PSYCKES-Medicaid

Recipient Search User's Guide

NEW YORK STATE OF OPPORTUNITY. | Office of Mental Health

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Recipient Search

Overview

Recipient Search allows users to identify a cohort of recipients who meet search criteria or perform a search to find a specific recipient in PSYCKES-Medicaid. For example, if an agency would like to identify all recipients who are flagged for a particular quality flag and have received services in a specific service setting, a user could use Recipient Search to generate a list of recipients who meet that search criteria.

Accessing Recipient Search

Click the “Recipient Search” button on the PSYCKES-Medicaid menu header to access the Recipient Search menu (Figure 1).

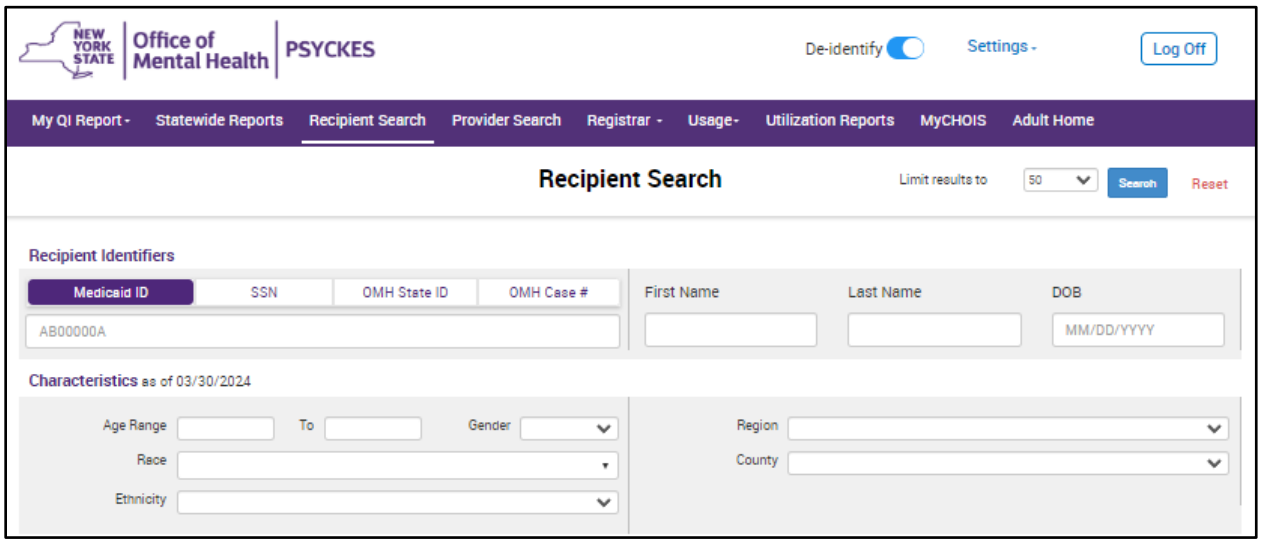

Figure 1. Recipient Search Menu

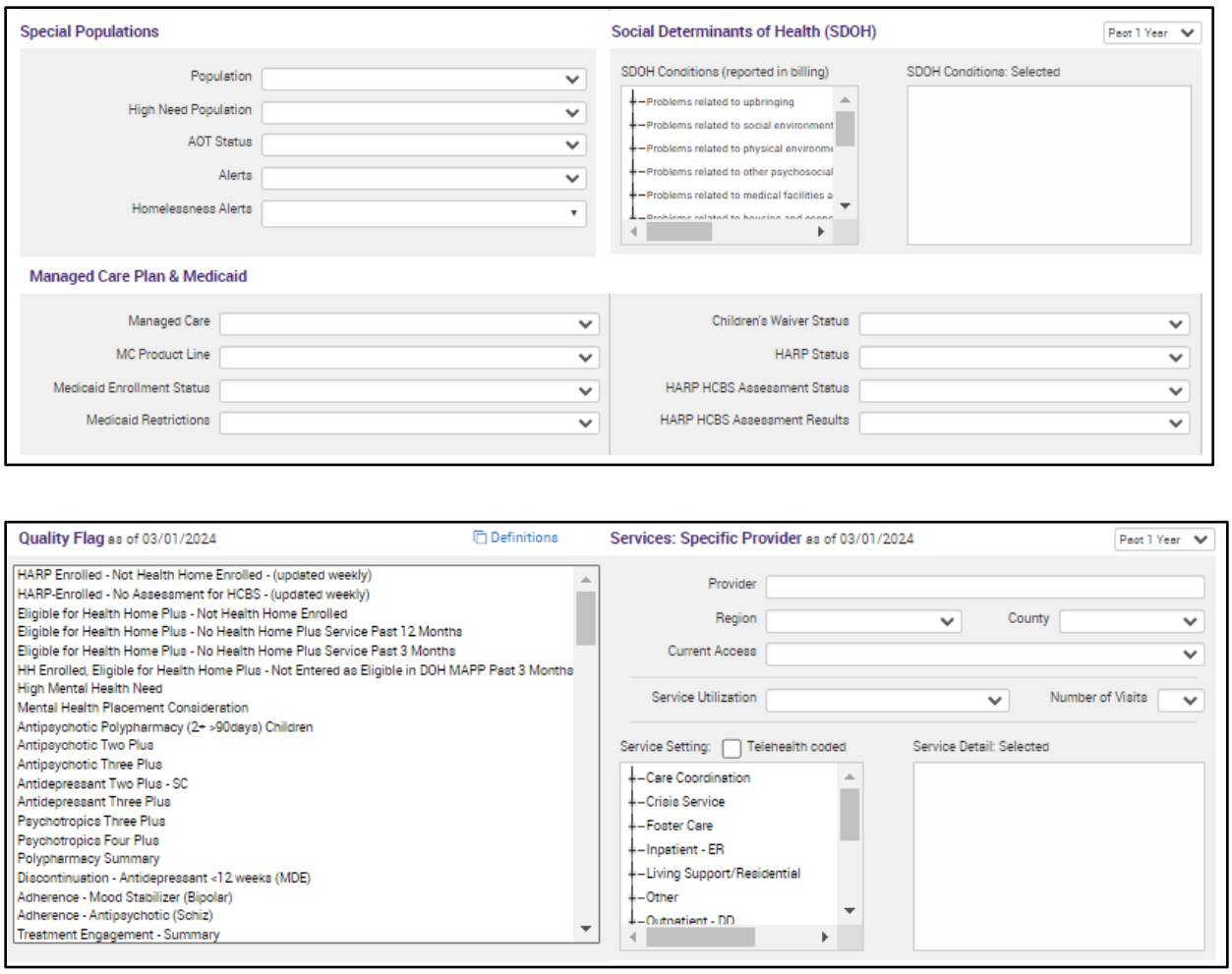

Figure 3. Recipient Search Menu

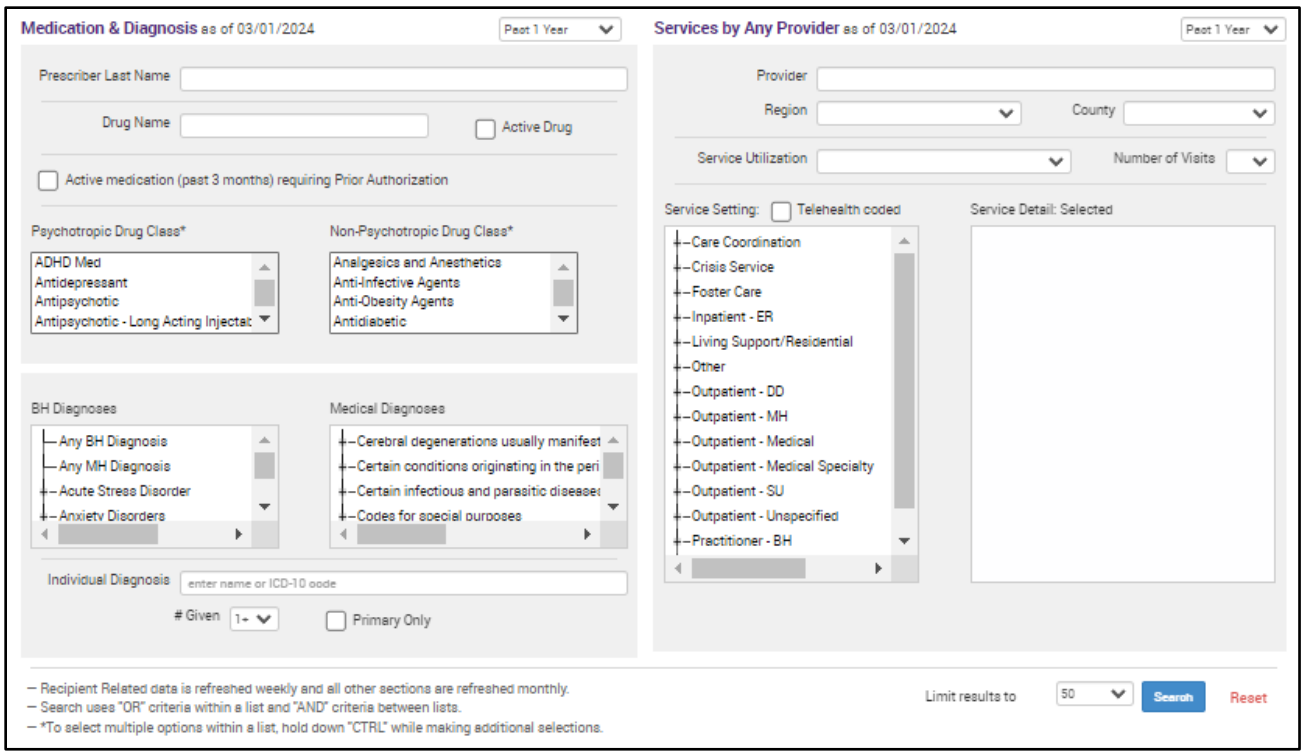

Figure 4. Recipient Search Menu

Recipient Search Fields

Users can search for recipients by any combination of the fields listed below. Similar fields have been grouped together in boxed categories in Recipient Search.

Recipient Identifiers

Search for individual recipients through personal identifiers:

- Medicaid ID
- Social Security Number (SSN)
- First Name
- Last Name
- Date of Birth (DOB)

Note - Statewide and State PC users have an additional two recipient identifiers available: OMH State ID or OMH Facility Case Number.

A PSYCKES user may perform a Recipient Identifier search to enable access to client-level data. This can be done by attesting that the recipient's consent was obtained or during a clinical emergency. Detailed information about these options is available in the *PSYCKES-Medicaid Enabling Access to Client-Level Data User's Guide*.

Enabling Access to Client-Level Data via Recipient Identifier search

The following steps detail how access can be enabled for client-level data in Recipient Search (Figure 5-8):

❶ Navigate to "Recipient Search" from purple menu.

❷ Enter any combination of the below recipient identifiers and click Search:

- Medicaid ID
- SSN
- First Name – *at least first two characters required, if entered*
- Last Name – *full last name required, if entered*
- DOB – *enter to improve search results when searching with name*

❸ Search results will appear. Confirm recipient match and click "Change PHI Access Level" link on the rightmost column.

Note: If search yields more than 10 recipients, a message will appear indicating that there are too many recipients matching search criteria, along with a list of strategies to narrow search results.

❹ Follow steps on screen to attest to right to access data and verify identity.

Step 1: Select reason for having a right to access the client's data

- If the *client signed consent*, select:
