

# Using PSYCKES Quality Indicator Reports

#### We will begin shortly

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Hannah Ritz Assistant Research Scientist, Implementation Team April 19, 2023

### **Q&A via WebEx**

- All phone lines are muted
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- Type questions using the "Q&A" feature
  - Submit to "all panelists" (default)
  - Please do not use Chat function for Q&A
- Note: slides will be emailed to attendees after the webinar



### **Overview**

- What is PSYCKES?
- Quality Indicators "Flags"
- Demonstration using "High Utilization" Indicator
  - My QI Report
  - Recipient Search
  - Clinical Summary
- PSYCKES Training and Technical Assistance
- Question & Answer

## What is **PSYCKES**?

- A secure, HIPAA-compliant web-based platform for sharing Medicaid claims and encounter data and other state administrative data
- Designed to support data-driven clinical decisionmaking and quality improvement
- Ongoing data updates
  - Quality Indicators refreshed monthly
  - Clinical Summary refreshed weekly



### Who is Viewable in PSYCKES?

- Over 11 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 general medical, behavioral health, residential

## What Data is Available in PSYCKES?

- Clinical Summary provides up to 5 years of data, updated weekly
- 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, lab, and more!
- Multiple other state administrative databases (0-7 day lag):
  - New York City Department of Homeless Services (NYC DHS)
  - Health Home enrollment & CMA provider (DOH MAPP)
  - Managed Care Plan & HARP status (MC Enrollment Table)
  - MC Plan assigned Primary Care Physician (Quarterly, DOH)
  - State Psychiatric Center EMR
  - Assisted Outpatient Treatment provider contact (OMH TACT)
  - Assertive Community Treatment provider contact (OMH CAIRS)
  - Adult Housing/Residential program Information (OMH CAIRS)
  - Suicide attempt (OMH NIMRS)
  - Safety plans/screenings and assessments entered by providers in PSYCKES MyCHOIS
  - IMT and AOT Referral Under Investigation (DOHMH)

# **Quality Indicators "Flags"**

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider and to support clinical review and quality improvement
- When a client has a quality flag, the provider is allowed access to that individual's Clinical Summary
- My QI Report provides prevalence information at the program, agency, MC plan, region, and state levels
- Some examples of current quality flags include:
  - Health Home Plus-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service past year
  - Medication-Related, e.g., Polypharmacy, Medication Adherence
  - Acute Care Utilization, e.g., High utilization, Readmission
  - General Medical Health, e.g. No Diabetes Screening on an antipsychotic

#### What is the My QI Report?

- Tool for managing quality improvement efforts
- Updated monthly
- Eligible Population (denominator): clients served plus other parameters depending on quality indicator specifications
- Number with QI Flag (numerator): clients who meet criteria for the flag
- Compare prevalence rates for provider agency, region, state
- Filter report by: Program Type, MC Plan, Age
- Drill down into list of recipients who meet criteria for flag
- Reports can be exported to Excel and PDF



#### **Understanding My QI Report**

- Attributing clients to agency QI reports:
  - Billing: Clients linked to provider agency if billed by agency in the past 9 months
  - This rule is used to automatically link clients to providers so that current clients are included in the report each month
- Period of observation for the quality indicator:
  - Assessed by a measure, varies for each measure
  - For example, the period of observation for the High Utilization quality indicator is 13 months
- QI Reports trending over time:
  - QI Trends Past Year show the prevalence rates of quality flags by provider over time

## **New in My QI Report**

- Now divided into two categories of indicator sets to help easily identify between "real time" measures versus "mature" measures
  - Quality Improvement Indicators:
     Considered more "real time" and are run on a monthly basis, as of the refresh date
  - Performance Tracking Indicators:
    - Considered more mature data and are calculated monthly after a 6month data maturation period to allow for services to be invoiced
- Reflected in Statewide Reports and the client-level Clinical Summary quality flag section
- The "BH QARR DOH Performance Tracking Measure" set was renamed to "MH Performance Tracking Measure" and the "Substance Use Disorders" set was renamed to "SUD Performance Tracking Measure"



# New CORE Eligibility in Report Filters & Clinical Summary

- Recipient Search
  - New Filter: CORE Eligible (Community Oriented Recovery and Empowerment)
  - In the "Characteristics" section, within the existing "High Need Population" filter

#### Care Coordination Advanced View

Two new columns added for CORE Eligible and MC Product Line

#### Clinical Summary

- When applicable, the client-level Clinical Summary will show the CORE eligibility message in the "Current Care Coordination" section
  - CORE Eligibility: This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: <u>https://omh.ny.gov/omhweb/bho/core/</u>





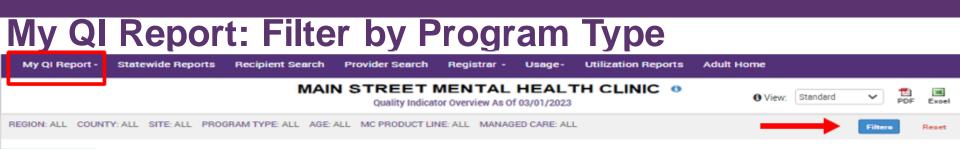
# My QI Report

My QI Report -	Statewide Reports	Recipient Search F	rovider Search	Registrar - Usa	ge- U	tilization Reports	Adult Home		
]	<b></b>	MAIN	Quality Indicato	NENTAL HE		H CLINIC 0	() View:	Standard 🗸	DF Excel
REGION: ALL COUNT	Y: ALL SITE: ALL PROGR	AM TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	RE: ALL			Filtere	Repet
Indicator Set									
Quality Improve	ment Indicators (as o	<b>f 03/01/2023)</b> <sub>Bu</sub>	n monthly on all availa	ible data as of run dat	e				
In	dicator Set	▲ Population ⇔	Eligible Population	# with QI Flag 👙	÷	Regional %	Statewide %	25% 50%	75% 100% ↓ ↓
BH QARR - Improver	ment Measure	All	7,177	2,287	31.9	35.6	36.1	31.90 35.60 36.10	
General Medical Hea	alth	All	188,973	15,956	8.4	12.2	12.3	8.40 12.20 12.30	
Health Home Care M	Aanagement - Adult	Adult 18+	10,405	8,283	79.6	79.7	86	8	79.60 79.70 6'00
High Utilization - Inp	ot/ER	All	189,067	52,022	27.5	23.1	21.4	27.50 23.10 21.40	
Polypharmacy		All	17,216	2,377	13.8	15.8	12.2	13.80 15.80 12.20	
Preventable Hospita	lization	Adult	132,094	1,999	1.5	0.9	0.8	1.50 0.90 0.80	
Readmission Post-D	Discharge from any Hosp	tal All	37,531	5,641	15	13.8	11.4	15.00 13.80 11.40	
Readmission Post-D Hospital	Discharge from this	All	26,224	3,287	12.5	12.3	11.4	12.50 12.30 11.40	
Treatment Engagem	nent	Adult 18-64	5,777	1,848	32	30.7	33.4	32.00 30.70 33.40	
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#### Performance Tracking Indicators (as of 08/01/2022)

Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population $\varphi$	Eligible Population	# with QI Flag¢	<b>%</b> ¢	Regional %	Statewide 🗞 🍦	25% 50% 75% 100%	0
MH Performance Tracking Measure	All	10,532	5,356	50.9	51.6	52.8	50.90 51.60 52.80	
SUD Performance Tracking Measure	Adol & Adult (13+)	12,978	10,454	80.6	78.3	80.1	80.60 78.30 80.10	
Vital Signs Dashboard - Adult	Adult	33,294	14,774	44.4	47.9	47.7	44.40 47.90 47.70	
Vital Signs Dashboard - Child	Child & Adol	55,191	14,687	26.6	35.3	33.6	26.60 35.30 33.60	



