indicators are grouped by type and placed in an Indicator Set. (Figure 7).

STATE Mental Health PSYC	KES				De-identify	Settings -	Log Off
My QI Report - Statewide Reports Rec	ipient Search	Provider Search Re	egistrar - Usaq	ge- Uti	lization Reports	MyCHOIS Adu	ilt Home
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Indicator Set							
Quality Improvement Indicators (As Of (Flightle			Regional %	Statewide %	25% 50% 75% 100%
Indicator Set 🔺	Population 0	Population ⁹	# with QI Flag 🖗	i *			
BH QARR - Improvement Measure	All	1,684	643	38.2	37.7	36.5	38 20 37 75 36 50
General Medical Health	All	10,004	2,076	20.8	13.2	12.2	20.80 13.20 12.20
Health Home Care Management - Adult	Adult 18+	1,560	910	58.3	87.1	87.1	58 30 874 0 874 0
High Utilization - Inpt/ER	All	10.005	2,066	20.6	20.4	21.4	20.60 20.40 21.40
Polypharmacy	All	2,701	492	18.2	11.8	12.3	18.20 11.80 12.30
Preventable Hospitalization	Adult	8,351	83	1	0.8	0.9	1.00 0.80 0.90
Readmission Post-Discharge from any Hospital	All	1,729	284	16.4	11.2	12.1	16.40 11.20 12.10
Readmission Post-Discharge from this Hospital	All	1,445	249	17.2	11.2	12	17.20 11.20 12.00
Treatment Engagement	Adult 18-64	1,345	469	34.9	35.4	35.5	34 30 35 40 35 50
Performance Tracking Indicators (As Of	08/01/2023)	Reflects the most recent	performance trackin	ng data run 1	by the Department of H	Health (DOH)	
Indicator Set	Population \$	Eligible Population	# with QI Flag 🖗	5.0	Regional %	Statewide %	25% 50% 75% 100%
General Medical Performance Tracking Measure	All	3,276	1,300	39.7	38	36.5	30 70 38 00 36 59
MH Performance Tracking Measure	All	2,100	1,004	47.8	52.3	51.7	47.80 52.30 51.70
SUD Performance Tracking Measure	Adol & Adult (13+)	1,471	1,175	79.9	76.9	80.5	79.90 75.90 80.50
Vital Signs Dashboard - Adult	Adult	3,194	1,674	52.4	50.4	49.2	52.40 50.40 45.20
Vitel Signs Dashboard - Child	Child & Adol	2,099	666	31.7	29.5	27	31.78 29.50 27.00

Figure 7. My QI Report: Indicator Set Tab

Indicator

Within each indicator set, there will be sub-indicators as well as the indicator set summary. Below is an example of selecting the Preventable Hospitalization option from the "Indicator Set" tab. The measures include Prevent Hosp Asthma, Prevent Hosp Dehydration, Prevent Hosp Diabetes, as well as Prevent Hosp Summary. Click on a desired indicator set name, to view a set of sub-indicators, including the summary indicator, under the Indicator tab (Figure 8). To select a different indicator set, simply click on the "Indicator Set" tab and choose again.

NEW YORK STATE Mental Health	PSYCKES				De-identify	Sett	ings -	Log	Off
My QI Report - Statewide Reports	Recipient Search	Provider Search	Registrar -	Usage-	Utilization Reports	MyCHOIS	Adult Home		
	м	Quality India	MENTAL HE cator Overview As 0			0	/iew: Standard	▼ .	DF Excel
SITE: ALL PROGRAM TYPE: ALL AGE GROUP MANAGED CARE: ALL	P: ALL MC PRODUCT LIN	NE: ALL CLIENT REGI	ON: ALL CLIENT C	OUNTY: ALL	PROVIDER REGION: A	LL PROVIDER C	OUNTY: ALL	Filtero	Repet
Indicator Set: Preventable Hospitalizat	tion								
Indicator Set Indicator									
Indicator	Population \$	Eligible Population	# with QI Flag 🗦	*	Regional %	Statewide %	25%	50%. 1	75% 100%
Prevent Hosp Asthma	Adult	8,351	11	0.1	0.2	0.2	0.10 0.20 0.20		
Prevent Hosp Dehydration	Adult	8,351	11	0.1	0.1	0.1	0.10 0.10 0.10		
Prevent Hosp Diabetes	Adult	8,351	63	0.8	0.6	0.6	0.80 0.60 0.60		
Preventable Hospitalization Summary	Adult	8,351	83	1	0.8	0.9	1.00 0.80 0.90		

Figure 8. My QI Report: Indicator Tab: Preventable Hospitalization Summary

Upon selecting a specific sub-indicator name or "summary," a series of tabs will be displayed (Figure 9). The page defaults to the tab that contains a list of unduplicated recipients who meet criteria for the selected sub-indicator or summary indicator. Users can click on any of the tabs to view detailed information.