  - **Client signed the PSYCKES consent form for [*provider agency name*].** With signed consent, PSYCKES users at the agency will have access to all available Clinical Summary data for three years after the consent was entered, or three years after the last Medicaid claim from the agency has been processed by the New York State Medicaid Program, whichever is later.
  - **Client signed the BHCC consent form for [BHCC name].** With signed consent, users at the selected BHCC will have access to all available Clinical Summary data 3 years after the last billed service or until the client withdraws their BHCC consent.
  - **Client signed the Department of Health (DOH) Health Home Patient Information Sharing Consent Form for [Health Home or CMA program name].** With signed consent, access is granted to the clinical summary in real time and will stay active as long as the clients Health Home enrollment is verified in DOH's MAPP system (90-day grace

period after entry in PSYCKES). Access will expire after Health Home enrollment ends, according to DOH's MAPP system (access will remain for 90 days after end date).

- In the *absence of signed consent*, select all that apply:
  - **Attestation of Clinical Emergency** – Checking this box will only give the user the ability to view all available Clinical Summary data for 72 hours. Users are allowed to print the client's Clinical Summary during this time and place it in the client's chart.
  - **Client gave a Verbal PSYCKES consent:** Users can view all clinical data, EXCEPT data with special protections, regardless of quality flag status for 9 months.
  - **Attest client is being served/transferred to agency:** Checking this box will link client to provider agency but will not provide access to the client's Clinical Summary data.

Step 2: Indicate the way in which the client's identity has been verified and submit

- Attest client has been identified:
  - Review client's unique identifiers, DOB, and address to confirm this is the correct individual
  - Check either the box next to "Service provider attests to client identity," if you or someone at your agency has experience with the client or;
  - Select the types of identification presented by the client from the two drop-down lists.
- Complete the process of enabling PHI access by clicking one of the following buttons:
  - Click **"Enable and View Clinical Summary"** to complete the process of enabling access to client's Clinical Summary to all users at your agency and proceed to the client's Clinical Summary;
  - Click **"Enable"** to complete the process of enabling access to client's Clinical Summary to all users at your agency and return to the main Recipient Search screen or;
  - Click **"Cancel"** to cancel the process of enabling access to that client's data and return to the main Recipient Search screen.

