

# **Using the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) to Support Behavioral Health System Management and Oversight**

## **Local Government Units (LGU)s**



# Overview

- Welcome
- Introduction to PSYCKES
- Using PSYCKES
  - Planning
  - System Management
  - Quality Improvement
- Obtaining Access
- Resources
- Questions

# LGU Information Needs

- Identify service cohorts of Medicaid clients and their service use for LGU, Single Point of Access (SPOA) programs and providers
  - high risk, high need, sub-optimally served
- Coordinate efforts to manage delivery of services
  - mental health, chemical dependency treatment, physical health
- Establish linkages between physical and behavioral health care for clients
- Perform quality improvement outreach to providers to improve treatment practices
- PSYCKES is a portal to access Medicaid data for LGU information needs

# What is PSYCKES?

- A secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant web-based platform for sharing administrative data
- Designed to support clinical decision-making and quality improvement
- Implemented in over 400 programs statewide
  - Office of Mental Health (OMH) hospitals (2003): 27 hospitals
  - Mental health clinics (2008): 340 clinics
  - Hospital clinics and Emergency Rooms (ER)s (2010): 18 hospitals
  - Access for all NYS behavioral health inpatient programs (2011/12)
  - Access for Local Government Units (2012)
- Ongoing data updates
  - Weekly for clinical information
  - 4-6 weeks for quality indicators

# Data Available in PSYCKES

- Client level: Up to 5 years of claims data for NYS Medicaid enrollees, including Fee-for-service (FFS) and managed care
  - Behavioral health population (BH service/dx/med)
  - All Medicaid-reimbursable services for which a claim was submitted, across treatment settings
  - Currently includes 3.9 million individuals statewide
- Agency/system level: Indicators developed for quality concerns focused on psychotropic medications and acute care utilization
  - Promotes Quality Improvement (QI) by linking quality measures to individuals with the quality concern

# Quality Indicators

- Hospital/ ER related measures
  - High utilization (4+/yr): BH, Medical, Any cause
  - Readmission: 7 days, 30 days
  - Preventable admissions: Diabetes, Dehydration, Asthma
- High need - ineffectively engaged
  - Vulnerable populations with potential gaps in care
- Medication related measures
  - Psychotropic polypharmacy (by class and over all)
  - Dose (by class of psychotropic)
  - Cardiometabolic (higher risk antipsychotic + cardiometabolic condition)
  - Youth (“too many, too much, too young”)

# Access to PSYCKES Data

- State Level Access - All data for all recipients in PSYCKES
  - LGUs, state agencies, Behavioral Health Organizations (BHO)s
- Agency Level Access - Data for individuals linked through billing or consent
  - Providers

# Provider Data Access

<b>Access Type</b>	<b>Includes Data with Special Protections?</b> (Substance Use Disorder (SUD), Human Immunodeficiency Virus (HIV), Family Planning, Genetic)	<b>Duration</b>
Provided service in past 9 months	No, get client name only	Up to 9 months after last service
Quality Flag	No, but get all other data	As long as flag is active; up to 9 months after last service
Clinical Emergency	Yes, all data	72 hours
Consent	Yes, all data	3 years after last service

# Limitations of PSYCKES Data

- Accuracy dependent on coding and billing
- Data elements limited to what is shown on claims
  - e.g. See labs/x-rays but without results
- Time lag between services and billing is variable
  - Service data may lag by weeks or months
- Client data affected by changes in eligibility, moves, hospitalizations (bundled services).

# Case Examples: Erie County

- Planning and System Management
  - Use mapping function to
    - Identify patterns of high Inpatient/ER use
    - Opportunity to begin working with provider on action plan
  - Use Agency reports to
    - Identify provider specific issues
    - Opportunity to better integrate Physical and Behavioral Health
- SPOA Operation
  - Recipient Search & Clinical Summary
    - Evaluate incoming referrals
    - Inform Care Coordination Assignment
    - Potential to generate list of individuals for outreach and engagement

# USING PSYCKES

# Logging in to PSYCKES

- Go to PSYCKES Home Page: [www.psyckes.org](http://www.psyckes.org)
- Click “Log Into PSYCKES”

The screenshot shows the PSYCKES Medicaid Home page. At the top, it says "New York State" and "Office of Mental Health". Below that, there are navigation tabs for "Home", "News", "Publications", "Resources", "Employment", and "A-Z Site Map". A search bar is visible on the right. The main content area is titled "PSYCKES Medicaid Home" and features three large blue arrows pointing right, labeled "PSYCKES", "Initiatives", and "Resources". Each arrow points to a corresponding list of links. The "PSYCKES" arrow points to a list containing "PSYCKES Medicaid", "Log into PSYCKES", and "MyPSYCKES". The "Initiatives" arrow points to a list containing "Freestanding Mental Health Clinics", "Hospital-Affiliated Mental Health Clinics", and "Other Initiatives". The "Resources" arrow points to a list containing "Quality Improvement Teams", "Clinicians", and "Consumers and Families". On the left side, there is a vertical menu with the PSYCKES Medicaid logo and links for "Log Into PSYCKES", "About PSYCKES", "Calendar", "News", "Quality Concerns", "Initiatives", "Resources", "FAQ's", "A to Z Site Map", and "Contact Us". Red arrows highlight the "Log Into PSYCKES" link in the left menu and the "Log into PSYCKES" link in the "PSYCKES" list.

New York State State Agencies Search all of NY.gov

Office of Mental Health  
Commissioner Michael F. Hogan, Ph.D. Governor Andrew M. Cuomo

Home News Publications Resources Employment A-Z Site Map Other Languages: Italiano | Русский | Español | Kiswahili

About OMH | Initiatives | Contact OMH Print

**PSYCKES MEDICAID**

**PSYCKES Medicaid Home**

**PSYCKES**

- ▶ PSYCKES Medicaid
- ▶ Log into PSYCKES
- ▶ MyPSYCKES

**Initiatives**

- ▶ Freestanding Mental Health Clinics
- ▶ Hospital-Affiliated Mental Health Clinics
- ▶ Other Initiatives

**Resources**

- ▶ Quality Improvement Teams
- ▶ Clinicians
- ▶ Consumers and Families

Log Into PSYCKES

About PSYCKES

Calendar

News

Quality Concerns

Initiatives

- Freestanding Clinics
- Hospital Clinics
- Other Initiatives

Resources

- QI Teams
- Clinicians
- Consumers/Families

FAQ's

A to Z Site Map

Contact Us

# Logging in to PSYCKES, cont.

- At Login Page, enter:
  - User ID (first box)
  - Password + token code (2nd box)



## Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.



Userid:

Password or Passcode:

Note: To log-on with a new token, enter just the six digits displayed on the token device.

Login

# Logging in to PSYCKES, cont.

## Confidentiality Agreement



Please Note: Medicaid recipient level data is confidential and is protected by State and Federal laws and regulations. It can be used only for purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant State, Civil and Federal criminal penalties for violations.

### FEDERAL MEDICAID CONFIDENTIALITY STANDARDS:

The Federal Medicaid confidential data standard is established by §1902(a)(7) of the Social Security Act (42 USC §1396a(a)(7)). The law requires that a "State plan for medical assistance must: (7) provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan." This statutory requirement is implemented in regulations at 42 CFR §431.300 et seq.. 42 CFR §431.302 defines Medicaid program administration to include:

- (A) Establishing Eligibility;
- (B) Determining the amount of Medical Assistance;
- (C) Providing services for recipients; and
- (D) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.