STATE Office Men	tal Health	PSYCKES					De	-identify 🚺	Setti	ngs -	Log Off)
My QI Report - Sta	atewide Reports	Recipient Search	Prov	vider Search F	Registrar -	Usa	age- Utilizatio	on Reports MyC	HOIS	Adult Home		
			MAIN	STREET ME Quality Indicator					O Vi	ew. Standard	▼ DF	Exce
SITE: ALL PROGRAM TYP MANAGED CARE: ALL	E: ALL AGE GROUP	ALL MC PRODUCT I	LINE: ALL	CLIENT REGION:	ALL CLIEN	IT COUN	TY: ALL PROVIDE	R REGION: ALL PRO	VIDER CO	DUNTY: ALL	Filtero	Repet
Indicator Set: Prevente	able Hospitalizat	ion Indicator: Pre	eventab	le Hospitalizatio	n Summa	ary						
Indicator Set Indi	cator Site	HH/CM Site(s)	МСО	Attending	Recipie	ents	New QI Flag	Dropped QI Fla	3			
Recipient	Medicaid ID	⇔ DOB	÷	Race & Ethnie	city 🕀		Qua	ity Flage	3	Current PHI Access	¢	¢
REFWSVM Qqb0VE7ZQ	Q VUQpM92qOU	U MTAİMD6İMT8	gMue	Black		(DOH),		Cancer Screen Ove d, No HbA1c-DM,	erdue	No Access	Enable Access 🔒	i
VqbMUqzO REFWSUQ	WUqoODUsNL	Je MDIIM9EIMTa	uN6	Native American		Assess	sment for HCBS, PrevHosp-DM, R	2+ Inpt-Medical, H/ MH Plcmt Consid, F eadmit 30d - Medic	No Access	Enable Access 🔒		
QaVOTaVUVA QqzOUrRBTaNF QQ	VqqrODEpMqi	IrODEpMqi MDYIMDUIMTarOQ		white		2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical			reen DOH),	No Access	Enable Access 🔒	
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNb		auNA	Unknown		2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical			No Access	Enable Access 🖴		
	UrAsOTAnOUL	U MTIIM9alMTa	uM6	Black		2+ ER-1	Medical, 2+ Inpt-	Medical, PrevHosp	DM	No Access	Enable Access	
SqVOREFMTA Sm SaziTbNPT6 SaVSTUFJTaU										No Access	Enable	

Figure 9. My QI Report: Expanded Tabs for Summary Indicator

Site

The **Site** tab displays prevalence information by site (Figure 10). It lists the site name, site address, program type, eligible population (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator. Click on a specific site in order to display a "Site's Recipients" tab that shows recipients who were served at that site location, who meet criteria for the selected indicator.

My QI Report+	Statewide	Reports	Recipient	Search	Provider Search	Registrar +	Usage -	Utilizatio	n Repoi	ts			
				MA		MENTAL HE				() Vie	w: Standard	V DP	Excel
SITE: ALL PROGRAM MANAGED CARE: AL		AGE GROUP:	ALL MC PR	ODUCT LINE:	ALL CLIENT REG	ION: ALL CLIENT	COUNTY: ALL	PROVIDER	REGION	ALL PROVIDER CO	UNTY: ALL	Filters	Reset
Indicator Set: Prev	ventable Ho	spitalizatio	on Indicat	or: Preven	table Hospitaliz	ation Summary							
Indicator Set	Indicator	Site	MCO A	ttending	Recipients	New QI Flag	Dropped	d QI Flag					
	Site		Site Addr	ess			Program	Туре	¢	Eligible Population	φ	# with QI Flag	%¢
Not Available			Not Avai	lable			ER - MH	CPEP			454	3	0.7
Not Available			Not Avail	lable			Inpatien	t - MH			599	10	1.7
Not Available			Not Avail	lable			Inpatien	t - SU			233	7	3
Not Available			Not Avai	lable			Clinic M	H - ALL			1,651	11	0.7

Figure 10. My QI Report: Site Tab

HH/CM Site(s)

For Health Home and Care Management programs only, there is an additional tab in the QI Overview reports called the HH/CM Site(s) that will be displayed after selecting a specific indicator (Figure 11).

The "HH/CM Site(s)" tab provides information on recipients enrolled in a Health Home or Care Management program and the source is the DOH HH/CM table, **not** Medicaid billing. To view information in this tab, before selecting an indicator, keep the "Program Type" filter set to "All," or click "Modify Filter" and select "Care Management – Enrolled (Source: DOH)" or "Health Home – Enrolled (Source: DOH)."

