Using PSYCKES for Clinicians

We will begin shortly

Kate M. Sherman, LCSW
2014
Q&A via WebEx

- All phone lines are muted
- To access “Q&A” menu, hover cursor over green bar at top of screen
- Type questions using the “Q&A” feature
  - Submit to “all panelists” (default)
  - Do not use Chat function for Q&A
- Note: slides will be emailed to attendees after the webinar
Using PSYCKES for Clinicians

Kate M. Sherman, LCSW
2014
Overview

- Introduction to PSYCKES
- The PSYCKES Clinical Summary
- The PSYCKES PHI Access Menu
- Questions and Answers
What is PSYCKES?

- A web-based platform for sharing Medicaid claims data
- Comprehensive, user-friendly client information
- Secure, HIPAA-compliant
- Supports:
  - Clinical decision-making
  - Quality improvement
Who is in PSYCKES?

- Medicaid enrollees
  - Fee-for-service
  - Managed care
  - Dual-eligible (Medicare/Medicaid): Medicaid data only, includes services but not pharmacy

- Behavioral health population
  - Mental health
  - Substance abuse

- Currently over 5 million individuals
What Client Information is in PSYCKES?

- All Medicaid-reimbursable services for which a claim was submitted, across treatment settings
  - Behavioral health (outpatient and inpatient)
  - Pharmacy (psychotropic and medical)
  - Medical (services, lab tests, and procedures)
  - Living Supports (if Medicaid-billable)

- Up to 5 years of data
Quality Indicators / “Flags”: Clinical Utility

- Medication-Related, e.g.:
  - Polypharmacy
  - High dose

- Acute Care Utilization, e.g.:
  - High utilization
  - Readmission

- Health Promotion and Care Coordination
  - Behavioral health
  - Medical
Access to Client Data in PSYCKES: Providers

- Clients assigned to a hospital/agency
  - Automatically: Billed service within the past 9 months
  - Manually: Through the PHI Access Menu
    - Signed consent
    - Emergency (72 hours)
    - Attestation of service

- Levels of access
  - Consent: all data, including data with special protection
    - Substance abuse
    - HIV
    - Genetic information
    - Reproductive / family planning
  - Quality Flag: all data, except data with special protection
  - No access
Access to Client Data in PSYCKES: State/Local Government, Managed Care

- See all data, including data with special protection
  - Substance abuse
  - HIV
  - Genetic information
  - Reproductive / family planning

- See data for which clients?
  - Managed care plans: individuals currently enrolled
  - State/local government oversight: all clients

- PHI Access Menu not applicable
  - Exception: State/local providers get provider access (slightly enhanced for state operated facilities)
Logging in to PSYCKES

- Go to PSYCKES Home Page: www.psyckes.org
- Click “Log Into PSYCKES”
Logging in to PSYCKES, cont.

- Security Token Required
  - Token (below), or
  - “Soft token” (at right)
    - Computer or
    - Smartphone

- Contact for access:
  - “Security Manager” or
  - Supervisor
Logging in to PSYCKES, cont.

- At Login Page, enter:
  - User ID
  - Password
  - Token: PIN + token code
  - Soft token: Passcode generated by software
Logging in to PSYCKES, cont.

Use tabs to navigate
Update User Settings: Home Page

Change the first page you see upon login

- Recipient Search: search among clients of your agency/hospital and access client data
- PHI Access Menu: attest to right to view client data and/or link client to your agency/hospital, then proceed to access client data.
Update User Settings: My Profile

Update your work setting, role and profession (for reports)

### Update my User Profile

#### Work Settings

In what setting(s) do you work? Please check all that apply.

- [x] State Provider (e.g. OMH, DOH, OASAS)
- [ ] Emergency Department/CPEP
- [ ] Medical - Outpatient
- [ ] Medical - Inpatient
- [ ] Local Government Unit
- [ ] Mental Health - Outpatient
- [ ] Medical - Residential
- [ ] BHO - Behavioral Health Organization
- [ ] Mental Health - Inpatient
- [ ] Foster Care
- [ ] MCO - Managed Care Organization
- [ ] Mental Health - Residential
- [ ] Developmental Disabilities
- [ ] Provider Administration
- [ ] Substance Use - Outpatient
- [ ] Jail/Prison/Forensic
- [ ] Health Home Administration
- [ ] Substance Use - Inpatient
- [ ] Case Management
- [ ] Substance Use - Residential

#### Role Details

What is your role? Please check all that apply.

- [ ] Leadership (e.g. CEO, Dept. Chair, Prg Director, Administrator, etc.)
- [ ] Peer Worker
- [ ] Quality Management (QI/QA/UR)
- [ ] SW, RN, NP, Other Clinician/Direct Service
- [ ] Information Technology
- [ ] Resident/intern/trainee
- [ ] Administrative Support (clerical, registration/medical records)
- [ ] Other
- [ ] Attending Physician

#### License Details

Do you have a NYS License? 
- [ ] Yes
- [ ] No
Recipient Search: Search for Individual or Cohort
Search for a Cohort

Search by prescriber, service, age, gender, quality flag, diagnosis, drug or drug class, etc.
Search for Individual Recipient

Search by unique identifier or name plus any modifier below.