42 C.F.R. §431.306 requires the single state agency to have criteria specifying the conditions for release and use of information about applicants and recipients. The information for which the agency must have criteria to safeguard must include: (1) names and addresses; (2) medical services provided; (3) social and economic conditions; (4) agency evaluation of personal information; (5) medical data, including diagnosis and past history of disease or disability; and (6) any information received for verifying income, eligibility and amount of medical

Disagree

Agree

# Logging in to PSYCKES

## User role survey

PSYCKES MEDICAID Log In

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**User Demographics**

**Please complete this form (will not appear in future logins). Thank you.**

**Work Settings**

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

<input type="checkbox"/> State Agency (e.g. ORH, DOH, GASAS)	<input type="checkbox"/> Emergency Department/CEP	<input type="checkbox"/> Medical - Outpatient
<input type="checkbox"/> Local Government Unit	<input type="checkbox"/> Mental Health - Outpatient	<input type="checkbox"/> Medical - Inpatient
<input type="checkbox"/> BHO - Behavioral Health Organization	<input type="checkbox"/> Mental Health - Inpatient	<input type="checkbox"/> Medical - Residential
<input type="checkbox"/> HCO - Managed Care Organization	<input type="checkbox"/> Mental Health - Residential	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Provider Administration	<input type="checkbox"/> Substance Use - Outpatient	<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Health Home Administration	<input type="checkbox"/> Substance Use - Inpatient	<input type="checkbox"/> Jail/Prison/Forensic
<input type="checkbox"/> Case Management	<input type="checkbox"/> Substance Use - Residential	

**Role Details**

What is your role? Please check all that apply.

<input type="checkbox"/> Leadership (e.g. CEO, Dept. Chair, Prg Director, Administrator, etc.)	<input type="checkbox"/> Peer Worker
<input type="checkbox"/> Quality Management (QI/QA/UR)	<input type="checkbox"/> SW, RN, NP, Other Clinician/Direct Service
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Resident/Intern/Trainee
<input type="checkbox"/> Administrative Support (clerical, registration/medical records)	<input type="checkbox"/> Other
<input type="checkbox"/> Attending Physician	

**License Details**

Do you have a NYS License?  Yes  No

If yes, license number:  [Click here to find your NYS license No.](#)

If yes, please select your profession:

If you are a board-certified physician, please check all specialties/subspecialties below that apply.

<input type="checkbox"/> Psychiatry - General	<input type="checkbox"/> Psychiatry - Other subspecialty	<input type="checkbox"/> Obstetrics and Gynecology
<input type="checkbox"/> Psychiatry - Addiction	<input type="checkbox"/> Neurology	<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Psychiatry - Child and Adolescent	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Psychiatry - Forensic	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Psychiatry - Geriatric	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Surgery
<input type="checkbox"/> Psychiatry - Psychosomatic Medicine (CM)	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Other board certification
<input type="checkbox"/> Psychiatry - Sleep Medicine	<input type="checkbox"/> Internal Medicine	

[Save](#)

Release: 4.7.1.2

# Agency Search Default Screen

## Agency Search



### Pick Region or County

Select Region

Select County

### Alphabetical Search

A B C D E F G H I J K L M

N O P Q R S T U V W X Y Z

# PSYCKES Mapping - Overview Screen

## Default Filters – Cardiometabolic + All

PSYCKES MEDICAID

Log Off | New York State **omh** Office of Mental Health | De-Identify Data

Agency Reports | **Mapping** | Recipient Search | MyPSYCKES | Registrar Menu

Mapping | Export PDF Excel

**FILTERS** Hide

**Indicator Set**  
Cardiometabolic

**Indicator Type**  
Cardiometabolic Risk Summary (CS)

**Region**  
ALL

**County**  
ALL

**Program Type**  
ALL

**Age Group**  
ALL

**Population**  
ALL

Submit

Reset

**Filters**

**Tabs**

Region | **County** | Agency | Prescriber | Provider Attending

Region	On Any	N	%
<b>STATE</b>	<b>29,893</b>	<b>12,949</b>	<b>43.32</b>
<a href="#">Central NY</a>	2,923	1,209	41.36
<a href="#">Hudson River</a>	4,810	2,258	46.94
<a href="#">Long Island</a>	2,569	1,173	45.66
<a href="#">New York City</a>	16,855	7,259	43.07
<a href="#">Western NY</a>	4,629	1,989	42.97

# Mapping: Filter Selection

High Utilization, 4+ Inpatient/ER All (BH and Med), Western, Erie Agency Tab

PSYCKES MEDICAID

New York State **omh** Office of Mental Health

Log Off De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Mapping Export PDF Excel

**FILTERS** Hide

**Indicator Set**  
High Utilization - Inpt/ER

**Indicator Type**  
4+ Inpatient/ER - All (4+ Inpt/ER-All)

**Region**  
Western NY

**County**  
Erie

**Program Type**  
ALL

**Age Group**  
ALL

**Population**  
ALL

Submit  
Reset

Percent  
0 5 10 15 20 25 30 100

New York City Region

Region County **Agency** Prescriber Provider Attending

Agency	On Any	N	%	Rate High	County	County %	Region	Region %
STATE	267,437	29,150	10.90					
<a href="#">ERIE COUNTY MEDICAL CENTER</a>	2,428	751	30.93	YES	Erie	8.87	Western NY	10.47
<a href="#">KALEIDA HEALTH D/B/A BUFFALO GENERAL HOSPITAL</a>	2,277	689	30.26	YES	Erie	8.87	Western NY	10.47
<a href="#">SISTERS OF CHARITY HOSP</a>	751	222	29.56	YES	Erie	8.87	Western NY	10.47
<a href="#">MILLARD FILLMORE HOSPITALS</a>	428	160	37.38	YES	Erie	8.87	Western NY	10.47
<a href="#">MERCY HOSPITAL OF BUFFALO</a>	436	146	33.49	YES	Erie	8.87	Western NY	10.47
<a href="#">ALCOHOL &amp; DRUG DEPENDENCY</a>	206	87	42.23	YES	Erie	8.87	Western NY	10.47

# Mapping: Agency Overview Screen

## Quality Indicators: prevalence data

### links to drill down to individual measures

Log Off  De-Identify Data

Agency Reports
  Mapping
  Recipient Search
  MyPSYCKES
  Registrar Menu

[Return to Mapping](#)
[Agency Details](#)
[Find Agency](#)

Quality Indicator Overview As Of 01/01/2012

Agency: ERIE COUNTY MEDICAL CENTER

Export PDF Excel

Modify Filter **Site:ALL, Prescriber:ALL, Program Type:ALL, Age:ALL, Population:ALL**

Indicator Type: High Utilization - Inpt/ER Select indicator for detail. Report View Type:  Report Only  Graph Only  Both