VORK STATE	Office of Mental He	alth	PSYCKES					D	e-identify 🤇)	Settings +	Lo	ig Off	D
My QI Report	- Statewide	Reports	Recipient Searc	h Provi	der Search	Registrar +	Usage +	Utilizat	ion Reports					
				MAIN		MENTAL HE ator Overview As 0			•		• View: Standard	~	DDF	Excel
SITE: ALL PROGE MANAGED CARE	1.000 00 000000000	GE GROU	IP: ALL MC PRODUCT	LINE: ALL	CLIENT REGIO	DN: ALL CLIENT C	COUNTY: ALL	PROVIDE	R REGION: ALL	PROVI	DER COUNTY: ALL	Filters		Reset
Indicator Set: F	reventable Hos	spitaliza	tion Indicator: Pr	eventable	Hospitaliza	tion Summary								
Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	s New	QI Flag	Dropped Q	Flag				
s	ite Name (Source:Do	OH)	ó	Site Addres	is Ó	Pro	ogramType (Er	nrollment St	atus)	ò	Eligible Population	# with QI Fla	ag≬	%0
Green Clinic			123 MA	IN STRE	ET	Care Manageme	ent - Enrolle	d (Source	DOH MAPP)		277		9	3.2
Yellow Medica	I Center		546 MA	IN STEET	2	Care Manageme	ent - Enrolle	d (Source	DOH MAPP)		90		0	0
Green Clinic			123 MA	IN STRE	ET	Care Manageme	ent - Enrolle	d (Source	DOH MAPP)		118		2	1.7
Red Hospital			546 MA	IN STEET	-	Care Manageme	ent - Enrolle	d (Source	DOH MAPP)		137		0	0

МСО

Figure 11. My QI Report: HH/CM

The MCO tab provides the complete number of those on a Managed Care Plan that are part of the eligible population for a QI flag and the number with a QI flag. The report includes the managed care plan name, the total agency MCO census, eligible

population for QI flag (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator (Figure 12). To view an MCO plan's list of clients, click on the managed care name. This will generate a list of all clients currently enrolled or recently disenrolled in that MCO plan with that specific QI flag

	fice of ental Healt	PSYCKES				De-identify	Settings		Log 0	off	
My QI Report - S	Statewide Repo	orts Recipient Search	Provider Search	Registrar -	Usage- Utiliz	ation Reports	MYCHOIS AC	lult Home			
			MAIN STREET Quality Ind	MENTAL HE		0	O View:	Standard	V DF	Exo	
SITE: ALL PROGRAM TO MANAGED CARE: ALL	YPE: ALL AGE G	ROUP: ALL MC PRODUCT L	INE: ALL CLIENT REG	ION: ALL CLIENT C	OUNTY: ALL PROV	IDER REGION: ALI	PROVIDER COUNT	TY: ALL	Filtera	Repe	t
Indicator Set: Prever	ntable Hospita	lization Indicator: Pre	ventable Hospitalia	ation Summary							
Indicator Set In	dicator Sit	e HH/CM Site(s)	MCO Attendi	ng Recipients	New QI Fla	g Dropped	QI Flag				
Managed Care	Name	Total Agency MCO Cen	sus 👙	Eligible Popula	tion for QI Flag	÷	# with QI Flag	÷	\$	\$	
Village Senior Services	s Corporation		88			88		1		1.1	*
Archcare			50			50		0		0	
Aetna			23			22		2		9.1	
Affinity Health Plan			1			1		0		0	
Molina Healthcare of N	New York		401			273		3		1.1	
CDPHP			1			1		0		0	
MetroPlus Health Plan	n		413			330		2		0.6	
Centers Plan for Healt	hy Living		159			159		0		0	
Senior Whole Health o	fNY		55			54		2		3.7	
VNSNY Choice Select	Health		85			82		2		2.4	
ElderServe Health, Inc Health Plans	dba RiverSprin	9	150			147		1		0.7	
Fidelis Care New York	0		1634			1,194		9		0.8	-

Figure 12. My QI Report: MCO Tab

Attending

The Attending tab provides an unduplicated attending list associated with the agency. The report includes the attending name, license number, and aggregated data associated with quality indicators, including eligible population (denominator), number with QI flag (numerator) and percentage of individuals meeting criteria for the selected quality indicator.

Note: The Medicaid database does not include any information linking an attending to sites. When a place of service submits a claim to Medicaid, they include an "attending physician" on the claim. PSYCKES uses this "attending physician" field to associate the physician to the place of service. The physician listed on the claim in the attending field is the physician displayed in the Unduplicated Prescriber tab. Any other attending will be listed under "OTHER". Additionally, when a clinic or place of service does not complete, or incorrectly completes, the "attending physician" field on the Medicaid claim, the

provider will be displayed as "OTHER" in PSYCKES. **U**sers can "Enable Access" within the My QI Report's "Recipients" tab

To view an attending's list of clients with a quality flag, click on the attending name. This will generate a list of all clients with a quality flag for whom the attending had written a medication order under the Attending's Recipients tab

Recipients

The **Recipients** tab is an unduplicated list of all the clients who received services at an agency within the past 9 months and meet criteria for the selected indicator (Figure 13). Users will only be able to access client's clinical summaries if there is a consent/ER level of access in place.