[Image of a search interface with highlighted fields for Medicaid ID, SSN, First Name, Last Name, and DOB: MM/DD/YYYY.]
Search Results

Select and click on recipient name for clinical summary

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender</th>
<th>Quality Flags</th>
<th>Current PHI Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afcciec Hiifjiei</td>
<td>Badjcfl Feckedeb</td>
<td>01/01/9999</td>
<td>Fegofad Eliaideb</td>
<td>2AP, 3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4PP(A), CVD, Obes, Readmit-All BH 30d</td>
<td>All Data - Consent</td>
</tr>
<tr>
<td>Agicfibr Ihhhiab</td>
<td>Iabfeed Cbbedbg</td>
<td>01/01/9999</td>
<td>Aegfbb Gjfacgb</td>
<td>No DM Screen-AP</td>
<td>Quality Flag</td>
</tr>
<tr>
<td>Agicfibb Ihhhiab</td>
<td>Ihfcac Eddefe</td>
<td>01/01/9999</td>
<td>Abhaebe Djiced</td>
<td></td>
<td>No Access</td>
</tr>
<tr>
<td>Agicfibb Ihhhiab</td>
<td>Daeagba Fialbb</td>
<td>01/01/9999</td>
<td>Effjijic Jbjjdc</td>
<td>4PP(A), No DM Screen-AP, No HHA1toDM, Quality Flag</td>
<td></td>
</tr>
<tr>
<td>Agicfibb Ihhhiab</td>
<td>Eabgajd Jihedcf</td>
<td>01/01/9999</td>
<td>Ahedjha Dhcdhe</td>
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<td></td>
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<tr>
<td>Agicfibb Ihhhiab</td>
<td>Jcaceih Aieaeh</td>
<td>01/01/9999</td>
<td>Ddfdbaf Bbafhad</td>
<td>2AP, 4+ Inpt/ER-Med, DoseAP, Inpt/ER-BH, DM Screen-AP</td>
<td></td>
</tr>
</tbody>
</table>

Search by name may return multiple clients
**Search Results**

Click on recipient name to access clinical summary

<table>
<thead>
<tr>
<th>Name</th>
<th>Medicaid ID</th>
<th>DOB</th>
<th>Gender</th>
<th>Quality Flags</th>
<th>Current PHI Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deabehp Dbsdibeb</td>
<td>Aagjebe Pcdbddd</td>
<td>01/01/9999</td>
<td>Abhaebe Djiced</td>
<td>3+ Inpatient - BH, 4+ Inpt/ER-BH, 4PP(A), Adher-AP, No DM Screen-AP, No Hba1c-DM, Readmit-All BH 7d</td>
<td>All Data - Consent</td>
</tr>
</tbody>
</table>

Recommended: search by unique ID, not by name, to return only one client.
The PSYCKES
Clinical Summary
## Clinical Summary

**Report date, client name, demographics, managed care plan, quality flags, diagnoses (diagnostic categories)**

### Clinical Summary Header

- **Clinical Report Date:** 6/20/2014
- **Enhanced PHI:** Show / Hide
- **Name:** Bfcbbfh Afhbbfc
- **Medicaid ID:** IDDDCEB ACDEJHG
- **Managed Care Plan:** MetroPlus Health Plan
- **Address:** Baijch Bdecbga, Becheg Efiegfb, Icabijj Cbhffbe, Baeegj
- **DOB:** 01/01/9999
- **Age:** 999
- **Medicaid Eligibility:** SSI
- **Medicare:** No

### Indicator Set

<table>
<thead>
<tr>
<th>Indicator Set</th>
<th>Quality Flags (as of monthly QI report 4/1/2014)</th>
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</thead>
<tbody>
<tr>
<td>BH Care Coordination</td>
<td>Adherence - Mood Stabilizer (Bipolar)</td>
</tr>
<tr>
<td>Cardiometabolic</td>
<td>Drug (Quetiapine)</td>
</tr>
<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpatient/ER - All</td>
</tr>
</tbody>
</table>

### Behavioral Health Diagnoses - Primary and Secondary Dx

- Substance Abuse
- Schizoaffective Disorder
- Alcohol Abuse
- Alcohol Related Organic Mental Disorder
- Major Depressive Disorder
- Bipolar Disorder

### Medical Diagnoses - Primary and Secondary Dx

- Cardiometabolic Flag Related Conditions
- Ischemic Vascular Disease
- Obesity

- Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders
- Disorders of lipid metabolism

- Infectious And Parasitic Diseases
- HIV Infection
- Tuberculosis
Clinical Summary

Select time frame, note level of access, With consent: toggle between show/hide expanded PHI

### Clinical Summary

<table>
<thead>
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<td>Drug (Quetiapine) and Cardiometabolic Condition (AP + Cardiovascular Disease Risk</td>
</tr>
<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpatient/ER - All</td>
</tr>
</tbody>
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- Disorders of lipid metabolism
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- HIV infection
- Tuberculosis
Clinical Summmary Header

Select time frame, note level of access,
With consent: toggle between show/hide expanded PHI

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<tr>
<td>Hospital ER Utilization</td>
<td>4+ Inpatient/ER - All</td>
</tr>
</tbody>
</table>

Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)

- Schizoaffective Disorder
- Major Depressive Disorder
- Bipolar Disorder

Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)

- Cardiometabolic Flag Related Conditions: Ischemic Vascular Disease | Obesity
- Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders: Disorders of lipid metabolism
- Infectious And Parasitic Diseases: Tuberculosis
Without consent: no option to show expanded PHI

Clinical Summary

Please choose summary period

<table>
<thead>
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<td>Hospital ER Utilization</td>
<td>4+ Inpatient/ER - All</td>
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</tbody>
</table>

Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)

Schizoaffective Disorder | Major Depressive Disorder | Bipolar Disorder

Medical Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)

Cardiometabolic Flag Related Conditions | Ischemic Vascular Disease | Obesity

Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders | Disorders of lipid metabolism

Infectious And Parasitic Diseases | Tuberculosis
Clinical Summary: Integrated View as Graph (Show PHI)