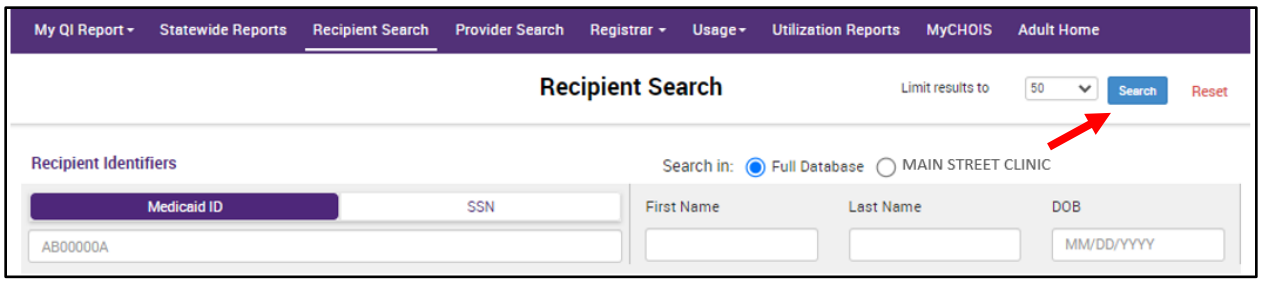

Figure 5. Recipient Search: Find Client Using Unique Identifiers

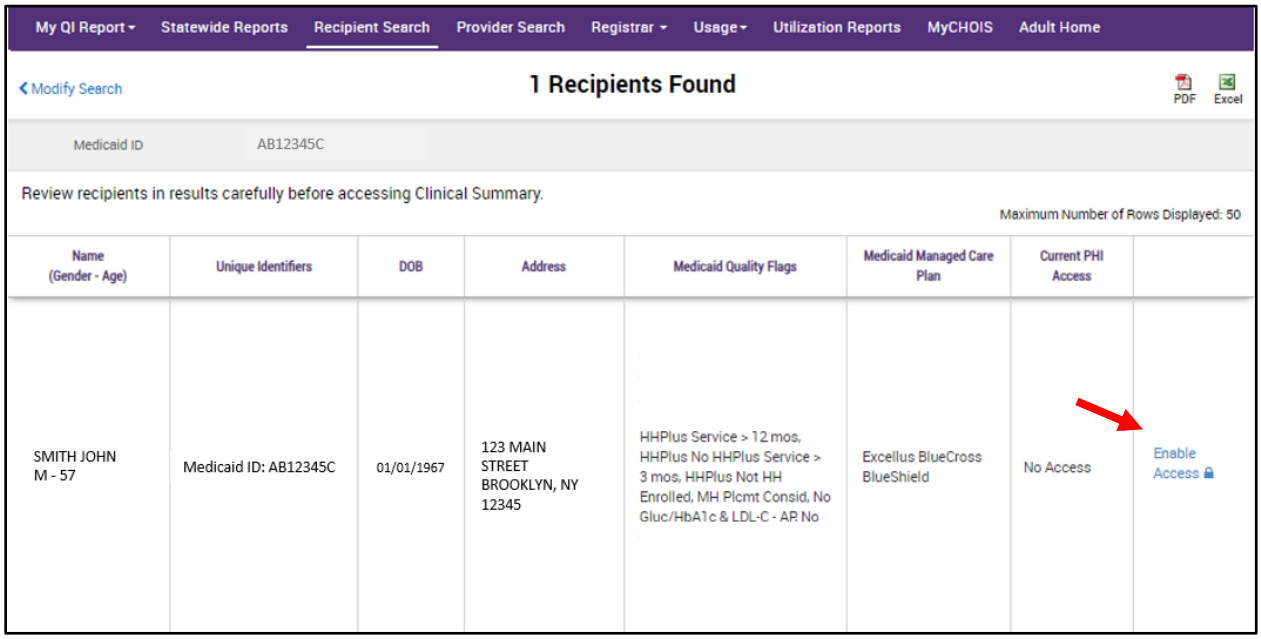

Figure 6. Recipient Search: Enable Access

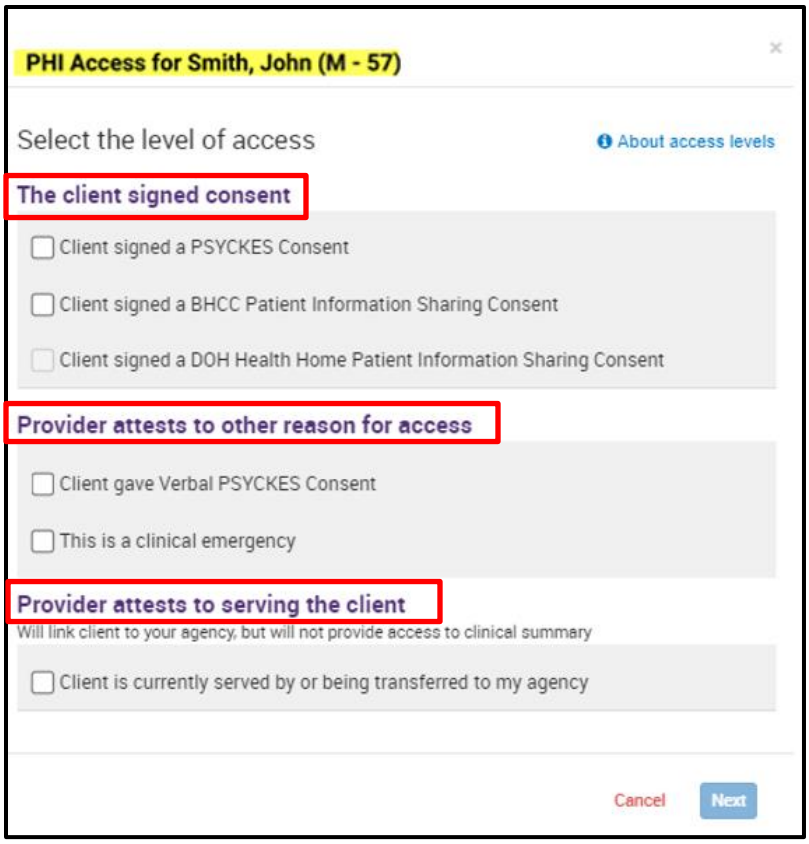

Figure 7. Enable PHI Access

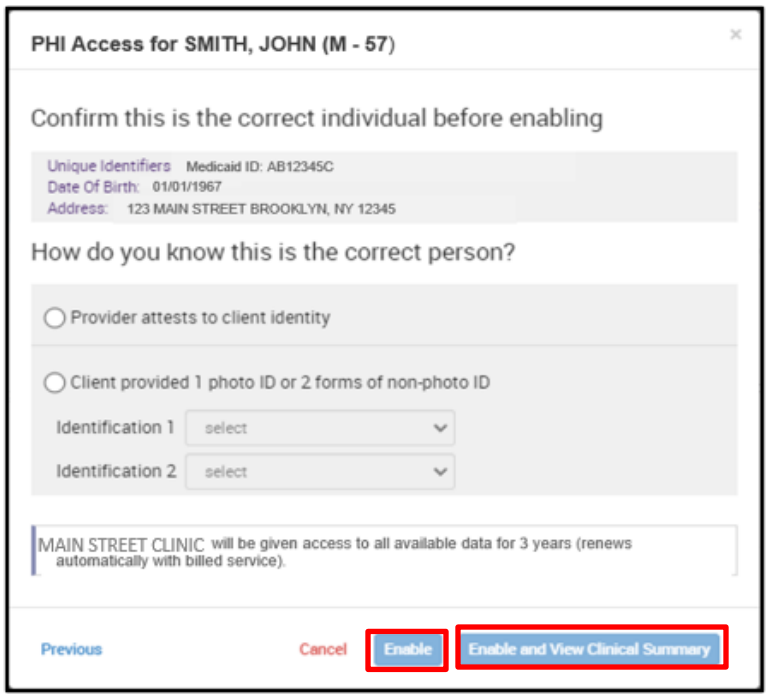

Figure 8. Enable PHI Access: Client Identity

Recipient Characteristics

Search for groups of recipients through their characteristics.