This report includes the client's:

- Name: clicking a client's name will link to the client's Clinical Summary
- Medicaid ID
- Date of birth

- Quality Flags: all indicators for which the individual meets criteria (displayed in abbreviated form)
- Race & Ethnicity
- Current PHI Access
- Enable Access (detailed below)

YORK STATE Offic Ment	e of al Health	YCKES		De-identify 🦲 Se	ttings -	Log Off
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		MAIN	Quality Indicator Overvie	L HEALTH CLINIC • •	View. Standard	V DF Exce
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ndicator Set: Preventa	ble Hospitalization	Indicator: Prevental	ble Hospitalization Sum	mary		
Indicator Set Indic	ator Site H	H/CM Site(s) MCC	Attending Rec	ipients New QI Flag Dropped QI Flag		
Recipient	Medicaid ID	DOB \$	Race & Ethnicity	Quality Flags	Current PHI Access	¢ ¢
REFWSVM Qqb0VE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access	Enable Access 🔒
VqbMUqzO REFWSUQ	WUqoODUsNUe	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP / Assessment for HCBS, MH Picmt Consid, PQI 9: (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical		Enable Access 🔒
QaVOTaVUVA QqZOUrRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	white	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Picmt Consid, PQI 92 (DOH) PrevHosp-Asthma, PrevHosp-DM, Readmit 30d Medical to Medical		Enable Access
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medica	No Access	Enable Access 🖴
		MTIIM9alMTauM6	Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access	Enable

Figure 13. My QI Report: Unduplicated Recipients Tab

New QI Flag

By default, the **New QI Flag** tab displays a list of clients who were flagged for the selected indicator in the last one month (Figure 14). These clients represent potential new cases for review. Users can also view a list of clients who were flagged for the selected indicator in the last three months by selecting the "3 Months" radio button, located above the New QI Tab, on the right. The information provided under the New QI Flag tab includes the client's:

- Name: clicking a client's name will link to the client's Clinical Summary
- Medicaid ID
- Date of birth
- **Current quality flags**: all indicators for which the individual meets criteria as of the report date
- New quality flags: the indicators for which the individual has been

flagged for in the last one month or three months

- Medications (BH; excludes enhanced PHI): all active behavioral health psychotropic medications for the individual as of the report date
- Most recent behavioral health outpatient attending

NEW YORK STATE Offic Ment	e of cal Health	PSYCKES					De-identify	C Setting	gs - Log Off
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					Overview As Of 02		C 0	O View	V. Standard V DF Excel
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Indicator Set: Prevental	ble Hospitalizati	on Indicator: Pro	eventable H	ospitalizatio	n Summary			Ch	
Indicator Set Indic	ator Site	HH/CM Site(s)	мсо	Attending	Attending's F	Recipients	Recipients	-	I for last: 1 Month 3 Months Dropped QI Flag
Recipient 🔶	Medicaid I	D \$	DOB	\$ Curre	nt Quality Flage 🕴	New Qu	ality Flage 🛛 🍦	Medications (BH;excl enhanced PHI)	udes Most Recent BHOutpatient Attending
TUFJRUnMQVJP SazTRVBI	QqUqOTQtNFE	MD2IM9	Y <mark>IMTatMA</mark>	MH Plcr PrevHos	nt Consid, sp-DM	PrevHosp-/ PrevHosp-l			ELIO ESPIRIDION A PECAOCO JR
SEZST6 SbI SaZTRVBI Vm	QqimMpEqMUY	MTEIMD	ElMTatMm	MH Nee	Medical, High d, MH Plcmt PQI 92 (DOH), sp-DM	2+ Inpt-Me PrevHosp-/ PrevHosp-I	All,	DIAZEPAM, MIRTAZAPINE	None Identified
QU3JT&E Qq7JSqFPREbMSUq	RqQtN9QrMVI	MDUIMD	QIMTarM6	Overdue Colorec Overdue	tal Screen	PrevHosp- PrevHosp-			None Identified
UEVSRVfKU6 UEVEUøy	15/0pM04pM04	NATEIAAN	ulitation	2+ ER-B Medical Medical Colorect	H, 2+ ER- , 2+ Inpt- , 4PP(A), tal Screen	2+ ER-BH, 1 Medical, 2- Medical, 44 Colorectal Overdue (D	PP(A), Screen OH),	BUPROPION HCL, ESCITALOPRAM OXALATE, GARADENTIN	

Figure 14. My QI Report: New QI Flag Tab

Dropped QI Flag

By default, the **Dropped QI Flag** tab identifies individuals who were flagged for a given quality concern last month but who were not observed in the current month (Figure 15). It is important to note that there may be several reasons why a person might show up as having been dropped for a quality concern.

Users have the option of looking at a list of clients for whom the selected quality indicator has been dropped in the last one month or three months by selecting the appropriate radio button, located above the Dropped QI Tab, on the right. There is a column in the Dropped QI Flag tab that indicates for each recipient what month they were dropped.

Pose

Possible reasons that a client may be dropped for a particular quality concern:

- Inclusion criteria: client no longer meets inclusion criteria for their quality concern.
- **9 month look-back**: client may not have had a service at the provider agency within the past 9 months from the "as of" report date
- Medicaid eligibility: client's data may not appear in the Medicaid database due to change in eligibility status.
- **Medication(s) pick up**: client failed to pick up medication(s) at the pharmacy.