All services displayed in graphic form to allow ready identification of utilization patterns, including medication adherence and outpatient, inpatient and ER services.
Clinical Summary:
Integrated View as Graph (Hide PHI), Care Coordination
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Last Dose</th>
<th>Estimated Duration</th>
<th>First Day Picked Up</th>
<th>Last Day Picked Up</th>
<th>Active in Past Month</th>
<th>Most Recent Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Divalproex</td>
<td>1000 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
</tr>
<tr>
<td></td>
<td>Sodium</td>
<td>Sodium</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Quetiapine</td>
<td>400 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
</tr>
<tr>
<td></td>
<td>Fumarate</td>
<td>Fumarate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Trazodone</td>
<td>Trazodone</td>
<td>100 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
</tr>
<tr>
<td></td>
<td>HCl</td>
<td>HCl</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Quetiapine</td>
<td>400 MG</td>
<td>6 Month(s) 3 Week(s)</td>
<td>8/28/2013</td>
<td>3/14/2014</td>
<td>No</td>
<td>Quyyum Akm</td>
</tr>
<tr>
<td></td>
<td>Fumarate</td>
<td>Fumarate</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Divalproex</td>
<td>750 MG</td>
<td>6 Month(s) 3 Week(s)</td>
<td>8/26/2013</td>
<td>3/14/2014</td>
<td>No</td>
<td>Meyerzon Savely</td>
</tr>
<tr>
<td></td>
<td>Sodium</td>
<td>Sodium</td>
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</tr>
<tr>
<td>Antidepressant</td>
<td>Trazodone</td>
<td>Trazodone</td>
<td>100 MG</td>
<td>5 Month(s) 1 Week(s)</td>
<td>8/28/2013</td>
<td>1/5/2014</td>
<td>No</td>
<td>Meyerzon Savely</td>
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<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Quetiapine</td>
<td>200 MG</td>
<td>3 Month(s) 2 Week(s) 4 Day(s)</td>
<td>1/23/2013</td>
<td>5/4/2013</td>
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<td>Chsput France Irene</td>
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<tr>
<td></td>
<td>Fumarate</td>
<td>Fumarate</td>
<td></td>
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</tr>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Divalproex</td>
<td>1000 MG</td>
<td>2 Month(s) 2 Week(s) 4 Day(s)</td>
<td>1/23/2013</td>
<td>3/11/2013</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Sodium</td>
<td>Sodium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Nicotine</td>
<td>Nicotine</td>
<td>21 MG/24HR</td>
<td>4 Week(s)</td>
<td>3/11/2013</td>
<td>3/11/2013</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Pharmacy Data:

“See Detail” Trials and Orders

See trials and/or individual orders of each medication

<table>
<thead>
<tr>
<th>Medication: Behavioral Health</th>
<th>See All Prescription Details</th>
<th>OMH PHI</th>
<th>View: Graph Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drug Class</strong></td>
<td><strong>Brand Name</strong></td>
<td><strong>Generic Name</strong></td>
<td><strong>Last Dose</strong>*</td>
</tr>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Divalproex</td>
<td>Sodium</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Quetiapine</td>
<td>Fumarate</td>
</tr>
</tbody>
</table>

**RX Detail for Quetiapine Fumarate Medication**

* Calculated fields

**View:** Trials Orders Both

**Trials:**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Drug Class</th>
<th>First Day Picked Up</th>
<th>Estimated End of Trial</th>
<th>Estimated Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>5/7/2014</td>
<td>6/14/2014</td>
<td>1 Month(s) 1 Week(s)</td>
</tr>
<tr>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>6/28/2013</td>
<td>3/21/2014</td>
<td>6 Month(s) 3 Week(s)</td>
</tr>
<tr>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>1/23/2013</td>
<td>5/11/2013</td>
<td>3 Month(s) 2 Week(s) 4 Day(s)</td>
</tr>
</tbody>
</table>

**Orders:**

<table>
<thead>
<tr>
<th>PickUpDate</th>
<th>Brand Name</th>
<th>Generic</th>
<th>Drug Class</th>
<th>Strength</th>
<th>Quantity Dispensed</th>
<th>Days Supply</th>
<th>Tabs per day</th>
<th>Total Daily Dose*</th>
<th>Route</th>
<th>Prescriber</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/31/2014</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>100 MG</td>
<td>14.00</td>
<td>14.00</td>
<td>1.00</td>
<td>100 MG</td>
<td>OR</td>
<td>Kelly Meredith Ann</td>
<td>DUANE READE #14485</td>
</tr>
<tr>
<td>5/31/2014</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>300 MG</td>
<td>14.00</td>
<td>14.00</td>
<td>1.00</td>
<td>300 MG</td>
<td>OR</td>
<td>Kelly Meredith Ann</td>
<td>DUANE READE #14485</td>
</tr>
<tr>
<td>5/31/2014</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Antipsychotic</td>
<td>500 MG</td>
<td>14.00</td>
<td>14.00</td>
<td>1.00</td>
<td>500 MG</td>
<td>OR</td>
<td>Sam Smith</td>
<td>DUANE READE #14485</td>
</tr>
</tbody>
</table>

**Withdrawal Management:**

- 5/31/2014 Quetiapine Fumarate | 100 MG | OR | Kelly Meredith Ann | DUANE READE #14485 |
- 5/31/2014 Quetiapine Fumarate | 300 MG | OR | Kelly Meredith Ann | DUANE READE #14485 |
- 5/31/2014 Quetiapine Fumarate | 500 MG | OR | Camille | DUANE READE #14485 |
Pharmacy Data:
“See Detail” Orders
Adherence, dose and days’ supply; changes over time