#### Indicator Set

#### Quality Improvement Indicators (as of 03/01/2023) Run monthly on all available data as of run date

	nu	in monthly on an availa	ble data as or full dat	e			
Indicator Set	Population 🔶	Eligible Population	# with QI Flag $\updownarrow$	÷	Regional %	Statewide %	25% 50% 75% 100%
BH QARR - Improvement Measure	All	7,177	2,287	31.9	35.6	36.1	31.90 35.60 36.10
General Medical Health	All	188,973	15,956	8.4	12.2	12.3	8.40 12.20 12.30
Health Home Care Management - Adult	Adult 18+	10,405	8,2.83	79.6	79.7	86	79.60 79.70 86.00
High Utilization - Inpt/ER	All	189,067	52,022	27.5	23.1	21.4	27.50 23.10 21.40
Polypharmacy	All	17,216	2,377	13.8	15.8	12.2	13.80 15.80 12.20
Preventable Hospitalization	Adult	132,094	1,999	1.5	0.9	0.8	1.50 0.90 0.80
Readmission Post-Discharge from any Hospital	All	37,531	5,641	15	13.8	11.4	15.00 13.80 11.40
Readmission Post-Discharge from this Hospital	All	26,224	3,287	12.5	12.3	11.4	12.50 12.30 11.40
Treatment Engagement	Adult 18-64	5,777	1,848	32	30.7	33.4	32.00 30.70 33.40

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Indicator Set	Population $\varphi$	Eligible Population	# with QI Flag	<b>*</b> •	Regional %	Statewide %	25% 50% 75% 100%
MH Performance Tracking Measure	All	10,532	5,356	50.9	51.6	52.8	50.90 51.60 52.80
SUD Performance Tracking Measure	Adol & Adult (13+)	12,978	10,454	80.6	78.3	80.1	80.60 78.30 80.19
Vital Signs Dashboard - Adult	Adult	33,294	14,774	44.4	47.9	47.7	44.40 47.90 47.70
Vital Signs Dashboard - Child	Child & Adol	55,191	14,687	26.6	35.3	33.6	26.00 35.30 23.60

#### My QI Report: Filter by Program Type

eports	QI Filters		×	Util
	Site	ALL	~	
ROGRAM T	Program Type	Clinic MH - ALL	~	
	Managed Care	ALL	~	
•	MC Product Line	ALL	~	State
king	Age	ALL	~	
	Region	ALL	~	
	County	ALL	~	
Adult				
		Apply	Cance	NEW YORK STATE OF OPPORTUNITY.

Office of Mental Health

My QI Report:	Drill i	nto Ind	dicato	or 3	Set			
My QI Report - Statewide Reports Rec	ipient Search P	Provider Search F	Registrar - Usa	ge- U	tilization Reports	Adult Home		
	MAIN	Quality Indicator	ENTAL HE r Overview As Of 03/0			() View	r. Standard 🗸	DF Excel
PROGRAM TYPE: CLINIC MH - ALL							Filtere	Repet
Indicator Set								
Quality Improvement Indicators (as of 03	3/01/2023) <sub>Ru</sub>	n monthly on all availab	ble data as of run date					
Indicator Set	Population 0	Eligible Population	# with QI Flag 🖗	<b>*</b> •	Regional %	Statewide %	25% 50%	75% 100%
BH QARR - Improvement Measure	All	2,191	719	32.8	39.1	38.7	32.80 39.10 38.70	
General Medical Health	All	17,742	2,174	12.3	20	18.8	12.30 20.00 18.80	
Health Home Care Management - Adult	Adult 18+	2,216	1,757	79.3	77.9	81.2		79.30 77.90 81.20
High Utilization - Inpt/ER	All	17,744	3,672	20.7	19.1	20.1	20.70 19.10 20.10	
Polypharmacy	All	3,972	585	14.7	19.9	17.2	14.70 19.90 17.20	
Preventable Hospitalization	Adult	11,145	101	0.9	0.6	0.6	0.90 0.60 0.60	
Readmission Post-Discharge from any Hospital	All	2,589	337	13	13.3	13.5	13.00 13.30 13.50	
Readmission Post-Discharge from this Hospital	All	1,515	199	13.1	13.7	13.4	13.10 13.70 13.40	
Treatment Engagement	Adult 18-64	1,969	590	30	28.7	32.6	30.00 28.70 32.60	
Performance Tracking Indicators (as of	08/01/2022) <sub>R</sub>	un with intentional lag	of 6+ months to allow	v for comp	lete data			

Indicator Set	Population $\varphi$	Eligible Population	# with QI Flag	<b>*</b> •	Regional %	Statewide %	25% 50% 75% 100%
MH Performance Tracking Measure	All	2,834	1,231	43.4	45	46.6	43.40 45.00 46.60
SUD Performance Tracking Measure	Adol & Adult (13+)	1,628	1,306	80.2	79.1	79	80.20 79.10 79.00
Vital Signs Dashboard - Adult	Adult	3,844	1,630	42.4	46.4	46.6	42.40 46.40 46.60
Vital Signs Dashboard - Child	Child & Adol	6,125	1,791	29.2	35.2	33.6	29.20 35.20 33.60

#### **High Utilization - Inpatient/ER**

			•								
My QI Report -	Statewide Reports Re	cipient Search	Provider Search	Registrar - Usa	ige- U	tilization Reports	Adult Home				
		MAIN ST		TAL HEALT r Overview As Of 03/01		INIC 0	<b>⊙</b> ∨i	ew: Standard	~	D PDF	36 Excel
PROGRAM TYPE: CLIN	IC MH - ALL								Filters		Reset
Indicator Set: High	Utilization - Inpt/ER										
Indicator Set	ndicator										
	Indicator	Population	Eligible Population	# with QI Flag()	<b>*</b>	Regional %	Statewide %	25%	50%	75%	100%
10+ ER - All Cause		All	17,744	102	0.6	1	1	0.60 1.00 1.00			
10+ ER - MH		All	17,744	13	0.1	0.1	0.1	0.10 0.10 0.10			
2+ ER · BH		All	17,744	381	2.1	3.2	3.2	2.10 3.20 3.20			
2+ ER - Medical		All	17,744	3,093	17.4	15.2	16.3	17.40 15.20 16.30			
2+ ER - MH		All	17,744	315	1.8	2.6	2.5	1.80 2.60 2.50			
2+ Inpatient - BH		All	17,744	221	1.2	2.5	2.3	1.20 2.50 2.30			
2+ Inpatient - Medica	si	All	17,744	526	з	2.2	2.2	3.00 2.20 2.20			
2+ Inpatient - MH		All	17,744	160	0.9	1.7	1.4	0.90 1.70 1.40			
4+ Inpatient/ER - MH	(	All	17,744	146	0.8	1.5	1.3	0.80 1.50 1.30			
Clozapine Candidate	with 4+ Inpatient/ER - MH	0-64 Se	lect indicator	44 to	97.8	87	91.6			97/ 87/00 91/60	230
POP : High User		_	nerate report		1.3	1.7	1.5	1.30 1.70 1.50			
POP : Potential Cloze	apine Candidate		flagged client:	54	100	91.3	94.4			100 91.50 92.4	0
2+ Inpatient / 2+ ER	- Summary	All	17,744	3,672	20.7	19.1	20.1	20.70 19.10 20.10			

