PSYCKES Utilization Reports for VBP

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What is PSYCKES?

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims and encounter data and other state administrative data with providers

- Designed to support <u>data driven decision making</u> by

  - Provider agency & program managers

  - Clinicians

  - Clients & families

- Ongoing data updates

  - Weekly: client clinical summaries (all clinical data), MCO affiliation and product line, HARP status, Medicaid eligibility

  - Monthly: quality measures and quality flags

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Who is Viewable in PSYCKES?

- Over 6 million NYS Medicaid enrollees (currently or previously enrolled)
  - Fee for service claims
  - Managed care encounter data
  - Dual-eligible (Medicare/Medicaid): Medicaid data only
- Behavioral Health Population, i.e., at least one of the following:
  - Psychiatric or substance use service,
  - Psychiatric or substance use diagnosis, OR
  - Psychotropic medication
- Provides all data available – general medical, behavioral health, residential, etc

What Data is Available in PSYCKES?

- Medicaid Data: All Medicaid FFS claims and Managed Care encounter data, across treatment settings

    - Medications, medical and behavioral health outpatient and inpatient services, ER, care coordination, residential, etc.

    - Time lag varies from weeks to months, depending on how quickly providers bill and Managed Care plans submit to DOH

- Non-Medicaid Data: "Real time" (0-7 day lag) data sources currently in PSYCKES

    - State PC EMR data

    - CAIRS: ACT provider and contact information

    - TACT: AOT provider, dates, and contact information

    - MAPP: Health Home enrollment and CM provider information

    - NIMRS: Suicide attempts

    - Managed Care Enrollment Table: MC Plan & HARP status

What Types of Reports Are Available?

- Individual client level reports
  - Clinical Summary: Medicaid and State PC treatment history, up to 5 yrs.
- Provider level reports
  - My QI Report: current performance on all quality measures and flags – can drill down to clients involved
  - Recipient Search Reports: users can run ad hoc reports to identify cohorts of interest
  - PSYCKES Usage Reports: allows providers to monitor PHI access by their staff
  - Utilization Reports: New reports to support provider VBP and BHCC data needs
- Statewide Reports
  - Can select a quality measure an review statewide proportions by region, county, plan, provider, etc.

New Utilization Reports for VBP and BHCC

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Three Utilization Reports

1. **Payer Mix:**
    - Which Managed Care Plans and product lines are my clients enrolled in?
    - Which plans and product lines should I focus on?

2. **Provider Network**
    - Which other providers do I share clients with, for what service types?
      - For example, my mental health clinic clients use which SUD services, medical ERs, or outpatient medical services?
    - Who should I partner with?

3. **Service Setting and Volume**
    - What services are my clients consuming – from me, and from other providers?
    - How many encounters per year, by service type (at my agency, at other providers, and in total)
    - Can use to model costs

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New "Utilization Reports" Tab

MAIN STREET PROVIDER AGENCY

PDF   Excel

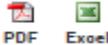PROVIDER: **MAIN STREET PROVIDER AGENCY**   Filters   Reset

| Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume |

The distribution of Medicaid Managed Care Plans and Product Lines for **MAIN STREET PROVIDER AGENCY'S** current Medicaid clients.

Medicaid Managed Care Plan (Current Enrollees)	Total Clients	Mainstream	HARP	HIV SNP	LTC FIDA	LTC PACE	LTC Partial Cap	Medicaid Advantage
Affinity Health Plan	162	142	20					
Amerigroup New York	660	546	99					15
Amida Care	5			5				
CenterLight Healthcare	6					6		
Fidelis Care New York	890	669	156				62	3
Healthfirst PHSP, Inc.	1,372	1,141	231					
HIP (EmblemHealth)	177	143	34					
MetroPlus Health Plan	759	615	130	12			2	
UnitedHealthcare Community Plan	725	600	109				12	4
VNSNY Choice Select Health	16			3	1		11	
WellCare of New York	66	61					5	
Medicaid Managed Care Plan Total (A)	**4,838**	**3,917**	**779**	**20**	**1**	**6**	**107**	**7**
Medicaid Fee For Service* (B)	1,875							
Medicaid All Client Total (A + B)	**6,713**	**3,917**	**779**	**20**	**1**	**6**	**107**	**7**