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Last Dose</th>
<th>Estimated Duration</th>
<th>First Day Picked Up</th>
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<th>Most Recent Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex Sodium</td>
<td>Divalproex Sodium</td>
<td>1000 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
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<td>400 MG</td>
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<td>Kelly Meredith Ann</td>
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RX Detail for Quetiapine Fumarate Medication

<table>
<thead>
<tr>
<th>View:</th>
<th>Trims</th>
<th>Orders</th>
<th>Both</th>
<th>Calculated fields</th>
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<tbody>
<tr>
<td>Mood Stabilizer</td>
<td>Antipsychotic</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
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<td>300 MG</td>
</tr>
<tr>
<td>Mood Stabilizer</td>
<td>Antipsychotic</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>100 MG</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Antipsychotic</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>300 MG</td>
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<tr>
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<td>Quetiapine Fumarate</td>
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<td>Quetiapine Fumarate</td>
<td>100 MG</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>Quetiapine Fumarate</td>
<td>100 MG</td>
</tr>
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</table>
Pharmacy Data: View as a Graph

Utilization trends over time
### Clinical Summary

#### Medication: Behavioral Health

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Last Dose*</th>
<th>Estimated Duration</th>
<th>First Day Picked Up</th>
<th>Last day Picked Up</th>
<th>Active in Past Month</th>
<th>Most Recent Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Sodium</td>
<td>1000 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Fumarate</td>
<td>400 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
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<tr>
<td>Antidepressant</td>
<td>Trazodone</td>
<td>Hcl</td>
<td>100 MG</td>
<td>1 Month(s) 1 Week(s)</td>
<td>5/7/2014</td>
<td>5/31/2014</td>
<td>Yes</td>
<td>Kelly Meredith Ann</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Fumarate</td>
<td>400 MG</td>
<td>6 Month(s) 3 Week(s)</td>
<td>8/26/2013</td>
<td>3/14/2014</td>
<td>No</td>
<td>Quyyum Akm</td>
</tr>
<tr>
<td>Mood Stabilizer</td>
<td>Divalproex</td>
<td>Sodium</td>
<td>750 MG</td>
<td>6 Month(s) 3 Week(s)</td>
<td>8/28/2013</td>
<td>3/14/2014</td>
<td>No</td>
<td>Meyerzon Savely</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Trazodone</td>
<td>Hcl</td>
<td>100 MG</td>
<td>5 Month(s) 1 Week(s)</td>
<td>8/26/2013</td>
<td>1/5/2014</td>
<td>No</td>
<td>Meyerzon Savely</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>Quetiapine</td>
<td>Fumarate</td>
<td>200 MG</td>
<td>3 Month(s) 2 Week(s)</td>
<td>1/23/2013</td>
<td>5/4/2013</td>
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<tr>
<td>Mood Stabilizer</td>
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<td>Sodium</td>
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<td>2 Month(s) 2 Week(s)</td>
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<td>Withdrawal</td>
<td>Sm Nicotine</td>
<td>Nicotine</td>
<td>21 MG/24HR</td>
<td>4 Week(s)</td>
<td>3/11/2013</td>
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### Clinical Summary

#### Medication: Behavioral Health

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Brand Name</th>
<th>Generic Name</th>
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<th>Estimated Duration</th>
<th>First Day Picked Up</th>
<th>Last Day Picked Up</th>
<th>Active in Past Month</th>
<th>Most Recent Prescriber</th>
<th>View:</th>
<th>OMH PHI:</th>
<th>See Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium Channel Blockers</td>
<td>Nifedipine Er</td>
<td>Nifedipine</td>
<td>30 MG</td>
<td>1 Month(s)</td>
<td>4/29/2014</td>
<td>4/29/2014</td>
<td>No</td>
<td>Anand Om Parkash</td>
<td></td>
<td></td>
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<tr>
<td>Azithromycin</td>
<td>Azithromycin</td>
<td>Azithromycin</td>
<td>300 MG</td>
<td>5 Day(s)</td>
<td>3/4/2014</td>
<td>3/4/2014</td>
<td>No</td>
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#### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
<th>Practitioner</th>
<th>View:</th>
<th>OMH PHI:</th>
<th>See Service Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic - SU Specialty</td>
<td>ST LUKE'S ROOSEVELT HSP CTR</td>
<td>5/22/2014</td>
<td>6/20/2014</td>
<td>7</td>
<td>Opioid Type Dependence, Unspecified Use [304.00]</td>
<td>- Alcohol And/Or Drug Screenin - Alcohol And/Or Drug Services - Alcohol/Subs Interv 15-30mn - Alcohol/Subs Interv &gt;30 Min - Office/Outpatient Visit</td>
<td></td>
<td></td>
<td></td>
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</table>
## Clinical Summary

**Use Links or Collapse Sections**

### Medication: Behavioral Health

### Medication: Medical

### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic - SU Specialty</td>
<td>ST LUKES ROOSEVELT HSP CTR</td>
<td>5/22/2014</td>
<td>6/20/2014</td>
<td>7</td>
<td>Opioid Type Dependence, Unspecified Use [304.00]</td>
<td>- Alcohol And/Or Drug Screenin&lt;br&gt;- Alcohol And/Or Drug Services&lt;br&gt;- Alcohol/Subs Interv 15-30mn&lt;br&gt;- Alcohol/Subs Interv &gt;30 Min&lt;br&gt;- Office/Outpatient Visit New</td>
</tr>
<tr>
<td>Clinic - SU - Methadone Maintenance Treatment Program</td>
<td>ST LUKES ROOSEVELT HSP CTR</td>
<td>5/19/2014</td>
<td>5/19/2014</td>
<td>1</td>
<td>Opioid Type Dependence, Unspecified Use [304.00]</td>
<td>- Routine Venipuncture</td>
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<tr>
<td>Clinic - Medical Specialty</td>
<td>PROJECT RENEWAL</td>
<td>11/8/2013</td>
<td>1/19/2014</td>
<td>2</td>
<td>Alcohol Abuse, Unspecified Drinking Behavior [305.00]</td>
<td>- Alcohol And/Or Drug Services</td>
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</table>
## Outpatient Services: Behavioral Health and Medical

