



**Office of
Mental Health**

New PSYCKES Features Training

To hear the webinar, click “Call Me” in the Audio Connection box and enter your phone number - the WebEx system will call your phone

If you do not see the Audio Connection box, go to the top of your WebEx screen, click “Communicate” > “Audio Connection” > “Join Teleconference”

Erica Van De Wal, MA
PSYCKES Implementation Team
2015

Question & Answer via WebEx

- All phone lines are muted
- Access “Q&A” box in WebEx menu at the right of your screen; if you expanded the view of the webinar to full screen, hover cursor over green bar at top of screen to see menu
- Type questions using the “Q&A” box
- Submit to “all panelists” (default)
- Please do not use Chat function for Q&A
- Slides will be emailed to attendees after the webinar

Overview

- PSYCKES-Medicaid Overview
- Use My QI Report to identify:
 - Managed Care Organizations clients are enrolled in
 - Date Clinical Summary was last viewed for flagged clients
- Use Recipient Search to identify clients based on:
 - AOT Status, MC Organization, HARP Eligibility, ACT Services, Health Home Outreach or Enrollment
- New information in the Clinical Summary
- How to contact PSYCKES-Help
- Question & Answer

PSYCKES-Medicaid Overview



- My QI Report**
- Statewide Reports
- Recipient Search
- Provider Search
- Registrar Menu
- Usage Reports
- User Settings

De-Identify

Quality Indicator Overview As Of 08/01/2015

[Provider Details](#) [Find Provider](#)

Provider: Main Street Mental Health Clinic

Export PDF Excel

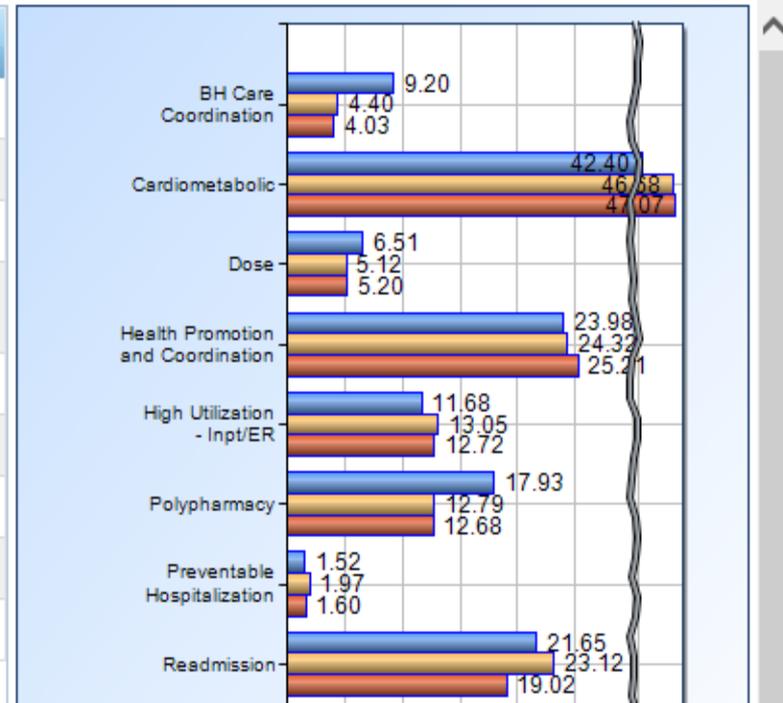
[Modify Filter](#) Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ^ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 19,637 | 1,806 | 9.20 | 4.40 | 4.03 |
| Cardiometabolic | All | 2,670 | 1,132 | 42.40 | 46.68 | 47.07 |
| Dose | All | 8,116 | 528 | 6.51 | 5.12 | 5.20 |
| Health Promotion and Coordination | All | 19,637 | 4,708 | 23.98 | 24.32 | 25.21 |
| High Utilization - Inpt/ER | All | 19,637 | 2,293 | 11.68 | 13.05 | 12.72 |
| Polypharmacy | All | 6,231 | 1,117 | 17.93 | 12.79 | 12.68 |
| Preventable Hospitalization | Adult | 15,764 | 240 | 1.52 | 1.97 | 1.60 |
| Readmission | All | 2,189 | 474 | 21.65 | 23.12 | 19.02 |
| Youth Indicator | Child | 1,254 | 306 | 24.40 | 19.50 | 22.57 |





Statewide Report As Of 08/01/2015

Indicator Set*

* Mandatory Field

High Utilization - Inpt/ER

Indicator Type

4+ Inpatient/ER - All

Region

ALL

County

ALL

Managed Care Program:

ALL

Program Type

ALL

Age Group

ALL

Population:

ALL



Submit

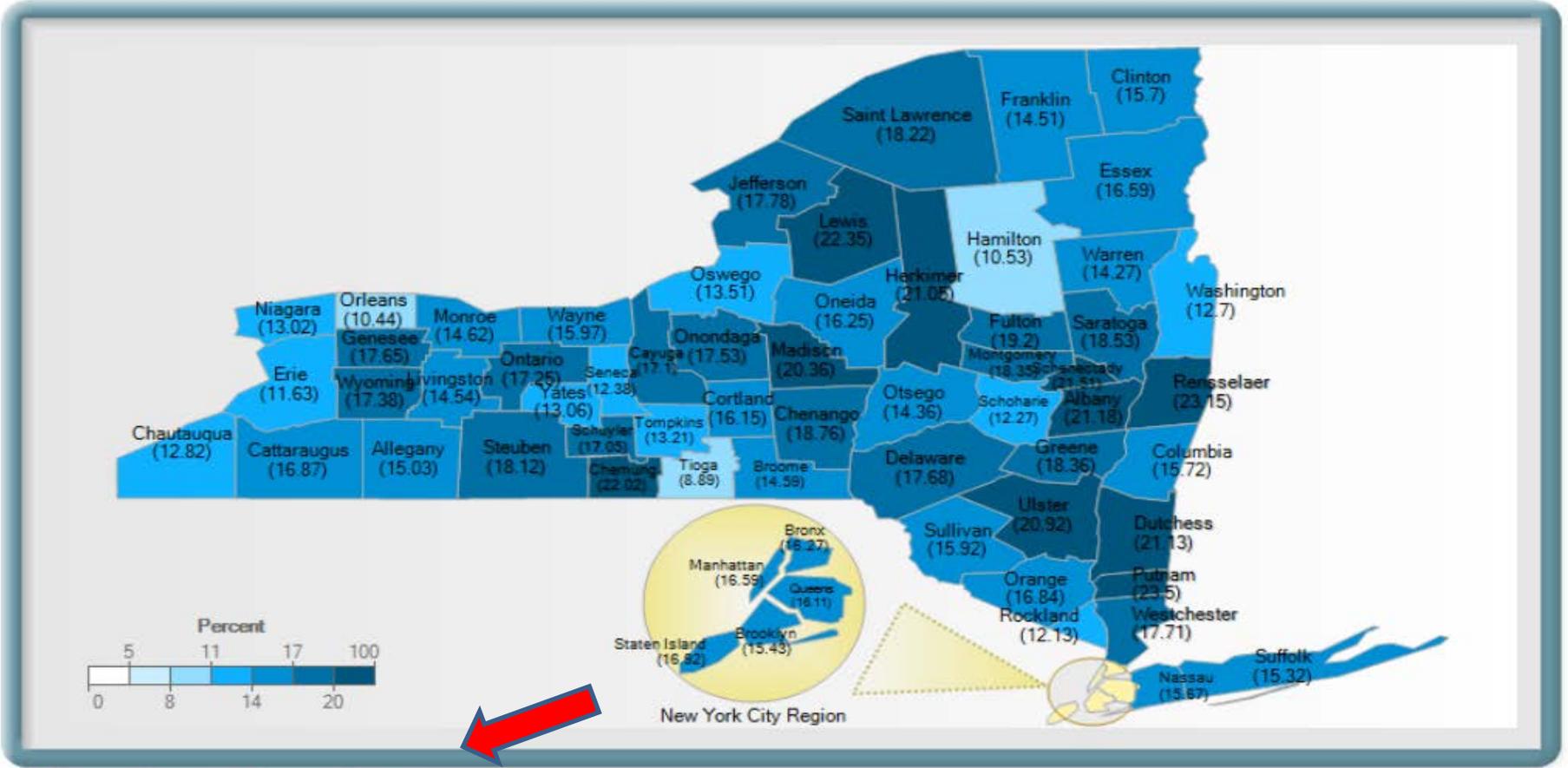
Reset



- My QI Report
- Statewide Reports**
- Recipient Search
- Provider Search
- Registrar Menu
- Usage Reports
- User Settings

De-Identify

Indicator Set: High Utilization - Inpt/ER, Indicator Type: 4+ Inpatient/ER - All, Region: ALL, County: ALL, Program Type: ALL, Age Group: ALL, Population: ALL, Managed Care Program: ALL





Recipient Identifiers

Medicaid ID: or SSN: or First Name: Last Name: DOB:

Recipient Characteristics - as of: 10/09/2015 **Quality Flag*:** 08/01/2015 **Definitions**

Age Group: Gender: HARP Status: AOT Status: Population: Managed Care (MC):

Polypharmacy Summary
Antipsychotic Three Plus
Antipsychotic Two Plus
Antidepressant Three Plus
Antidepressant Two Plus - SC
Psychotropics Four Plus
Psychotropics Three Plus
Cardiometabolic Risk Summary
AP + Diabetes Risk
AP + Hyperlipidemia Risk

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider:
Region: County:
Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:
 Care Coordination
 Foster Care
 Inpatient - ER
 Living Support/Residential

Service Detail: Selected

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
Drug Name: Active Drug:

Psychotropic Drug Class*:
ADHD Med
Antidepressant
Antipsychotic
Anxiolytic/Hypnotic
Mood Stabilizer
Side-Effect Management

Non-Psychotropic Drug Class*:
Analgesics and Anesthetics
Anti-Infective Agents
Anti-Obesity Agents
Antidiabetic
Antihyperlipidemic
Antihypertensive

Diagnosis:
Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:
Adjustment Disorder
Anxiety Disorder
Attention Deficit Disorder
Autism & Pervasive Developmental Dis
Bipolar Disorder
Conduct Disorder

Medical Diagnosis*:
Certain Conditions Originating in the Pe
Complications of Pregnancy, Childbirth,
Congenital Anomalies
Diabetes
Diseases of Skin and Subcutaneous Ti
Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
Region: County:
Service Utilization: Number of Visits:

Service Setting*:
 Care Coordination
 Foster Care
 Inpatient - ER
 Living Support/Residential

Service Detail: Selected

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.
 - *To select multiple options within a list, hold down "CTRL" while making additional selections.



- My QI Report
- Statewide Reports
- Recipient Search
- Provider Search**
- Registrar Menu
- Usage Reports
- User Settings

Provider 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

0-9



PSYCKES Medicaid Protected Health Information (PHI) Access Menu

Enable access to client's Clinical Summary by attesting to one or more of the following:

- Client signed a consent form
- Client data is needed due to clinical emergency
- Client is served at/is being transferred to your provider agency

Register client's withdrawal of consent to disable access to client data. Client must sign the PSYCKES Withdrawal of Consent Form located in the Registrar Menu > Consent Forms. For clients of lead Health Homes, the DOH Health Home Withdrawal of Consent form can be used.

Note: under certain circumstances (e.g., client quality flag), your provider agency may still have access to limited client data.

Deactivate an attestation of service that created a manual link between a client and your provider agency.

Note: Clients may still be linked to your provider agency based on Medicaid data.



- My QI Report
- Statewide Reports
- Recipient Search
- Provider Search
- Registrar Menu
- Usage Reports**
- User Settings

- PSYCKES Users**
- PHI Access Module
- Clinical Summaries

PSYCKES User Activity

Export to PDF Excel

Provider: Main Street Mental Health Clinic

User Status: All Registrar: All

Date Range: Start date 10/22/2014 End date 10/21/2015

Graph Interval: Quarterly Monthly Weekly

User Information:

Setting:

- All
- State Provider (e.g. OMH, DOH, OASAS)
- Local Government Unit
- BHO - Behavioral Health Organization
- MCO - Managed Care Organization
- Provider Administration
- Health Home Administration
- Case Management
- Emergency Department/CRP

Role in Organization:

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

Licensed Profession:

- All
- Physician
- Physician - Limited 3-year license
- Physician Assistant
- Registered Professional Nurse
- Nurse Practitioner
- Licensed Practical Nurse
- Licensed Master Social Worker (LMSW)
- Licensed Clinical Social Worker (LCSW)

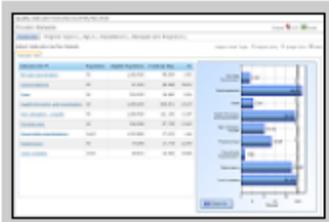
Submit Reset



- My QI Report
- Statewide Reports
- Recipient Search
- Provider Search
- Registrar Menu
- Usage Reports
- User Settings

- Change My Home Page
- Update My User Profile

Update My Home Page (Changes will be reflected at next login.)