Report 1: Medicaid Managed Care Plan & Product Line

MAIN STREET PROVIDER AGENCY

PDF   Excel

PROVIDER: **MAIN STREET PROVIDER AGENCY**   Filters   Reset

| Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume |

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Report 1: Managed Care Plan & Product Line - Footer

Medicaid Managed Care Plan Total (A)	41,752	38,999	1,511
Medicaid Fee For Service* (B)	16,319		
Medicaid All Client Total (A + B)	58,071	38,999	1,511

First   Previous   1   Next   Last

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC CENTER in the past year 06/01/2016 - 06/01/2017.

-- The Managed Care Plan and Product Line were refreshed as of the 07/10/2017.

* Medicaid Fee for service count includes any client who lost their Medicaid coverage during the report time period.

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Release:6.0.0

Report 2: Provider Network

MAIN STREET PROVIDER AGENCY

PDF Excel

PROVIDER: **MAIN STREET PROVIDER AGENCY**

Filters Reset

| Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume |

The distribution of agencies providing services to **MAIN STREET PROVIDER AGENCY'S** current Medicaid clients.

Provider Name	Total Clients	IP-Medical	IP-SUD	IP-MH	ER/CPEP-Medical	ER/CPEP MH	ER/CPEP SUD	OP-Medical	OP-SUD	OP-MH	OP-DD	Health Home	Residential/ Living	Pharm	Other Services
Unduplicated Count of Clients	**6,511**	**829**	**133**	**381**	**2,719**	**545**	**145**	**5,881**	**397**	**1,092**	**89**	**1,926**	**1,261**	**5,759**	**5,854**
*MEDS OOS PHYSICIAN & OTHE	3,111	168	7	19	299	20	7	1,988					647		1,382
NYC-HHC WOODHULL	709	47	13	49	333	98	23	395	7	86			18		125
BROOKDALE HOSPITAL MEDICAL CENTER	469	44	4	44	297	79	16	241		36			14		175
NEW YORK UNIVERSITY HOSPITALS CENTER	467	44	2	12	76	11	5	294	1	7			59	6	124
WYCKOFF HEIGHTS MEDICAL CENTER	447	53	2		241	9	6	263		7			16		133
WALGREEN EASTERN CO INC	445													445	1

Report 2: Provider Network - Footer

ABC HEALTH CLINIC	1,082						

First   Previous   **1**   2   3   4   5   6   7   Next   Last

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC CENTER in the past year 06/01/2016 - 06/01/2017.

-- Clients included in this report also received a Medicaid billable service from a different provider during the time period (12/01/2015 - 12/01/2016). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.

-- Abbreviations: IP = Inpatient; SUD = Substance Use Disorder; MH = Mental Health; ER = Emergency Room; OP = Outpatient; DD = Developmental Disability; Pharm = Pharmacy(Medications only);

-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

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Report 3: Service Settings and Volume

MAIN STREET PROVIDER AGENCY

PDF   Excel

PROVIDER: **MAIN STREET PROVIDER AGENCY**   Filters   Reset

| Medicaid Managed Care Plan and Product Line | Provider Network | Service Settings and Volume |

Volume and type of Medicaid services provided by any agency to MAIN STREET PROVIDER AGENCY'S current Medicaid clients.