Dates, # of visits, diagnosis, procedures, practitioner, provider

### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
</tr>
</thead>
</table>
| Clinic - SU Specialty | BRIDGE BACK TO LIFE CTR INC | 10/23/2013        | 6/15/2014       | 39               | Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90] | - Alcohol And/Or Drug Screenin  
- Alcohol And/Or Drug Services  
- Alcohol/Subs Interv 15-30 Min  
- Alcohol/Subs Interv >30 Min |  
- Psytx Ph/Family 30 Minutes |  
| Nurse Practitioner    | JOSEPH MYRIAM BERTHHELL | 12/23/2013        | 5/2/2014        | 2                |                                                                     | - Behav Chng Smoking 3-10 Min  
- Office/Outpatient Visit Est |  

### Medical Outpatient Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
</tr>
</thead>
</table>
| Clinic - Medical Specialty | HELP/PROJECT SAMARITAN SVCS CORP | 9/25/2013         | 7/29/2014       | 10               | Unspecified [097.9]                                                | - Behav Chng Smoking 3-10 Min  
- Office/Outpatient Visit Est |  

See All Service Details | OMH PHI | View: | Graph | Table
See **All Service Details** (Top) vs. See Service Details (Right)

### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
<th>Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic - SU Specialty</td>
<td>BRIDGE BACK TO LIFE CTR INC</td>
<td>10/23/2013</td>
<td>6/15/2014</td>
<td>39</td>
<td>Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]</td>
<td>Alcohol And/OR Drug Screenin, Alcohol And/OR Drug Services, Alcohol/Subs Interv 15-30 Min, Alcohol/Subs Interv &gt;30 Min</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>JOSEPH MYRIAN BERTHNELL</td>
<td>12/23/2013</td>
<td>5/2/2014</td>
<td>2</td>
<td></td>
<td>- Behav Chng Smoking 3-10 Min, Office/Outpatient Visit Est</td>
<td></td>
</tr>
</tbody>
</table>

### Medical Outpatient Services

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<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billed</th>
<th>Last Date Billed</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
<th>See Service Details</th>
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</thead>
<tbody>
<tr>
<td>Clinic - Medical Specialty</td>
<td>HELP/PROJECT SAMARITAN SVCS CORP</td>
<td>9/25/2013</td>
<td>7/29/2014</td>
<td>10</td>
<td>Unspecified [097.9]</td>
<td>Behav Chng Smoking 3-10 Min, Office/Outpatient Visit Est</td>
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</table>
See **All** Service Details (Top) vs. See Service Details (Right)
### Behavioral Health Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>First Date Billad</th>
<th>Last Date Billad</th>
<th>Number of Visits</th>
<th>Most Recent Primary Diagnosis</th>
<th>Most Recent Procedures (Last 3 Months)</th>
<th>Practitioner</th>
</tr>
</thead>
</table>
| Clinic - SU Specialty | BRIDGE BACK TO LIFE CTR INC | 10/23/2013        | 6/16/2014        | 39               | Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]               | • Alcohol And/OR Drug Services  
• Alcohol And/OR Drug Services  
• Alcohol/Subs Interv 15 -30 mn  
• Alcohol/Subs Interv >30 Min |             |

### All Behavioral Health Services for BRIDGE BACK TO LIFE CTR INC Provider

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Service Type</th>
<th>Provider</th>
<th>Primary Diagnosis</th>
<th>Secondary Diagnosis</th>
<th>Practitioner</th>
<th>Procedure</th>
<th>Procedure</th>
<th>Procedure</th>
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<td>6/16/2014</td>
<td>Clinic - SU Specialty</td>
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<td>Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]</td>
<td></td>
<td></td>
<td>Alcohol/Subs Interv 15 -30 mn</td>
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<td></td>
</tr>
<tr>
<td>6/11/2014</td>
<td>Clinic - SU Specialty</td>
<td>BRIDGE BACK TO LIFE CTR INC</td>
<td>Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]</td>
<td></td>
<td></td>
<td>Alcohol And/OR Drug Screenin</td>
<td></td>
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<tr>
<td>4/28/2014</td>
<td>Clinic - SU Specialty</td>
<td>BRIDGE BACK TO LIFE CTR INC</td>
<td>Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]</td>
<td></td>
<td></td>
<td>Alcohol/Subs Interv &gt;30 Min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/9/2014</td>
<td>Clinic - SU Specialty</td>
<td>BRIDGE BACK TO LIFE CTR INC</td>
<td>Other And Unspecified Alcohol Dependence, Unspecified Drinking Behavior [303.90]</td>
<td></td>
<td></td>
<td>Alcohol/Subs Interv &gt;30 Min</td>
<td></td>
<td></td>
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</tbody>
</table>
# Hospital/ER Services: Integrated Behavioral/Medical

Service type, provider, diagnosis, admission/discharge dates, length of stay, procedures