My QI Report



Statewide Reports



Recipient Search



Provider Search

Save

My QI Report: MCO tab

Review Quality Indicator prevalence for each MC Plan in which your clients are enrolled

1. Go to “My QI Reports”
 - Review prevalence rates for your organization on all indicators
2. Use “Modify Filter” to select specific program type of interest within your organization, for example Clinic MH
3. Select desired indicator set from table
4. Select sub-indicator or “summary”
5. Click on “MCO” tab

1. Click "My QI Report" from top menu options

Quality Indicator Overview

Provider: Main Street Mental Health Clinic

PDF

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

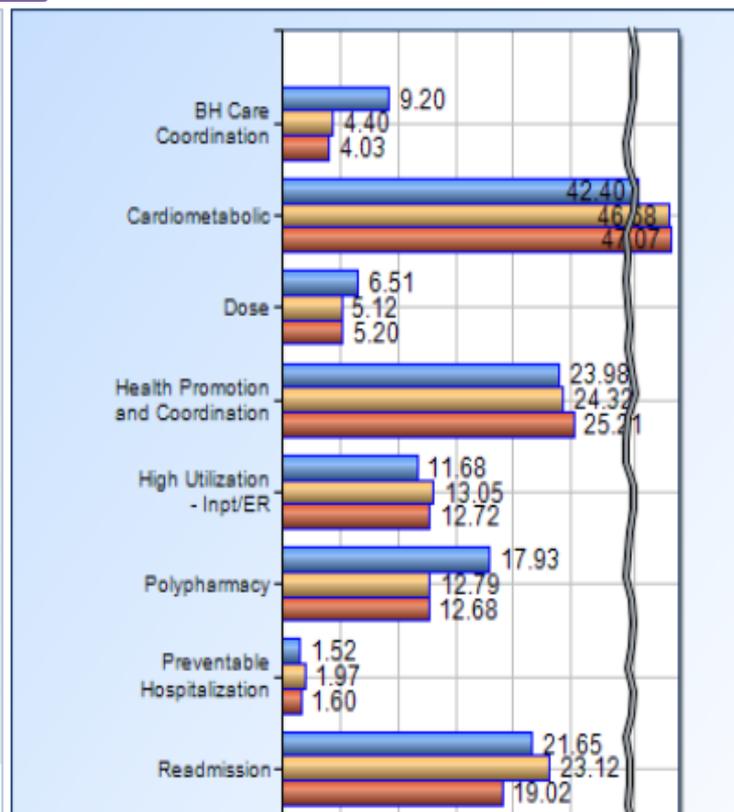
2. Click "Modify Filter" to select specific program type of interest within your organization, for example MH Clinic

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ▲ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 19,637 | 1,806 | 9.20 | 4.40 | 4.03 |
| Cardiometabolic | All | 2,670 | 1,132 | 42.40 | 46.68 | 47.07 |
| Dose | All | 8,116 | 528 | 6.51 | 5.12 | 5.20 |
| Health Promotion and Coordination | All | 19,637 | 4,708 | 23.98 | 24.32 | 25.21 |
| High Utilization - Inpt/ER | All | 19,637 | 2,293 | 11.68 | 13.05 | 12.72 |
| Polypharmacy | All | 6,231 | 1,117 | 17.93 | 12.79 | 12.68 |
| Preventable Hospitalization | Adult | 15,764 | 240 | 1.52 | 1.97 | 1.60 |
| Readmission | All | 2,189 | 474 | 21.65 | 23.12 | 19.02 |
| Youth Indicator | Child | 1,254 | 306 | 24.40 | 19.50 | 22.57 |



Modify Filter page in My QI Report

Quality Indicator Overview As Of 08/01/2015

Select a particular program type, for example, Clinic MH All and click "Submit"

Provider Details Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Sites: ALL

Program Type: Clinic - MH Specialty
Clinic - Medical Specialty - MH Dx/Svc
Clinic - Unspecified Specialty - MH Dx/Svc
Clinic MH - ALL
Community Residence - MH Specialty
Day Treatment - MH Specialty
Health Home - Enrolled (Source: DOH)
Health Home - Enrolled/Outreach (Source: DOH)

Population: ALL

Attending: ALL

Age: ALL
(0-17)
Adult (+18)

Region: ALL

County: ALL

Managed Care Program: ALL

Submit Reset Cancel

Quality Indicator Overview As Of 08/01/2015

Provider Details Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

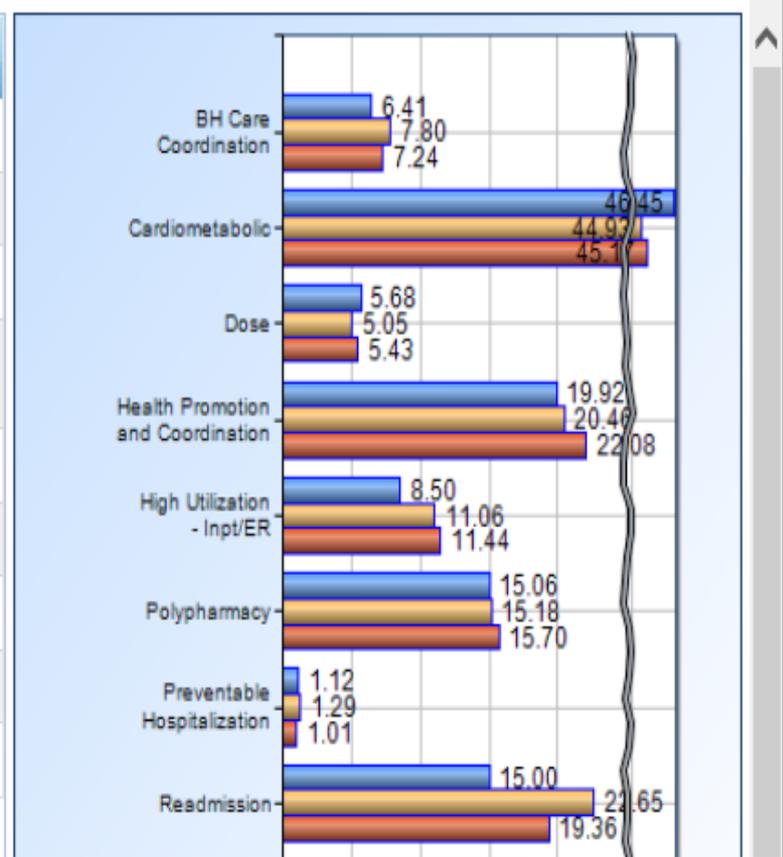
Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ^ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 12,308 | 789 | 6.41 | 7.80 | 7.24 |
| Cardiometabolic | All | 1,266 | 588 | 46.45 | 44.93 | 45.17 |
| Dose | All | 5,004 | 284 | 5.68 | 5.05 | 5.43 |
| Health Promotion and Coordination | All | | | | 20.46 | 22.08 |
| High Utilization - Inpt/ER | All | 12,308 | 1,046 | 8.50 | 11.06 | 11.44 |
| Polypharmacy | All | 3,746 | 564 | 15.06 | 15.18 | 15.70 |
| Preventable Hospitalization | Adult | 8,897 | 100 | 1.12 | 1.29 | 1.01 |
| Readmission | All | 840 | 126 | 15.00 | 22.65 | 19.36 |
| Youth Indicator | Child | 962 | 170 | 17.67 | 15.58 | 20.64 |

3. Select desired quality indicator set



Quality Indicator Overview As Of 08/01/2015

Provider Details

Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

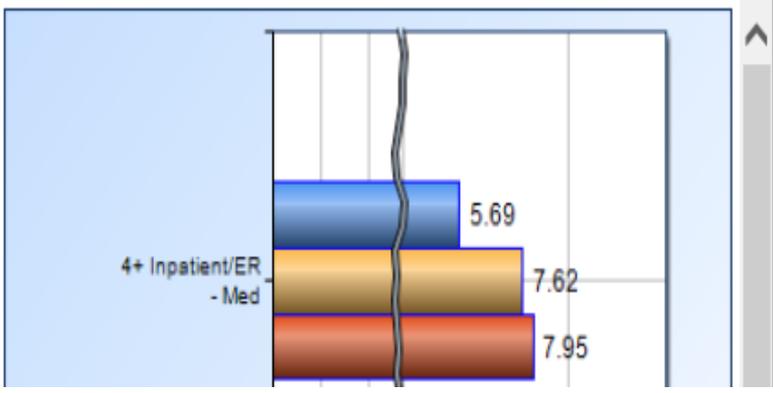
Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Indicator Set: High Utilization - Inpt/ER Select indicator for detail.

Report View Type: Report Only Graph Only Both

Indicator Set **Indicator** 4. Select sub-indicator or "summary"

| Indicator | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---------------------------------------|------------|---------------------|----------------|------|------------|-------------|
| 4+ Inpatient/ER - Med | All | 12,308 | 700 | 5.69 | 7.62 | 7.95 |
| 4+ Inpatient/ER - BH | All | 12,308 | 202 | 1.64 | 2.58 | 2.46 |
| 4+ Inpatient/ER - All | All | 12,308 | 1,046 | 8.50 | 11.06 | 11.44 |



Quality Indicator Overview As Of 08/01/2015

Provider Details

Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

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

5. Click on MCO tab

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

| Recipient ^ | Medicaid ID | DOB | Quality Flags | Medications (BH; excludes enhanced PHI) | Most Recent BH Outpatient Attending | Clinical Summary Last Viewed |
|---------------------------------|-----------------|------------|---|--|-------------------------------------|------------------------------|
| Abaeacc Befdaec | Ddejfaa Ebbafbb | 12/31/9999 | 3+ ER-BH, 4+ Inpt/ER-BH | | John Smith | No |
| Abbaacc Bqdhiba | Cceifad Bfadcee | 12/31/9999 | 3+ ER-BH, 4+ Inpt/ER-BH, No HbA1c-DM, No Outpt Med | BENZTROPINE MESYLATE, DIVALPROEX SODIUM, FLUPHENAZINE HCL | Ann Doe | No |
| Acajfcc Jhbdecb | Dfdeech Affdceb | 12/31/9999 | 3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 30d | CLONAZEPAM, DULOXETINE HCL, LAMOTRIGINE, MIRTAZAPINE, PAROXETINE HCL | None Identified | No |
| Accibff Dbabbca | Hdficdf Fdbaach | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-AP, Adher-MS, Readmit-All BH 7d | LAMOTRIGINE | None Identified | 9/3/2015 |
| Acejgfc Biafafd | Eibegeg Ebbecce | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER-BH, Adher-AP, Adher-MS, No Outpt Med | LITHIUM CARBONATE, QUETIAPINE FUMARATE | None Identified | 10/8/2015 |

Quality Indicator Overview As Of 08/01/2015

Provider Details Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type: Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

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

Sort by MCO Census to see MCOs in which largest number of your clients are enrolled on top

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

| Managed Care Name | MCO Census | Eligible Population for QI Flag | # With QI Flag | % |
|---|------------|---------------------------------|----------------|------|
| Healthfirst PHSP, Inc. | 4,187 | 2,689 | 49 | 1.82 |
| Fidelis Care New York | 2,707 | 1,536 | 22 | 1.43 |
| Amerigroup New York | 1,974 | 1,103 | 12 | 1.09 |
| UnitedHealthcare Community Plan | 1,781 | 1,059 | 10 | 0.94 |
| HIP (EmblemHealth) | 1,374 | 819 | 25 | 3.05 |
| Affinity Health Plan | 1,298 | 894 | 18 | 2.01 |
| MetroPlus Health Plan | 1,098 | 562 | 8 | 1.42 |
| WellCare of New York | 184 | 84 | 1 | 1.19 |
| VNSNY Choice Select Health | 60 | 40 | 0 | 0.00 |
| Amida Care | 30 | 15 | 0 | 0.00 |

Click on MC Plan name to view list or Recipients in that plan who are flagged

Quality Indicator Overview As Of 08/01/2015

Provider Details

Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

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

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

| Recipient ▲ | Medicaid ID | DOB | Quality Flags | Medications (BH; excludes enhanced PHI) | Most Recent BH Outpatient Attending |
|----------------------------------|-----------------|------------|--|--|-------------------------------------|
| Accibff Dbebbca | Hdficdf Fdbaach | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER -BH, 4+ Inpt/ER-Med, Adher-AP, Adher-MS, Readmit-All BH 7d | LAMOTRIGINE | None Identified |
| Addadii Ciehfafa | | 9999 | 3+ ER-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, 4PP(A), HL | DULOXETINE HCL, GABAPENTIN, QUETIAPINE FUMARATE, TOPIRAMATE, TRAZODONE HCL | None Identified |
| Bddjacq Cdaeeea | Dabiabb Efdabfe | 12/31/9999 | 3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-BH, Readmit-All BH 7d | CLONIDINE HCL, QUETIAPINE FUMARATE | None Identified |
| Cfdichh Hhedbec | Cbbbjcc Gdeebcc | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER -BH, Readmit-All BH 45d | | None Identified |
| Dfabebq Cbeafih | Ajafcia Bgieeib | 12/31/9999 | 3+ ER-BH, 4+ Inpt/ER-BH | AMPHETAMINE- DEXTROAMPHETAMINE, GABAPENTIN | None Identified |