- Age Range
- Gender
- Race
- Ethnicity
- Region
- County

Special Populations

Search for groups of recipients through their special populations.

- Population
- High Need Population*
- AOT Status
- Alerts
- Homelessness Alerts

*High Need Population filter

Note - This filter includes the following options:

- CORE Eligible (Community Oriented Recovery and Empowerment)
- POP: High User (All)
- POP: High User (New)
- POP: Potential Clozapine Candidate (All)
- POP: Potential Clozapine Candidate (New)
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%
- High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%
- OnTrackNY Early Psychosis Program – Enrolled
- OnTrackNY Early Psychosis Program – Discharged < 3 years
- OnTrackNY Early Psychosis Program – Enrolled or Discharged < 3 years
- Transition Age Youth – Behavioral Health (TAY-BH)
- OPWDD NYSTART – Eligible
- Health Home Plus (HH+) – Eligible
- HH+ Service – Received at least once in past 3 mo. (Source: DOH MAPP)
- AOT – Active Court Order
- AOT – Expired < 12 months
- ACT – Enrolled
- ACT – Discharged < 12 months
- 3+ Inpt MH < 12 months
- 4+ ER MH < 12 months
- 3+ Inpt Med & Schiz/Bipolar Dx < 12 months
- Ineffectively Engaged – No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
- State PC Inpatient Discharge < 12 months
- HH+ Eligible CNYPC Release < 12 months

Social Determinants of Health (SDOH)

Search for groups of recipients through their Social Determinants of Health (SDOH) information:

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial circumstances
- Problems related to medical facilities and other health care
- Problems related to life management difficulty
- Problems related to housing and economic circumstances
- Problems related to employment and unemployment
- Problems related to education and literacy
- Problems related to certain psychosocial circumstances
- Persons encountering health services for other counseling and medical advice, not elsewhere classified
- Personal risk factors, not elsewhere classified
- Perpetrator of assault, maltreatment, and neglect
- Other problems related to primary support group, including family circumstances
- Other nutritional deficiencies
- Occupational exposure to risk factors
- Adult and child abuse, neglect and other maltreatment, suspected
- Adult and child abuse, neglect and other maltreatment, confirmed

Managed Care Plan and Medicaid

Search for groups of recipients through their Managed Care Plan or Medicaid information.

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

Quality Flags

Search for groups of recipients who are positive for specific quality flags. The quality flags are listed individually and are from the following indicator sets:

- BH QARR – Improvement Measure
- Health Home Care Management-Adult
- General Medical Health
- High Utilization – Inpt/ER
- Polypharmacy
- Preventable Hospitalization
- Readmission Post-Discharge from this/any Hospital
- Treatment Engagement
- General Medical Performance Tracking Measure
- MH Performing Tracking Measure
- SUD Performance Tracking Measure
- Vital Signs Dashboard – Adult/Child

Medication & Diagnosis

Search for groups of recipients through their medication and diagnosis information.

- Prescriber Last Name
- Drug Name
  - Active Drug status
- Active medication (past 3 months) requiring Prior Authorization
- Psychotropic Drug Class
- Non-Psychotropic Drug Class
- BH Diagnoses
- Medical Diagnoses
- Individual Diagnosis
  - # Given
  - Primary Only

Search recipients currently on a specific drug

When searching by a specific drug name, in the Medication & Diagnosis box category, users can check the “Active Drug” box next to search for recipients currently taking that medication. Users could also check the “active medication (past 3 months) requiring Prior Authorization” box.

Services by a Specific Provider

Search for groups of recipients through their use of specific provider services. For provider-level users, the “Provider” field will automatically display their provider agency name without the option of changing the specific provider. State-level users have the option of entering a provider agency name in this field, if desired.

- Provider
- Region
- County
- Current Access
- Service Utilization
- Number of Visits
- Service Setting
  - Telehealth coded
- Service Detail: Selected

Search recipients consented to the agency

In the “Current Access Status” drop-down menu, select one of the consent options and click “Search” (Figure 9).

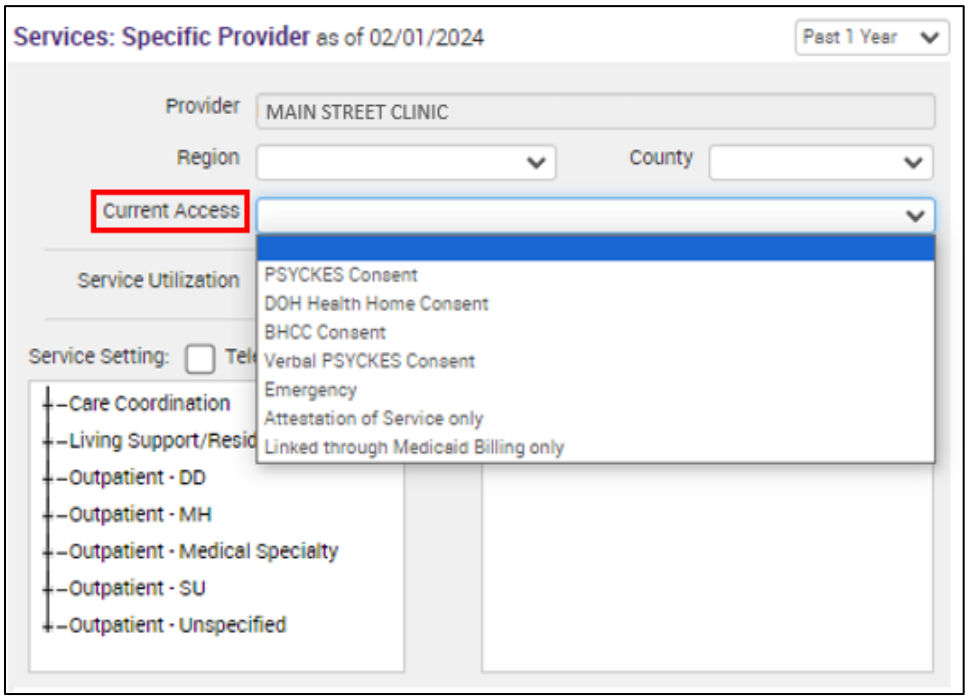

Figure 9. Current Access

Services by Any Provider

Search for groups of recipients through their use of any other provider services (Figure 10).

- Provider
- Region
- County
- Service Utilization
- Number of visits
- Service Setting
  - Telehealth coded
- Service Detail: Selected