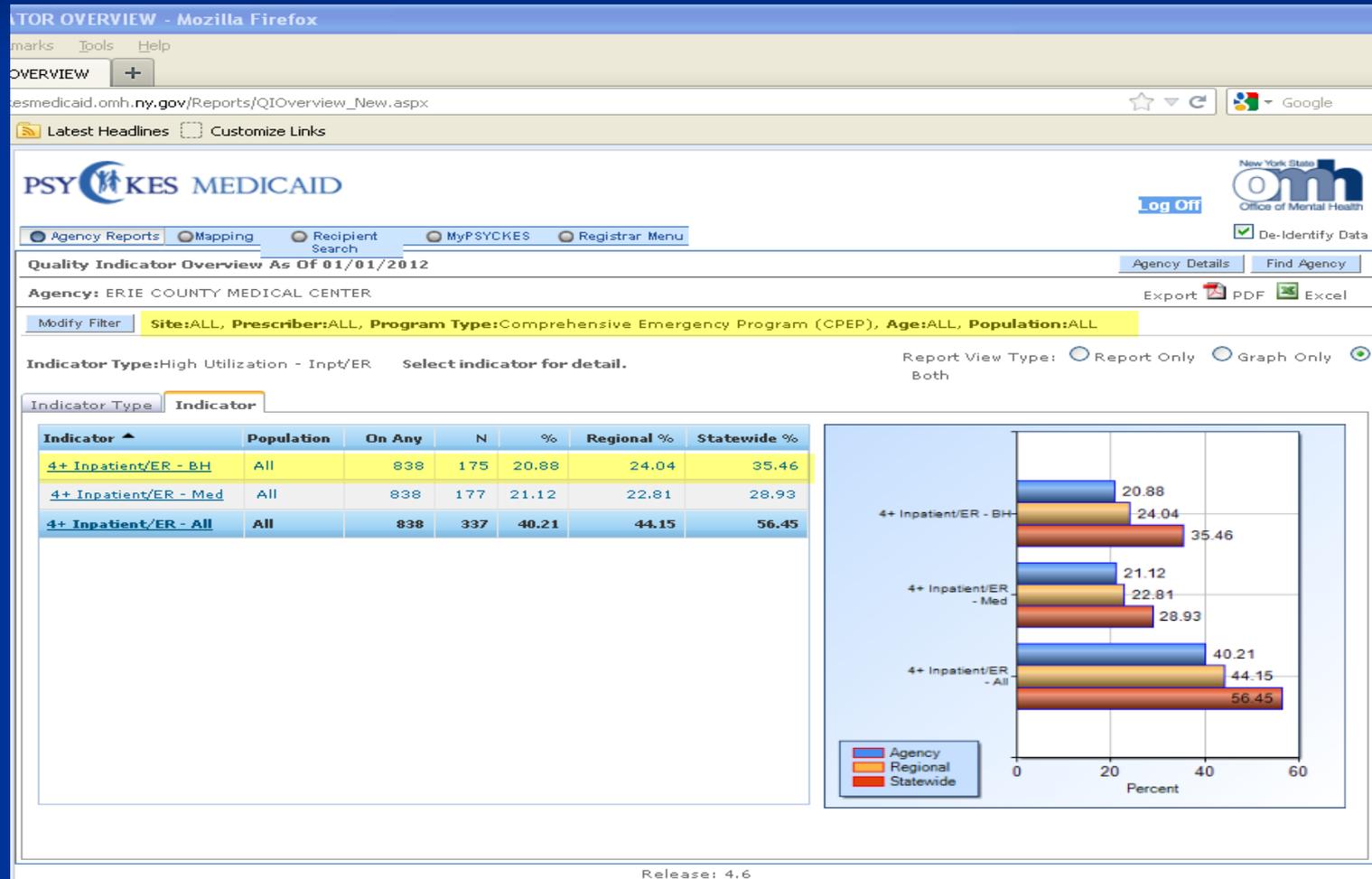
Indicator Type ^	Population	On Any	N	%	Regional %	Statewide %
<a href="#">BHO</a>	All	0	101	0.00	0.00	0.00
<a href="#">Cardiometabolic</a>	All	314	151	48.09	42.97	43.32
<a href="#">Dose</a>	All	1,871	99	5.29	6.25	6.55
<a href="#">High Utilization - Inpt/ER</a>	All	2,428	751	30.93	10.47	10.90
<a href="#">Polypharmacy</a>	All	1,040	115	11.06	13.93	14.90
<a href="#">Preventable Hospitalization</a>	Adult	2,246	30	1.34	0.77	1.28
<a href="#">Readmission</a>	All	922	230	24.95	17.11	21.47
<a href="#">Youth Indicator</a>	Child	91	19	20.88	24.35	24.67

Indicator	Agency (%)	Regional (%)	Statewide (%)
BHO	0.00	0.00	0.00
Cardiometabolic	48.09	42.97	43.32
Dose	5.29	6.25	6.55
High Utilization - Inpt/ER	30.93	10.47	10.90
Polypharmacy	11.06	13.93	14.90
Preventable Hospitalization	1.34	0.77	1.28
Readmission	24.95	17.11	21.47
Youth Indicator	20.88	24.35	24.67

Release: 4.6

# Drill Down on Indicator Set (e.g. 4+ Inpatient/ER) to Individual Measures (e.g. BH, Medical, All)

Filter: Comprehensive Psychiatric Emergency Program (CPEP)



# Quality Indicator: Link to List of Flagged Clients

TOR OVERVIEW - Mozilla Firefox

marks Tools Help

OVERVIEW +

esmedicaid.omh.ny.gov/Reports/QIOverview\_New.aspx

Latest Headlines Customize Links

PSYCKES MEDICAID

New York State omh Office of Mental Health

Log Off De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

Quality Indicator Overview As Of 01/01/2012 Agency Details Find Agency

Agency: ERIE COUNTY MEDICAL CENTER Export PDF Excel

Modify Filter Site:ALL, Prescriber:ALL, Program Type:Comprehensive Emergency Program (CPEP), Age:ALL, Population:ALL

Indicator Type:High Utilization - Inpt/ER, Indicator:4+ Inpatient/ER - BH

Indicator Type Indicator Site Unduplicated Prescriber Unduplicated Recipients New QI Flag Dropped QI Flag

Recipient	Medicaid ID	DOB	Quality Flags	Medications
<a href="#">Aaaihbi Ddfhfd</a>	Jejgcbd Dgaiebj	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-Med, BH Rehosp-30d, HTN, HINeed, 4+ Inpt/ER-BH	BENZTROPINE MESYLATE, QUETIAPINE FUMARATE, TRAZODONE HCL, DIVALPROEX SODIUM
<a href="#">Aabedbi Fhddceb</a>	Fdddadf Dhfhdja	12/31/9999	4+ Inpt/ER-All, BH Rehosp-30d, BH Rehosp-7d, 4+ Inpt/ER-BH	ALPRAZOLAM, MIRTAZAPINE, SERTRALINE HCL
<a href="#">Aaqdqh Hheabeg</a>	Cibeeci Djibbd	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-BH	TRAZODONE HCL, VENLAFAXINE HCL
<a href="#">Abcddfc Hiaaadd</a>	Bhijdfc Ccaafic	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-BH	
<a href="#">Abcffca Efqibib</a>	Chghdfh Ebadjai	12/31/9999	4+ Inpt/ER-All, 4+ Inpt/ER-BH	
<a href="#">Acaaic Eifabic</a>	Facdegi Edbhahd	12/31/9999	4+ Inpt/ER-All, BH Rehosp-30d, HL, 4+ Inpt/ER-BH	BENZTROPINE MESYLATE, DIVALPROEX SODIUM, QUETIAPINE FUMARATE
<a href="#">Adbidbi Cdfdabe</a>	Jbcjebf Hcebdbf	12/31/9999	4+ Inpt/ER-All, HINeed, BH Rehosp-30d, 4+	CITALOPRAM HYDROBROMIDE, TRAZODONE HCL,

Release: 4.6

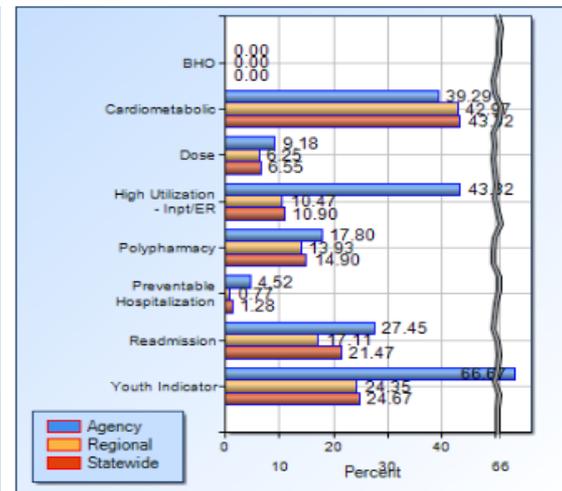
# Agency QI Overview Screen

Select Indicator Type for Details

Report View Type:  Report Only  Graph Only  Both

Indicator Type

Indicator Type ^	Population	On Any	N	%	Regional %	Statewide %
<a href="#">BHO</a>	All	0	9	0.00	0.00	0.00
<a href="#">Cardiometabolic</a>	All	28	11	39.29	42.97	43.32
<a href="#">Dose</a>	All	207	19	9.18	6.25	6.55
<a href="#">High Utilization - Inpt/ER</a>	All	187	81	43.32	10.47	10.90
<a href="#">Polypharmacy</a>	All	118	21	17.80	13.93	14.90
<a href="#">Preventable Hospitalization</a>	Adult	177	8	4.52	0.77	1.28
<a href="#">Readmission</a>	All	51	14	27.45	17.11	21.47
<a href="#">Youth Indicator</a>	Child	6	4	66.67	24.35	24.67



# Recipient Search:

Find an individual (search by name, ID)