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				MAIN			EALTH CLII	NIC o		O View	Standard	~	PDF) Excel
SITE: ALL PROGRAM MANAGED CARE: AL		GE GROUP:	ALL MC PRODUCT L	ine: All	CLIENT REGION	ALL CLIENT	COUNTY: ALL F	ROVIDER REGION:	ALL PROVI	DER COU	NTY: ALL	Filte	•	Repet
ndicator Set: Prev	entable Hosp	pitalizatio	on Indicator: Pre	ventabl	e Hospitalizati	ion Summar	у	s	how new/e	iropped	for last:	1 Month	0 31	Months
Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Attendin	ng's Recipients	Recipients	New Q	l Flag	Droppe	d QI Flag]	
Recipient QbJPVqu RqFSWQ		Medicaid ID NDASMQe	DOB MDEIMDIIMT	¢ asM6	Curren Colorectal Scr (DOH)	t Quality Flag reen Overdue	2+ Inpt PrevHo Medica	Dropped Quality Flag -Medical, PrevHo isp-DM, Readmit I I to All Cause, Re ledical to Medica	sp-All, 30d - N admit	BHOut	Recent patient 0 nding	Month 02/01/20	Dropped	•
JQVMTEVSUM Rr3FTaRPTFbO S6	Vq2of	N9asMVe	MTIIM9AIMT	arOQ			Inpt-MI Breast (DOH), Overdu Screen No Ass HARP I ED F/U F/U 7d Inpt F/ F/U 7d	Medical, 2+ Inpt-E 4, Adher-AP (DDH Cancer Screen O Cervical Cancer S e (DOH), Colorect Overdue (DOH), H essment for HCE No Health Home, 7d (DOH), No MH (DOH) - Adult, Nr U 7d (DOH), No M (DOH) - Adult, Sp-All, PrevHosp it 30d - 8H to All	I), verdue Screen tal HARP IS, No MH I ED o MH IH Inpt	ione idei	ntified	02/01/20	24	

Figure 15. My QI Report: Dropped QI Flag Tab

Enable Access in My QI Report

Users can "Enable Access" within the My QI Report's Recipients tab for a client with "No Access" as their current PHI level of access (Figure 16.)

YORK STATE Ment	e of al Health	YCKES		De-identify Sett	ings - Log Off
My QI Report - Stat	tewide Reports R	Recipient Search Pro	wider Search Registrar	- Usage- Utilization Reports MyCHOIS	Adult Home
		MAIN	STREET MENTAL Quality Indicator Overview	0	fiew. Standard V DF Excel
SITE: ALL PROGRAM TYPE MANAGED CARE: ALL	ALL AGE GROUP: AL	L MC PRODUCT LINE: AL	L CLIENT REGION: ALL CLIE	ENT COUNTY: ALL PROVIDER REGION: ALL PROVIDER C	OUNTY: ALL Filters Reset
indicator Set: Prevental	ble Hospitalization	Indicator: Preventat	ole Hospitalization Summ	агу	
Indicator Set Indic	ator Site H	H/CM Site(s) MCC	Attending Recip	ients New QI Flag Dropped QI Flag	
Recipient	Medicaid ID 👙	DOB \$	Race & Ethnicity	Quality Flags	Current PHI Access
REFWSVM Qqb0VE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cancer Screen Overdue (DOH), MH Plcmt Consid, No HbA1c-DM, PrevHosp-DM	No Access Enable Access B
VqbMUqzO REFWSUQ	WUqoODUsNUe	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical, HARP No Assessment for HCBS, MH Plcmt Consid, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access Enable
QaVOTaVUVA QqZOUIRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	White	2+ ER-Medical, 2+ Inpt-Medical, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), MH Picmt Consid, PQI 92 (DOH), PrevHosp-Asthma, PrevHosp-DM, Readmit 30d - Medical to Medical	No Access Enable Access 🔒
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-DM, PQI 92 (DOH), PrevHosp-DM, Readmit 30d - Medical to Medical	No Access Enable Access
SazITbNPT6 SaVSTUFJTaU	UrAsOTAnOUU	MTIIM9alMTauM6	Black	2+ ER-Medical, 2+ Inpt-Medical, PrevHosp-DM	No Access Enable Access

Figure 16. My QI Report: Enable Access

PHI Access for Smith, John (M - 57)	×
Select the level of access	About access levels
The client signed consent	
Client signed a PSYCKES Consent	
Client signed a BHCC Patient Information Sharing Consent	
Client signed a DOH Health Home Patient Information Shari	ng Consent
Provider attests to other reason for access	
Client gave Verbal PSYCKES Consent	
This is a clinical emergency	
Provider attests to serving the client Will link client to your agency, but will not provide access to clinical summ	ary
Client is currently served by or being transferred to my agen	су
	Cancel Next

Figure 17. Enable PHI Access: Consent

PHI Access for	SMITH, JOHN (M	- 57)	×
Confirm this is	the correct ind	ividual before enabling	
Date Of Birth: 01/01	Medicaid ID: AB12345C /1967 I STREET BROOKLYN, NY	12345	
How do you kr	now this is the c	correct person?	
O Provider attest	s to client identity		
Client provided	1 1 photo ID or 2 form	s of non-photo ID	
Identification 1	select	\checkmark	
Identification 2	select	~	
MAIN STREET CLINIC automatically with b	0	o all available data for 3 years (renews	
Previous	Cancel	Enable Enable and View Clinical Sum	mary

Figure 18. Client Identity Attestation of Consent

Export QI Reports to Excel or PDF

The QI Overview reports can be exported to Excel or PDF, by clicking on the appropriate icon, located near the upper right-hand corner of the screen (Figure 19). Information from a specific tab or all tabs can be exported. After clicking the appropriate icon (PDF or Excel), an export option box will appear in which the user can select the section(s) to export (Figure 20). Check the "Select All" check box to select all sections.