#### List of Clients who Meet Criteria: Export to Excel/PDF My QI Report -Statewide Reports Recipient Search Provider Search Registrar -Usage-Utilization Reports Adult Home MAIN STREET MENTAL HEALTH CLINIC 0 Standard 24 O View: ~ PDF Excel Quality Indicator Overview As Of 03/01/2023 Report can be exported to PROGRAM TYPE: CLINIC MH - ALL Filtero Repet PDF or Excel Indicator Set: High Utilization - Inpt/ER Indicator: 2+ Inpatient / 2+ ER - Summary Indicator Set Indicator Site HH/CM Site(s) MCO Attending Recipients New QI Flag Dropped QI Flag Clinical Most Recent BH DOB Recipient Medicaid ID Race & Ethnicity Quality Flags Summary Last 🔅 Outpatient Attending Viewed None Identified OV6BTEE TUFSWO WVeuMTOrOFU MTIIM9UIMTarN6 Hispanic or Latinx 2+ ER-Medical No Hispanic or Latinx QUJSRVU SbVMSUy Qm 2+ ER-Medical None Identified No Click on a client's name to review their 2+ Inpt-Medical. LEE JONATHAN Hispanic or Latinx RaFSQabB RURXQVJETm Colorectal Screen No **Clinical Summary** JONG-JIN Overdue (DOH) 2+ ER-Medical, 2+ Inpt-SOSHNICK SARA TEFSOO SUFO R6 Wa6vM9MmMFU MTAIM92IM9AnN6 Hispanic or Latinx Medical, Readmit 30d -No HOPE Medical to Medical Ta3VWUVO SEZBTa2 V6 TbIrMpEvMUi MTIIMDQIM9AmN6 Asian 2+ ER-Medical None Identified No 2+ ER-Medical, 3AD. RAMACHANDRAN White VVfFSVJPUqjJ UqFCUaa No UqQoOTIVMEU MDYIMTaIMTauMA 4PP(A) JESSICA MARKOVA QbJPVgu TabDTgnF TQ VgqtODaqNq6 MD6IM9AIMTas00 Black 2+ ER-Medical No NATALIA Unknown 2+ ER-Medical TIZER KAREN No UaFOQa7FW6 REU TEE QrJVRUnJQUvZ SqQuODEpMFI MDIIMDalM9AnM6

#### New QI Flag & Dropped QI Flag Tabs

My QI Report -	Statewide	Reports	Recipient Search	Provider Search	Registrar - Usage-	Utilization Reports	s Adult Home	
			MAIN	STREET MEN Quality Indicato	TAL HEALTH or Overview As Of 03/01/2		O View: S	tandard V 🔁 📧 PDF Excel
PROGRAM TYPE: CL	NIC MH - ALL							Filtero Reset
Indicator Set: Hi	gh Utilization	- Inpt/ER	Indicator: 2+ Inpa	atient / 2+ ER - Summa	вгу	S	how new/dropped for la	ast: 💿 1 Month 🔿 3 Months
Indicator Set	Indicator	Site	HH/CM Site(s)	MCO Attending	Recipients Ne	w QI Flag Droppe	ed QI Flag	
	Recipient		Medicaid ID	¢ DOB	¢ Current Quality Flags ≑	New Quality Flags 💠	Medications (BH;excludes enhanced PHI)	Most Recent BHOutpatient Attending
QU7NRUQ QUFJU	IaE QQ		Sr2tMpQv0UM	MDEIMD2IM9AnNQ	2+ ER-Medical	2+ ER-Medical		SOKOLOFF WILLIAM COLE
TEZQRVfGRUnJQ RQ	qbBTay TUbMR	Ubowq	VVErN9aqMbQ	MTIIMTIIM9AoMA	2+ ER-Medical	2+ ER-Medical		KOKOTOS FAYE
RUm QUnMQU6			VFEOODUUOEY	MTIIM92IMTarNQ	2+ ER-Medical	2+ ER-Medical		DRAKES SHANE MARIO ANDRE
RqFOVFQ UqFVR	EDB TA		UFMoODIqNVa	MD2IMDEIM9Am00	2+ ER-Medical	2+ ER-Medical	Identify clie	nts who are
TUFEUabHQUm S	azTSFVB		VaQsOTUnOVY	MDaIMT2IMTavNQ	2+ ER-BH, 2+ ER- MH, HARP No Assessment for HCBS, HARP No Health Home	2+ ER-BH, 2+ ER- MH	new to your li from your list QI repor	since the last
UqFOVEFOQQ Ua	FTSEVM TQ		SrUrNTAnNE2	MDMIM9UIM9AnNO	2+ ER-Medical, No Well-Care Visit (DOH)	2+ ER-Medical		None Identified

#### **HH/CM Sites Tab for Health Homes & CMAs**

My QI Report -	Statewide	Reports	Recipient	t Search	Provider S	earch Re	egistrar - U	sage-	Utilizatio	n Reports	Adult H	iome		
				MAIN			TAL HEAL		LINIC	0		O View: Standar	rd 🗸 🗹	DF Excel
PROGRAM TYPE: CLIN	NIC MH - ALL												Filters	Reset
Indicator Set: Hig	h Utilization	- Inpt/EF	Indicator	: 2+ Inpati	ient / 2+ EF	R - Summar	у							
Indicator Set	Indicator	Site	HH/CM Si	ite(s) N	MCO Att	ttending	Recipients	New Q	ll Flag	Dropped Q	l Flag			
Site	e Name (Source:D	DOH)	¢	Sit	ite Address	φ	Progra	amType (Enro	ollment Stat	tus)	¢	Eligible Population	# with QI Flag	%¢
ST MARYS HEALTH	ICARE			427 GUY P/	ARK AVE	Care	e Select H	H or C	MA to	view a		382	100	26.2
AIDS COUNCIL OF I	NENY AI			927 BROAD	DWAY	Care	e list o	of clien	nts in tl	hat		57	15	26.3
CATHOLIC CHARIT	IES/ALBANY	AI		100 SLING	GERLAND ST	T Car	program for	n who i r the in				34	9	26.5
ST ANNE INSTITUT	ſE			160 N MAI	N AVE	Care	e wanagement					11	2	18.2
BUILDING BLOCKS	LEARNING C	ENTER LI	LC	19 ROBINS	SON RD	Care	e Management	- Enrolled	(Source:	DOH MAPP)		32	8	25
ST MARYS HEALTH	T MARYS HEALTHCARE 4				427 GUY PARK AVE		Health Home - Enrolled (Source: DOH MAPP)				516	134	26	