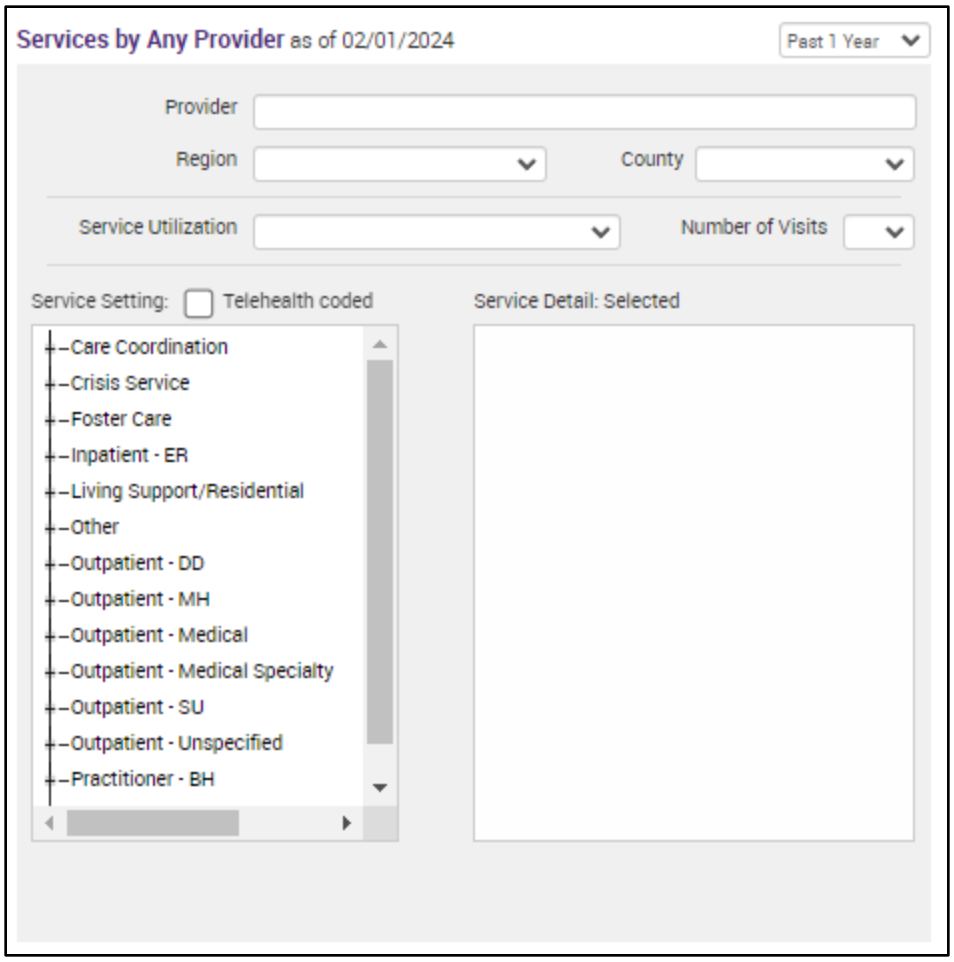

Figure 10. Services by Any Provider

Search Logic

Users may select up to four options within a field (e.g., Quality Flags, Service Settings) by holding down the “Ctrl” button on their keyboard and selecting multiple options (Figure 11).

The algorithm for the search function is set up such that *selections **within** a field follow the **“OR”** logic* (e.g. search results within the Psychotropic Drug Class field will yield recipients on Antidepressants OR Antipsychotics if both are selected).

In contrast, *selections **between** different field boxes follow the **“AND”** logic* (e.g. search results between the Psychotropic Drug Class and BH Diagnosis fields will yield recipients that are on an Antipsychotic medication AND have had a diagnosis of Bipolar Disorder if both are selected).

Figure 11. Recipient Search Logic

Recipient Search Tips

When using Recipient Search, consider the below tips (Figure 12):

Expand Service Setting categories

The Service Setting filter, located in the Services by Provider boxes, lists multiple categories of service utilization for which a user can search. Click on the “+” icon to the left of each service category to expand the list of services with each category. The Service Detail box will list the services selected each search.

Telehealth coded Service Settings categories

When the ‘Telehealth coded’ checkbox is selected, user will be able to run a search including telehealth-specific services (e.g. crisis services, residential programs, hospital-based programs, etc). For applicable services, the word (Telehealth) will display after the service type in the Clinical Summary to indicate that the service received was telehealth coded.

Note: If user wants to view “telehealth coded” services, they should select “Telehealth coded” checkbox first and then make selection from service setting.

Select multiple options within search fields

Use the “Ctrl” key on your keyboard to select up to 4 different options within each field.

Increase number of names for search results

The Recipient Search function defaults to display 50 recipients for each search. To view more names, select a larger number in the “Limit results to” dropdown filter located at the top and bottom right corner of the Recipient Search screen (Figure 12)

Reset search criteria

Click the “Reset” button at the top and bottom right corner of the screen to reset all filters.

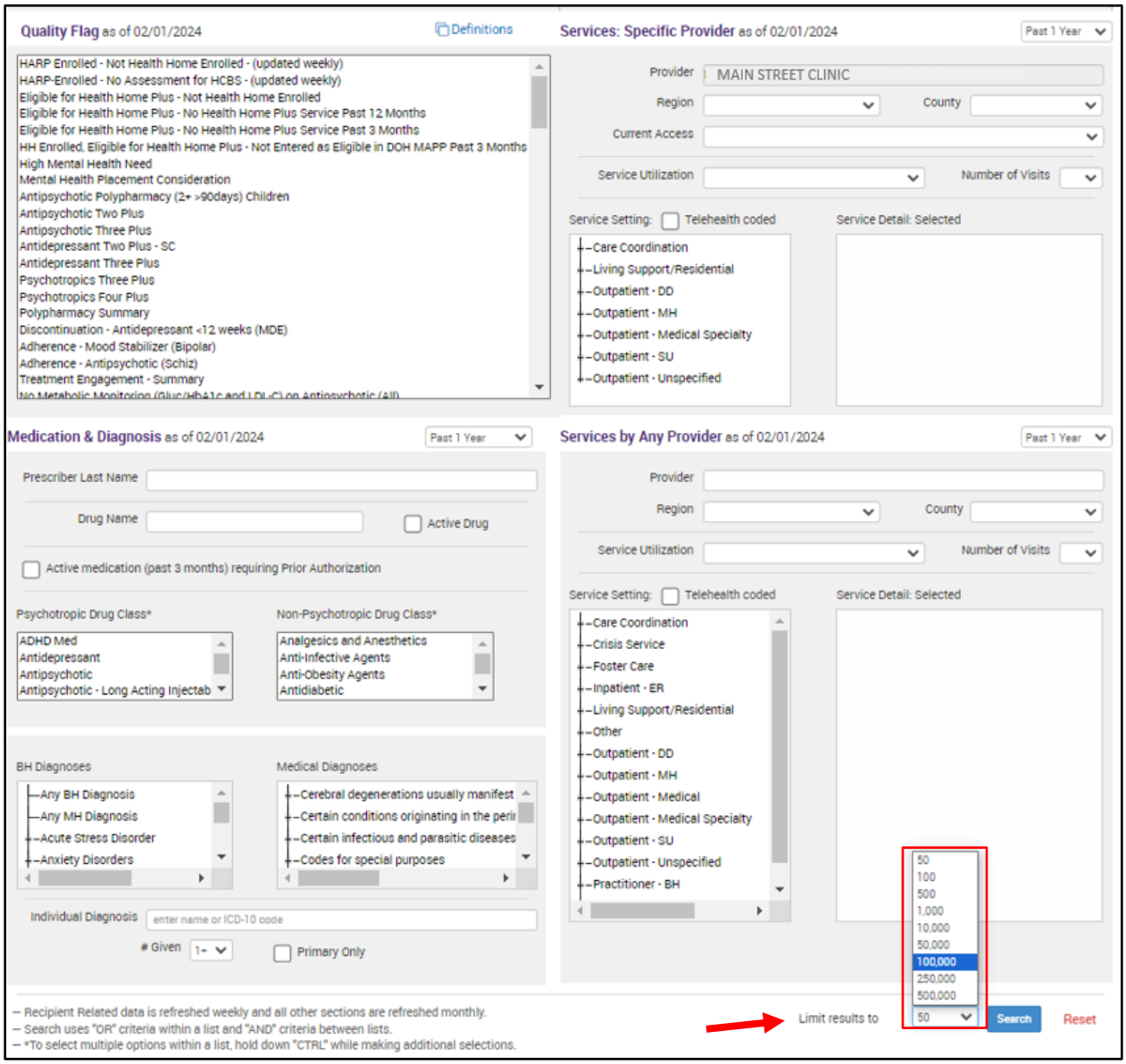

Figure 12. Recipient Search: Search Tips

Recipient Search Results

After selecting desired search criteria, click on the “Search” button at the top or bottom right corner of the screen. A list will generate of recipients that meet the search criteria (Figure 13).*Note:* When search results include criteria from state administrated data sources, clients who are not on Medicaid may be included in the search results. This will occur when the clients a) meet criteria for the selected filter and b) when clients have consented to the provider agency for release of PSYCKES information. When a client without Medicaid history is included in one of these searches, it will say “Non-Medicaid” in their “Medicaid ID” column of the results page.