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider</th>
<th>Admission</th>
<th>Discharge Date/Last Date Billed</th>
<th>Length of Stay</th>
<th>Most Recent Primary Diagnosis</th>
<th>Procedure(s)</th>
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<tr>
<td></td>
<td></td>
<td>2/26/2013</td>
<td>2/28/2013</td>
<td>2</td>
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<tr>
<td>Inpatient - MH</td>
<td>RICHMOND UNIVERSITY MED CTR</td>
<td>1/10/2013</td>
<td>1/23/2013</td>
<td>13</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
<td>- Other Psychiatric Drug Therapy</td>
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<tr>
<td></td>
<td>ST JOHNS EPISCOPAL HOSP</td>
<td>12/21/2012</td>
<td>12/27/2012</td>
<td>6</td>
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<tr>
<td>ER - Medical</td>
<td>ST JOHNS EPISCOPAL HOSP</td>
<td>12/21/2012</td>
<td>12/21/2012</td>
<td>1</td>
<td>Radiological Examination, Not Elsewhere Classified [V72.3]</td>
<td>- Emergency Dept Visit</td>
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<tr>
<td>ER - MH - CDEP</td>
<td>RICHMOND UNIVERSITY MED CTR</td>
<td>11/5/2012</td>
<td>11/5/2012</td>
<td>1</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
<td>- Psy Dx Interview</td>
</tr>
<tr>
<td>ER - MH</td>
<td>RICHMOND UNIVERSITY MED CTR</td>
<td>11/5/2012</td>
<td>11/5/2012</td>
<td>1</td>
<td>Schizo-Affective Type Schizophrenia, Unspecified State [295.70]</td>
<td>- Emergency Dept Visit</td>
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<tr>
<td></td>
<td></td>
<td>9/8/2012</td>
<td>10/1/2012</td>
<td>23</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>9/4/2012</td>
<td>9/8/2012</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Labs, X-Ray and Other Data

Other services (if Medicaid billable): Dental, Vision, Living Support, Labs, Radiology, Medical Equipment, Transportation

- Dental
- Vision
- Living Support/Residential Treatment
- Laboratory and Pathology
- Radiology
- Medical Equipment
- Transportation

Please note that there is often a lag (often months) from the time a service is delivered until the service is able to be identified by PSYCKES. The time period selected will represent the time from the most recent service or medication.

OMH PHI
Release: 4.9.2
Clinical Summary: Export Data to PDF, Excel, CCD

To select section(s), click or “Shift”+click or “Ctrl”+click.
Clinical Summary: Printed Report

**Clinical Summary Report for Last 2 Years**

- **Name:** [Redacted]
- **Medical ID:** [Redacted]
- **DOB:** [Redacted]
- **Age:** 555
- **Medicaid Eligibility:** [Redacted]
- **Medicare:** N/A

![Integrated View of Services Over Time](image)

**Quality Flag**

<table>
<thead>
<tr>
<th>Quality Flag</th>
<th>Quality Flag Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiometabolic Drug</td>
<td>Clarizapine</td>
</tr>
<tr>
<td>Cardiometabolic Condition</td>
<td>AP + Hypertension Risk</td>
</tr>
</tbody>
</table>

**Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)**

- Learning Disorder
- Major Depressive Disorder
- Other Childhood Disorder
- Anxiety Disorder
- Bipolar Disorder
- Other Nonpsychotic Mental Disorder
- Other Psychotic disorders

**Medical Diagnoses - Primary and Secondary Dx (Most Recent Shows First)**

- Cardiometabolic Flag Related Conditions
- Hypertension | Obesity
- Endocrine, Nutritional, And Metabolic Diseases And Immunity Disorders
- Nutritional deficiencies
- Injury and Poisoning
- Open wounds of head, neck, and trunk | Superficial injury; contusion | Poisoning by other medications and drugs | Poisoning by psychiatric agents
- Symptom, Signs, And Defined Conditions
- Nervous system; unclassified
- The Gastrointestinal System
- Disorders of teeth and jaw
- The Genitourinary System
- Menthol disorders
- The Respiratory System
- Other upper respiratory infections

**Medication Behavioral Health**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Dosage</th>
<th>Days</th>
<th>Start Date</th>
<th>End Date</th>
<th>First Day Picked Up</th>
<th>Last Day Picked Up</th>
<th>Author in Last 30 Days</th>
<th>Most Recent Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarizapine</td>
<td>Clarizapine</td>
<td>5 mg</td>
<td>28 days</td>
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<td>12/30/2012</td>
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<td>No</td>
<td>Vicente Carranza</td>
<td>Correccion</td>
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<tr>
<td>Fluoxetine HCL</td>
<td>Fluoxetine HCL</td>
<td>20 mg</td>
<td>28 days</td>
<td>12/30/2012</td>
<td>12/30/2012</td>
<td>No</td>
<td>No</td>
<td>Vicente Carranza</td>
<td>Correccion</td>
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<td>Prozac</td>
<td>Fluoxetine</td>
<td>20 mg</td>
<td>2 months</td>
<td>10/30/2011</td>
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<td>Vicente Carranza</td>
<td>Correccion</td>
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<td>Effexor</td>
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<td>1 month</td>
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<td>No</td>
<td>Vicente Carranza</td>
<td>Correccion</td>
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<td>Seroquel</td>
<td>Quetiapine Fumarate</td>
<td>10 mg</td>
<td>28 days</td>
<td>8/4/2011</td>
<td>8/4/2011</td>
<td>No</td>
<td>No</td>
<td>Shiseberg Nisnai</td>
<td></td>
</tr>
</tbody>
</table>

Save only to secure server, or print without saving!
Value of PSYCKES

- Comprehensive, user-friendly information across providers over time
  - Clinical information is updated weekly

- Support assessment and treatment planning
  - Clarify behavioral health diagnoses
  - Identify co-morbid conditions
  - Review medication history and adherence