Click on recipient name to go to Clinical Summary



My QI Report: Filter by MC Plan

Review all Quality Indicator prevalence for your organization, for enrollees of a specific MC Plan

1. Go to “My QI Reports”
2. Click “Modify Filter”
3. Select specific Managed Care Plan
4. Review Quality Indicator prevalence for all indicators, filtered to show enrollees of a specific MC Plan
5. Select specific indicator set

1. Click "My QI Report" from top menu options

Quality Indicator Overview

Provider: Main Street Mental Health Clinic

PDF

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

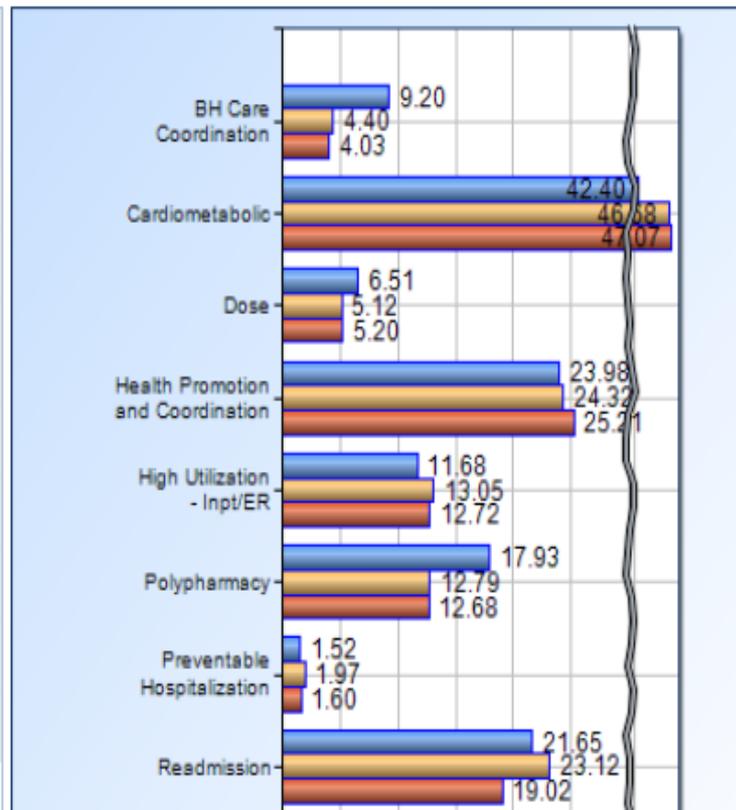
2. Click "Modify Filter" to select specific Managed Care Plan

Select Indicator Set for Details

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ▲ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 19,637 | 1,806 | 9.20 | 4.40 | 4.03 |
| Cardiometabolic | All | 2,670 | 1,132 | 42.40 | 46.68 | 47.07 |
| Dose | All | 8,116 | 528 | 6.51 | 5.12 | 5.20 |
| Health Promotion and Coordination | All | 19,637 | 4,708 | 23.98 | 24.32 | 25.21 |
| High Utilization - Inpt/ER | All | 19,637 | 2,293 | 11.68 | 13.05 | 12.72 |
| Polypharmacy | All | 6,231 | 1,117 | 17.93 | 12.79 | 12.68 |
| Preventable Hospitalization | Adult | 15,764 | 240 | 1.52 | 1.97 | 1.60 |
| Readmission | All | 2,189 | 474 | 21.65 | 23.12 | 19.02 |
| Youth Indicator | Child | 1,254 | 306 | 24.40 | 19.50 | 22.57 |



Modify Filter page in My QI Report

Quality Indicator Overview As Of 08/01/2015

Provider Details Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Sites: ALL

Attending: ALL

Program Type: ALL
ACT - MH Specialty
Care Management - Enrolled (Source: DOH)
Care Management - Enrolled/Outreach (Source: DOH)
Care Management - Outreach (Source: DOH)
Case Management - OMH
Child Care - MH - Residential Treatment
Child Waiver Services - OMH

Age: ALL
(0-17)
Adult (+18)

3. Select a specific Managed Care Plan and click "Submit"

Region: ALL

County: ALL

Population: ALL

Managed Care Program

Submit Reset Cancel

Release: 4.9.7

- ALL
- Affinity Health Plan
- Amerigroup New York
- Amida Care
- CDPHP
- Excelsus BlueCross BlueShield
- Fidelis Care New York
- HIP (EmblemHealth)
- HealthNow New York Inc.
- Healthfirst PHSP, Inc.
- Hudson Health Plan
- Independent Health's MediSource MVP
- MetroPlus Health Plan
- Neighborhood Health Providers
- Total Care
- UnitedHealthcare Community Plan
- Univera Community Health
- VNSNY Choice Select Health
- WellCare of New York

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, **Managed Care Program:MetroPlus Health Plan**

Select Indicator Set for Details

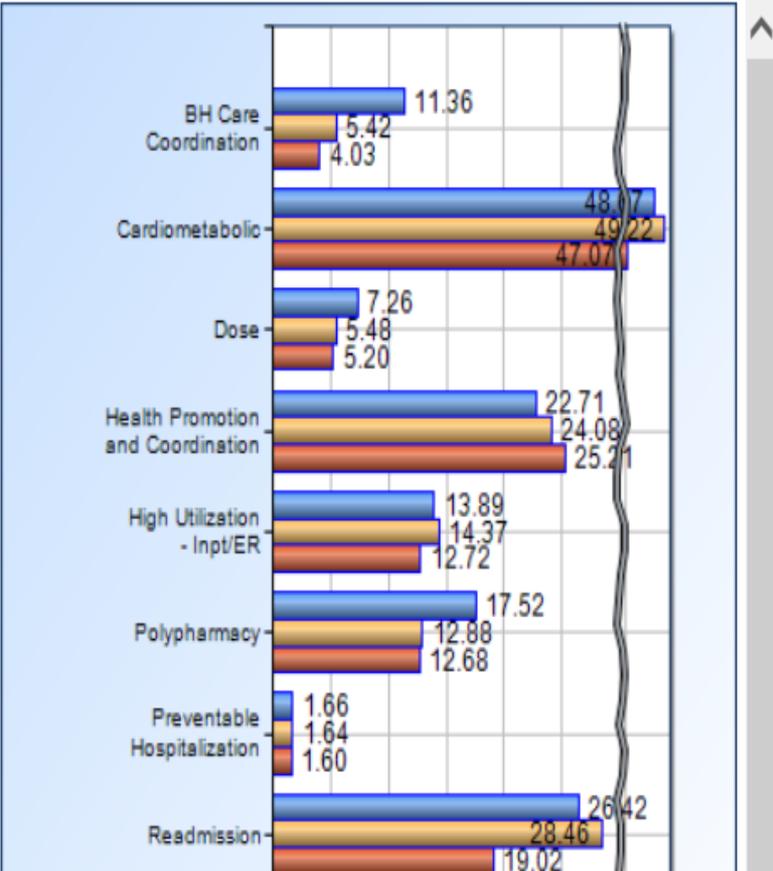
4. Review QI Report, now filtered for MC Plan

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ^ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 907 | 103 | 11.36 | 5.42 | 4.03 |
| Cardiometabolic | All | 150 | 73 | 48.67 | 49.22 | 47.07 |
| Dose | All | 441 | 32 | 7.26 | 5.48 | 5.20 |
| Health Promotion and Coordination | All | | | | 24.08 | 25.21 |
| High Utilization - Inpt/ER | All | 907 | 126 | 13.89 | 14.37 | 12.72 |
| Polypharmacy | All | 331 | 58 | 17.52 | 12.88 | 12.68 |
| Preventable Hospitalization | Adult | 662 | 11 | 1.66 | 1.64 | 1.60 |
| Readmission | All | 106 | 28 | 26.42 | 28.46 | 19.02 |
| Youth Indicator | Child | 60 | 11 | 18.33 | 18.34 | 22.57 |

5. Select desired quality indicator set



My QI Report: View for MC Plan Users

MC Plan View: Review prevalence for plan on all indicators

- My QI Report
- Statewide Reports
- Recipient Search
- Provider Search
- Registrar Menu
- Usage Reports
- User Settings

De-Identify

Quality Indicator Overview As Of 08/01/2015

Plan: ABC Health Plan

Export PDF Excel

Modify Filter

Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program: ABC Health Plan

Region:ALL, County:ALL

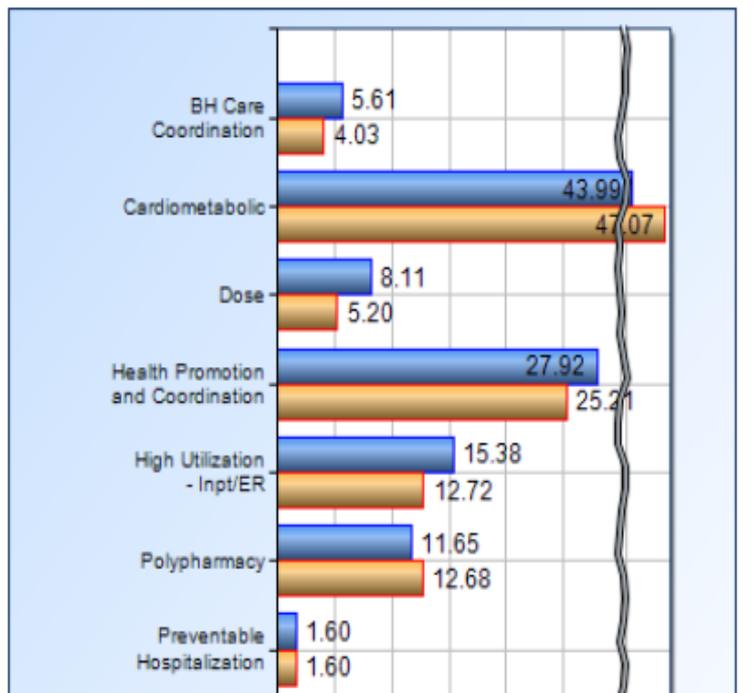
Select Indicator Set for Details

Select desired quality indicator set

Report View Type: Report Only Graph Only Both

Indicator Set

| Indicator Set ^ | Population | Eligible Population | # with QI Flag | % | Statewide % |
|---|------------|---------------------|----------------|-------|-------------|
| BH Care Coordination | All | 39,950 | 2,241 | 5.61 | 4.03 |
| Cardiometabolic | All | 3,030 | 1,333 | 43.99 | 47.07 |
| Dose | All | 13,792 | 1,118 | 8.11 | 5.20 |
| Health Promotion and Coordination | All | 39,950 | 11,156 | 27.92 | 25.21 |
| High Utilization - Inpt/ER ← | All | 39,950 | 6,144 | 15.38 | 12.72 |
| Polypharmacy | All | 8,792 | 1,024 | 11.65 | 12.68 |
| Preventable Hospitalization | Adult | 32,738 | 524 | 1.60 | 1.60 |
| Readmission | All | 2,863 | 542 | 18.93 | 19.02 |
| Youth Indicator | Child | 1,368 | 250 | 18.27 | 22.57 |



MC Plan View

Quality Indicator Overview As Of 08/01/2015

Plan: ABC Health Plan

Export PDF Excel

Modify Filter

Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program: ABC Health Plan

Region:ALL, County:ALL

Indicator Set:High Utilization - Inpt/ER Select Indicator

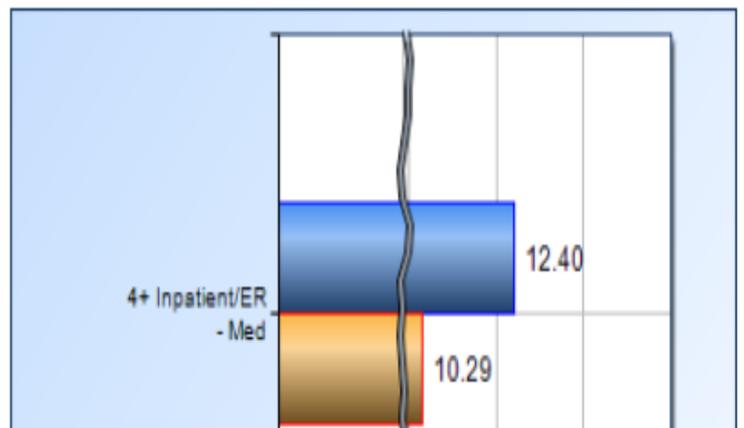
Select sub-indicator or "summary"