#### **HH/CM's Recipients**

My QI Report -	Statewide F	Reports	Recipient Se	earch Provider Sea	rch Re	gistrar <del>-</del>	Usage <del>-</del>	Utiliza	tion Reports	s Adult Ho	me			
				MAIN STRE Quality			HEALTH of 03/01/2023		NIC 0	0	View: Standa	rd 🗸	DF	M Excel
PROGRAM TYPE: CLI	NIC MH - ALL											Filter	8	Reset
Indicator Set: Hi	gh Utilization -	Inpt/E	R Indicator: 2	+ Inpatient / 2+ ER -	Summary									
Indicator Set	Indicator	Site	HH/CM Site(	(s) HH/CM's Reci	pient(s)	МСО	Attending	Re	cipients	New QI Fla	g Droppe	d QI Flag		
Rec	ipient	φ	Medicaid ID	DOB \$		Quali	ty Flags	0	Atte	ending 🔶	Site Address	Progra	m Type	φ.
QaFMQbVFTaE QI	JJSQU7BTQ SA	U	F2mN9UpNaE	MDMIMTYIMTarMQ	2+ ER-M	ledical			EGBUNA V OBIAGELI	VINIFRED	115 E STEVENS AVE STE 104 & 105	Care Mana Enrolled (S DOH MAP	Source	
QaFTQUJF TUFHF	REFMRUvB	w	bAqMTQsMUE	MDIIMDMIMTarMQ	2+ ER·M	ledical			None Ident	tified	115 E STEVENS AVE STE 104 & 105	Care Mana Enrolled (S DOH MAP	Source	
QaFUSVNUQQ QU	vB TQ	w	aiqNpEnMra	MDQIMpAIMTarMQ	PrevHos		Inpt-Medical, , Readmit 30d I		FAROOQ S	AMEEN	115 E STEVENS AVE STE 104 & 105	Care Mana Enrolled (S DOH MAP	Source	
QbJBTaNI WUFOS	UNL	VI	JEuMDYpME2	MDEIM9aIMTatN6	2+ ER-M	ledical			SHAH VIPI LALITKUM		115 E STEVENS AVE STE 104 & 105	Care Mana Enrolled (S DOH MAP	Source	

#### My QI Report: Race & Ethnicity View

My QI Report -	Statewide Reports Re	cipient Search P	Provider Search	Registrar - Usa	ige- u	tilization Reports	Adult Home	
		MAIN S	Quality Indicator	NTAL HEALT Overview As Of 03/01/		NIC 0	O View:	Standard V Standard Rece & Ethnicity
REGION: ALL COUNT	Y: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	RE: ALL		_	Filtero Reset
Indicator Set								
Quality Improve	ement Indicators (as of	03/01/2023) <sub>Bu</sub>	n monthly on all avails	ble data as of run dat	•			
In	dicator Set	Population $\Leftrightarrow$	Eligible Population	# with QI Flag 🕀	<b>*</b> ¢	Regional 🍾 🔶	Statewide 🐾 🔶	25% 50% 75% 100%
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Readmission Post-D Hospital	ischarge from this	All	26,224	3,287	12.5	12.3	11.4	12.50 12.30 11.40
Treatment Engagem	ent	Adult 18-64	5,777	1,848	32	30.7	33.4	32.00 20.70 33.40
Desta and The	altime tradicional (as a							

Performance Tracking Indicators (as of 08/01/2022) Bun with intentional lag of 6+ months to allow for complete data

Indicator Set	Population 0	Eligible Population	# with QI Flag	- <u>-</u> - •	Regional %	Statewide %	25% 50% 75% 100% ¢
MH Performance Tracking Measure	All	10,532	5,356	50.9	51.6	52.8	50 90 51 60 52 80
SUD Performance Tracking Measure	Adol & Adult (13+)	12,978	10,454	80.6	78.3	80.1	80.60 78.30 80.10
Vital Signs Dashboard - Adult	Adult	33,294	14,774	44.4	47.9	47.7	44.40 47.90 47.70
Vital Signs Dashboard - Child	Child & Adol	55,191	14,687	26.6	35.3	33.6	26.60 35.30 33.60

Race &	Etl	hni	city	- H	lig	h Uti	liza	tior	า <b>– เ</b> ท	pt/E	R	
	tewide Repo		ecipient Search		ler Searcl					dult Home		
			I	MAIN S		T MENTA			NIC 0	O View:	Race & Ethnicity 🗸	🔂 📓 PDF Excel
REGION: ALL COUNTY: ALL	SITE: ALL	PROGRAM	TYPE: ALL AGE	ALL MC	PRODUCT	LINE: ALL MAN/	AGED CARE: A	LL			Filter	s Reset
Indicator Set: High Utiliz	zation - Inp	t/ER Inc	licator: 2+ Inp	atient / 2	+ ER - Su	immary						
Indicator Set Indica	ator Sit	е НН	/CM's Recipier	nt(s)	исо	Attending	Recipients	New Q	I Flag Dropp	ed QI Flag		
Quality Improvement	Indicator	s (as of	05/01/2023)	Run mon	thly on all a	available data as o	of run date					
					-	gs by Percentage (9						
Indicator Set	Population	Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx		25% 50%	75% 100%
BH QARR - Improvement Measure	All	33.7% 2,346	42.9%	32.6% 43	37.1% 791	25% 2	27.3% 115	35.4% 40	32.4% 1,042	Total Native American Black Pacific Islander White Multiracial Hispanic or Latinx	33.70 42.90 32.60 37.10 25.00 27.30 35.40 32.40	
General Medical Health	All	8.9% 16,550	10% 38	6.9% 478	10.5% 4,481	10.3% 34	9% 876	11.3% 229	8.4% 6,806	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	8.90 10.00 6.90 10.50 10.30 9.00 11.30 8.40	
Health Home Care Management - Adult	Adult 18+	79.4% 8,029	75%	81.6% 84	78.6% 2,543	88.2% 15	84.3% 598	87.1% 149	77.6% 4,061	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx		79.40 75.00 81.60 78.60 88:20 84.30 87:10 77.60
High Utilization - Inpt/ER	All	26.7% 49,906	27.6% 105	23.5% 1,638	29.6% 12,671	24.6% 81	26.3% 2,566	31.1% 632	27.4% 22,165	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	26.70 27.60 23.50 29.60 24.60 26.30 31.10 27.40	

#### Race & Ethnicity View – 2 + ER - Medical

My QI Report -

Statewide Reports **Recipient Search**  Provider Search

Registrar -Usage - Utilization Reports

Adult Home

Race & Ethnicity 🗸 O View:



Reset

Filters

MAIN STREET MENTAL HEALTH CLINIC 0 Quality Indicator Overview As Of 03/01/2023

REGION: ALL COUNTY: ALL SITE: ALL PROGRAM TYPE: ALL AGE: ALL MC PRODUCT LINE: ALL MANAGED CARE: ALL

Indicator Set: High Utilization - Inpt/ER

Indicator Set	Indica	ator	HH/CM's Re	cipient(s)											
					Clients	with QI Flag	gs by Percentage (१	6) and Number							
Indicator	÷	Populati	ion Total	Native American	Asian	Black	Pacific Islander	White	Multiracial	Hispanic or Latinx		25%	50% I	75% I	100%
10+ ER - All Cause		All	0.8% 1,588	1.8%	0.4% 29	1.4% 598	0.9% 3	1.3% 130	1.9% 39	0.7% 604	Total Native American Asian Black Pacific Islander White Multiracial Hiapanic or Latinx	0.80 1.80 0.40 1.40 0.90 1.30 1.90 0.70			
10+ ER - MH		All	0.1%	0.5%	0% 0	0.1% 63	0.6% 2	0.2%	0.2%	0.1% 60	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	0.10 0.50 0.00 0.10 0.60 0.20 0.20 0.10			
2+ ER - BH		All	1.5% 2,746	2.6%	0.7% 52	2.1% 917	1.8%	2.2% 219	2.9% 59	1.4%	Pacific Islander White	2.20			
2+ ER - Medical		All	22.7% 42,501	23.1% 88	20% 1,394	24.5% 10,465	19.5% 64	19.7% 1,922	26% 529	23.4% 18,942	Total Native American Asian Black Pacific Islander White Multiracial Hispanic or Latinx	22.70 23.10 20.00 24.50 19.50 19.70 26.00 23.40			