- Facilitate care coordination
  - Identify other providers
  - Discharge planning
Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
  - See diagnostic procedures/labs but without results
- Time lag between services and billing is variable
  - Service data may lag by weeks or months
- Client data affected by hospitalizations (bundled services), loss of Medicaid coverage, moves
The PHI Access Menu

Note: Formerly: “Consent Module”
PSYCKES Consent Process Overview

- Designated staff are granted “PSYCKES-Registrar” access - i.e., PHI Access Menu user.
  - Simple task, big responsibility

- Client is asked to sign PSYCKES Consent Form
  - Must use designated form

- Registrar uses PHI Access Menu to attest that provider has the right to access client information

- Any PSYCKES user (Registrar or not) within the institution/agency can then access client data.
Search for Clients: Recipient Search vs. PHI Access Menu

- **Recipient Search**
  - Search returns clients already connected to your agency/hospital
    - Claims data, or
    - PHI Access Menu
  - All PSYCKES users have access

- **PHI Access Menu**
  - Search all clients in PSYCKES
  - Available only to those with “registrar” access
  - Used to enable access to client for all users
    - Client then appears in Recipient Search
Obtaining Consent

- Only the PYSCLES Consent form may be used
  - Can be printed from PHI Access Menu

- Discuss consent with client and obtain signature

- Give copy of consent form to client

- Original consent is given to PSYCKES Registrar

- Original (or scanned version) is retained in the client’s medical record
Registrar Menu

- PHI Access Menu is accessed through the Registrar Menu tab

- Registrar Menu tab only appears if the user has been granted PSYCKES-Registrar access.
PHI Access Menu

Consent Forms Menu

- Print PSYCKES Consent Forms
  - English and Spanish
  - Consent and Withdrawal of Consent

- Best practice: PSYCKES form pre-printed and available on hard copy
Granting Access in the PHI Access Menu

1. Search for client
   - Search by Medicaid ID or Social Security Number

2. Attest to right to access client’s data
   - Client signed consent
   - Clinical emergency
   - Client is served by the provider

3. Document verification of client’s identity

4. Save and exit
   OR
   Save and proceed to Clinical Summary
Steps for Consent

1. Click on “PHI Access” tab, then click on “Enable access to client’s Clinical Summary.”
Search by Medicaid ID #

2. Enter client’s Medicaid ID number or Social Security Number, and click “search.”
Confirm Search Results

3. PSYCKES will ask you to verify that the information matches the client you searched for.
Attest to Right to Access Data

4. Select the basis for access to client data

Step 2
Attestation for right to access client’s Medicaid data (Select at least one option):

1. Client signed the Consent Form □
   (Access to all data for three years after the last Medicaid claim)

2. In the absence of signed consent, you may get limited access to client’s clinical data. Please check all that apply:
   a. Attestation of Clinical Emergency □
      (Access to all data for 72 hours)
   b. Attestation of Service: Client is currently served by/ being transferred to ____________
      (Clinical Summary data is available only if the client has an active quality flag. In the absence of consent, specially protected information such as HIV, family planning, substance use treatment etc. will be excluded.)

Step 3
Client has been identified via the following:

Service Provider attests to client identity □

--OR--

Client presented the following 2 forms of documentation to identify him/herself:

Identification 1:
Select from drop-down list

Identification 2:
Select from drop-down list

Submit and go to client’s Clinical Report  Submit and Quit  Quit and do not submit
Client Identification

5. Select 2 forms of ID from drop-down list, or attest to identity without ID

Attestation for right to access client’s Medicaid data (Select at least one option):

1. Client signed the Consent Form
   (Access to all data for three years after the last Medicaid claim)

2. In the absence of signed consent, you may get limited access to client’s clinical data. Please check all that apply:
   a. Attestation of Clinical Emergency
      (Access to all data for 72 hours)
   b. Attestation of Service: Client is currently served by/ being transferred to | Hospital Center
      (Clinical Summary data is available only if the client has an active quality flag. In the absence of consent, specially protected information such as HIV, family planning, substance use treatment etc. will be excluded.)

Step 3

Client has been identified via the following:

Service Provider attests to client identity

--OR--

Client presented the following 2 forms of documentation to identify him/herself:

Identification 1:
Select from drop-down list

Identification 2:
Select from drop-down list

Submit and go to client’s Clinical Report  Submit and Quit  Quit and do not submit
Immediately upon consent, any PSYCKES user at the hospital/agency can view the client’s data.
Withdrawal of Consent
Withdrawal of Consent

- Clients have right to withdraw consent at any time.

- Withdrawal of Consent (WOC) form must be used and is printable from:
  - The PHI Access Menu
  - The PSYCKES public website

- After client signs WOC form, Registrar uses Withdrawal function in PSYCKES to revoke consent.
Registrar Menu:
Withdraw Consent
Withdraw Consent:
Search by Medicaid ID #
Withdraw Consent: Verify Client ID and Revoke

PSYCKES MEDICAID

Withdraw Consent

Medicaid ID: AA19 386G

Results:

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
<th>Medicaid ID</th>
<th>Revoke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouse Minnie</td>
<td>05/15/19</td>
<td>7 Goofy Lane, Warnerville NY 13456</td>
<td>AA19 386G</td>
<td>Revoke</td>
</tr>
</tbody>
</table>

Search Clear Medicaid Consent Menu
Withdraw Consent: Consent Revoked

Consent Revoked for recipient: AB12345XY

Withdraw Consent

Medicaid ID:  

Search  Clear  Medicaid Consent Menu

Release: 4.2.6
Resources
PSYCKES Website: Home Page

www.psyckes.org ~ Navigation bar at left
Using PSYCKES


If you are having accessibility issues with the previous documents, please contact PSYCKES Team, or click the "Accessibility" link at the bottom of this page.