Report View Type: Report Only Graph Only Both

Indicator Set

Indicator

| Indicator | Population | Eligible Population | # with QI Flag | % | Statewide % |
|--|------------|---------------------|----------------|-------|-------------|
| 4+ Inpatient/ER - Med | All | 39,950 | 4,955 | 12.40 | 10.29 |
| 4+ Inpatient/ER - BH ← | All | 39,950 | 818 | 2.05 | 1.64 |
| 4+ Inpatient/ER - All | All | 39,950 | 6,144 | 15.38 | 12.72 |



Use Modify Filter to identify providers for a particular type of service, for example, specialty MH clinics

Sort by Eligible Population to see which providers serve the largest number of your enrollees overall

Quality Indicator Overview

Plan: ABC Health Plan

Modify Filter

Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program: ABC Health Plan

Export PDF Excel

Indicator Set: High Utilization - Inpt/ER, Indicator: 4+ Inpatient/ER - BH Select Provider

Indicator Set Indicator Provider

| Provider Facility Name | County | Eligible Population | # with QI Flag | % |
|--|---------------|---------------------|----------------|------|
| MONTEFIORE MEDICAL CENTER | Bronx | 2,829 | 51 | 1.80 |
| NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM | Nassau | 1,504 | 55 | 3.66 |
| HUDSON RIVER HEALTH CARE | Westchester | 1,397 | 80 | 5.73 |
| THE NEW YORK AND PRESBYTERIAN HOSPITAL | Manhattan | 1,321 | 76 | 5.75 |
| BETH ISRAEL MEDICAL CENTER | Manhattan | 1,244 | 74 | 5.95 |
| STATE UNIVERSITY OF NY AT STONY BROOK | Suffolk | 1,224 | 64 | 5.23 |
| ST. LUKE'S-ROOSEVELT HOSPITAL CENTER | Manhattan | 1,094 | 75 | 6.86 |
| STATEN ISLAND UNIVERSITY HOSPITAL | Staten Island | 1,041 | 50 | 4.80 |
| MOUNT SINAI MEDICAL CENTER | Manhattan | 933 | 32 | 3.43 |
| JAMAICA HOSPITAL MEDICAL CENTER | Queens | 924 | 43 | 4.65 |
| LI JEWISH MEDICAL CENTER ZUCKER HILLSIDE DIV | Queens | 884 | 47 | 5.32 |
| BROOKDALE HOSPITAL MEDICAL CENTER | Brooklyn | 864 | 50 | 5.79 |

Plan view: Modify Filter page in My QI Report

Quality Indicator Overview As Of 08/01/2015

Plan: ABC Health Plan

Export PDF Excel

Select a particular type of service, for example, specialty MH clinics and click "Submit."

Program Type:

- Care Management - Enrolled (Source: DOH)
- Care Management - Enrolled/Outreach (Source: DOH)
- Care Management - Outreach (Source: DOH)
- Case Management - OMH
- Child Care - MH - Residential Treatment Facility
- Child Waiver Services - OMH
- Clinic - MH Specialty
- Clinic - Medical Specialty - MH Dx/Svc
- Clinic - Medical Specialty - SLL Dx/Svc

Age: ALL

Region: ALL

County: ALL

Population: ALL

Managed Care Program: ABC Health Plan

Submit Reset Cancel

Quality Indicator Overview As Of 08/01/2015

Plan: ABC Health Plan

Export PDF Excel

Modify Filter Program Type: Clinic - MH Specialty, Age: ALL, Population: ALL, Managed Care Program: ABC Health Plan

Sort by Eligible Population to see which providers serve the largest number of your enrollees overall

Indicator Set: High Utilization - Inpt/ER, Indicator: 4+ Inpatient/ER - BH Select Provider

Indicator Set Indicator Provider

| Provider Facility Name | County | Eligible Population | # with QI Flag | % |
|---|-----------|---------------------|----------------|------|
| NEW YORK PSYCHOTHERAPY AND COUNSELING CENTER | Brooklyn | 306 | 9 | 2.94 |
| MONTEFIORE MEDICAL CENTER | | 293 | 8 | 2.73 |
| Main Street Mental Health Clinic | | 286 | 6 | 2.10 |
| JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES | Manhattan | 262 | 6 | 2.29 |
| NEW HORIZON COUNSELING CENTER, INC., THE | Queens | 198 | 4 | 2.02 |
| INTERBOROUGH DEVELOP & CONSULTATION CTR, INC. | Brooklyn | 183 | 4 | 2.19 |
| THE INSTITUTE FOR FAMILY HEALTH | Manhattan | 180 | 9 | 5.00 |
| LI JEWISH MEDICAL CENTER ZUCKER HILLSIDE DIV | Queens | 159 | 4 | 2.52 |
| JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES | Suffolk | 134 | 2 | 1.49 |
| PENINSULA COUNSELING CTR | Nassau | 125 | 5 | 4.00 |
| THE CHILD CENTER OF NY, INC. | Queens | 124 | 1 | 0.81 |

If desired, select provider of interest to review full QI reports for that provider

My QI Report: Clinical Summaries Viewed



**Office of
Mental Health**

Identify the date the Clinical Summary was last viewed for each recipient flagged

1. Go to “My QI Reports”
2. Use “Modify Filter” to select specific program type of interest within your organization, for example Clinic MH
3. Select desired indicator set from table
4. Select sub-indicator or “summary”
5. From “Recipients” tab, view “Clinical Summaries Last Viewed” column on the right

1. Click "My QI Report" from top menu options

Quality Indicator Overview

Provider: Main Street Mental Health Clinic

PDF

Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Select Indicator Set for Details

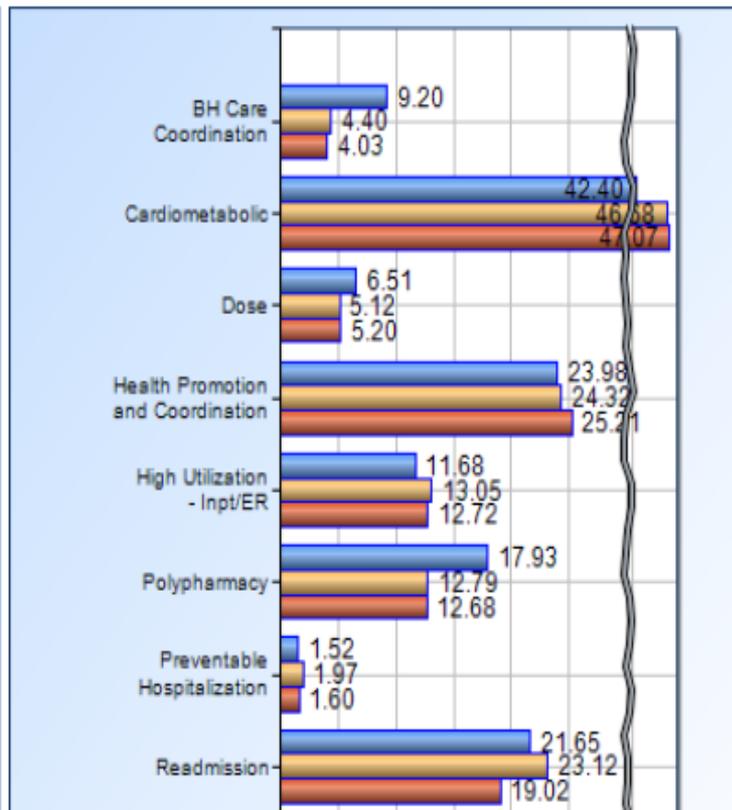
2. Click "Modify Filter" to select specific program type of interest within your organization, for example MH Clinic

Report View Type:
 Report Only
 Graph Only
 Both

Indicator Set

| Indicator Set ▲ | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---|------------|---------------------|----------------|-------|------------|-------------|
| BH Care Coordination | All | 19,637 | 1,806 | 9.20 | 4.40 | 4.03 |
| Cardiometabolic | All | 2,670 | 1,132 | 42.40 | 46.68 | 47.07 |
| Dose | All | 8,116 | 528 | 6.51 | 5.12 | 5.20 |
| Health Promotion and Coordination | All | | | | 24.32 | 25.21 |
| High Utilization - Inpt/ER | All | 19,637 | 2,293 | 11.68 | 13.05 | 12.72 |
| Polypharmacy | All | 6,231 | 1,117 | 17.93 | 12.79 | 12.68 |
| Preventable Hospitalization | Adult | 15,764 | 240 | 1.52 | 1.97 | 1.60 |
| Readmission | All | 2,189 | 474 | 21.65 | 23.12 | 19.02 |
| Youth Indicator | Child | 1,254 | 306 | 24.40 | 19.50 | 22.57 |

3. Select desired quality indicator set



Quality Indicator Overview As Of 08/01/2015

Provider Details

Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

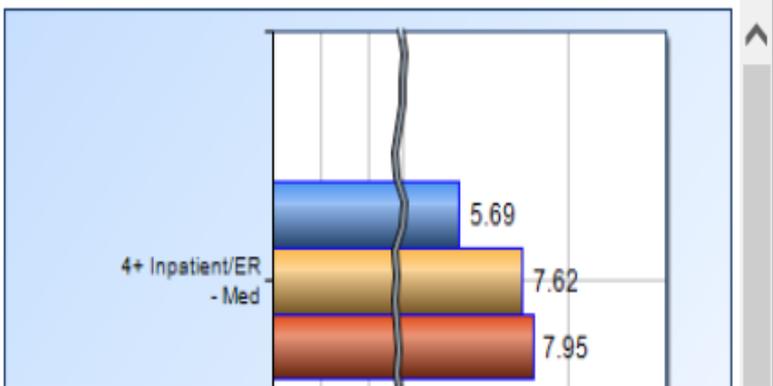
Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

Indicator Set: High Utilization - Inpt/ER Select indicator for detail.

Report View Type: Report Only Graph Only Both

Indicator Set Indicator **4. Select sub-indicator or "summary"**

| Indicator | Population | Eligible Population | # with QI Flag | % | Regional % | Statewide % |
|---------------------------------------|------------|---------------------|----------------|------|------------|-------------|
| 4+ Inpatient/ER - Med | All | 12,308 | 700 | 5.69 | 7.62 | 7.95 |
| 4+ Inpatient/ER - BH | All | 12,308 | 202 | 1.64 | 2.58 | 2.46 |
| 4+ Inpatient/ER - All | All | 12,308 | 1,046 | 8.50 | 11.06 | 11.44 |



Quality Indicator Overview As Of 08/01/2015

Provider Details Find Provider

Provider: Main Street Mental Health Clinic

Export PDF Excel

Modify Filter Region:ALL, County:ALL, Site:ALL, Attending:ALL, Program Type:Clinic MH - ALL, Age:ALL, Population:ALL, Managed Care Program:ALL

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

Sort by Clinical Summary Last Viewed column

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

| Recipient | Medicaid ID | DOB | Quality Flags | Medications (BH; excludes enhanced PHI) | Most Recent BH Outpatient Attending | Clinical Summary Last Viewed |
|---------------------------------|-----------------|------------|---|--|-------------------------------------|------------------------------|
| Acaifcc Jhbdecb | | | R-BH, 3+ Inpatient - 4+ Inpt/ER-BH, 4+ ER-Med, Readmit-All 0d | CLONAZEPAM, DULOXETINE HCL, LAMOTRIGINE, MIRTAZAPINE, PAROXETINE HCL | None Identified | No |
| Accibff Dbebbca | Hdficdf Fdbaach | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Adher-AP, Adher-MS, Readmit-All BH 7d | LAMOTRIGINE | None Identified | 9/3/2015 |
| Aceiqfc Biafafd | Eibegeg Ebbece | 12/31/9999 | 3+ Inpatient - BH, 4+ Inpt/ER-BH, Adher-AP, Adher-MS, No Outpt Med | LITHIUM CARBONATE, QUETIAPINE FUMARATE | None Identified | 10/8/2015 |
| Adccaih Geedaaj | Abdbgid Bcdfife | 12/31/9999 | 3+ ER-BH, 4+ Inpt/ER-BH, No DM Screen-AP | HYDROXYZINE PAMOATE, PAROXETINE HCL, RISPERIDONE | None Identified | No |
| Adccebf Bebaqjd | Baccejg Iadfdih | 12/31/9999 | 3+ ER-BH, 4+ Inpt/ER-BH | HYDROXYZINE HCL, PERPHENAZINE, TRAZODONE HCL | None Identified | No |

Click on a recipient name to review Clinical Summary



AOT Status

Identify recipients based on AOT status

1. Login to PSYCKES and go to “Recipient Search”
2. Select from AOT Status filter:
 - Active Court Order
 - Expired < 6 months
 - Expired < 12 months
 - Active or expired within the last 3 years
3. Consider expanding “Maximum number of rows to be displayed” in order to see more than 50 names in results page (if needed)
4. Click Search

Recipient Identifiers

Medicaid ID: or SSN:

Recipient Characteristics - as of: 10/09/2015 Quality Flag*:

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Polypharmacy Summary
 Antipsychotic Three Plus
 Antipsychotic Two Plus
 Antidepressant Three Plus
 Antidepressant Two Plus
 Psychotropic Drug Class*
 Non-Psychotropic Drug Class*

1. Click "Recipient Search" from top menu options

2. Select from AOT Status filter

Last Name: DOB:
 Services by a Specific Provider: 08/01/2015 Past 1 Year
 Provider:
 Region: County:
 Current Access Status:
 Service Utilization: Number of Visits:
 Service Setting*:
 - Care Coordination
 - Foster Care
 - Living Support/Residential
 - Other
 Service Detail: Selected

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:

Drug Name: Active Drug:

Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:

Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Tiss
 Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):

Region: County:

Service Utilization: Number of Visits:

Service Setting*:
 - Care Coordination
 - Foster Care
 - Inpatient - ER
 - Living Support/Residential
 Service Detail: Selected

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.
 - *To select multiple options within a list, hold down "CTRL" while making additional selections.