Find a cohort (search by demographics, diagnoses, physician, medication or services received, Managed Care Organization (MCO), or QI flag)

**PSYCKES MEDICAID** New York State **om** Office of Mental Health

[Log Off](#)  De-Identify Data

Agency Reports Mapping **Recipient Search** MyPSYCKES Registrar Menu

Export PDF Excel

**Recipient Search**

Search for Consented Recipients:

Recipient Last Name:  Age Range:  Region:

Medicaid Id:  Indicator:  County:

Prescriber Last Name:  Provider:

Drug Name:  OMH Lic. Programs:

Active Drug:  Service:

Service Details:

Managed Care Program:

Psychotropic Drug Class:  Non-Psychotropic Drug Class:  Behavioral Health:  Medical Diagnosis:

Maximum No. Of Rows to be displayed:

Release: 4.6

# Search Results

Click on Recipient Name >> Clinical Summary

**PSYCHES MEDICAID** New York State **om** Office of Mental Health

[Log Off](#)  De-Identify Data

Agency Reports  Mapping  Recipient Search  MyPSYCKES  Registrar Menu

**Recipient Search** Export PDF Excel

**Selection Criteria:** Total No. Of Recipients = 32 Maximum Number of rows Displayed = 50

Indicator:  Agency:  [Modify Search](#)

Name ^	Medicaid ID	DOB	Gender - Age	Quality Flags
<a href="#">Aeiaiec Ecqaibc</a>	Debafha Agcedci	12/31/9999	M - 38	BH Rehosp-30d,HINeed
<a href="#">Afedehd Bcbdbfd</a>	Hdfcbag Ecdiaaa -- --	12/31/9999	M - 50	4+ Inpt/ER-All,HINeed,4+ Inpt/ER-Med
<a href="#">Afedehd Bcbdbfd</a>	Agiacff Fdbfdgh	12/31/9999	M - 44	4+ Inpt/ER-All,HINeed,BH Rehosp-7d,4+ Inpt/ER-BH,BH Rehosp-30d
<a href="#">Afedehd Bcbdbfd</a>	Eiabbdh Gfifcb	12/31/9999	M - 37	HINeed
<a href="#">Afedehd Bcbdbfd</a>	Dbfadbc Ddfciah	12/31/9999	M - 46	4+ Inpt/ER-All,HINeed,BH Rehosp-7d,BH Rehosp-30d,4+ Inpt/ER-Med,4+ Inpt/ER-BH
<a href="#">Afedehd Bcbdbfd</a>	Jgfbbgc Aeeebbj	12/31/9999	M - 52	4+ Inpt/ER-All,HINeed,DoseANX

Release: 4.6

# Clinical Summary

- Header
- Integrated view of all services (graph and table)
- Service Summary Tables by category
  - Medications: BH, medical
  - Outpatient services: BH, medical
  - Inpatient/ER services
  - Dental and Vision
  - Living Support
  - Lab/ X-ray
  - Transportation
- Summary Table links to individual claims/encounters (“See All Data”)
- Can print or save as PDF or excel

# Clinical Summary Header:

Report date, level of access, select time frame, Name, Date of Birth (DOB), Age, MCO, Quality Flags, Diagnoses

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

De-Identify Data

## Summary

Common Ground Return to Search Results

Export to PDF Excel

Please choose summary period

Last 3 months
Last 6 months
Last Year
Last 2 Years
All Available (up to 5 years)

Clinical Report Date: 3/9/2012 (This report contains all available clinical data.) Enhanced PHI  Show  Hide

Name: [Cagefaj Febdibc](#)    Medicaid ID: EJFFCGA JEJADBA    DOB: 12/31/9999    Age: -7988 Years 2 Months

Medicaid Eligibility: MA-TANF W/DEPRIV    Managed Care Plan: NYS CATHOLIC HEALTH PLAN INC    Medicare: No

Quality Flag	Quality Flag Evidence
Hospital ER utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmission - BH within 7 days, Readmission - BH within 30 days
Polypharmacy	Psychotropics Four Plus (Buspirone Hcl + Hydroxyzine Pamoate + Oxcarbazepine + Topiramate + Venlafaxine Hcl + Trazodone Hcl + Desvenlafaxine Succinate)

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

Other Nonpsychotic Mental Disorder, Substance Abuse

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

Symptoms, Signs, And Ill-Defined Conditions	Residual codes; unclassified   Headache; including migraine
The Nervous System And Sense Organs	Otitis media and related conditions   Headache; including migraine
The Respiratory System	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

# Clinical Summary Header:

Report date, level of access, select time frame,  
Name, DOB, Age, MCO, Quality Flags, Diagnoses

Toggle Button to Hide Expanded Protected Health Information (PHI)

PSYCKES MEDICAID New York State **omh** Office of Mental Health

Log Off  De-Identify Data

Agency Reports Mapping Recipient Search MyPSYCKES Registrar Menu

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### Summary

Common Ground Return to Search Results Export to PDF Excel

**Please choose summary period** Last 3 months Last 6 months Last Year Last 2 Years All Available (up to 5 years)

Clinical Report Date: 3/9/2012 (This report does not contain clinical data with special protection - consent required.) Enhanced PHI  Show  Hide

---

Name: [Cagefaj Febdibc](#) Medicaid ID: EJFFCGA JEJADBA DOB: 12/31/9999 Age: -7988 Years 2 Months

---

Medicaid Eligibility: MA-TANF W/DEPRIV Managed Care Plan: NYS CATHOLIC HEALTH PLAN INC Medicare: No

Quality Flag	Quality Flag Evidence
Hospital ER utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmission - BH within 7 days, Readmission - BH within 30 days
Polypharmacy	Psychotropics Four Plus (Buspirone Hcl + Hydroxyzine Pamoate + Oxcarbazepine + Topiramate + Venlafaxine Hcl + Trazodone Hcl + Desvenlafaxine Succinate)