Service Settings/Type ▲	MAIN STREET PROVIDER AGENCY		Any Other Provider		Total	
	Clients with services	Claims/Encounters by these clients	Clients with services	Claims/Encounters by these clients	Unduplicated Clients with services	Claims/Encounters by these clients
Unduplicated Count of Clients	5,604	125,499	6,511	636,369	6,596	761,868
Inpatient - ALL			935	2,652	935	2,652
Inpatient - Medical			829	6,120	829	6,120
Inpatient - SUD			133	551	133	551
Inpatient - MH			381	2,254	381	2,254
ER - ALL			2,333	5,742	2,333	5,742
Clinic - Medical	815	4,802	3,451	25,215	3,700	30,017
Clinic - MH Specialty	5,467	117,332	998	9,652	5,796	126,984
Clinic - SUD	105	1,373	397	19,374	499	20,747

Report 3: Settings and Volume - Footer

Vision	2	11	11,932
Waiver Services			981

First   Previous   1   Next   Last

-- Current Clients are defined as individuals who received a Medicaid billed service from MAIN STREET CLINIC . CENTER in the past year 06/01/2016 - 06/01/2017.

-- Clients included in this report received Medicaid billable service from MAIN STREET CLINIC. CENTER in the past year and received a Medicaid billable service from either MAIN STREET CLINIC . CENTER or any other provider during the time period (12/01/2015 - 12/01/2016). This timeframe was used to provide agencies with an estimate of a full year of utilization, allowing a 6 months data lag for claims/encounters to be submitted to DOH.

-- ABBREVIATIONS: SUD = SUBSTANCE USE DISORDER; MH = MENTAL HEALTH; ER = EMERGENCY ROOM; DD = DEVELOPMENTAL DISABILITY; OPWDD = OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

-- *MEDS OOS : refers to services where the provider name was not specified or was out of state.

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How to Use Utilization Reports:
Filtering & Downloading

Filtering Reports

- All Utilization Reports can be filtered to provide additional specificity by
  - Plan and product line
  - Population
  - Program type (at your agency)

MC Program Filter

- The MC Plan filter allows you to select a specific plan – this will filter all reports for this plan's current members (as of this week), e.g. for Emblem, or MetroPlus

MC Product Line Filter

- MC Product Line – allows you to filter all reports for specific product lines, e.g. HARP, or Mainstream

Population Type Filter

- The Population Type filter allows you to select Dual Medicaid-Medicare eligible only, or FFS clients

Program Type Filter

- The Program Type filter allows you to select clients in served in your agencies programs, by type, e.g. Clinics.

Downloading Data

- All reports can be downloaded and saved as PDF or Excel formats

Accessing PSYCKES

PSYCKES Access

- PSYCKES access is turned on at the agency level

- The following provider agencies are eligible for PSYCKES access:

  - Agencies with any OMH-licensed or regulated program

  - Agencies with any OASAS-licensed program

  - Federally Qualified Health Centers (FQHCs)

  - Agencies with a DOH Health Home or Care Management Program

- If provider agency already has PSYCKES access, security manager can grant access to additional staff

  - User ID and security token emailed to user

  - Contact PSYCKES-Help@omh.ny.gov if you need to find out your security manager

- If provider agency does not have PSYCKES access, you can apply for access by contacting PSYCKES-Help@omh.ny.gov

PSYCKES Training

- General PSYCKES Training

  - Webinars
    - PSYCKES website: www.psyckes.org
    - Live webinars: Register on PSYCKES Calendar
    - Recorded webinars: Posted on PSYCKES Website
      - PSYCKES Access and Implementation

  - PSYCKES User's Guides
    - www.PSYCKES.org > About PSYCKES > Training
    - Each User's Guide explains an individual section of the PSYCKES application

- Training on new Utilization Reports
  - This training will be posted on www.psyckes.org and MCTAC website

PSYCKES Support

- PSYCKES Help: Access & technical support
  - 9:00AM – 5:00PM, Monday – Friday
  - PSYCKES-help@omh.ny.gov

- ITS Help Desk: Token & SMS support
  - Non-state employees: healthhelp@its.ny.gov
  - State employees: fixit@its.ny.gov