2. Select from AOT Status filter (detail)

| Recipient Characteristics - as of: 10/09/2015 | Quality Flag*: 08/01/2015 | <u>Definitions</u> |
|---|---|--------------------|
| Age Group: <input type="text"/> | Polypharmacy Summary | ^ |
| Gender: <input type="text"/> | Antipsychotic Three Plus | ^ |
| HARP Status: <input type="text"/> | Antipsychotic Two Plus | ^ |
| AOT Status: | Antidepressant Three Plus | ^ |
| Population: | Antidepressant Two Plus - SC | ^ |
| Managed Care (MC): | Psychotropics Four Plus | ^ |
| | AOT-Active Court Order | Three Plus |
| | AOT-Expired < 6 months | Risk Summary |
| | AOT-Expired < 12 months | Risk |
| | AOT Active or expired within the last 3 years | Anemia Risk |
| | | -- Risk |

AOT Status:
 Population:
 Managed Care (MC):
 Psychotropics Three Plus
 Cardiometabolic Risk Summary
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk
 AP + Hypertension Risk

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
 Drug Name: Active Drug:

Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management
 Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:
 Diagnosis given: times
 Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis.
 Bipolar Disorder
 Conduct Disorder
 Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Tis
 Diseases of the Blood and Blood-Formi

Service Utilization: Number of Visits:
 Service Setting*:
 --Care Coordination
 --Foster Care
 --Living Support/Residential
 --Other
 Service Detail: Selected

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
 Region: County:
 Service Utilization: Number of Visits:

Service Detail: Selected

3. Consider expanding number of recipient names to be displayed

4. Click Search

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.
- *To select multiple options within a list, hold down "CTRL" while making additional selections.

Maximum No. of Rows to be displayed

- 50
- 100
- 500
- 1,000
- 10,000
- 50,000
- 100,000
- 250,000
- 500,000

Modify Search

Total Number of Recipients: 131

Maximum Number of Rows Displayed: 50

AOT Status - AOT-Active Court Order
AND
[Provider Specific] Provider Name - Main Street Mental Health Clinic

Search results can be exported to PDF or Excel.

Export  PDF  Excel

| Name | Medicaid ID | DOB | Gender | Quality Flags | Current PHI Access |
|---------------------------------|------------------|------------|---------------------|------------------------------|--------------------|
| Agjcfib Ihhhiab | Bhdbiff Afeddeb | 01/01/9999 | Ddfdbaf Bbefhad | | No Access |
| Agjcfib Ihhhiab | Cfdifeb Iagcgaj | 01/01/9999 | Aebccfe Ifhaeac | | No Access |
| Agjcfib Ihhhiab | | 99 | Bgehehg Dfejgabg | No Outpt Med | Quality Flag |
| Agjcfib Ihhhiab | Jbfabbd Caacbdi | 01/01/9999 | Fhbgefe Ceaafah | | No Access |
| Agjcfib Ihhhiab | Eeafhjc Biahgbf | 01/01/9999 | Fdcbjjj Cdbfcaj | HTN, No Outpt Med | Quality Flag |
| Agjcfib Ihhhiab | Diheaaja Hgehbce | 01/01/9999 | Bgehehg Dfejgabg | 4+ Inpt/ER-All, No Outpt Med | Quality Flag |

Click on a recipient name to review Clinical Summary

Managed Care Plan

Identify recipients enrolled in a specific Managed Care Plan

1. Go to “Recipient Search” screen
2. Select from Managed Care (MC) filter:
 - Click on name of MC Plan
3. Choose from additional filter options in Recipient Search screen, if desired
4. Consider expanding “Maximum number of rows to be displayed” if needed
5. Click Search

1. Click "Recipient Search" from top menu options

Recipient Identifiers

Medicaid ID: or SSN:

Last Name: DOB:

Recipient Characteristics - as of: 10/09/2015 Quality Flag*: 08/01/2015 Definitions

Age Group: Gender:

HARP Status: AOT Status:

Population: Managed Care (MC):

Polypharmacy Summary
Antipsychotic Three Plus
Antipsychotic Two Plus
Antidepressant Three Plus
Antidepressant Two Plus - SC
Psychotropics Four Plus
Psych
Card
AP
AP

2. Select from Managed Care (MC) filter

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider: Main Street Mental Health Clinic

Region: County:

Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:

- Care Coordination
- Foster Care
- Living Support/Residential
- Other

Service Detail: Selected

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:

Drug Name: Active Drug:

Psychotropic Drug Class*:

- ADHD Med
- Antidepressant
- Antipsychotic
- Anxiolytic/Hypnotic
- Mood Stabilizer
- Side-Effect Management

Non-Psychotropic Drug Class*:

- Analgesics and Anesthetics
- Anti-Infective Agents
- Anti-Obesity Agents
- Antidiabetic
- Antihyperlipidemic
- Antihypertensive

Diagnosis:

Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:

- Adjustment Disorder
- Anxiety Disorder
- Attention Deficit Disorder
- Autism & Pervasive Developmental Dis
- Bipolar Disorder
- Conduct Disorder

Medical Diagnosis*:

- Certain Conditions Originating in the Pe
- Complications of Pregnancy, Childbirth,
- Congenital Anomalies
- Diabetes
- Diseases of Skin and Subcutaneous Tis
- Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):

Region: County:

Service Utilization: Number of Visits:

Service Setting*:

- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential

Service Detail: Selected

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.
 - *To select multiple options within a list, hold down "CTRL" while making additional selections.

2. Select from Managed Care (MC) filter (detail)

| Recipient Characteristics - as of: 10/09/2015 | Quality Flag*: 08/01/2015 | <u>Definitions</u> |
|--|---------------------------|---|
| <p>Age Group: <input type="text"/> <input type="button" value="v"/></p> <p>Gender: <input type="text"/> <input type="button" value="v"/></p> <p>HARP Status: <input type="text"/> <input type="button" value="v"/></p> <p>AOT Status: <input type="text"/> <input type="button" value="v"/></p> <p>Population: <input type="text"/> <input type="button" value="v"/></p> | | <p>Polypharmacy Summary</p> <p>Antipsychotic Three Plus</p> <p>Antipsychotic Two Plus</p> <p>Antidepressant Three Plus</p> <p>Antidepressant Two Plus - SC</p> <p>Psychotropics Four Plus</p> <p>Psychotropics Three Plus</p> <p>Cardiometabolic Risk Summary</p> <p>AP + Diabetes Risk</p> <p>AP + Hyperlipidemia Risk</p> |
| <p>Managed Care (MC)</p> | | |

- Affinity Health Plan
- Amerigroup New York
- Amida Care
- CDPHP
- Excellus BlueCross BlueShield
- Fidelis Care New York
- HIP (EmblemHealth)
- HealthNow New York Inc.
- Healthfirst PHSP, Inc.
- Hudson Health Plan
- Independent Health's MediSource MVP
- MetroPlus Health Plan
- Neighborhood Health Providers
- Total Care
- UnitedHealthcare Community Plan
- Univera Community Health
- VNSNY Choice Select Health
- WellCare of New York

Recipient Characteristics - as of: 10/09/2015 **Quality Flag*:** 08/01/2015 [Definitions](#)

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC): MetroPlus Health Plc

- Prevent Hosp Asthma
- Prevent Hosp Dehydration
- Prevent Hosp Diabetes
- 4+ Inpatient/ER - All
- 4+ Inpatient/ER - BH**
- 4+ Inpatient/ER - Med
- Readmission - All BH 7 day
- Readmission - All BH 30 day
- Readmission - Hosp BH d/c 15 day
- Readmission - Hosp BH d/c 30 day

3. Choose from additional filter options, if desired

Medication & Diagnosis: 08/01/2015

Prescriber Last Name:
 Drug Name: Active Drug:

Psychotropic Drug Class*: **Non-Psychotropic Drug Class*:**

ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:

Diagnosis given: 1+ times Primary Only: Primary/Secondary:

BH Diagnosis*: **Medical Diagnosis*:**

Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Ti
 Diseases of the Blood and Blood-Formi

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider: Main Street Mental Health Clinic
 Region: County:
 Access Status:
 Service Utilization: Number of Visits:
 Service Setting*:
 -- Care Coordination
 -- Foster Care
 -- Living Support/Residential
 -- Other
 Service Detail: Selected

4. Consider expanding number of recipient names to be displayed

5. Click Search

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
 Region: County:
 Number of Visits:
 Service Detail: Selected

Maximum No. of Rows to be displayed: 50

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.
- *To select multiple options within a list, hold down "CTRL" while making additional selections.

Modify Search

Total Number of Recipients: 47

Maximum Number of Rows Displayed: 50

Managed Care (MC) - MetroPlus Health Plan
AND
Quality Indicator - 4+ Inpatient/ER - BH
AND
[Provider Specific] Provider Name - Main Street Mental Health Center

Search results can be exported to PDF or Excel.

Export PDF Excel

| Name | Medicaid ID | DOB | Gender | Quality Flags | Current PHI Access |
|---------------------------------|-----------------|------------|-----------------|---|--------------------|
| Agicfib Ihhhiab | Jbbdbhg Bbgceca | 01/01/9999 | Dagdjcc Daadhcd | 3+ ER-BH, 4+ Inpt/ER-BH, Adher-AP, Adher-MS, No Outpt Med | Quality Flag |
| Agicfib Ihhhiab | Hdcfdgf Ceebdca | 01/01/9999 | Jecibda Eajbeaj | 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 7d | Quality Flag |
| Agicfib Ihhhiab | | 01/9999 | Fecadbc Ibafdag | 3+ ER-BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 45d | Quality Flag |
| Agicfib Ihhhiab | Icfecba Hjabfcc | 01/01/9999 | Jgfbfhh Fddidib | 3+ Inpatient - BH, 4+ Inpt/ER-BH, Readmit-All BH 7d | Quality Flag |
| Agicfib Ihhhiab | Aebdeji Bdfcjjc | 01/01/9999 | Ecbbabf Cbieefj | 3+ Inpatient - BH, 4+ Inpt/ER-BH, Readmit-All BH 7d | Quality Flag |
| Agicfib Ihhhiab | Ddbbfji Eebagca | 01/01/9999 | Aaegffb Gjfacgb | 3+ Inpatient - BH, 4+ Inpt/ER-BH, Adher-AP, Readmit-All BH 30d | Quality Flag |
| Bichbfc Cbfefdg | Decagah Afgaacf | 01/01/9999 | Jddgafh Eafeibg | 3+ ER-BH, 4+ Inpt/ER-BH, No DM Screen-AP, Readmit-All BH 30d | Quality Flag |
| Bichbfc Cbfefdg | Egdbbah Dacdhad | 01/01/9999 | Bijiaaj | 4+ Inpt/ER-BH, No DM Screen-AP, No Outpt | Quality Flag |

Click on a recipient name to review Clinical Summary

HARP Status

Identify recipients based on HARP status

1. Go to “Recipient Search” screen
2. Select from HARP Status filter:
 - Eligible
 - Not Eligible
3. Consider expanding “Maximum number of rows to be displayed” if needed
4. Click Search

Note: HARP “Enrolled” status coming soon!