Excel Export

An Excel version of the Recipients tab can serve as a "master spreadsheet" tool for Quality Improvement projects. For example, you can add new columns to your Excel spreadsheet of recipients to accommodate new information, such as date of next medication visit.

PDF Export

A PDF version of the Recipients tab provides a printer-friendly format.

My QI Report - Stat	ewide Reports F	Recipient Search Pr	ovider Search Registra	r - Usage- Utilization Rej	ports MyCHOIS	Adult Home	
		MAIN	Quality Indicator Overview	HEALTH CLINIC 0	O Vie	ew. Standard	V POF E
SITE: ALL PROGRAM TYPE MANAGED CARE: ALL	ALL AGE GROUP: AL	L MC PRODUCT LINE: AI	L CLIENT REGION: ALL CLI	ENT COUNTY: ALL PROVIDER REG	ION: ALL PROVIDER CO	UNTY: ALL	Filters Rec
ndicator Set: Preventat	ole Hospitalization	Indicator: Preventa	ble Hospitalization Sumr	nary			
Indicator Set Indica	ator Site H	H/CM Site(s) MC	D Attending Reci	pients New QI Flag Dro	opped QI Flag		
Recipient	Medicaid ID 👙	DOB \$	Race & Ethnicity	¢ Quality Flag	ge ÷	Current PHI Access	¢
REFWSVM Qqb0VE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical Cano (DOH), MH Plomt Consid, No PrevHosp-DM		No Access	Enable Access 🔒
/qbMUqzO REFWSUQ	WUqoODUsNUe	MDIIM9EIMTauN6	Native American	10+ ER, 2+ ER-Medical, 2+ Inj Assessment for HCBS, MH P (DOH), PrevHosp-DM, Readm Medical	Icmt Consid, PQI 92	No Access	Enable Access 🔒
QaVOTaVUVA QqZOUIRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	White	2+ ER-Medical, 2+ Inpt-Medic Screen Overdue (DOH), Cervic Overdue (DOH), MH Plcmt Co PrevHosp-Asthma, PrevHosp Medical to Medical	cal Cancer Screen onsid, PQI 92 (DOH),	No Access	Enable Access 🔒
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA1c-D PrevHosp-DM, Readmit 30d -	· · · · · · · · · · · · · · · · · · ·	No Access	Enable Access 🖴
							Enable

Figure 19. Export QI Report to Excel or PDF

My QI Report - Statewid	e Reports Recip	pient Search	h Provider Search	Registrer • Us	age- Utilizatio	n Reports Adult H	lome	
			MAIN STREET I Quality Indicate	MENTAL HEA			O View. Dtenderd	→ Por s
SITE ALL PROGRAM TYPE ALL MANAGED CARE ALL	AGE GROUP: ALL	AC PRODUCT	LINE ALL CLIENT REGION	ALL CLIENT COU	NTY: ALL PROVIDER	REGION ALL PROVID	ER COUNTY: ALL	
ndicator Set: Preventable He	ospitalization In	dicator: Pr	eventable Hospitalizati	ion Summary		Show period	ropped for last:	1 Month Calilion
Indicator Set Indicator	Site HH/C	M Site(s)	MCO Attending	Recipients	New QI Flag	Droomed QI Flag	1	
Recipient	Medicaid 10		D08 0	Current Quality Flag	Cropped O ret	Flatte	t BHOutpatient ending	Month Dropped
Recipient	Mediceid IC		- In	Current Quality Flag pt-Medical Readm ini - Medical to	Pre-Hosp-DM	Flatte	ending T	Month Dropped 1
		MD	EIM9QIMTasM6 In	pt-Medical Readm	PrinHosp-DM	Flags - Atte	ending T	
UFSVEbORVe QqFOREbETm	VFItMpErMai	MC	EMAQUIMTestric Export Sections Indicator Set Indicator Site HH/CM Site(s)	pt-Medical Readm	Belect All	Frage Anti- SPONHOLZ C8 Export did Sections Indicator Se Indicator Se Indicator Site HH/CM Site	ending TLUKE 12.	V01/202 Select A3

Figure 20. Export Options

De-Identifying Data

The De-Identify function allows PSYCKES-Medicaid users to scramble client names and other identifying information (e.g., Medicaid IDs, date of birth, age). This function may be useful in training, staff presentations, and other situations where a user would like to show PSYCKES-Medicaid reports to individuals outside the treatment team.