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

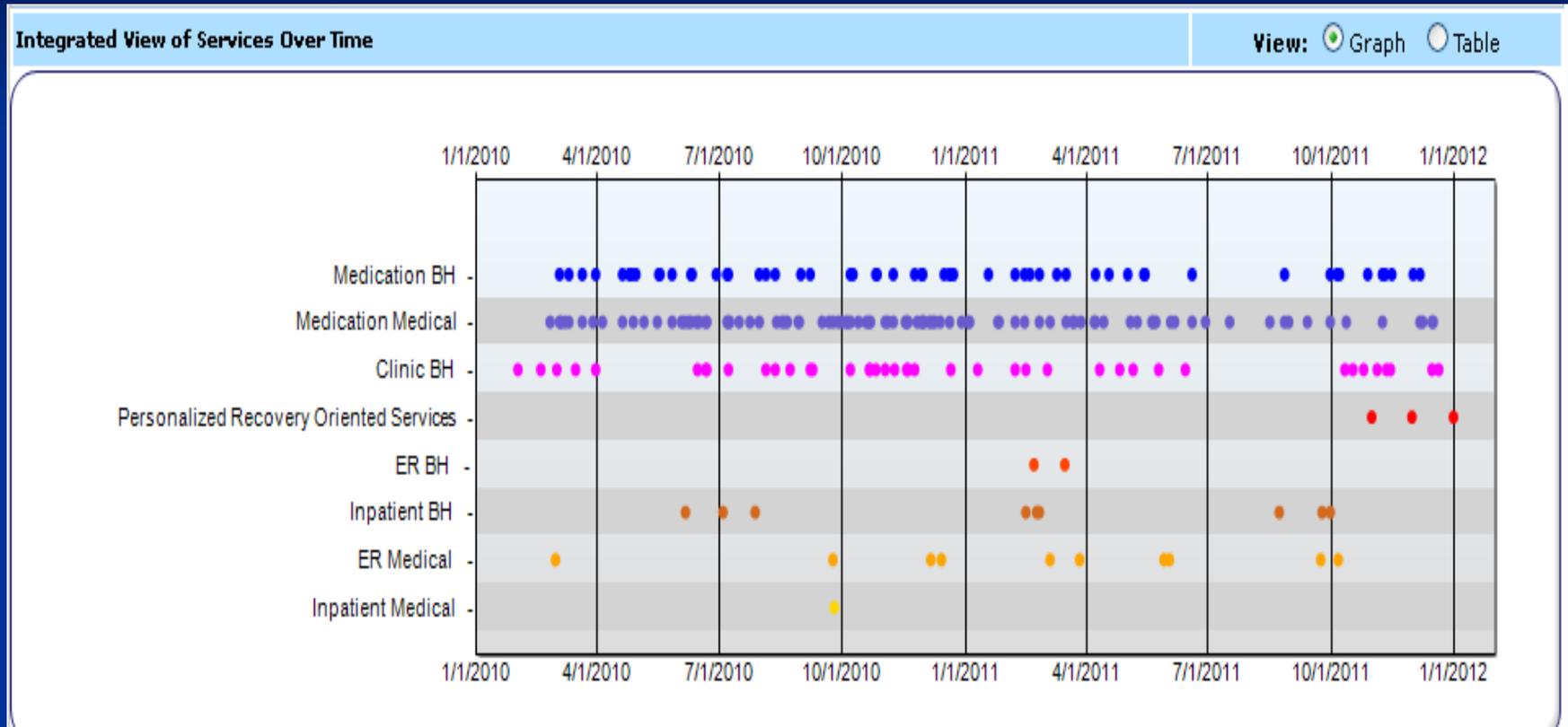
Other Nonpsychotic Mental Disorder,

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

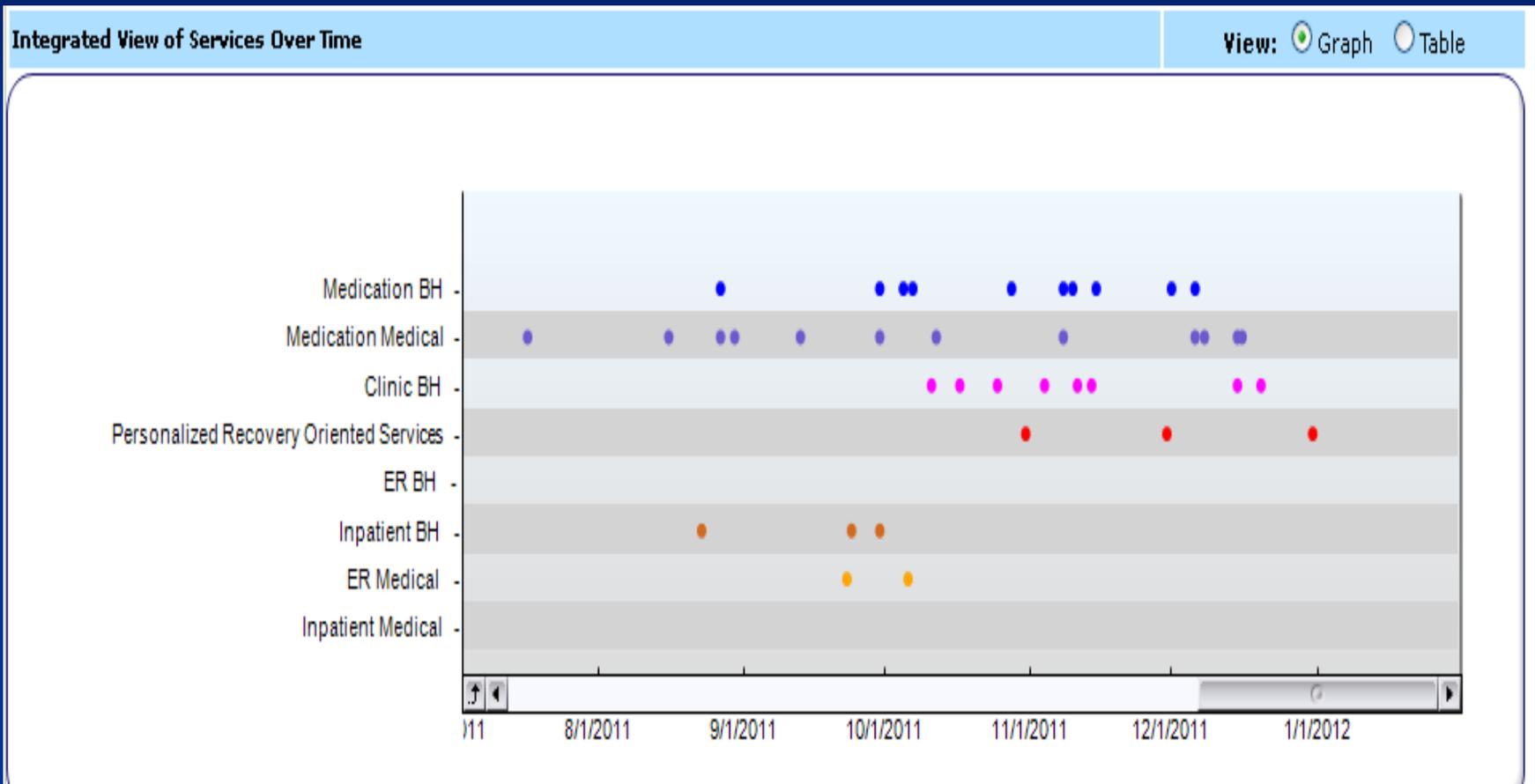
Symptoms, Signs, And Ill-Defined Conditions	Residual codes; unclassified   Headache; including migraine
The Nervous System And Sense Organs	Otitis media and related conditions   Headache; including migraine
The Respiratory System	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

# Clinical Summary: Integrated View of All Services



Graph allows for rapid identification of utilization patterns, including medication adherence, outpatient and inpatient services.

# Zoom on Period of Interest



Clicking an individual record will show date and place of service.

# Integrated View as Table

Integrated View of Services Over Time					View: <input type="radio"/> Graph <input checked="" type="radio"/> Table
Date of Service	Service Type	Service Subtype	Provider Name	Procedure/Medication	Diagnosis
12/31/2011	Outpatient - BH	PROS	<u>Dale Association, Inc</u> <u>The</u>		Depressive Disorder, Not Elsewhere Classified [311]
12/20/2011	Outpatient - BH	OASAS Outpatient Services	<u>Northpointe Council,</u> <u>Inc</u>	Psy Dx Interview	Cocaine Dependence, Unspecified Use [304.20]
12/16/2011	Medication	Medication - Medical	<u>Singh Baljinder</u>	Pregabalin [ 150MG ]	
12/15/2011	Outpatient - BH	OASAS Outpatient Services	<u>Northpointe Council,</u> <u>Inc</u>	Psytx Off 45-50 Min	Cocaine Abuse, Unspecified Use [305.60]
12/15/2011	Medication	Medication - Medical	<u>Singh Baljinder</u>	Pramipexole	

# Medications: Behavioral Health

Drug, dose, duration, start date, last pick up, prescriber

Medication Behavioral Health		<a href="#">See All Data</a>						
Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Detail
Bupirone Hcl	Bupirone Hcl	30 MG	4 Month(s)	9/30/2011	12/6/2011	Yes		
Hydroxyzine Pamoate	Hydroxyzine Pamoate	200 MG	5 Month(s)	8/27/2011	12/6/2011	Yes		
Oxcarbazepine	Oxcarbazepine	600 MG	2 Month(s)	11/8/2011	12/6/2011	Yes	<u>Tan Ramon K</u>	
Topiramate	Topiramate	200 MG	3 Month(s)	10/7/2011	12/6/2011	Yes	<u>Singh Baljinder</u>	
Trazodone Hcl	Trazodone Hcl	200 MG	3 Month(s)	10/5/2011	12/1/2011	Yes		
Pristiq	Desvenlafaxine Succinate	50 MG	3 Month(s)	10/5/2011	11/15/2011	Yes		
Venlafaxine Hcl	Venlafaxine Hcl	75 MG	1 Month(s)	11/10/2011	11/10/2011	Yes	<u>Tan Ramon K</u>	