Enabling Access – Recipient Cohort Search

Users can also “Enable Access” for individual clients when running cohort searches in Recipient Search (Figure 13)

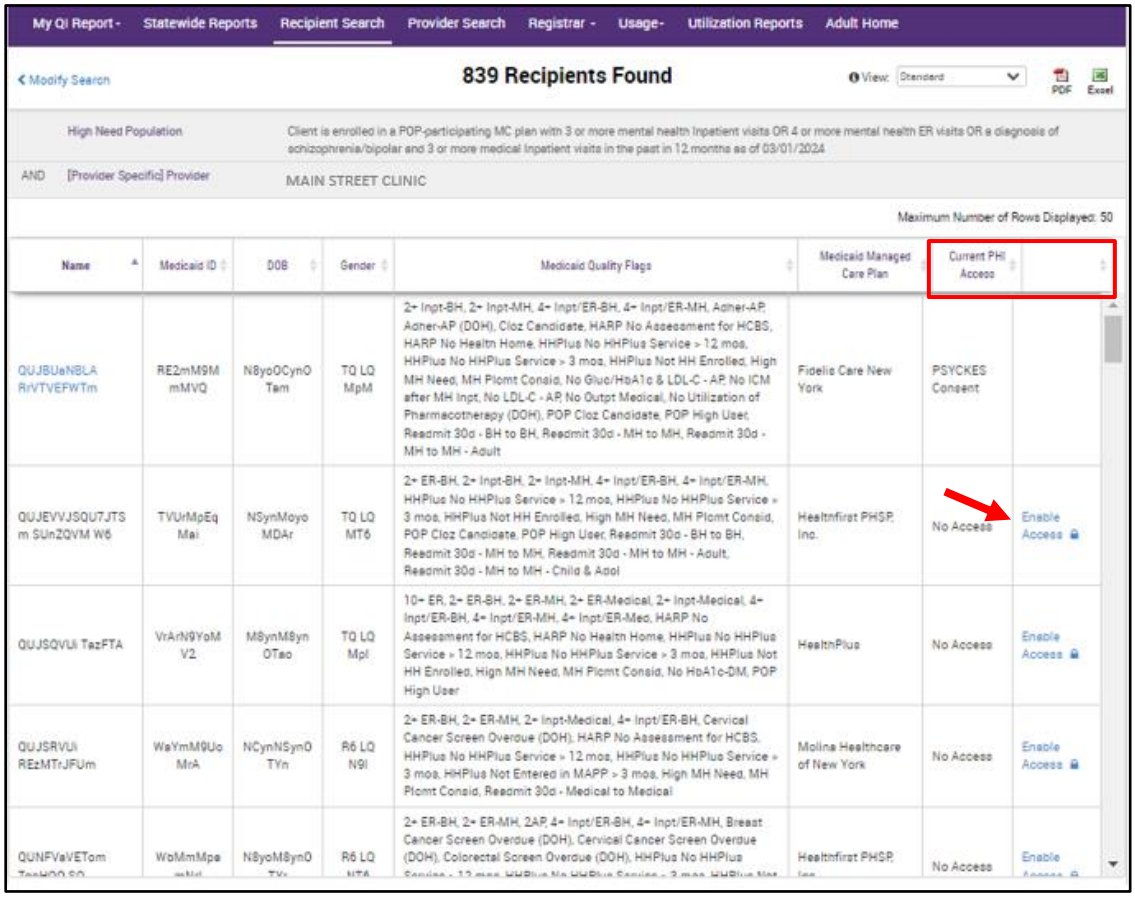

Figure 13. Recipient Search: Enable Access within Cohort Group Search

Once the correct client is selected, the Enable Access module will have the following options (Figure 14):

The client signed consent.

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed the DOH Health Home Patient Information Sharing

Provider attests to other reasons 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 summary
    - Client is currently served by or being transferred to my agency

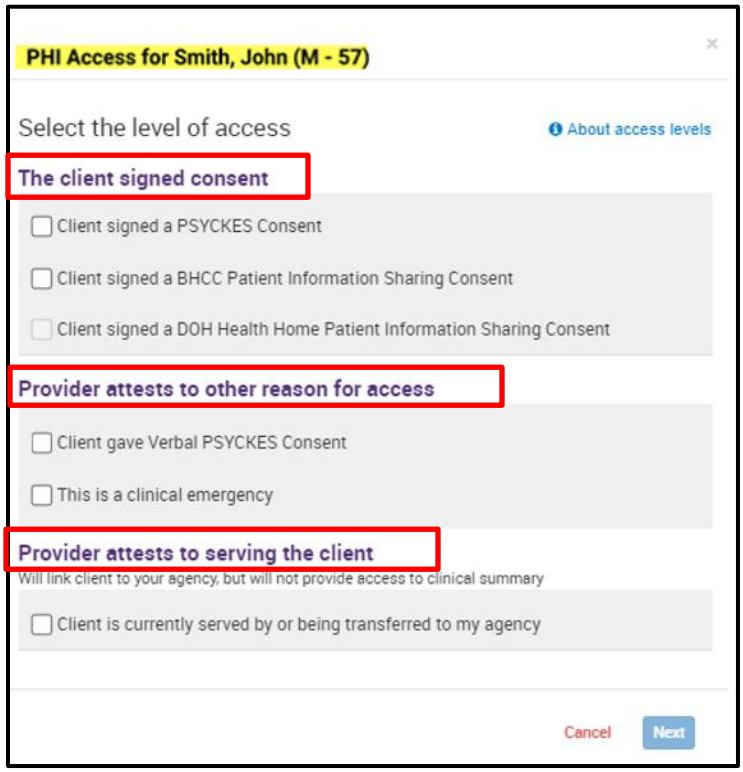

Figure 14. Enable PHI Access

Next, confirm the client's information is correct before enabling access (Figure 15).