Recipient Identifiers

Medicaid ID: or SSN:
 First Name: Last Name: DOB:

1. Click "Recipient Search" from top menu options

Recipient Characteristics - as of: 10/09/2015

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Quality Flag: 08/01/2015

Polypharmacy Summary
 Antipsychotic Three Plus
 Antipsychotic
 Antipsychotic
 Antipsychotic
 Psychotropic
 Psychotropic
 Cardiac
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk
 AP + Hyperlipidemia Risk

2. Select from HARP Status filter

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider: Main Street Mental Health Clinic
 Region: County:
 Current Access Status:
 Service Utilization: Number of Visits:
 Service Setting*:
 Care Coordination
 Foster Care
 Living Support/Residential
 Other
 Service Detail: Selected

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
 Drug Name: Active Drug:
 Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management
 Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive
 Diagnosis:
 Diagnosis given: times Primary Only: Primary/Secondary:
 BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder
 Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Tiss
 Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
 Region: County:
 Service Utilization: Number of Visits:
 Service Setting*:
 Care Coordination
 Foster Care
 Inpatient - ER
 Living Support/Residential
 Service Detail: Selected

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.
 - *To select multiple options within a list, hold down "CTRL" while making additional selections.

2. Select from HARP Status filter (detail)

| Recipient Characteristics - as of: 10/09/2015 | Quality Flag*: 08/01/2015 | <u>Definitions</u> |
|---|--|--|
| Age Group: <input type="text"/> | | |
| Gender: <input type="text"/> | | |
| HARP Status | <input type="text" value="Eligible"/> <input type="text" value="Not Eligible"/> | Polypharmacy Summary Antipsychotic Three Plus Antipsychotic Two Plus Antidepressant Three Plus Antidepressant Two Plus - SC Psychotropics Four Plus Psychotropics Three Plus Cardiometabolic Risk Summary AP + Diabetes Risk AP + Hyperlipidemia Risk AP + Hypertension Risk |
| AOT Status: | | |
| Population: <input type="text"/> | | |
| Managed Care (MC): <input type="text"/> | | |

HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Antidepressant Two Plus - SC
 Psychotropics Four Plus
 Psychotropics Three Plus
 Cardiometabolic Risk Summary
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk
 AP + Hypertension Risk

Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:
 Care Coordination
 Foster Care
 Living Support/Residential
 Other

Service Detail: Selected

Medication & Diagnosis: 08/01/2015

Prescriber Last Name:

Drug Name: Active Drug:

Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:

Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Ti
 Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015

Provider(Optional):

Region: County:

Service Utilization: Number of Visits:

Service Detail: Selected

3. Consider expanding number of recipient names to be displayed

4. Click Search

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.
- *To select multiple options within a list, hold down "CTRL" while making additional selections.

Maximum No. of Rows to be displayed

Modify Search

Total Number of Recipients: 5,793

Maximum Number of Rows Displayed: 50

HARP Status - Eligible
AND
[Provider Specific] Provider Name - Main Street Mental Health Clinic

Search results can be exported to PDF or Excel

Export PDF Excel

| Name | Medicaid ID | DOB | Gender | Quality Flags | Current PHI Access |
|---------------------------------|-----------------|------------|-----------------|---|--------------------|
| Aeaagef Ieeacbc | Gcijfd Fddbdb | 01/01/9999 | Adddehj Ahcbjbe | 3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, DoseANX, Readmit-All BH 30d | All Data - Consent |
| Agjcfib Ihhhiab | Ecdjdeb Cdiaadg | 01/01/9999 | Dijdjcb Hiecafd | | No Access |
| Agjcfib Ihhhiab | | 9999 | Feegccc Fabbdb | 3+ Inpatient - BH, D/C-AD <12wks, No Outpt Med, Readmit-All BH 45d | Quality Flag |
| Agjcfib Ihhhiab | Caeabfc Eijfadj | 01/01/9999 | Effjjic Jbhjdcd | 3+ ER-BH, 3+ Inpatient - BH, 4+ Inpt/ER-BH, 4+ Inpt/ER-Med, Readmit-All BH 7d | Quality Flag |
| Agjcfib Ihhhiab | Hajfjcf Fbiaahg | 01/01/9999 | Edfdjcd Iaccich | 4+ Inpt/ER-All | Quality Flag |
| Bichbfc Cbfefd | Fcgbead Eeceeab | 01/01/9999 | Abhaebe Djdiced | 4PP(A), No DM Screen-AP, No Outpt Med | Quality Flag |
| Bichbfc Cbfefd | Jccbacc Fibdbaf | 01/01/9999 | Ahedjha Dhcdhde | 4+ Inpt/ER-Med, PrevHosp-All, PrevHosp-Asthma | Quality Flag |

Click on a recipient name to review Clinical Summary

ACT Services

Identify recipients with any ACT services

1. Go to “Recipient Search” screen
2. Locate the “Service Setting” filter box in the “Services by Any Provider” section
3. Expand the “Care Coordination” service setting by clicking the + sign
4. Click on “ACT – MH Specialty”
5. Consider expanding “Maximum number of rows to be displayed” if needed
6. Click Search

Recipient Identifiers

Medicaid ID: or SSN:

Last Name: DOB:

Recipient Characteristics - as of: 10/09/2015 Quality Flag

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Polypharmacy Summary
 Antipsychotic Three Plus
 Antipsychotic Two Plus
 Antidepressant Three Plus
 Antidepressant Two Plus - SC
 Psychotropics Four Plus
 Psychotropics Three Plus
 Cardiometabolic Risk Summary
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider: Main Street Mental Health Clinic
 Region: County:
 Current Access Status:
 Service Utilization: Number of Visits:

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
 Drug Name: Active Drug:
 Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Service Setting*:
 - Care Coordination
 - ACT - MH Specialty
 - Care Management - Enrolled (S
 - Care Management - Enrolled/C

Service Detail: Selected

Diagnosis:

Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Tis
 Diseases of the Blood and Blood-Formi

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
 Region: County:
 Service Utilization: Number of Visits:

Service Setting*:
 - Care Coordination
 - Foster Care
 - Inpatient - ER
 - Living Support/Residential

Service Detail: Selected

1. Click "Recipient Search" from top menu options

2. Locate the Service Setting filter box in "Any Provider" section

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.
 - *To select multiple options within a list, hold down "CTRL" while making additional selections.

Services by Any Provider: 08/01/2015

Past 1 Year



Provider(Optional):

Region:



County:



Service Utilization

Number of Visits:

Service Setting*:

Service Detail: Selected

Care Coordination

ACT - MH Specialty

Care Management - Enrolled (Source: DOH)

Care Management - Enrolled/Outreach (Source: DOH)

Care Management - Outreach (Source: DOH)

Health Home - Enrolled (Source: DOH)

Health Home - Enrolled/Outreach (Source: DOH)

Health Home - Outreach (Source: DOH)

Health Home and/or Care Management - Enrolled (Source: DOH and Medicaid)

Health Home and/or Care Management - Outreach/Enrolled (Source: DOH and Medicaid)

3. Expand the Care Coordination service setting by clicking on + sign

4. Select Act - MH Specialty

Recipient Characteristics - as of: 10/09/2015 **Quality Flag***: 08/01/2015 [Definitions](#)

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Polypharmacy Summary
 Antipsychotic Three Plus
 Antipsychotic Two Plus
 Antidepressant Three Plus
 Antidepressant Two Plus - SC
 Psychotropics Four Plus
 Psychotropics Three Plus
 Cardiometabolic Risk Summary
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk
 AP + Hypertension Risk

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
 Drug Name: Active Drug:

Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:
 Diagnosis given: 1+ times Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Medical
 Certain C
 Complica
 Congeni
 Diabetes
 Diseases
 Diseases

5. Consider expanding number of recipient names to be displayed

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider:
 Region: County:
 Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:
 -- Care Coordination
 -- Foster Care
 -- Living Support/Residential
 -- Other

Service Detail: Selected

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
 Region: County:
 Service Utilization: Number of Visits:

Service Setting*:
 -- Care Coordination
 -- ACT - MH Specialty
 -- Care Management - Enrolled (S
 -- Care Management - Enrolled/C

Service Detail: Selected
 -- Care Coordination
 -- ACT - MH Specialty

6. Click Search

Maximum No. of Rows to be displayed: 50

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.

Modify Search

Total Number of Recipients: **143**

Maximum Number of Rows Displayed: 50

[Provider Specific] Provider Name - Main Street Mental Health Clinic
AND
[Any Provider] Service Settings - ACT - MH Specialty

Search results can be exported to PDF or Excel

Export  PDF  Excel

| Name | Medicaid ID | DOB | Gender | Quality Flags | Current PHI Access |
|---------------------------------|-----------------|------------|--------------------|---------------------------------------|--------------------|
| Afcjcec Hiifjei | Ggbcdej Badbefh | 01/01/9999 | Ceebebd Cdbiibj | | No Access |
| Aqjfib Ihhiab | | 01/9999 | Feegccc Fabbdab | 4+ Inpt/ER-All, Readmit-All BH 45d | Quality Flag |
| Aqjfib Ihhiab | Hcfccbc Ebfacib | 01/01/9999 | Iceahjd Ccbiebe | | No Access |
| Aqjfib Ihhiab | Bbdidag Cdebhfi | 01/01/9999 | Babdaid Hiiefej | 3+ Inpatient - BH, Readmit-All BH 45d | Quality Flag |
| Cehcgdf Fcieide | Dhacfea Gddifbh | 01/01/9999 | Cjbdbdg Cjhafaj | | All Data - Consent |
| Cehcgdf Fcieide | Cgecbfc Ggaaaaa | 01/01/9999 | Bbgccbc Agfdech | 3+ Inpatient - BH | Quality Flag |

Click on a recipient name to review Clinical Summary

Health Home and Care Management Services

Identify recipients with any Health Home or Care Management Enrollment or Outreach

1. Go to “Recipient Search” screen
2. Locate the “Service Setting” filter box in the “Services by Any Provider” section
3. Expand the “Care Coordination” service setting by clicking the + sign
4. Click on “Health Home” or “Care Management” “Enrolled” or “Outreach”
5. Consider expanding “Maximum number of rows to be displayed” if needed
6. Click Search

Recipient Identifiers

Medicaid ID: or SSN:

Last Name: DOB:

Recipient Characteristics - as of: 10/09/2015 Quality Flag

Age Group: Gender:
HARP Status: AOT Status:
Population: Managed Care (MC):
Polypharmacy Summary
Antipsychotic Three Plus
Antipsychotic Two Plus
Antidepressant Three Plus
Antidepressant Two Plus - SC
Psychotropics Four Plus
Psychotropics Three Plus
Cardiometabolic Risk Summary
AP + Diabetes Risk
AP + Hyperlipidemia Risk

1. Click "Recipient Search" from top menu options

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:
Drug Name: Active Drug:

Psychotropic Drug Class*:
ADHD Med
Antidepressant
Antipsychotic
Anxiolytic/Hypnotic
Mood Stabilizer
Side-Effect Management
Non-
Anal
Anti-
Anti-
Anti-
Anti-
Anti-
Anti-hypertensive

Diagnosis:
Diagnosis given: 1+ times Primary Only: Primary/Secondary:

BH Diagnosis*:
Adjustment Disorder
Anxiety Disorder
Attention Deficit Disorder
Autism & Pervasive Developmental Dis
Bipolar Disorder
Conduct Disorder
Medical Diagnosis*:
Certain Conditions Originating in the Pe
Complications of Pregnancy, Childbirth,
Congenital Anomalies
Diabetes
Diseases of Skin and Subcutaneous Tis
Diseases of the Blood and Blood-Formi

2. Locate the Service Setting filter box in "Any Provider" section

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider: Main Street Mental Health Clinic
Region: County:
Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:
- Care Coordination
- ACT - MH Specialty
- Care Management - Enrolled (S
- Care Management - Enrolled/C
Service Detail: Selected

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):
Region: County:

Service Utilization: Number of Visits:

Service Setting*:
- Care Coordination
- Foster Care
- Inpatient - ER
- Living Support/Residential

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.
- *To select multiple options within a list, hold down "CTRL" while making additional selections.