# Medications: Medical

Drug, dose, duration, start date, last pick up, prescriber

Medication Medical		<a href="#">See All Data</a>						
Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active in Past Month	Most Recent Prescriber	See Detail
Lyrica	Pregabalin	150 MG	8 Month(s)	6/6/2011	12/16/2011	Yes	<a href="#">Singh Baliinder</a>	
Pramipexole Dihydrochloride	Pramipexole Dihydrochloride	1.5 MG	5 Month(s)	8/30/2011	12/15/2011	Yes	<a href="#">Singh Baliinder</a>	
Cambia	Diclofenac Potassium	50 MG	1 Month(s)	12/8/2011	12/8/2011	Yes	<a href="#">Singh Baliinder</a>	
Aciphex	Rabeprazole Sodium	20 MG	2 Month(s)	11/8/2011	12/6/2011	Yes	<a href="#">Garson David Scott</a>	
Amoxicillin-Pot Clavulanate	Amoxicillin-Pot Clavulanate	MG	1 Month(s)	12/6/2011	12/6/2011	Yes	<a href="#">Benev Christopher Edward</a>	
Clindamycin Hcl	Clindamycin Hcl	900 MG	1 Month(s)	12/6/2011	12/6/2011	Yes	<a href="#">Benev Christopher Edward</a>	
Mupirocin	Mupirocin	2.2 %	1 Month(s)	12/6/2011	12/6/2011	Yes	<a href="#">Benev Christopher Edward</a>	
Prednisone	Prednisone	40 MG	1 Month(s)	12/6/2011	12/6/2011	Yes	<a href="#">Benev Christopher Edward</a>	
Prinivil	Prinivil	50 MG	8 Month(s)	4/6/2011	12/6/2011	Yes	<a href="#">Singh Baliinder</a>	

# Drill Down from Medication Trials to Individual Prescriptions: “See All Data”

Rx detail for ALL Medication Behavioral Health

View:  Trials  Orders  Both

Page Orientation:  Portrait  Landscape Export to PDF Excel

**Trials :**

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Venlafaxine Hcl	Venlafaxine Hcl	Antidepressant	11/10/2011	11/10/2011	1 Month(s)
Oxcarbazepine	Oxcarbazepine	Mood Stabilizer	11/8/2011	12/6/2011	2 Month(s)
Topiramate	Topiramate	Mood Stabilizer	10/7/2011	12/6/2011	3 Month(s)
Pristiq	Desvenlafaxine Succinate	Antidepressant	10/5/2011	11/15/2011	3 Month(s)
Trasodone Hcl	Trasodone Hcl	Antidepressant	10/5/2011	12/1/2011	3 Month(s)

**Orders :**

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Total Quantity	Tabs Per Day	Days Supply	Route
12/6/2011	Buspirone Hcl	Buspirone Hcl	Anxiolytic	10 MG	90	3	30	OR
12/6/2011	Hydroxyzine Pamoate	Hydroxyzine Pamoate	Anxiolytic	50 MG	120	4	30	OR
12/6/2011	Oxcarbazepine	Oxcarbazepine	Mood Stabilizer	300 MG	60	2	30	OR
12/6/2011	Topiramate	Topiramate	Mood Stabilizer	100 MG	60	2	30	OR
12/1/2011	Trasodone Hcl	Trasodone Hcl	Antidepressant	100 MG	60	2	30	OR

Picked Up Picked Up Past Month

# Drill Down from Medication Trials to Individual Prescriptions: “See Details”

**RX detail for Buspirone Hcl Medication**

View:  Trials  Orders  Both

Page Orientation:  Portrait  Landscape    Export to PDF Excel

**Trials :**

Brand Name	Generic Name	Drug Class	First Day Picked Up	Last Day Picked Up	Estimated Duration
Buspirone Hcl	Buspirone Hcl	Anxiolytic	9/30/2011	12/6/2011	4 Month(s)

---

**Orders :**

Pick-Up Date	Brand Name	Generic Name	Drug Class	Strength	Total Quantity	Tabs Per Day	Days Supply	Route
12/6/2011	Buspirone Hcl	Buspirone Hcl	Anxiolytic	10 MG	90	3	30	OR
10/28/2011	Buspirone Hcl	Buspirone Hcl	Anxiolytic	10 MG	90	3	30	OR
9/30/2011	Buspirone Hcl	Buspirone Hcl	Anxiolytic	10 MG	90	3	30	OR

# Outpatient BH Services:

Type of service, Provider, Date of First and Last, # of visits, Diagnosis, Procedures, Practitioner, “See all Data” > Links to each invoice/claim

Behavioral Health Services		<a href="#">See All Data</a>						
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Diagnosis Most Recent	Procedure(s)	Practitioner	See Provider Detail
PROS	<a href="#">DALE ASSOCIATION, INC THE</a>	10/31/2011	12/31/2011	6	Other Nonpsychotic Mental Disorder		<a href="#">Tanhehco Meliton L</a>	
OASAS Outpatient Services	<a href="#">NORTHPOINTE COUNCIL, INC</a>	10/22/2010	12/20/2011	14	Mental Disorders	- Psy Dx Interview - Psytx Off 45-50 Min - Psytx Office 20-30 Min		
Nurse Practitioner-NonBH	<a href="#">KONAKANCHI RAMESH</a>	9/24/2011	9/30/2011	7	Major Depressive Disorder	- Medication Management - Psy Dx Interview	<a href="#">Konakanchi Ramesh</a>	
Physician-NOS	<a href="#">OBIEKWE SAMUEL ROMEO</a>	9/23/2011	9/23/2011	1	Other Nonpsychotic Mental Disorder	- Emergency Dept Visit		
Physician -Primary Care	<a href="#">PASSAMONTE PAUL M MD</a>	6/6/2010	9/1/2011	4	Other Nonpsychotic Mental Disorder	- Emergency Dept Visit		
Physician-NOS	<a href="#">SAWYER JAMES DAVID</a>	8/23/2011	8/23/2011	1	Other Nonpsychotic Mental Disorder	- Emergency Dept Visit		
Physician - Psychiatrist	<a href="#">HALLIWELL KENNETH GEORGE</a>	7/8/2011	7/8/2011	1	Somatoform & Factitious Disorder	- Polysomnography 4 Or More		

# Outpatient Medical Services:

Type of service, Provider, Date of First and Last,  
# of visits, Diagnosis, Procedures  
“See all Data” > Links to each invoice/claim

Medical Services		See All Data					
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis	Procedure(s)	See Provider Detail
Physician - Psychiatrist	<a href="#">SINGH BALJINDER</a>	11/23/2010	10/10/2011	7	Symptoms, Signs, And Ill-Defined Conditions	- Office/Outpatient Visit Est	
Medical Clinic - DTC	<a href="#">EASTERN NIAGARA HOSPITAL</a>	5/27/2010	10/7/2011	13	Symptoms, Signs, And Ill-Defined Conditions	- Hep A Antibody Total - Hepatitis C Ab Test - Routine Venipuncture - Syphilis Test Non-Trep Qual - Hiv-1/Hiv-2 Single Result - Hepatitis B Surface Ag Eia - Hep B Core Antibody Total - Hep B Surface Antibody	
Physician - Primary Care	<a href="#">VARALLO NICHOLAS MD</a>	3/5/2011	10/6/2011	2	Symptoms, Signs, And Ill-Defined Conditions	- Emergency Dept Visit	
Medical Clinic - DTC	<a href="#">MEDINA MEMORIAL HOSPITAL</a>	9/1/2011	9/1/2011	1	Dysthymia	- Assay Of Ethanol - Urinalysis Auto W/O Scope - Routine Venipuncture - Quantitative Assay Drug - Drug Screen Qualitate/Multi - Comprehen Metabolic Panel - Complete Cbc Automated - Assay Of Salicylate - Chorionic Gonadotropin Assay - Bl Smear W/Diff Wbc Count	

# Inpatient and ER Services

Service Type (ER/Inpatient, BH/Medical), Provider, First and Last Date Billed, # of Admits, Last Diagnosis, Procedures  
 "See all Data" > Links to each invoice/claim