Provider-Level Users

To de-identify data, check the "De-Identify" checkbox before selecting the desired indicator located in the upper right corner of the PSYCKES screen.

State-Level Users

By default, the "De-identify" data checkbox will be checked for State-Level users. To view identifying information, uncheck the "De-Identify" checkbox.

YORK STATE Ment	e of al Health	CKES		De	identify C Settin	ngs -	Log Off
My QI Report - Stat	ewide Reports R	ecipient Search Pro	ovider Search Registrar	- Usage- Utilizatio	n Reports MyCHOIS	Adult Home	
	1	MAIN	I STREET MENTAL Quality Indicator Overview		O Vie	ew. Stenderd	V DF Exc
SITE: ALL PROGRAM TYPE MANAGED CARE: ALL	ALL AGE GROUP: AL	L MC PRODUCT LINE: AL	L CLIENT REGION: ALL CLIER	NT COUNTY: ALL PROVIDER	REGION: ALL PROVIDER CO	UNTY: ALL	Filtero Rece
Indicator Set: Prevental	ole Hospitalization	Indicator: Preventa	ble Hospitalization Summa	агу			
Indicator Set Indica	ator Site Hi	H/CM Site(s) MCC	Attending Recipi	ents New QI Flag	Dropped QI Flag		
Recipient	Medicaid ID 💠	DOB \$	Race & Ethnicity	Quali	ty Flags 🔱	Current PHI Access	¢
REFWSVM QqbOVE7ZQQ	VUQpM92qOUU	MTAIMD6IMTauMQ	Black	2+ ER-Medical, Cervical (DOH), MH Plcmt Consid PrevHosp-DM		No Access	Enable Access 🔒
VqbMUqzO REFWSUQ	WUqoODUsNUe	MDIIM9EIMTauN6	Native American		2+ Inpt-Medical, HARP No MH Plcmt Consid, PQI 92 eadmit 30d - Medical to	No Access	Enable Access 🔒
QaVOTaVUVA QqzOUrRBTaNF QQ	VqqrODEpMqi	MDYIMDUIMTarOQ	white			No Access	Enable Access 🔒
Qq7JTaNISUnMQQ SqVOREFMTA Sm	VEUoODAmNbE	MTEIMDEIMTauNA	Unknown	2+ Inpt-Medical, No HbA PrevHosp-DM, Readmit	1c-DM, PQI 92 (DOH), 30d - Medical to Medical	No Access	Enable Access
SazITbNPT6 SaVSTUFJTaU	UrAsOTAnOUU	MTIIM9alMTauM6	Black	2+ ER-Medical, 2+ Inpt-M	Medical, PrevHosp-DM	No Access	Enable Access

Figure 21. De-Identify Data Checkbox

QI Trend Past Year

QI Trends Past Year is an aggregated data report of Quality Indicator prevalence rates over the past 1-year period. It includes a graph and a table providing your organization's prevalence rates each month and comparing them to region and statewide prevalence rates. Additionally, no Protected Health Information is displayed and it will not display any data in the report if the "Eligible Population" denominator for a given month is less than 20 individuals.

QI Trends Past Year can be located under the "My QI Report" tab in the navigation bar by selecting "QI Trends Past Year" (Figure 22).

My QI Report - Statewide Reports Rec	ipient Search P	rovider Search Re	egistrar - Usag	se- Utili	zation Reports	MYCHOIS A	dult Home		
My Qi Report Qi Trenda Past Year		IN STREET ME		H CLINIC			Standard	¥ .	DF Exc
ATE ALL PROGRAM TYPE ALL AGE GROUP: ALL MANAGED CARE ALL	MC PRODUCT LINE: A	LL CLIENT REGION: A	LL CLIENT COUNT	Y: ALL PRO	VIDER REGION: ALL	PROVIDER COUN	TY: ALL	Filters	Rece
Indicator Set									
Quality Improvement Indicators (As Of (02/01/2024) Ru	n monthly on all availab	le data as of run dat	•					
Indicator Set	Population 0	Eligible Population	# with QI Flag 🗘	È.	Regional %	Statewice %	25%	50% 7	100
H QARR - Improvement Measure	All	1,684	643	38.2	37.7	36.5	2	8 20 7 78 50	
eneral Medical Health	All	10.004	2,076	20.8	13.2	12.2	20.80 13.20 12.28		
ealth Home Care Management - Adult	Adult 18+	1,560	910	58.3	87.1	87.1		14.10	
igh Utilization - Inpt/ER	All	10,005	2,066	20.6	20.4	21.4	20.60 20.40 21.40		
olypharmacy	All	2,701	492	18.2	11.8	12.3	18.20 11.80 12.30		
reventable Hospitalization	Adult	8,351	83	1	0.8	0.9	1.00. 0.80 0.90		
eadmission Post-Discharge from any Hospital	All	1,729	284	16.4	11.2	12.1	16.43 11.20 12.10		
eadmission Post-Discharge from this lospital	All	1,445	249	17.2	11.2	12	17.20 11.20 12.00		
reatment Engagement	Adult 18-64	1,345	469	34.9	35.4	35.5	14	90 40 50	
Performance Tracking Indicators (As Of	08/01/2023) R	effects the most recent	performance trackin	ng dete run by	the Department of H	iealth (DOH)			
Indicator Set	Population 0	Eligible Population	# with QI Flag 0	<u></u>	Regional %	Statewide %	25%	50% 7	75% 10
eneral Medical Performance Tracking leasure	All	3,276	1,300	39.7	38	36.5	-	19.70 8.00 1.30	
IH Performance Tracking Measure	All	2,100	1,004	47.8	52.3	51.7		47.80 52.30 51.70	
UD Performance Tracking Measure	Adol & Adult (13+)	1,471	1,175	79.9	76.9	80.5			75.90 75.90 80.50
tal Signs Dashboard - Adult	Adult	3,194	1,674	52.4	50.4	49.2	_	52.40 50.40 40.20	