<b>Race &amp; Ethnic</b>	y View Results
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My QI Report - Statewide Reports	Recipient Search	Provider Search F	Registrar + Usage + L	Utilization Reports Adult	t Home	
	MAN		ENTAL HEALTH or Overview As Of 03/01/2023	CLINIC 0	O View: Race & Ethni	icity 🗸 🔀 PDF Excel
REGION: ALL COUNTY: ALL SITE: ALL PRO	DGRAM TYPE: ALL AGE:	ALL MC PRODUCT LINE:	ALL MANAGED CARE: ALL			Filters Reset
Indicator Set: High Utilization - Inpt/EF	R Indicator: 2+ ER-	Medical				
Indicator Set Indicator Site	HH/CM Site(s)	HH/CM's Recipient(s)	) MCO Attending	Recipients New QI	Flag Dropped QI	Flag
Recipient	♦ Medicaid ID ♦	DOB 🍦	Race & Ethnicity	Quality Flags 🍦	Most Recent BH Outpatient Attending	Clinical Summary Last 🔶 Viewed
TUFOWbVFVEE WaFORQ QQ	WVerM9YtMVY	MTAIM9MIM9AnNm	Hispanic or Latinx	2+ ER-Medical, No Well- Care Visit (DOH)	None Identified	No
QVbVREFOVA SaVTVVM RQ	VVIpNpUmME2	MD6IMTMIMTarMA	Hispanic or Latinx	10+ ER, 2+ ER-Medical, 2+ Inpt-Medical	AVANZATO CHRISTOPHER PATRICK	No
UqzMSVM SaFERQ	WUMpNDApNaU	MD6IMT6IM9AnOQ	Multiracial	2+ ER-Medical, 2+ Inpt- Medical	SERRA THERESA MARIE	No
QqFSREzOQU3PTbfBTEV0 QqFSTUV0	WUiuN9YnMr6	MDMIMTAIMTasNA	Hispanic or Latinx	2+ ER-Medical	CATAQUET DAVID	No
VqbMTEbBTVM RqVPUa3JRUu Qm	WUMpODAqOVe	MDMIM9MIMTauNm	Unknown	2+ ER-Medical	IYER SHWETHA	No
TUFSVEbORVe SEVOQq7BVVNUSQ	VqUpMT6mMEM	MDEIMDalMTatMA	Hispanic or Latinx	2+ ER-Medical	None Identified	No
TUFSVEbO TVbLQQ QUvEUaVJ	WUEnOTaoMFI	MTAIMTIIM9AnMQ	Asian	2+ ER-Medical, No Well- Care Visit (DOH)	None Identified	No
VaFMRUvUSUu QUvEUaVT	VqUqNpYsMra	MDalM9YIMTarMm	Hispanic or Latinx	2+ ER-Medical, 2+ Inpt- Medical	None Identified	No
					00000	•

First Previous 1 2 3 4 5 6 7 8 9 10 ... 86 Next Last

#### **My QI Report: QI Trends Past Year**

SUD Performance Tracking Measure

Vital Signs Dashboard - Adult

Vital Signs Dashboard - Child

(13+)

Adult

Adol & Adult

Child & Adol

My QI Report - Statewide Reports Re	cipient Search F	Provider Search	Registrar - Usa	ige- U	tilization Reports	Adult Home		
My QI Report QI Trends Past Year	MAIN S		NTAL HEA tor Overview As Of 03/		CLINIC 0	0 View	N: Standard V	PDF Exce
REGION: ALL COUNTY: ALL SITE: ALL PROGRAM	TYPE: ALL AGE: ALL	MC PRODUCT LINE	ALL MANAGED CAP	RE: ALL			Filter	• Repet
Indicator Set								
Quality Improvement Indicators (as of 0	<b>3/01/2023)</b> <sub>Bu</sub>	n monthly on all avails	able data as of run dat	e				
Indicator Set	Population 👙	Eligible Population	# with QI Flag $\Leftrightarrow$	<b>*</b> \$	Regional 🗞	Statewide %	25% 50%	75% 100%
BH QARR - Improvement Measure	All	7,177	2,287	31.9	35.6	36.1	31.90 35.60 36.10	
General Medical Health	All	188,973	15,956	8.4	12.2	12.3	8.40 12.20 12.30	
Health Home Care Management - Adult	Adult 18+	10,405	8,283	79.6	79.7	86		79.60 79.70 86'00
High Utilization - Inpt/ER	All	189,067	52,022	27.5	23.1	21.4	27.50 23.10 21.40	
Polypharmacy	All	17,216	2,377	13.8	15.8	12.2	13.80 15.80 12.20	
Preventable Hospitalization	Adult	132,094	1,999	1.5	0.9	0.8	1.50 0.90 0.80	
Readmission Post-Discharge from any Hospital	All	37,531	5,641	15	13.8	11.4	15.00 13.80 11.40	
Readmission Post-Discharge from this Hospital	All	26,224	3,287	12.5	12.3	11.4	12.50 12.30 11.40	
Treatment Engagement	Adult 18-64	5,777	1,848	32	30.7	33.4	32.00 30.70 33.40	
Performance Tracking Indicators (as o	f 08/01/2022) <sub>F</sub>	un with intentional lag	g of 6+ months to allo	w for comp	olete data			
Indicator Set	Population 🔶	Eligible Population	# with QI Flag	÷	Regional %	Statewide %	25% 50% I I	75% 100%
MH Performance Tracking Measure All		10,532	5,356 5	0.9	51.6	52.8	50.90 51.60 52.80	

10,454

14,774

14,687

80.6

44.4

26.6

78.3

47.9

35.3

80.1

47.7

33.6

80.60 78.30 80.10

44.40 47.90

35.30

12,978

33,294

55,191



2+ ER - Medical: The percentage of individuals with 2 or more Medical ER visits in the past 13 months.

	Eligible Population	# with QI flag	96	Region Percent	State Percent
3/1/22	178,965	36,125	20.2%	15.9%	16.2%
4/1/22	179,397	37,127	20.7%	16.3%	16.6%
5/1/22	180,325	36,930	20.5%	16.496	15.6%
6/1/22	180,794	37,123	20.5%	16.6%	16.8%
7/1/22	183,780	39,033	21.2%	17.196	17.2%
8/1/22	182,677	39,592	21.7%	17.496	17.4%
9/1/22	181,033	39,024	21.6%	17.296	17.2%
10/1/22	178,102	38,415	21.6%	17.496	17.2%
11/1/22	182,451	40,069	22.0%	17.8%	17.5%
12/1/22	187,467	41,922	22.4%	18.296	17.7%
1/1/23	187,870	42,735	22.7%	18.5%	18.0%
2/1/23	187,156	42,428	22.7%	18.3%	17.9%

# **Recipient Search**



#### **Recipient Search: Search for Clients Flagged** for High Utilization

- 1. Select "Recipient Search" from navigation bar
- 2. Select one of the High Utilization flags (2+ or 4+ Inpatient or ER) from "Quality Flag" filter box
- 3. Choose from other filter options, if desired
- 4. Consider expanding "Limit results to" option in order to see more than 50 names in results page
- 5. Click Search