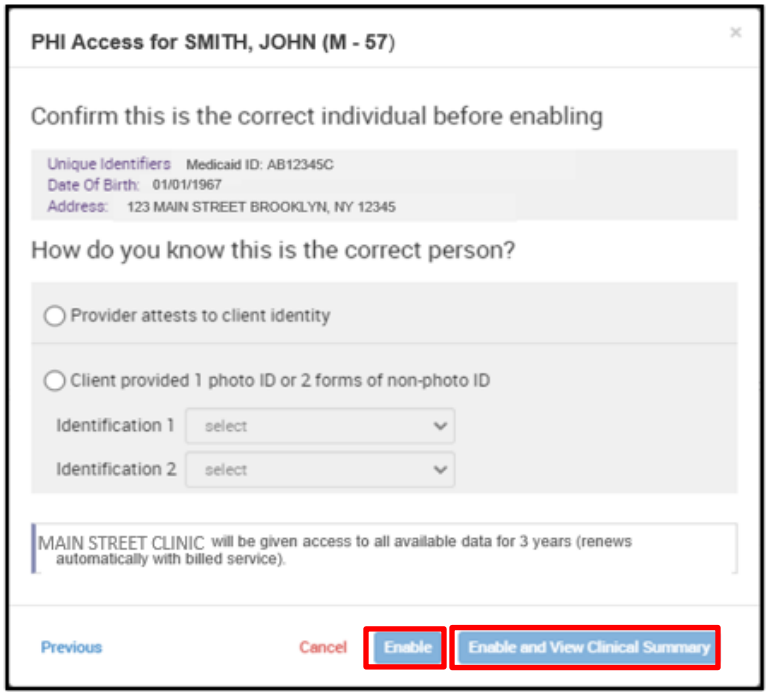

Figure 15. Enable PHI Access: Client Identity Attestation of Consent

Clinical Summary

Users can access a recipient's Clinical Summary by clicking on the recipient's name on the search results list (see *the Clinical Summary User's Guide* for more information on the Clinical Summary).

Note: Medicaid recipients will appear in the Recipient Search results only after a Medicaid claim has been submitted by the provider agency for the recipient and paid by DOH, or after consent has been obtained. Provider-level users can access recipient-level data only for recipients who had a clinical emergency, or for those who have provided consent. Dual Eligible consumers will not be displayed in Recipient Search unless some part of their services is covered by Medicaid.

Modify Search Results

Search criteria can be modified by clicking on the "Modify Search" button.

Export Search Results

Users can export the generated list of search results to PDF or Excel by clicking on the corresponding icon on the top right corner of the screen.

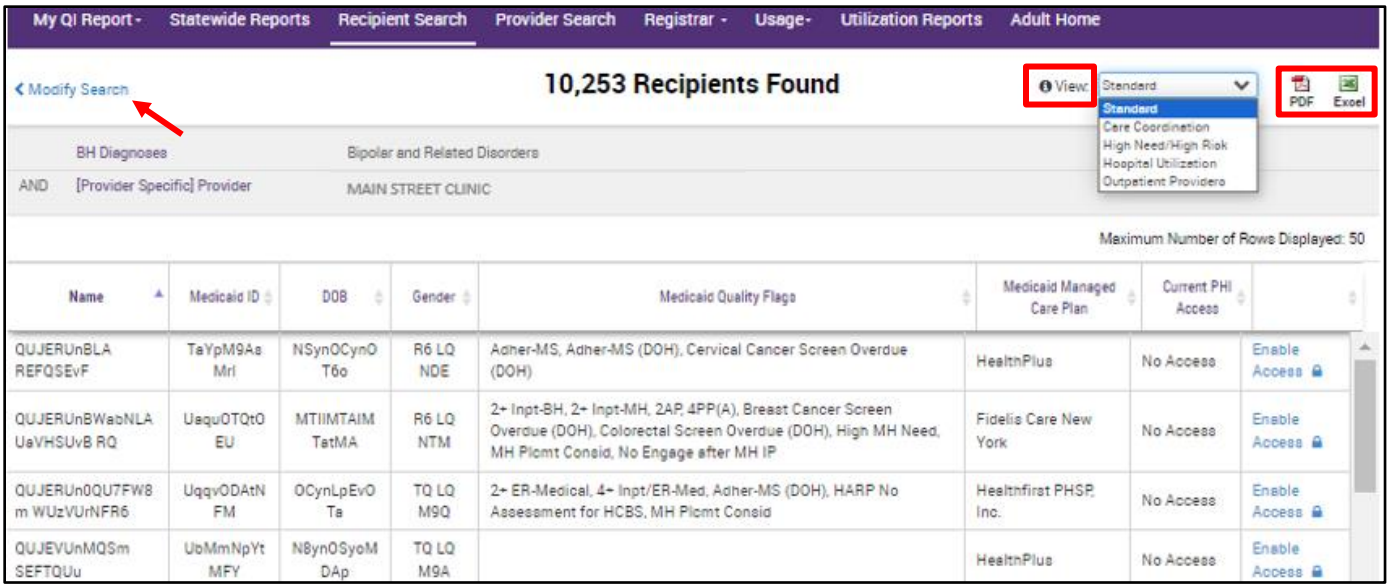

Figure 16. Recipient Search Results

Advanced Population Views

When group searches of populations or cohorts of interest are conducted in Recipient Search, the results page provides information on the number of recipients that match the selected search criteria and an unduplicated list of who those recipients are in table format. The population management "Views" are in a dropdown located at the upper right-hand corner of the Recipient Search results page and will allow users to add new columns of information to the results table (Figure 17). Upon selecting the desired view, a series of columns will be added to your results page (Figure 18). The following views are currently available:

Standard: Recipient Name, Medicaid ID, Gender, Date of Birth, Managed Care Plan, Current PHI Access, and Quality Flags (Quality Flags column only available with Standard view)

Care Coordination: HARP Status, HARP Assessment Date (most recent), Children's Waiver Status, Health Home Name (Enrolled), Care Management Agency Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, and AOT Provider (Active). MC Product Line, CORE eligible

High Need/High Risk: OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH), OPWDD NYSTART-Eligible, Health Home Plus-Eligible, Homelessness, AOT Status, AOT Expiration Date, Suicide Attempt (Medicaid/NIMRS) past 1 year, Suicidal Ideations (Medicaid), Self-Inflicted

Harm/Injury (Medicaid), Self-Inflicted Poisoning (Medicaid), Overdose - Opioid past 1 year, Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year, High Risk List Registry, Suicide Care Pathway

Hospital Utilization: Standard View plus # of ER services in the past year (broken out by All, Behavioral Health, and Medical) and # of Inpatient services in the past year (broken out by All, Behavioral Health, and Medical)

Managed Care POP ***Only viewable for State and Managed Care Plans**

Standard View plus POP Index (broken out be Admission and Discharge date), Most Recent POP Subsequent Inpatient/ER (broken out by Admission and Discharge date), # POP Care Transition Services (broken out by Visit in Inpatient/ER, Escort Home/Community/Residence, Visit in Home/Community/Residence), POP Most Recent Care Transition Services (broken out by Type, Provider and Date)

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

The Recipient Search results page with population management views can be exported to Excel (Figure 19).

Note: Additional population views may be added in the future, so please make sure to check the most recent refresh notice.