Hospital/ER Services		See All Data					
Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Most Recent Diagnosis	Procedure(s)	See Provider Detail
ER Medical	<u>EASTERN NIAGARA HOSPITAL</u>	9/24/2010	10/6/2011	7	Symptoms, Signs, And Ill-Defined Conditions	<ul style="list-style-type: none"> <li>- Assay Of Acetaminophen</li> <li>- Assay Of Lipase</li> <li>- Chorionic Gonadotropin Test</li> <li>- Comprehen Metabolic Panel</li> <li>- Emergency Dept Visit</li> <li>- Routine Venipuncture</li> <li>- X-Ray Exam Of Abdomen</li> <li>- Urinalysis Auto W/Scope</li> <li>- Tx/Pro/Dx Inj New Drug Addon</li> <li>- Ther/Proph/Diag Inj Sc/Im</li> <li>- Ther/Proph/Diag Inj Iv Push</li> <li>- Hydrate Iv Infusion Add-On</li> <li>- Drug Screen, Single</li> <li>- Complete Cbc W/Auto Diff Wbc</li> <li>- Assay Of Salicylate</li> <li>- Assay Of Ethanol</li> <li>- Assay Of Amylase</li> </ul>	
Inpatient BH	<u>NIAGARA FALLS MEM MED_CTR</u>	2/23/2011	9/30/2011	2	Other Nonpsychotic Mental Disorder		
Inpatient BH	<u>MEDINA MEMORIAL HOSPITAL</u>	6/6/2010	8/23/2011	5	Other Nonpsychotic Mental Disorder		
						<ul style="list-style-type: none"> <li>- Complete Cbc W/Auto Diff Wbc</li> <li>- Dexamethasone Sodium Phos</li> <li>- Hydrate Iv Infusion Add-On</li> <li>- Ondansetron Hcl Injection</li> </ul>	

# Inpatient and ER Services

Date of Service, Service Type (ER or Inpatient, BH or Medical), Hospital Name, Diagnosis, Admission and Discharge Dates, Procedures  
 “See all Data” > Links to each invoice/claim

Hospital/ER Services						
ALL ER and Hospitalization Services						
Date of Service	Service Type	Provider	Diagnosis	Admission Date	Discharge Date	Procedure
10/6/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Abdominal Pain, Unspecified Site [789.00]			Comprehen Metabolic Panel
10/6/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Abdominal Pain, Unspecified Site [789.00]			Emergency Dept Visit
10/6/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Abdominal Pain, Unspecified Site [789.00]			
10/6/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Abdominal Pain, Unspecified Site [789.00]			Ther/Proph/Diag Inj Sc/Im
10/6/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Abdominal Pain, Unspecified Site [789.00]			X-Ray Exam Of Abdomen
9/30/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Depressive Disorder, Not Elsewhere Classified [311]	9/24/2011	9/30/2011	
9/24/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Depressive Disorder, Not Elsewhere Classified [311]	9/24/2011	9/30/2011	
9/23/2011	ER Medical	<a href="#">EASTERN NIAGARA HOSPITAL</a>	Other And Unspecified Superficial Injury Of Elbow, Forearm, And Wrist, Without Mentinn Of Infection [913.8]			Assay Of Acetaminophe

# Inpatient and ER Services

Date of Service, Service Type (ER or Inpatient, BH or Medical), Hospital Name, Diagnosis, Admission and Discharge Dates, Procedures  
“See Provider Detail”

All ER and Hospitalization Services for NIAGARA FALLS MEM MED CTR Provider and Inpatient BH Type

Page Orientation:  Portrait  Landscape    Export to  PDF  Excel

Date of Service	Service Type	Provider	Diagnosis	Admission Date	Discharge Date	Procedure
9/30/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Depressive Disorder, Not Elsewhere Classified [311]	9/24/2011	9/30/2011	
9/24/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Depressive Disorder, Not Elsewhere Classified [311]	9/24/2011	9/30/2011	
2/25/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Anxiety State, Unspecified [300.00]	2/23/2011	2/25/2011	
2/23/2011	Inpatient BH	<a href="#">NIAGARA FALLS MEM MED CTR</a>	Anxiety State, Unspecified [300.00]	2/23/2011	2/25/2011	

# Labs, Dental & Vision, Living Support

## Dental and Vision

[See All Data](#)

Service Type	Provider	First Date Billed	Last Date Billed	# of Visits	Procedure(s)	See Provider Detail
Dental & Vision	<a href="#">MARTELL WILLIAM J</a>	11/18/2011	11/18/2011	1	Limit Oral Eval Problm Focus	
Dental & Vision	<a href="#">MARTELL WILLIAM J</a>	10/21/2011	10/21/2011	1	Periodic Oral Evaluation	

## Living Support (Medicaid-billable)

[See All Data](#)

 No Medicaid claims for this data type in the past 6 months

## Lab & X-Ray

[See All Data](#)

Program/Type	Test Name	Date Billed	Provider	See Test Detail
X-RAY	INTRAORAL-PERIAPICAL-FIRST FILM	11/18/2011	<a href="#">MARTELL WILLIAM J</a>	
LAB	BENZODIAZEPINES	10/24/2011	<a href="#">QUEST DIAGNOSTICS OF PA INC</a>	
LAB	DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME	10/24/2011	<a href="#">QUEST DIAGNOSTICS OF PA INC</a>	
LAB	OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE	10/24/2011	<a href="#">QUEST DIAGNOSTICS OF PA INC</a>	
X-RAY	INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)	10/21/2011	<a href="#">MARTELL WILLIAM J</a>	

# Export Data to PDF or Excel

All reports, all screens can be exported to PDF or Excel

Summary

Please choose summary period: [Last 3 months](#) [Last 6 months](#) [Last Year](#)

Clinical Report Date: 3/14/2012 (This report does not contain clinical data with special protection - con)

Hide

Name: [Cagefaj Febdibc](#) Medicaid ID: EJFFCGA JEJADBA DOB: 12/31/9999

Medicaid Eligibility: MA-TANF W/DEPRIV Managed Care Plan: NYS CATHOLIC HEALTH PLAN IN

Quality Flag	Quality Flag Evidence
Hospital ER utilization	4+ Inpt/ER-All, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmission - BH within 7 days, Readmission
Polypharmacy	Psychotropics Four Plus (Buspirone Hcl + Hydroxyzine Pamoate + Oxcarbazepine + Topiramate + Venlafaxine Hcl + Trazodone Hcl + Desvenlafaxine Succinate)

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

Other Nonpsychotic Mental Disorder

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

Symptoms, Signs, And Ill-Defined Conditions	Residual codes; unclassified   Headache; including migraine
The Nervous System And Sense Organs	Otitis media and related conditions   Headache; including migraine
The Respiratory System	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

**Export Options**

Sections

All

Selected

Quality Flag

Behavioral Health Diagnoses - Primary and Second

Medical Diagnoses - Primary and Secondary Dx (M

Medication Behavioral Health

Medication Medical

Behavioral Health Services

# PDF – Clinical Summary Report

New York State Office of Mental Health - Confidential (Contains Protected Health Information)

## Clinical Summary Report for Last 3 months

Name : Cagela Jibdb; Medicaid ID : Ejjfge Jajedba; DOB: 12/1/1999; Age-7988 Years 2 Months  
 Medicaid Eligibility: MA-TANF WDEPRV - Managed Care Plan: NYS CATHOLIC HEALTH PLAN INC - Medicare: No  
 ( This report does not contain clinical data with special protection - consent required. )

### Quality Flag

Quality Flag	Quality Flag Evidence
Hospital ER Utilization	4+ Inpt/ER Ad, 4+ Inpt/ER BH, 4+ Inpt/ER Med, Readmission: BH within 7 days, Readmission: BH within 30 days
Polyparmacy	Psychotropics Four Plus (Bupropion Hcl + Hydroxyzine Pamoate + Oxcarbazepine + Topiramate + Venlafaxine Hcl + Trazodone Hcl + Desvenlafaxine Succinate)