Select "2	2+" or	"4+" H	igh Uti	liza	tion flag	and	click '	'Searc	:h"
My QI Report + Sta	tewide Reports	Recipient Search	Provider Search	Regis	strar - Usage - Uti	lization Reports	s MyCHOIS	Adult Home	
			Re	cipie	nt Search		Limit results to	50 <b>v</b>	Search Reset
Recipient Identifiers					Search in: 🔘 Full Da	tabase 🔿 MA	AIN STREET MEN	TAL HEALTH CLINI	С
Media	caid ID		SSN		First Name	Last N	lame	DOB	
AB00000A								MM/DD/Y	YYY
Characteristics as of 0	05/23/2023								
Age Range		То	Gender	~		Population			~
Race				•	High N	eed Population			~
Ethnicity				~		AOT Status			~
Region				~		Alerts			~
County				~	Home	lessness Alerts			•
Managed Care Plan 8	Medicaid								
Manage				~	Children's	s Waiver Status			~
MC Produc				~		HARP Status			~
Medicaid Enrollment S				~	HARP HCBS Asse				~
Medicaid Restri	ctions			~	HARP HCBS Asses	ssment Results			~
Quality Flag as of 03/0	01/2023		C Definition	s	Services: Specific Pro	vider as of 03/0	1/2023		Past 1 Year 🗸 🗸
10+ ER - MH					Provider	MAIN STREET N	MENTAL HEALTH CL	INIC	
2+ ER - BH 2+ ER - MH					Region		~	County	~
2+ ER - Medical 2+ Inpatient - BH					Current Access				~
2+ Inpatient - MH 2+ Inpatient - Medical					Service Utilization			✓ Number of the second sec	of Visits

Selec	t other	filter	options	and	click	"Search"

Quality Flag as of 03/01/2023	C Definitions	Services: Specific Pro	vider as of 03/01/202	23		Past 1 Year 🗸 🗸
HARP Enrolled - Not Health Home Enrolled - (updated weekly) HARP-Enrolled - No Assessment for HCBS - (updated weekly) Eligible for Health Home Plus - Not Health Home Enrolled Eligible for Health Home Plus - No Health Home Plus Service Past 12 Eligible for Health Home Plus - No Health Home Plus Service Past 3 M	Ionths	Provider Region Current Access	MAIN STREET MENTA		County	~
HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in High Mental Health Need Antipsychotic Polypharmacy (2+ >90days) Children Antipsychotic Two Plus	DOH MAPP Past 3 Months	Service Utilization		```	Number	of Visits
Antipsychotic Three Plus Antipsychotic Three Plus Antidepressant Two Plus - SC		Service Setting:		Service Detail:	Selected	
Antidepressant Three Plus Psychotropics Three Plus Psychotropics Four Plus Polypharmacy Summary Discontinuation - Antidepressant <12 weeks (MDE) Adherence - Mood Stabilizer (Bipolar) Adherence - Antipsychotic (Schiz) Treatment Engagement - Summary No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (A No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (A		<ul> <li>Care Coordination</li> <li>Crisis Service</li> <li>Foster Care</li> <li>Inpatient - ER</li> <li>Living Support/Reside</li> <li>Other</li> <li>Outpatient - DD</li> </ul>	dential			
Medication & Diagnosis as of 03/01/2023	Past 1 Year 🗸 🗸	Services by Any Provi	der as of 03/01/2023	]		Past 1 Year 🗸
Prescriber Last Name		Provider				
Drug Name	Active Drug	Region		~	County	~
Active medication (past 3 months) requiring Prior Authorization		Service Utilization		```	Number	of Visits
Psychotropic Drug Class* Non-Psychotropic Dr	ug Class*	Service Setting:		Service Detail:	Selected	
BH Diagnosis Medical Diagnosis	s	Care CoordinationCrisis ServiceFoster CareInpatient - ERLiving Support/ResidOtherOutpatient - DDOutpatient - MHOutpatient - MedicalOutpatient - SUOutpatient - SU				
+-Anxiety Disorders +-Congenital malf	blood and blood-forming V	4	4			

- 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.

50

Reset

#### Search Results: Click on name to view Clinical Summary

My QI Report - Stat	tewide Reports	Recipient Se	earch Pr	ovider Search Registrar - Usage - Utilization Reports Adult I	Home
✓ Modify Search				1,291 Recipients Found	View: Standard View: PDF Excel
Quality Flag		4+ Inpatient/	ER - MH		
AND [Provider Specific	] Provider	MAIN STREET	MENTAL HEAL		
				Search results ca	er of Rows Displayed: 50
Name 🔺	Medicaid ID 👙	DOB 🔶	Gender 👙	Medicaid Quality Flag exported to PDF	
QUJSRVU RUnJUq7B	RUEqNpMv NbY	NoytLpImM DY	R6 LQ MTY	2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, High MH Need, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Child & Adol	ealthcare of Quality Flag
QUJSRVVGSVJQTm QUnCQQ SQ	Sr6tN9MqN rl	OCypMCyn OTat	R6 LQ M9U	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER- MH, Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, High MH Need, No MH ED F/U 7d (DOH), No MH ED F/U 7d (DOH) - Adult	est PHSP, Inc. Quality Flag
QUNPUrRB SezOQVRIQUu TQ	VbYtNTim0 VM	NoyuLpEvO TM	TQ LQ M9a	2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-AP (DOH), Adher-MS, Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	are New York Quality Flag
QURBSVI UrRBTbZJTEnF	SqitNp6sM El	M8ynNoyo MDAr	TQ LQ MT2	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, High MH Need, No Well-Care Visit (DOH), Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Child & Adol	Quality Flag
QURHRVJTTqu SqFNQUvUSQ RQ	VF6sNp6sM bQ	OCyoMoynO Teo	TQ LQ MpA	10+ ER, 10+ ER-MH, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt- BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HHPIus No HHPIus Service > 12 mos, HHPIus No HHPIus Service > 3 mos, HHPIus Not HH Enrolled, High MH Need, No Outpt Medical	Quality Flag
QURKTqjBVENIRVI	UbEsODEvN	OSyoNCynO	R6 LQ	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPIus No HHPIus Service > 12 mos, HHPIus No HHPIus Service > 3 mos, Molina H	lealthcare of

My QI Report - Statewide	Reports Recipient Search	Provider Search	Registrar 🕇	Usage - Utilization	n Reports	Adult Home		
		Rec	ipient Sea	rch		Limit results to	50 ¥ Se	earch Reset
Recipient Identifiers				Search in	: 🔘 Full	Database 🔵	MAIN STREET MENTA	AL HEALTH CLINIC
Medicaid ID		SSN	First N	ame	Last Nan	ne	DOB	
AB00000A							MM/DD/YY	ΥY
Characteristics as of 02/27/2	023							
Age Range	То	Gender	~	Рор	ulation			~
Race			•	High Need Pop	ulation			~
Ethnicity			~	AOT			nity Oriented Recovery	and Empowerment)
Region			~			P : High User (All) P : High User (New)		
County			~	Homelessness	P0		ne Candidate (All) ne Candidate (New) t/ER Cost (Non-Duals)	) - Top 1%
Managed Care Plan & Medi	caid		I		On	TrackNY Early Psych	t/ER Cost (Non-Duals) nosis Program : Enrolle nosis Program : Discha	ed
Managed Care			~	Children's Waiver	On Status Tra	TrackNY Early Psych	nosis Program : Enrolle Behavioral Health (TA)	ed or Discharged < 3 year
MC Product Line			~	HARP	Status Hea	alth Home Plus (HH	+) - Eligible	3 mo. (Source: DOH MAF
Medicaid Enrollment Status			• H	HARP HCBS Assessment	Status AO	T - Active Court Orde T - Expired < 12 mor	er	a ma. (Source, Dorr MAI
Medicaid Restrictions			✓ H	IARP HCBS Assessment F	Results AC	T - Enrolled T - Enrolled T - Discharged < 12 I Inpt MH < 12 month	nonths	