Services by Any Provider: 08/01/2015

Past 1 Year



Provider(Optional):

Region:



County:



Service Utilization

Number of Visits:

Service Setting*:

Service Detail: Selected

3. Expand the Care Coordination service setting by clicking on + sign

Care Coordination

ACT - MH Specialty

Care Management - Enrolled (Source: DOH)

Care Management - Enrolled/Outreach (Source: DOH)

Care Management - Outreach (Source: DOH)

Health Home - Enrolled (Source: DOH)

Health Home - Enrolled/Outreach (Source: DOH)

Health Home - Outreach (Source: DOH)

Health Home and/or Care Management - Enrolled (Source: DOH and Medicaid)

Health Home and/or Care Management - Outreach/Enrolled (Source: DOH and Medicaid)

4. Select Care Management Enrolled or Outreach

Or select Health Home Enrolled or Outreach



Recipient Characteristics - as of: 10/09/2015 **Quality Flag*: 08/01/2015** [Definitions](#)

Age Group:

Gender:

HARP Status:

AOT Status:

Population:

Managed Care (MC):

Polypharmacy Summary
Antipsychotic Three Plus
Antipsychotic Two Plus
Antidepressant Three Plus
Antidepressant Two Plus - SC
Psychotropics Four Plus
Psychotropics Three Plus
Cardiometabolic Risk Summary
AP + Diabetes Risk
AP + Hyperlipidemia Risk
AP + Hypertension Risk

Medication & Diagnosis: 08/01/2015 Past 1 Year

Prescriber Last Name:

Drug Name: Active Drug:

Psychotropic Drug Class*:

- ADHD Med
- Antidepressant
- Antipsychotic
- Anxiolytic/Hypnotic
- Mood Stabilizer
- Side-Effect Management

Non-Psychotropic Drug Class*:

- Analgesics and Anesthetics
- Anti-Infective Agents
- Anti-Obesity Agents
- Antidiabetic
- Antihyperlipidemic
- Antihypertensive

Diagnosis:

Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:

- Adjustment Disorder
- Anxiety Disorder
- Attention Deficit Disorder
- Autism & Pervasive Developmental Dis
- Bipolar Disorder
- Conduct Disorder

Medication:

- Certa
- Com
- Cong
- Diab
- Disea
- Disea

5. Consider expanding number of recipient names to be displayed

Services by a Specific Provider: 08/01/2015 Past 1 Year

Provider:

Region: County:

Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:

- Care Coordination
 - ACT - MH Specialty
 - Care Management - Enrolled (S
 - Care Management - Enrolled/C

Service Detail: Selected

Services by Any Provider: 08/01/2015 Past 1 Year

Provider(Optional):

Region: County:

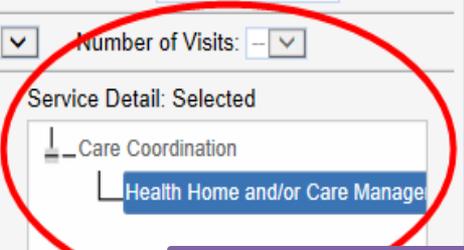
Service Utilization: Number of Visits:

Service Setting*:

- Health Home - Enrolled (Sourc
- Health Home - Enrolled/Outrea
- Health Home - Outreach (Sourc
- Health Home Plus
- Health Home and/or Care Man

Service Detail: Selected

- Care Coordination
 - Health Home and/or Care Manage



6. Click Search

Maximum No. of Rows to be displayed:

- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
- Search uses "OR" criteria within a list and "AND" criteria between lists.

Modify Search

Total Number of Recipients: 7,012

Maximum Number of Rows Displayed: 50

Search results can be exported to PDF or Excel

Export PDF Excel

[Provider Specific] Provider Name - Main Street Mental Health Clinic AND [Any Provider] Service Settings - Health Home and/or Care Management - Enrolled (Source: DOH and Medicaid)

| Name | Medicaid ID | DOB | Gender | Quality Flags | Current PHI Access |
|---------------------------------|------------------|------------|-----------------|---------------|--------------------|
| Aeaagef Ieeacbc | Feehedj Aaahced | 01/01/9999 | Bijiaaj Effecah | | No Access |
| Aeaagef Ieeacbc | | 99 | Fecadbc Ibafdag | | All Data - Consent |
| Agjcfib Ihhhiab | Hedjbfec Cabaccf | 01/01/9999 | Ahedjha Dhcdhde | HTN | All Data - Consent |
| Agjcfib Ihhhiab | Bhahdjb Bbhcdbd | 01/01/9999 | Jgfbhb Fddidib | 4PP(A) | Quality Flag |
| Agjcfib Ihhhiab | Ceedadc Aajfagf | 01/01/9999 | Ahedjha Dhcdhde | | No Access |
| Agjcfib Ihhhiab | Cfdciei Eilfbfg | 01/01/9999 | Iceahjd Ccbiebe | No Outpt Med | Quality Flag |

Click on a recipient name to review Clinical Summary

Clinical Summary

Brief Overview &
New Information

Recipient Identifiers

Medicaid ID: or
 SSN: or
 First Name:
 Last Name:
 DOB:

Recipient Characteristics - as of: 10/09/2015

Age Group:
 Gender:
 HARP Status:
 AOT Status:
 Population:
 Managed Care (MC):

Polypharmacy Summary
 Antipsychotic Three Plus
 Antipsychotic Two Plus
 Antidepressant Three Plus
 Antidepressant Two Plus - SC
 Psychotropics Four Plus
 Psychotropics Three Plus
 Cardiometabolic Risk Summary
 AP + Diabetes Risk
 AP + Hyperlipidemia Risk
 AP + Hypertension Risk

Enter Recipient Identifier and click Search

Medication & Diagnosis: 08/01/2015

Prescriber Last Name:
 Drug Name: Active Drug:

Psychotropic Drug Class*:
 ADHD Med
 Antidepressant
 Antipsychotic
 Anxiolytic/Hypnotic
 Mood Stabilizer
 Side-Effect Management

Non-Psychotropic Drug Class*:
 Analgesics and Anesthetics
 Anti-Infective Agents
 Anti-Obesity Agents
 Antidiabetic
 Antihyperlipidemic
 Antihypertensive

Diagnosis:
 Diagnosis given: times Primary Only: Primary/Secondary:

BH Diagnosis*:
 Adjustment Disorder
 Anxiety Disorder
 Attention Deficit Disorder
 Autism & Pervasive Developmental Dis
 Bipolar Disorder
 Conduct Disorder

Medical Diagnosis*:
 Certain Conditions Originating in the Pe
 Complications of Pregnancy, Childbirth,
 Congenital Anomalies
 Diabetes
 Diseases of Skin and Subcutaneous Tis
 Diseases of the Blood and Blood-Formi

Specific Provider: 08/01/2015

Provider:
 Region: County:
 Current Access Status:

Service Utilization: Number of Visits:

Service Setting*:
 Care Coordination
 Foster Care
 Living Support/Residential
 Other

Service Detail: Selected

Services by Any Provider: 08/01/2015

Provider(Optional):
 Region: County:
 Service Utilization: Number of Visits:

Service Setting*:
 Care Coordination
 Foster Care
 Inpatient - ER
 Living Support/Residential

Service Detail: Selected



- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.
 - Search uses "OR" criteria within a list and "AND" criteria between lists.

Click on recipient name to go to Clinical Summary

Modify Search

Total Number of Recipients: 1
 Maximum Number of Rows Displayed: 50

Medicaid ID - XXXXXXXX
AND
 [Provider Specific] Provider Name - Main Street Mental Health Clinic

Export PDF Excel

| Name ▲ | Medicaid ID ⌵ | DOB ⌵ | Gender ⌵ | Quality Flags ⌵ | Current PHI Access ▲ |
|-----------------------------------|-----------------|------------|--------------------|---|----------------------|
| Geqfhca Jhdibed ← | Bcdccfb Hbgabdg | 01/01/9999 | Iaaifc Cdffffgb | 2AP, 3+ ER-BH, 3+ Inpatient - BH, 3PP(Y), 4+ Inpt/ER-BH, Dose(Y), DoseAP, Readmit-All BH 7d | Quality Flag |

Clinical Summary provides up to 5 years of data

Clinical Summary

Export to PDF Excel CCD

[Return to Search Results](#)

[Care Coordination](#) | [Medication: BH](#) | [Medication: Medical](#) | [BH Outpatient](#) | [Medical Outpatient](#) | [Hospital/ER Dental](#) | [Vision](#) | [Support/Residential](#) | [Lab & Pathology](#) | [Radiology](#) | [Medical Equipment](#) | [Transportation](#)

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

Clinical Report Date: 10/9/2015 (This report contains all available clinical data.) Data with Special Protection Show Hide

Name: Eebbcda Hhjeagh Medicaid ID: JFFFIFA CFCFDFAF DOB: 01/01/9999 (999 Yrs) Address: Aahccad Gficcibf, Bechefg Efiiegfb, Icabiij Cbhffba iijbc Cedaac
 Medicaid Eligibility: SSI Medicare: No HARP Status: Eligible Managed Care Plan: HIP (EmblemHealth)

Current Care Coordination Contact Information

AOT : PUERTO RICAN FAMILY INSTITUTE, INC. (Enrolled Date: 12-JUN-15), Main Contact: LAUREN PALUMBO, Phone: (212) 414 - 7888

- This information is updated monthly from TACT.

Health Home (Enrolled) : ST LUKES ROOSEVELT HSP CTR (Begin Date: 01-APR-12), Main Contact: Kristina Monti 212-523-5002, KMonti@chpnet.org

Care Management (Enrolled) : PUERTO RICAN FAMILY INST MH

- This information is updated weekly from DOH Health Home file.

Quality Flags (as of monthly QI report 8/1/2015)

Flag History: Graph Table [Quality Flag Definitions](#) ?

| Indicator Set | |
|-------------------------|---|
| BH Care Coordination | 3+ ER - BH |
| Cardiometabolic | Drug (Quetiapine) and Cardiometabolic Condition (AP + Hyperlipidemia Risk AP + Hypertension Risk) |
| Hospital ER Utilization | 4+ Inpatient/ER - BH 4+ Inpatient/ER - Med |
| Polypharmacy | Antipsychotic Two Plus (Clozapine + Haloperidol + Quetiapine Fumarate) |

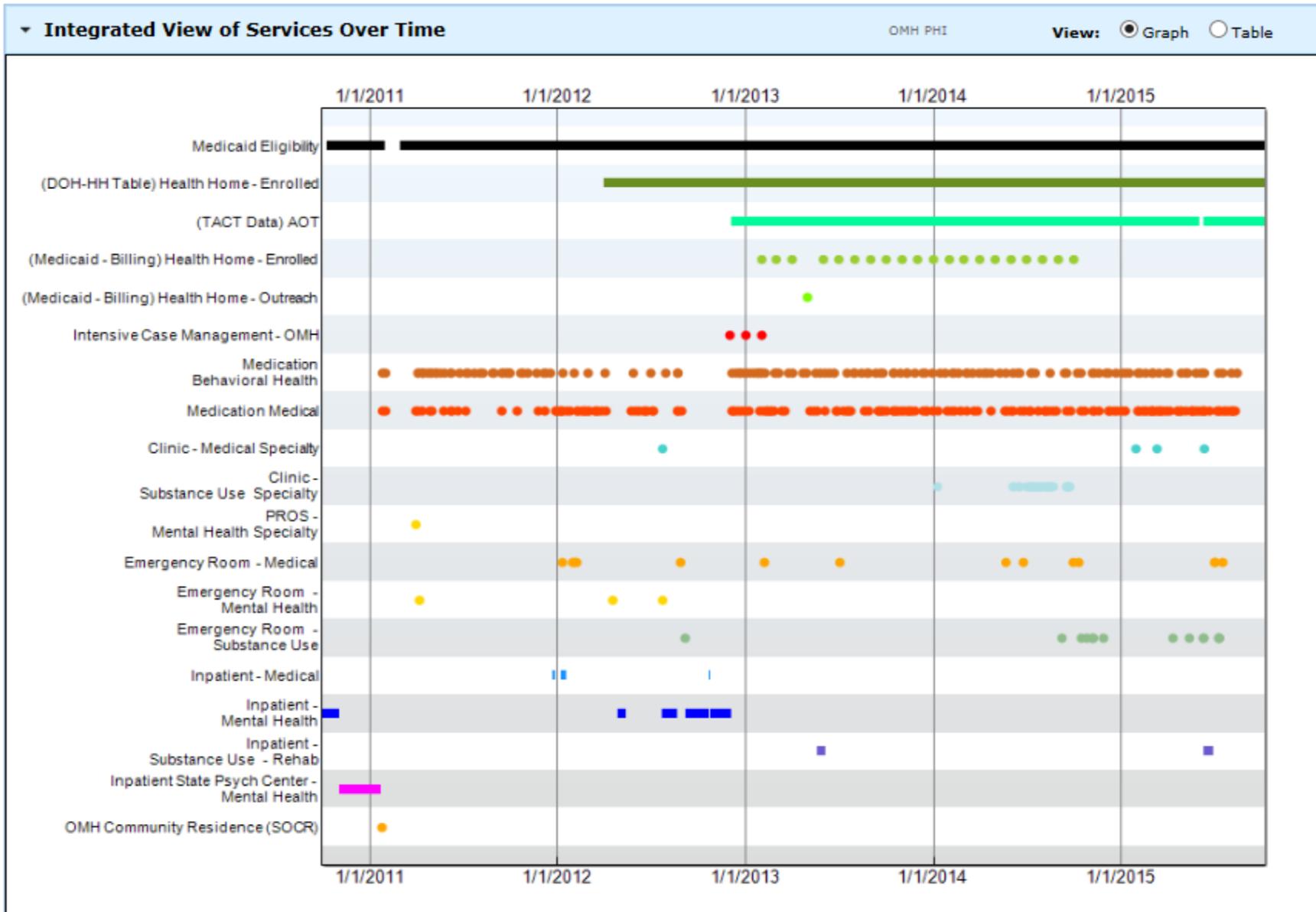
Behavioral Health Diagnoses - Primary and Secondary Dx (most frequent shows first, click diagnoses for more information)