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

Behavioral Health Diagnoses - Primary and Secondary Dx (Most Recent Shows First)
Other Nonpsychotic Mental Disorder,

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

Symptoms, Signs, And Ill Defined Conditions	Residual codes, unclassified   Headache, including migraine
The Nervous System And Sense Organs	Other media and related conditions   Headache, including migraine
The Respiratory System	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)

### Medication Behavioral Health

Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active In Past Month	Most Recent Prescriber
Hydroxyzine Pamoate	Hydroxyzine Pamoate	200 MG	7 Month(s)	8/27/2011	2/14/2012	Yes	
Oxcarbazepine	Oxcarbazepine	600 MG	5 Month(s)	11/8/2011	2/13/2012	Yes	Gupta Sanjay
Pristiq	Desvenlafaxine Succinate	50 MG	6 Month(s)	10/5/2011	2/13/2012	Yes	Gupta Sanjay
Topiramate	Topiramate	200 MG	6 Month(s)	10/7/2011	2/13/2012	Yes	Singh Bajinder
Seroquel Xr	Quetiapine Fumarate	100 MG	2 Month(s)	1/13/2012	2/11/2012	Yes	Gupta Sanjay
Bupropion Hcl	Bupropion Hcl	30 MG	5 Month(s)	9/30/2011	1/3/2012	Yes	
Trazodone Hcl	Trazodone Hcl	200 MG	4 Month(s)	10/5/2011	1/3/2012	Yes	

### Medication Medical

Brand Name	Generic Name	Last Dose	Estimated Duration	First Day Picked Up	Last day Picked Up	Active In Past Month	Most Recent Prescriber
Tramiproclo Dihydrochloride	Tramiproclo Dihydrochloride	1.5 MG	7 Month(s)	8/30/2011	2/14/2012	Yes	
Primidone	Primidone	100 MG	1 Yr	4/8/2011	2/13/2012	Yes	Singh Bajinder
Cambia	Diclofenac Potassium	50 MG	1 Month(s)	2/11/2012	2/11/2012	Yes	Singh Bajinder
Hydrocodone Acetaminophen	Hydrocodone Acetaminophen	MG	1 Month(s)	2/8/2012	2/8/2012	Yes	
Clarithromycin	Clarithromycin	1000 MG	1 Month(s)	1/31/2012	1/31/2012	Yes	Benay Christopher Edward
Methylprednisolone (Pak)	Methylprednisolone	14 MG	1 Month(s)	1/30/2012	1/30/2012	Yes	Benay Christopher Edward
Neomycin Polymyxin Hc	Neomycin Polymyxin Hc		1 Month(s)	1/30/2012	1/30/2012	Yes	Benay Christopher Edward
Sumatriptan Succinate	Sumatriptan Succinate	100 MG	2 Month(s)	12/29/2011	1/27/2012	Yes	Benay Christopher Edward

**NEXT STEPS**

**OBTAINING ACCESS**

# Protocol for PSYCKES ACCESS

Written document for LGUs is forthcoming

- Step 1: Complete and return documentation to obtain institutional access to PSYCKES
- Step 2: Designate new/additional Security Manager(s) if needed
- Step 3: Security Manager enrolls PSYCKES Users
- Step 4: Security Manager revokes PSYCKES access when staff no longer requires access

# Complete/Return Documents to Obtain Institutional Access

- LGU completes “PSYCKES Contact Form” and returns to PSYCKES-Help
- Director of Community Services (DCS) or Commissioner of Mental Hygiene signs OMH “High Need Data Exchange Agreement”
  - Returns agreement to OMH
  - OMH countersigns (Dr. Molly Finnerty) and returns a copy to LGU for its records

# PSYCKES Contact Form



## PSYCKES Contact Form New York State County/Local Government Unit

### Name of County/Local Government Unit

Name: County Name - Full Name of LGU

Address: \_\_\_\_\_

### Commissioner of Mental Hygiene/Director of Community Services

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PSYCKES Point Person for Local Government Unit (1)

Name : Person who will oversee the project

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### PSYCKES Point Person for Local Government Unit (2)

Name : Additional person who will oversee the project

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Information Technology or Help Desk Contact

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please add any additional contact persons as needed, using additional pages.

### This form was completed by

Name : \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

# Data Exchange Agreement

## HIGH NEED DATA EXCHANGE AGREEMENT

### NEW YORK STATE OFFICE OF MENTAL HEALTH (OMH)

#### I. PURPOSES OF AGREEMENT

Whereas the effectiveness of the mental health delivery system is enhanced by coordination of services, ensuring consistency in the quality of care provided, and improving the capacity to share information within and between the mental health providers; and

Whereas individuals with serious mental illness who engage in effective mental health treatment have considerably better outcomes than those who do not, the effectiveness of treatment may be undermined by a lack of coordination among providers and discontinuity in services in the community; and

Whereas the Local Governmental Unit of \_\_\_\_\_ County (hereinafter "The LGU") is desirous of implementing programs for some or all of the following purposes, namely:

- Coordination of the delivery of mental health services to Medicaid clients;
- Coordination of the delivery of mental health and chemical dependency treatment services to Medicaid clients;
- Identifying high cost, high risk, under and sub-optimally served recipients and other recipient cohorts of clinical interest and their service use to LGUs, Single Point of Access ("SPOA") programs and providers;
- Coordination of efforts to manage the delivery of services to high cost recipients, high-risk recipients, and underserved or sub-optimally treated recipient populations;
- Establishing linkages between physical and mental health care for Medicaid recipients;
- Performing quality improvement outreach to providers to improve treatment practices.

The purpose of this Agreement is to provide The LGU with information on users of Medicaid mental health services in order to enable The LGU to implement programs to fulfill the purposes described above.

**NOW, THEREFORE**, the undersigned parties agree as follows:

# Using SMS for PSYCKES Access

- PSYCKES Access is managed via OMH's on-line Security Management System (SMS)
- LGUs are already registered in SMS and have Security Managers
  - Can keep same Security Manager or designate a new one for this project.
- Security Manager grants access to staff via SMS
  - LGU role for PSYCKES access will be added in near future
  - LGU must ensure that staff are given appropriate level of access (agency vs. state level access)
- *Each* user requires her/his own user ID and token

# RESOURCES

# Resources

- PSYCKES Website - [www.psyckes.org](http://www.psyckes.org)
  - PSYCKES Users' Guide
  - Frequently Asked Questions
  - Recorded Webinars
  - Education materials and Technical Specifications
  - Contact Us

# PSYCKES Website



## Behavioral Health Inpatient Providers

[Log Into PSYCKES](#)

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[A to Z Site Map](#)

[Contact Us](#)

### Using PSYCKES

The Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) is a web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. PSYCKES uses administrative data from the Medicaid claims database to generate information about quality indicators and to summarize treatment histories. This administrative data is collected when providers bill Medicaid for services, and no data entry by providers is required.

PSYCKES can be used to track performance on quality indicators, manage quality improvement projects, and obtain client-level information for use in clinical decision-making. PSYCKES is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly.

[Access to PSYCKES](#) is managed internally in the agency or hospital through the Office of Mental Health (OMH) on-line Security Management System (SMS). The [SMS/Security Management System Reference Manual](#) provides information about accessing and using SMS.

The [PSYCKES User's Guide](#) (📎 5,717KB) is a training and reference resource for all users. Users can also learn about using PSYCKES by viewing a live Using PSYCKES Webinar which is offered monthly (see [calendar](#)) or by watching a recorded version of the [Using PSYCKES Webinar](#) which is available to view anytime.

[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.

Technical support for users of the PSYCKES application is provided by [PSYCKES-Help](#).

# Contact Information

- [PSYCKES-Help](#) - PSYCKES-help@omh.ny.gov
  - PSYCKES Application
- [OMH Help Desk](#)  
800-HELP-NYS (800-435-7697)
  - SMS support
- Contact Us Page – PSYCKES Website

# Ongoing Support

- County/LGU Training
- County/LGU Users Group
- Coordination with the Conference of Local Mental Hygiene Directors (CLMHD) data workgroup

Your Questions?