					1	2	3	4	5	67	8	9	10	«	»	
Name	Medicaid ID 🔶	DOB 🔶	Gender 🔶	Medicaid Quality Flags				Medicaid Managed Care Plan			Current PHI Access					
	oMVe	l Yr	N12													
QUNFVaVETm TFbOTaVUVEU	VqYmOD6o OUu	NCynN8ynO T6n	R6 LQ NDE	Adher-AP (DOH), HARP No Assessment for HCBS, HARP No Health Home, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP												
QUNFVaVETm TUFSSUE	WbMnNTar NEY	N8ypLpEvN 9I	R6 LQ Healthfirst PHSP, Inc. PSYCKES Consen									nsent				
QUNFVaVETm TUFSSUE Qm	WUEvOTISM al	NOYYLDLVI	When searching with the CORE Eligible (Community Oriented Recovery and Empowerment) filter, the results													
QUNFVaVETm TUFSSUE RQ	WausMp6rO FY		will be displayed in the Standard view. Change the View to <b>Care Coordination</b> Advanced View to view two new													
QUNFVaVETm TUFSSUJFTA	WauqN9Uu OVa	OSyrLpEvN E	columns: CORE Eligible and MC Product Line													
QUNFVaVETm TUFSSVNPTA	WUEqMDYq MqQ	NoyvLpEvN 9U	R6 LQ NT2	HARP No Assessment for HCBS, HARP No Health Home Healthfirst PHSP, Inc. Quality Flag							Flag					
QUNFVaVETm TUbHVUVM QQ	WbMuMDIu Mal	OCyoNCynO TYm	TQ LQ N9I	Colorectal Screen Overdue (DOH), HARP No HARP No Health Home	Asses	smen	t for H	CBS,	Fidelis	Care Ne	w York		Quality	Flag		

My QI Report - Statewide Reports		Recipient Search	Provider Search Registrar <del>-</del>		Usage - Utilization Reports		Adult Home			
✓ Modify Search				12,942	Recipients	Found		O View: Care Coordi	ination V Excel	
High Need Population			CORE Eligible (Comm	unity Oriented Recover	y and Empowerme	nt)				
AND [Provider Specific] Provider		MAIN STREET MENT	AL HEALTH CLINIC							
								Maximum Number of R	ows Displayed: 50000	
Applicable data is di	splayed	for recipients wit	h quality flag or conse	nt.						
						1	2 3 4	5 6 7 8 9	10 « »	
Name		MC PI	roduct Line	Current PH	Access 🔶	HARP	Status (H Code)	CORE Eligible	HARP HCBS Assi re	
QUNFVaVETm TFbOTaVUVEU		Health and Reco	overy Plan (HARP)	Quality Flag		HARP Enrolle	d (H1)	Yes		
QUNFVaVETm TUFS	SUE	Health and Reco	overy Plan (HARP)	PSYCKES Consent		HARP Enrolle	d (H1)	Yes	7/19/2021	
QUNFVaVETm TUFS Qm	QUNFVaVETm TUFSSUE Medicaid Advan		tage Plus (MAP)	Health Home Consent		Eligible Pendi	ng Enrollment (H9)	Yes		
QUNFVaVETm TUFS RQ	UNFVaVETm TUFSSUE Health and Reco		overy Plan (HARP)	Quality Flag		HARP Enrolle	d (H1)	Yes		
QUNFVaVETm TUFSSUJFTA		Health and Reco	overy Plan (HARP)	Quality Flag		HARP Enrolled (H1)		Yes		
QUNFVaVETm TUFSSVNPTA	Health and Reco		overy Plan (HARP)	Quality Flag Click and drag here to scroll			• •	Yes		
٠ - · · · · · · · · · · · · · · · · · ·								1	•	

# **Clinical Summary**



#### **Clinical Summary: Current Care Coordination**

#### QaFGRabDTom TUbDSEFFTA 14 8 121 Recipient Search Clinical Summary as of 5/23/2023 PDF Excel CCD This report does not contain clinical data with special protection Sections Brief Overview 1 Year Summary 5 Year Summary consent required. General HARP Status Name Medicaid ID Medicare OaFGRabDTom TUbDSEFFTA Uq6vND6rOEE No HARP Enrolled (H1) HARP HCBS Assessment Status DOB Medicaid Aid Category Managed Care Plan MTIIMT2IMTatN6 KD0s WVJTK0 SSL Fidelis Care New York (HARP) Never Assessed Medicaid Eligibility Expires on MC Plan Assigned PCP Address NDag RgVPUa3JQQ QVZFTbVF Nami Benchabbat, Albert QbJPTqjMWUui Tbai MTEoMD2 Phone (Source: NYC DHS)

#### Current Care Coordination

C6 KDanNoa NTMmLTQpNTYK

Prescription Prior Authorization: This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Fluticasone Propionate (Nasal) (Fluticasone Propionate), Omeprazole

To obtain a prior authorization call (877) 309- 9493 or fax the appropriate Prior Authorization Form to (800) 268-2990. Standard PA Form: https://newyork.fhsc.com/downloads/providers/NYRx\_PDP\_PA\_Fax\_Standardized.pdf Other Specialized PA Forms: https://newyork.fhsc.com/providers/pa\_forms.asp

AOT : (Enrolled Date: 22-MAR-23, Expiration Date: 22-SEP-23), Main Contact: Not Available

This information is updated weekly from TACT.

ACT : JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES (Admission Date: 03-JUN-19), Main Contact: Devorah Rubenstein, Phone: () -

This information is updated weekly from CAIRS.

Housing/Residential Program: Supported Single Room occupancy, Livonia Commons, CAMBA, Inc. (Admission Date: 30-JUN-16), Program Contact Information: Not Available

This information is updated weekly from CAIRS.

POP High User: In the event of emergency department/inpatient hospitalizations, client is eligible for intensive care transition services. To coordinate, please contact the client's managed care plan Fidelis Care New York Behavioral Health High Risk Alert Team, 718-896-6500 ext. 16077 for HARP members ext. 16072 for Non-HARP members (see HARP status above), BHHighRisk@fideliscare.org.

POP Potential Clozapine Candidate: Evaluate for potential clozapine initiation/referral due to schizophrenia, high psychiatric Inpatient/ER use, and no recent clozapine use. Identify a community-based clozapine prescriber and other supports for clozapine treatment by contacting the client's managed care plan Fidelis Care New York Behavioral Health High Risk Alert Team, 718-896-6500 ext. 16077 for HARP members or ext. 16072 for Non-HARP members (see HARP status above), BHHighRisk@fideliscare.org.