Brief Instructions for Using PSYCKES in Clinical/Emergency Settings (90kb) is a concise and user-friendly guide developed to meet the needs of clinicians using PSYCKES. It provides step-by-step instructions for documenting client consent or emergency status and accessing the Clinical Summary.

The Using PSYCKES for Clinicians recorded webinar provides an introduction to the clinical use of PSYCKES. It reviews the procedures for logging in and searching for clients, the information available in the Clinical Summary, and the process of using the Consent Module to enable access to client data. Accompanying Using PSYCKES for Clinicians Slides (7.7mb), are available. Recorded August 15, 2012.

Users can also learn more about using PSYCKES by attending live on-line training webinars (see calendar to register) or by watching recorded webinars which are available to view anytime.

Comments or questions about the information on this page can be directed to the PSYCKES Team.
## Clinicians Recorded Webinars

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) team conducts live on-line seminars (webinars) for PSYCKES users and clinicians during which attendees can ask questions (see calendar). Recorded versions of the webinars are available to view anytime. The following recorded webinars are relevant to Clinicians:

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Materials</th>
<th>Date Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using PSYCKES for Clinicians</td>
<td>Provides an introduction to the clinical use of PSYCKES. Reviews the procedures for logging in and searching for clients, the information available in the Clinical Summary, and the process of using the Consent Module to enable access to client data.</td>
<td>Using PSYCKES for Clinicians Slides (7.7mb)</td>
<td>August 15, 2012</td>
</tr>
<tr>
<td>PSYCKES Consent Module</td>
<td>Provides an overview of the PSYCKES Consent Module and the procedures for obtaining client consent. With consent, or in a clinical emergency, the Consent Module is used to enable access to individual data for clients without a quality flag and/or with no</td>
<td>PSYCKES Consent Module Slides (5mb)</td>
<td>April 25, 2013</td>
</tr>
<tr>
<td>Health Promotion and Coordination, and Behavioral Health Care Coordination</td>
<td>Focuses on the Continuous Quality Improvement (CQI) Initiative for Health Promotion and Care Coordination. Introduces the quality concerns related to the Health Promotion and Coordination and the Behavioral Health Care Coordination projects. Provides an overview of the</td>
<td>Health Promotion and Coordination Slides (3.67mb)</td>
<td>March 5, 2013</td>
</tr>
<tr>
<td>Quality Concerns in Psychopharmacology: Too Young</td>
<td>Reviews the PSYCKES &quot;Too Young&quot; Youth indicator including a discussion of practice guidelines, literature updates and FDA indications related to best prescribing practices for the use of psychotropics in children.</td>
<td>Too Young Slides (2mb)</td>
<td>March 18, 2011</td>
</tr>
</tbody>
</table>
PSYCKES Website: Frequently Asked Questions

Click on “FAQs” on navigation bar at left; available 24/7

Contents

- PSYCKES
  - Overview: PSYCKES-Medicaid
    - Where does the data in PSYCKES come from?
    - Why was PSYCKES developed?
    - What internet browser best supports PSYCKES performance?
    - What PC requirements best support the PSYCKES Medicaid application?
  - Data in PSYCKES
    - What data can users see in the PSYCKES-Medicaid application?
    - When are the PSYCKES-Medicaid reports updated?
    - Which program types are available in PSYCKES?
    - What client information is included in PSYCKES Medicaid?
    - Our agency serves mostly Medicare clients. Will these clients show up in PSYCKES?
    - My clinic’s clients are showing up in another clinic within our agency. Why? How can I fix it?
    - How does PSYCKES link prescribers to my clinic and/or agency?
    - What does “Other” mean when displayed in the prescriber field (such as in unduplicated prescriber)?
    - How do I update PSYCKES information?
    - How do I update or change my address in PSYCKES?
    - Can I sort the information provided in PSYCKES?
For Further Information

- **PSYCKES website:** [www.psyckes.org](http://www.psyckes.org)
- **PSYCKES Help (PSYCKES support)**
  - 9:00AM – 5:00PM, Monday – Friday
  - [PSYCKES-help@omh.ny.gov](mailto:PSYCKES-help@omh.ny.gov)
- **OMH Help Desk (PSYCKES access, SMS support)**
  - 7:00AM – 8:00PM, 7 days
  - 800-HELP-NYS (800-435-7697)
  - [Helpdesk@omh.ny.gov](mailto:Helpdesk@omh.ny.gov)
- **Webinars**
  - Live webinars: Register on [PSYCKES Calendar](http://www.psyckes.org/calendar)
  - Recorded webinars: Posted on [PSYCKES Website](http://www.psyckes.org/website)
Emailing PSYCKES-Help: Information to Include

- Your full name and phone number
- Your agency/program name and type
  - Hospital or hospital-based clinic
  - Agency or freestanding mental health clinic
  - State-operated facility
  - OMH / BHO / MMCO / LGU (County, etc.) / Network
- Which version of PSYCKES?
  - PSYCKES-Medicaid (most common)
  - PSYCKES V2 (for state-operated inpatient facilities)
  - MyPSYCKES (Consumer version of PSYCKES)
- Specify the issue and which area of PSYCKES
  - Clinical information
  - Quality improvement (which QI project? Which indicator?)
  - PHI Access Menu
  - Etc.
Questions and Answers
What is an Emergency?

New York State Public Health Law Section 4900.3

"Emergency condition" means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of such person or others in serious jeopardy; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.