Substance Abuse

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

Cardiometabolic Flag Related Conditions Hyperlipidemia | Hypertensive

Clinical Summary: Integrated BH & General Health



Behavioral Health and Medical Medications

▼ Medication: Behavioral Health
See All Prescription Details
OMH PHI View: Graph Table

| Drug Class | Brand Name | Generic Name | Last Dose* | Estimated Duration | First Day Picked Up | Last day Picked Up | Active in Past Month | MPR | Most Recent Prescriber | See Details |
|------------------------|--------------------------------------|--------------------------------------|------------|-------------------------------|---------------------|--------------------|----------------------|------|---|---|
| Side-Effect Management | Benztropine Mesylate | Benztropine Mesylate | 2 MG | 4 Week(s) 2 Day(s) | 8/15/2015 | 8/15/2015 | Yes | | Tsuboyama Gabriel Kazuo |  |
| Antipsychotic | Quetiapine Fumarate | Quetiapine Fumarate | 400 MG | 1 Month(s) 3 Week(s) 6 Day(s) | 7/18/2015 | 8/15/2015 | Yes | 0.64 | Tsuboyama Gabriel Kazuo |  |

▼ Medication: Medical
See All Prescription Details
OMH PHI View: Graph Table

| Drug Class | Brand Name | Generic Name | Last Dose* | Estimated Duration | First Day Picked Up | Last day Picked Up | Active in Past Month | Most Recent Prescriber | See Details |
|-------------------------|---------------------------------|---------------------------------|------------|---------------------------------------|---------------------|--------------------|----------------------|------------------------------------|---|
| Anticonvulsants - Misc. | Levetiracetam | Levetiracetam | 1000 MG | 9 Month(s) | 12/10/2014 | 8/11/2015 | Yes | Koppel Barbara Sue |  |
| Coumarin Anticoagulants | Warfarin Sodium | Warfarin Sodium | 5.5 MG | 2 Yr(s) 8 Month(s) 1 Week(s) 6 Day(s) | 12/5/2012 | 8/11/2015 | No | |  |

Outpatient Behavioral Health and Medical Services

Care Coordination See All Service Details OMH PHI View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of bills | See Service Details |
|---------------------------------------|---|-------------------|------------------|-----------------|---------------------|
| Health Home - Enrolled (DOH-HH Table) | ST LUKES ROOSEVELT HSP CTR (HH), PUERTO RICAN FAMILY INST MH (CM) | 4/1/2012 | Current | | |
| AOT (TACT Data) | PUERTO RICAN FAMILY INSTITUTE, INC. | 6/12/2015 | Current | | |

Behavioral Health Services See All Service Details OMH PHI View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Most Recent Procedures (Last 3 Months) | Practitioner | See Service Details |
|-----------------------|---|-------------------|------------------|------------------|--|--|--------------|---------------------|
| Clinic - SU Specialty | SOUTHEAST NASSAU GUIDANCE | 7/9/2015 | 8/31/2015 | 19 | Opioid Type Dependence, Unspecified Use [304.00] | - Group Psychotherapy - Psytx Pt&/Family 45 Minutes | | |
| Clinical Social Work | SCHEININ HOLISHER KARA B | 4/15/2015 | 5/12/2015 | 5 | Dysthymic Disorder [300.4] | | | |

Medical Outpatient Services See All Service Details OMH PHI View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Most Recent Procedures (Last 3 Months) | See Service Details |
|---------------------------------------|------------------------------------|-------------------|------------------|------------------|--|--|---------------------|
| Physician - Internal Medicine | BERENSTEIN ANNA | 4/30/2015 | 7/20/2015 | 3 | Backache, Unspecified [724.5] | - Office/Outpatient Visit Est | |
| Physician - Obstetrics and Gynecology | KOKA JOSEPH ROBERT | 5/19/2015 | 5/21/2015 | 2 | Abdominal Or Pelvic Swelling, Mass, Or Lump, Other Specified Site; Multiple Sites [789.39] | | |

Inpatient/ER Behavioral Health and Medical Services

| ▼ Hospital/ER Services | | See All Service Details | | | OMH PHI | View: <input type="radio"/> Graph <input checked="" type="radio"/> Table | |
|------------------------|--|---|---------------------------------|----------------|---|--|---|
| Service Type | Provider | Admission | Discharge Date/Last Date Billed | Length of Stay | Most Recent Primary Diagnosis | Procedure(s) (Per Visit) | See Service Details |
| Inpatient - MH | FLUSHING HSP MED CNT | 8/17/2015 | 8/21/2015 | 4 | Paranoid Type Schizophrenia, Chronic State With Acute Exacerbation [295.34] | - Other Group Therapy |  |
| ER - MH | LENOX HILL HOSPITAL | 7/19/2015 | 7/19/2015 | 1 | Hallucinations [780.1] | - Complete Cbc W/Auto Diff Wbc - Clinical Chemistry Test - Drug Screen Multip Class |  |
| ER - MH - CPEP | BELLEVUE HOSPITAL CENTER | 6/28/2015 | 6/28/2015 | 1 | Schizo-Affective Type Schizophrenia, Chronic State With Acute Exacerbation [295.74] | - Emergency Dept Visit |  |
| ER - SU | MEDS OOS ER & OUTPATIENT | 6/23/2015 | 6/23/2015 | 1 | Alcohol Abuse, Unspecified Drinking Behavior [305.00] | - Complete Cbc W/Auto Diff Wbc - Emergency Dept Visit - Drug Screen Class List A - Comprehen Metabolic Panel - Assay Dipropylacetic Acid Tot |  |
| ER - Medical | NASSAU UNIVERSITY MEDICAL CENTER | 5/6/2015 | 5/6/2015 | 1 | Immersion Foot [991.4] | - Emergency Dept Visit - Measure Blood Oxygen Level |  |

Dental, Vision, Living Support / Residential Treatment

▼ Dental
[See All Service Details](#)
OMH PHI
View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Most Recent Procedures (Last 3 Months) | See Service Details |
|-------------------|-------------------------------------|-------------------|------------------|------------------|-------------------------------|--|---|
| Office/Outpatient | GADKAR VASANT L DDS | 7/2/2015 | 7/21/2015 | 3 | | - Amalgam Two Surfaces Permane |  |

▼ Vision
[See All Service Details](#)
OMH PHI
View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Procedures (Last 3 Months) | See Service Details |
|---------------------------------------|--------------------------------------|-------------------|------------------|------------------|--|---|
| Eye Care Services - Office/Outpatient | FRACASSA PHILIP C MD | 8/9/2014 | 4/15/2015 | 3 | |  |

▼ Living Support/Residential Treatment
[See All Service Details](#)
OMH PHI
View: Graph Table

| Program/Type | Provider Name | First Date of Service (last 5 years) | Last Date Billed | Number of Visits | See Service Details |
|--|--|--------------------------------------|------------------|------------------|---|
| Home Care - Physical/Occupational Therapy- Long Term | NORTH SHORE UNIVERSITY HOSP CHHA | 6/13/2015 | 6/13/2015 | 1 |  |

Laboratory, Radiology, Med Equipment, and Transportation

▼ **Laboratory and Pathology**
[See All Service Details](#)
OMH PHI
View: Graph Table

| Program/Type | Test Name | Date Billed | Provider | See Test Details |
|--------------------------------|---------------------------|-------------|------------------------------|---|
| Office/ Outpatient/ Laboratory | Comprehen Metabolic Panel | 7/18/2015 | MEDS OOS LAB |  |

▼ **Radiology**
[See All Service Details](#)
OMH PHI
View: Graph Table

| Program/Type | Test Name | Date Billed | Provider | See Test Details |
|--------------|----------------------------|-------------|--|---|
| Emergency | Chest X-Ray 1 View Frontal | 7/15/2015 | GUY RODRIGUEZ EVA PORTER |  |

▼ **Medical Equipment**
[See All Service Details](#)
OMH PHI
View: Graph Table

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Procedure(s) (Per Visit) | See Service Details |
|---------------------------------------|--------------------------------|-------------------|------------------|------------------|--|--------------------------|--|
| Ear/Foot/Other Appliances - Home Care | CONVA AIDS INC | 5/28/2015 | 5/28/2015 | 1 | Other Unspecified Back Disorders [724.9] | |  |

▼ **Transportation**
[See All Service Details](#)
OMH PHI
View: Graph Table

| Type | Provider Name | First Date of Service (last 5 years) | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | See Service Details |
|-----------|--|--------------------------------------|------------------|------------------|---|---|
| Ambulance | TC AMBULANCE CORPORATION | 7/14/2015 | 7/22/2015 | 2 | Other, Mixed, Or Unspecified Drug Abuse, Unspecified Use [305.90] |  |

New: HARP Eligibility, Care Coordination Contact

Clinical Summary

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OMH PHI **Please choose summary period** Last 6 months [Last Year](#) [Last 2 Years](#) [All Available \(up to 5 years\)](#)

Clinical Report Date: 10/9/2015 (This report contains all available clinical data.) Data with Special Protection Show Hide

Name: Bajeegc Didbgfd Medicaid ID: CBEDBDG DOB: 01/01/9999 (999 Yrs) Address: Bdhjafe Egafcaf, Fdbgbec Hacjcaf, Icabiij Cbhffbe, Jdhiadh
Medicaid Eligibility: SSI Medicare: No **HARP Status: Eligible** **Managed Care Plan: HIP (EmblemHealth)**

▼ Current Care Coordination Contact Information

AOT : PATHWAYS TO HOUSING, INC. (Enrolled Date: 26-DEC-14), Main Contact: Nikenya Hall, Phone: (718) 291 - 4591

- This information is updated monthly from TACT.

Health Home (Enrolled) : COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-AUG-15), Main Contact: Inna Borik 212-590-2573 iborik@cbcare.org
Care Management (Enrolled) : POSTGRADUATE CTR FOR MH MH

- This information is updated weekly from DOH Health Home file.

ACT : Angelo J. Melillo Center for Mental Health (CAIRS Admission Date: 15-FEB-12), Main Contact: Barry Wilson, Phone (516) 676-2388

- This information is updated monthly from CAIRS.

New: OMH State Psychiatric Center data

Behavioral Health Services OMH PHI **View:** Graph Table

[See All Service Details](#)

| Service Type | Provider | First Date Billed | Last Date Billed | Number of Visits | Most Recent Primary Diagnosis | Most Recent Procedures (Last 3 Months) | Practitioner | See Service Details |
|------------------------------|--|-------------------|------------------|------------------|---|--|--------------|---------------------|
| Clinic - MH Specialty - PMHP | MANHATTAN PSYCH CTR PMHP ← | 1/1/2013 | 7/1/2015 | 29 | Other Unknown And Unspecified Cause Of Morbidity Or Mortality [799.9] | | | |

Hospital/ER Services OMH PHI **View:** Graph Table

[See All Service Details](#)

| Service Type | Provider | Admission | Discharge Date/Last Date Billed | Length of Stay | Most Recent Primary Diagnosis | Procedure(s) (Per Visit) | See Service Details |
|-----------------------------------|--|-----------|---------------------------------|----------------|---|--|---------------------|
| Inpatient State Psych Center - MH | MANHATTAN PC ← | 3/6/2012 | 8/28/2012 | 175 | Disorganized Type Schizophrenia, Unspecified State [295.10] | | |
| Inpatient - MH | HARLEM HOSPITAL CENTER | 3/2/2012 | 3/6/2012 | 4 | Paranoid Type Schizophrenia, Unspecified State [295.30] | - Other Psychiatric Interview And Evaluati | |

Living Support/Residential Treatment OMH PHI **View:** Graph Table

[See All Service Details](#)

| Program/Type | Provider Name | First Date of Service (last 5 years) | Last Date Billed | Number of Visits | See Service Details |
|---|--------------------------------|--------------------------------------|------------------|------------------|---------------------|
| OMH Operated - Community Residence (SOCR) | MANHATTAN PC ← | 8/28/2012 | 5/8/2013 | | |

Additional PSYCKES Training

- PSYCKES website: www.psyckes.org
- Webinars
 - Live webinars: Register on [PSYCKES Calendar](#)
 - Recorded webinars: Posted on [PSYCKES Website](#)
- PSYCKES User's Guides
 - www.PSYCKES.org > About PSYCKES > Training
 - Each User's Guide explains an individual section of the PSYCKES application

Helpdesk Support

- PSYCKES Help (PSYCKES support)
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- OMH Help Desk (PSYCKES Login & SMS support)
 - 7:00AM – 8:00PM, 7 days
 - 800-HELP-NYS (800-435-7697)
 - Helpdesk@omh.ny.gov