High Mental Health Need due to: 1+ Inpt MH in past 12 months ; ACT enrolled or discharged in past 5 years ; AOT active or expired in past 5 years

This client is eligible for Community Oriented Recovery and Empowerment (CORE) services. For more information on CORE, visit: https://omh.ny.gov/omhweb/bho/core

#### **Clinical Summary: Quality Flags**

#### Social Determinants of Health (SDH)

	<u> </u>	·								
Problems related to employment and unemployment		Unemployment, Unspecified								
Problems related to housing and econom circumstances	ic	Sheltered Homelessness • Homelessness Unspecified								
Quality Flag as of 03/01/2023		C Definitions	Recent	All (Graph)	All (Table)					
Indicator Set										
BH QARR - Improvement Measure	No Metabolic Monitoring (Gluc/HbA1c) on Antipsychotic • No Metabolic Monitoring (LDL-C) on Antipsychotic									
General Medical Health		No Diabetes Monitoring (HbA1c) Diabetes								
Health Home Care Management - Adult		Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months • Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months • Eligible for Health Home Plus - Not Health Home Enrolled • HARP Enrolled - Not Health Home Enrolled								
High Mental Health Need		1+ Inpt MH in past 12 months • AOT active or expired in past 5 years • Intensive Mobile Treatment (IMT) in past 5 years								
Ligh Itilization - Inst/ED		10+ ER - All Cause • 2+ ER - BH • 2+ ER - MH • 2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - MH • 2+ Inpatient - Medical • 4+ Inpatient/ER - BH • 4+ Inpatient/ER - MH • 4+ Inpatient/ER - Med • POP : High User • POP : Potential Clozapine Candidate								
MH Performance Tracking Measure (as of 10/01/2022) No		No Follow Up After MH ED Visit - 7 Days • No Follow Up after MH Inpatient - 30 Days • No Follow Up after MH Inpatient - 7 Days								
Vital Signs Dashboard - Adult (as of 10/01/2022)	Eligible for Health Home Plus - No Health Home Plus Service Past 12 Months (adult) • No Follow Up After MH ED Visit - 7 Days (adult) • No Follow Up after MH Inpatient - 30 Days (adult) • No Follow Up after MH Inpatient - 7 Days (adult) • Overdue for Colorectal Cancer Screening									



#### **Clinical Summary: Hospital/ER/Crisis Services**

Hospital/ER/Crisis Services Details											
Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)					
Inpatient - MH	SAMARITAN HOSPITAL OF TROY, NEW YOR	6/29/2022	11/9/2022	133			Ō				
CSIDD - Crisis Service - DD	CAPITAL DISTRICT DDSO CSIDD	7/1/2022	7/1/2022	1	Autistic Disorder		G				
Inpatient - MH	SAMARITAN HOSPITAL OF TROY, NEW YOR	6/26/2022	6/27/2022	1	Autistic Disorder		G				
ER - Medical - Physician Group	MANNING EMERGENCY MEDICAL	6/27/2022	6/27/2022	1	Violent Behavior	- Emergency Dept Visit Mod Mdm	Ō				
ER - MH - Physician Group	MANNING EMERGENCY MEDICAL	6/22/2022	6/22/2022	1	Autistic Disorder	- Emergency Dept Visit Hi Mdm	G				
ER - MH	ALBANY MEDICAL CTR HOSPITAL	6/7/2022	6/7/2022	1	Autistic Disorder	- Emergency Dept Visit Mod Mdm - Haloperidol Injection - Ther/Proph/Diag Inj Iv Push	G				
ER - MH - Physician Group	ALBANY MEDICAL COLLEGE	6/7/2022	6/7/2022	1	Autistic Disorder	- Emergency Dept Visit Low Mdm	G				
CSIDD - Crisis Service - DD	CAPITAL DISTRICT DDSO CSIDD	6/1/2022	6/1/2022	1	Autistic Disorder		G				
ER - Medical - Physician Group	MANNING EMERGENCY MEDICAL	5/10/2022	5/10/2022	1	Abrasion, Right Foot, Initial Encounter	- Emergency Dept Visit Low Mdm - Med Serv 10pm-8am 24 Hr Fac	G				
ER - Medical	SAMARITAN HOSPITAL OF TROY, NEW YOR	5/10/2022	5/10/2022	1	Acute Upper Respiratory Infection, Unspecified	- Emergency Dept Visit Mod Mdm - Urinalysis Auto W/Scope	G				

# PSYCKES Training & Technical Assistance



# **PSYCKES** Training

- PSYCKES website: <u>www.psyckes.org</u>
- PSYCKES Training Webinars
  - Live webinars: Register on PSYCKES Training Webinars page
  - Recorded webinars: Slides and recordings available
    - Using PSYCKES Quality Indicator Reports
    - Navigating PSYCKES Recipient Search for Population Health
    - Using the PSYCKES Clinical Summary
    - Consent, Emergency, Quality Flag: PSYCKES Levels of Access

**Mental Health** 

- PSYCKES Mobile App for iPhones & iPads
- MyCHOIS Consumer Access for "My Treatment Data"
- Introduction to PSYCKES
- Where to Start: Getting Access to PSYCKES
- PSYCKES User's Guides & Short How-To Videos
  - www.psyckes.org > PSYCKES Training Materials

#### **QI** Technical Specifications

#### Login to PSYCKES

#### Login Instructions

- About PSYCKES
- **PSYCKES** Training
- Materials
- **PSYCKES** Training
- Webinars
- Quality Indicators
- Implementing
- PSYCKES
- Quality Improvement
- Collaboratives
- **MyCHOIS**
- Contact Us

#### **Quality Indicators**

#### What is a Quality Indicator/flag?

- PSYCKES identifies clients flagged for quality concern in order to inform the treating provider, network, or care manager and to support clinical review, care coordination, and quality improvement
- User-friendly Statewide Reports and My QI Reports, **updated monthly,** display quality indicator prevalence rates at the statewide, region, county, network, provider, program, managed care plan, and PPS level
- Over 80 quality indicators, such as:
  - No diabetes monitoring for individuals with diabetes and schizophrenia
  - Low medication adherence for individuals with schizophrenia
  - Antidepressant trial of < 12 weeks for individuals with depression</li>
  - High Utilization of Inpatient/Emergency Room, Hospital Readmission, Preventable Hospitalization
  - HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS
- The BH QARR DOH Performance Tracking Measures Indicator Set is a unique indicator set in PSYCKES because it is calculated by the NYS Department of Health (DOH) on "mature" Medicaid data and sent to OMH to display in the PSYCKES application. DOH calculates the QARR Performance Tracking Measures set after a 6-month billing data maturation period to allow for services to be invoiced. The measures are based on a 12-month period of services.

#### **Technical Specifications Documents**

- Health Home Care Management Adult T
- <u>Quality Assurance Reporting Requirements (QARR) Improvement Measure</u>
- Hospital Readmission 🔧
- High Utilization 📆
- <u>Preventable Hospitalization</u>
- <u>General Medical Health</u>
- Treatment Engagement 🛃
- Polypharmacy 1

Comments or questions about the information on this page can be directed to the **PSYCKES** Team.

#### Have you heard about the Self-Service Console?

- The Self-Service Console is a way to manage your RSA token and PIN, for logging into secure OMH applications, including PSYCKES
- The console is accessed at: <u>mytoken.ny.gov</u>
- From within your Self-Service Console account, you can:
  - Set security questions
  - Reset your PINs
  - Activate tokens
  - Request a replacement token
- We recommend all users set up security questions in the console so that you can reset your own PIN if ever needed
- As of April 2022, the console must be used when new users need a token or existing users need a replacement token

### **Helpdesk Support**

- PSYCKES Help (PSYCKES support)
  - 9:00AM 5:00PM, Monday Friday
  - <u>PSYCKES-help@omh.ny.gov</u>
- ITS Help Desk (Token, Login & SMS support)
  - Provider Partner (for Non-OMH Employees) OMH Helpdesk:
    - 518-474-5554, option 2;<u>healthhelp@its.ny.gov</u>
  - OMH Employee ITS Helpdesk:
    - 1-844-891-1786;<u>fixit@its.ny.gov</u>