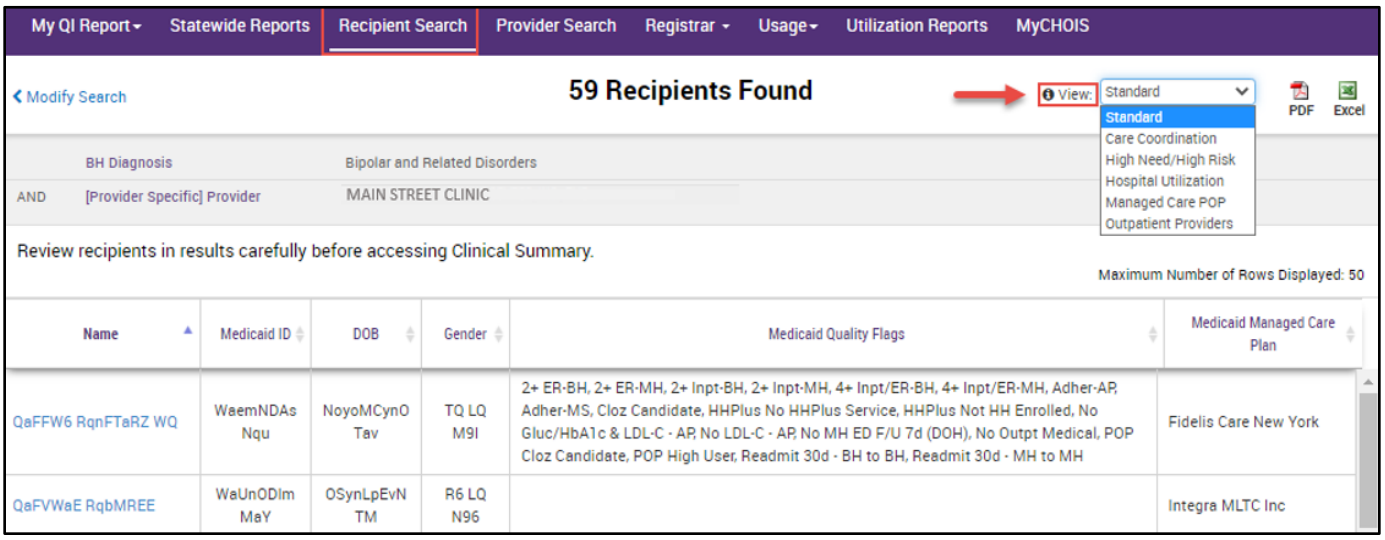

Figure 17. Recipient Search Advanced Population Views

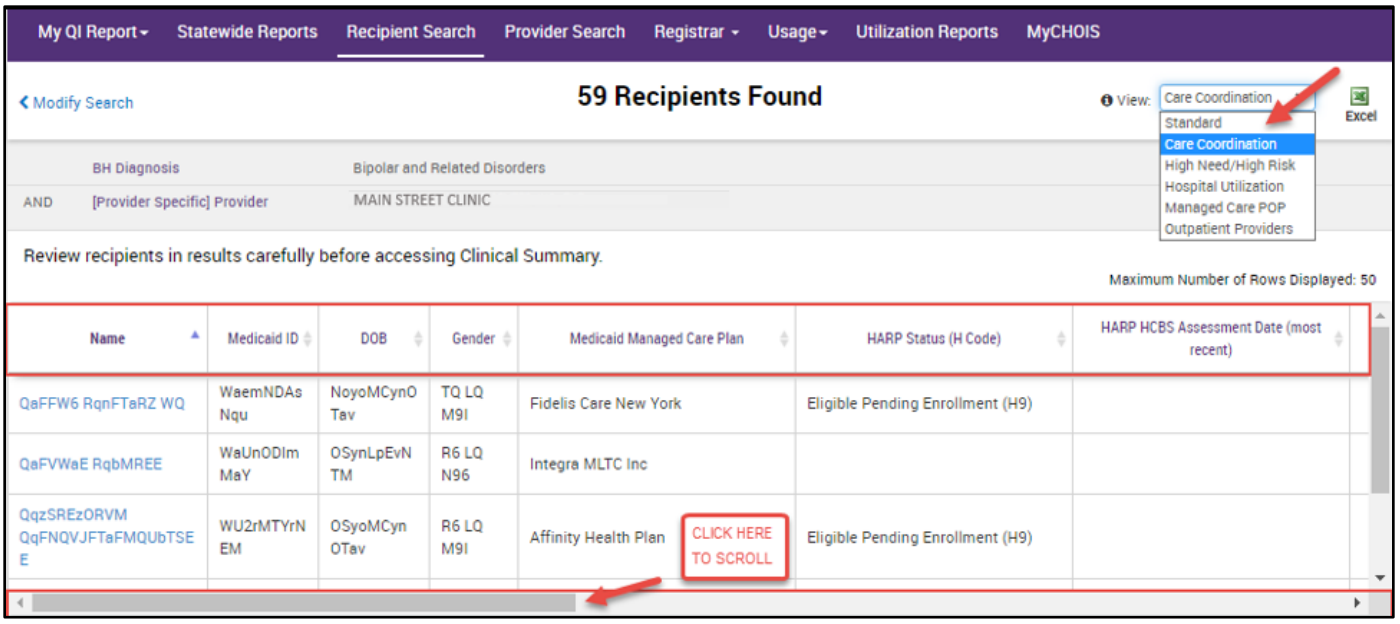

Figure 18. Recipient Search Advanced Population Views: How to Scroll

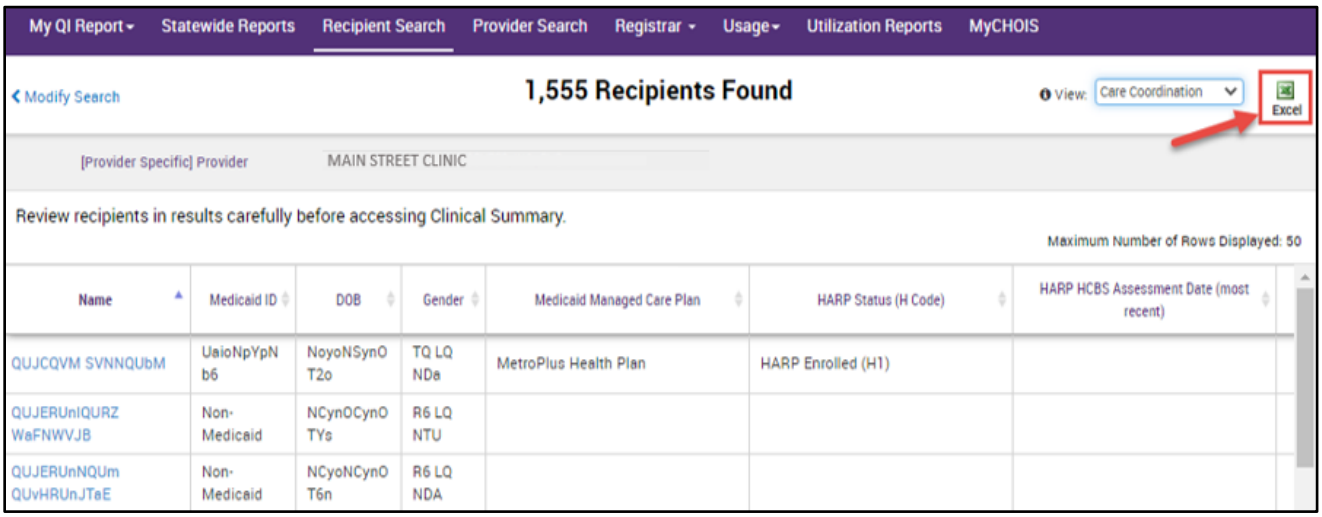

Figure 19. Recipient Search Advanced Population Views: Export to Excel