Figure 22. QI Trend Past Year

This will open a new page for quality indicator trending report. You will then have the option to select the desired provider, network, or plan from the organization drop-down menu and select both the indicator set and indicator for which you want to view prevalence rates over the past 1-year period. The following filters can be added to the report if applicable: Program Type, Age Group, Managed Care and MC Product Line (Figure 23).

NEW YOF STATE OF OPPORTUNIT	Mental Health	PSYCKES				De-identify 🧲) Settings -	(Log Off
My QI Report -	Statewide Reports	Recipient Search	Provider Search	Registrar +	Usage -	Utilization Reports	MyCHOIS		
			QI TI	rends Past	Year				
† †	Select organization, Organization: Provider, N (STATE) Modify filters (optio Program Type ALL	etwork, Plan	Indicator Set (All)	Manage • (All)	d Care	Indicator	duct Line	•	

Figure 23. QI Trend Past Year Continued

The page will load with prevelance rates in both graph and tabular form. In the graph, you can hover over the dots for that specific time frame and a window will appear listing the organization's name, the report date, the number with quality flag, the eligible population, and the prevelance rate. It will indicate this information for the region and that state as well (Figure 24). When viewing the QI Trends Past Year data, if your organization's prevelance rate is declining over time, that means fewer individuals are being flagged for that specific treatment concern or medication issue. If you see your organization's prevelance rate increasing over time, there could be an opportunity for improvement.

Callent sures					
	ization, indicator set, and in			(approximate)	
	Provider, Network, Plan ENTAL HEALTH CLINIC	Indicator Set BH OARR - Improvement Meas		ndicator	14.3 5 the Division of
MAIN STREET IV	ENTAL HEALTH CLINIC	BH QARR - Improvement Meas	ure *	4. No Diabetes Screening (Gluc/Hb	Alc) Schiz or Bipolar *
Modify filter	rs (optional)				
Program Type	Age Group		Managed Care	MC Product Line	
ALL	• ALL	•	ALL	▼ ALL	*
20.096 10.096 0.096				Report Date: 2/1/24 # with QI flag:202	
Region compa	/23 4/1/23 5/1/23 rison: New York City s Screening (Gluc/HbA1c) Schiz or any oral or injectable antipsychotic		96 Regi	96: 24.696 on Perc Region # with QI fia Region Eligible Pop Region 96:22.496	ag:5,747 ulation:25,668 g:12,400
Region compa 4. No Diabete Disorder with	rison: New York City s Screening (Gluc/HbA1c) Schiz or	Bipolar on Antipsychotic: The	96 Regi	96:24.696 on Perc Region # with QI flia Region # with QI flia Region 96:22.496 eeither State # with QI fliag State Eligible Popu	ag:5,747 ulation:25,668 g:12,400
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Region compa 4. No Diabete: Disorder with months.	rison: New York City s Screening (Gluc/HbA1c) Schiz or any oral or injectable antipsychotic Eligible Population	Bipolar on Antipsychotic: The medication during the previou # with QI flag	96 Regi percentage of adults 18-64 s 13 months, who did not hav 96	96:24.696 on Perc Region # with QI fil Region Eligible Pop Region %:22.496 State # with QI file State Eligible Popu State %: 26.296 Region Percent	ag:5,747 ulation:25,668 g:12,400 lation:47,358 State Percent
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Region compa 4. No Diabete Disorder with months. 3/1/23 4/1/23 5/1/23 6/1/23	rison: New York City s Screening (Gluc/HbA1c) Schiz or any oral or injectable antipsychotic Eligible Population 856 853 853 858 828	Bipolar on Antipsychotic: The medication during the previou # with QI flag 217 218 228 225	96 Regi epercentage of adults 18-64 s 13 months, who did not hav 96 25.496 25.396 26.696 27.396	96:24.696 on Perc Region # with QI fli Region Eligible Pop Region %:22.496 State # with QI flag State Si: 26.296 Region Percent 21.696 20.796 22.396	ag:5,747 ulation:25,668 a:12,400 lation:47,358 State Percent 25.5% 24.5% 26.3% 27.1%
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Figure 24. QI Trend Past Year Graph