



**Office of
Mental Health**

PSYCKES Tools for Care Managers

NCCCC Care Manager Conference

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Office of Population Health & Evaluation (OPHE)

November 1, 2023

Agenda

- PSYCKES overview
- Population health with Recipient Search
- Review client-level details with the Clinical Summary
- Quality improvement with My QI Report
- Technical support
- Upcoming new feature!

PSYCKES Overview



Office of
Mental Health

What is PSYCKES?

- A secure, HIPAA-compliant online platform for sharing Medicaid billing data and other state administrative data
- Designed to support data-driven clinical decision-making, care coordination and quality improvement
- Ongoing data updates
 - Clinical Summary updated weekly
 - Quality Indicator reports updated monthly

Who is Viewable in PSYCKES?

- Over 11 million NYS Medicaid enrollees (current or past)
 - Fee for service claims
 - Managed care enrollees, all product lines
 - Dual-eligible (Medicare/Medicaid) and Medicaid/Commercial
 - MAPP Health Home Enrolled: Clients linked to provider agency if enrolled with HH or CMA according to MAPP
 - **99% of Health Home population is included in PSYCKES!**
- Behavioral Health Population (any history of):
 - 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 concerns in order to inform the treating provider or care coordinator and to support clinical review and quality improvement
- When a client has a certain quality flag, the provider is allowed access to that individual’s Clinical Summary (some exceptions)
- Examples of current quality flags include:
 - Health Home-Related, e.g., Eligible for Health Home Plus, No Health Home Plus Service Past 12 Months, Past 3 Months
 - Medication-Related, e.g., Polypharmacy, Medication Adherence
 - Acute Care Utilization, e.g., High utilization, Readmission
 - Performance Tracking, e.g. No Follow-Up After MH Inpatient – 7/30 Days, No Follow-Up After MH ED Visit – 7/30 Days

Recipient Search



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Recipient Search

- Clients linked to provider agency if billed for in the past year or currently linked through MAPP
- Options in Recipient Search:
 - Look up one individual client to view Clinical Summary (with applicable access)
 - Identify clients in a specific population cohort of interest, such as:
 - “Health Home Plus – Eligible”, “Health Home and/or Care Management Enrolled”
 - CORE eligible
 - Experiencing homelessness (any homelessness past year, shelter, unsheltered, outreach, etc.)
 - Alerts (e.g., suicide attempt, ideations, opioid overdose, etc.)
 - Social Determinants of Health (SDOH)
- Export results page to Excel or PDF
- **Advanced Views:** Care Coordination, High Need/High Risk, Hospital Utilization, Outpatient Providers

Recipient Search

Limit results to

50

Search

Reset

Recipient Identifiers

Individual Search

Search in: Full Database MAIN STREET AGENCY

Medicaid ID

SSN

First Name

Last Name

DOB

AB00000A

MM/DD/YYYY

Characteristics as of 10/01/2023

Group Search

Age Range To Gender

Race

Ethnicity

Region

County

Special Populations

Social Determinants of Health (SDOH)

Past 1 Year

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

SDOH Conditions (reported in billing)

- Personal risk factors, not elsewhere cla
- Perpetrator of assault, maltreatment an
- Other problems related to primary supp
- Other nutritional deficiencies
- Occupational exposure to risk factors
- Adult and child abuse, neglect and othe

SDOH Conditions: Selected

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

HARP HCBS Assessment Results

Special Populations

Social Determinants

Population

High Need Population

**Search for:
CORE Eligible,
Health Home Plus
– Eligible, or HH+
Service Received
in the High Need
Population filter
dropdown**

CORE Eligible (Community Oriented Recovery and Empowerment)

POP : High User (All)

POP : High User (New)

POP : Potential Clozapine Candidate (All)

POP : Potential Clozapine Candidate (New)

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 1%

High Medicaid Inpatient/ER Cost (Non-Duals) - Top 5%

OnTrackNY Early Psychosis Program : Enrolled

OnTrackNY Early Psychosis Program : Discharged < 3 years

OnTrackNY Early Psychosis Program : Enrolled or Discharged < 3 years

Transition Age Youth - Behavioral Health (TAY-BH)

OPWDD NYSTART - Eligible

Health Home Plus (HH+) - Eligible

HH+ Service - Received at least once in past 3 mo. (Source: DOH MAPP)

AOT - Active Court Order

AOT - Expired < 12 months

ACT - Enrolled

ACT - Discharged < 12 months

3+ Inpt MH < 12 months

SDOH Conditions

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Problems related to

Special Populations

Population

High Need Population

AOT Status

Alerts

Search for clients with a history of suicide attempts, ideations, or opioid overdose by using the "Alerts" filter

- Alerts - Any below
- Suicide Attempt (Medicaid/NIMRS) past 1 year
- Suicide Attempt (Medicaid/ NIMRS)
- Suicidal Ideations (Medicaid)
- Self-Inflicted Harm/ Injury (Medicaid)
- Self-Inflicted Poisoning (Medicaid)
- Overdose - Opioid past 1 year
- Overdose - Opioid (Intentional) past 1 year
- Overdose - Opioid (Unintentional) past 1 year
- Overdose - Opioid past 3 years
- Overdose - Opioid (Intentional) past 3 years
- Overdose - Opioid (Unintentional) past 3 years
- Overdose Risk - Concurrent Opioid & Benzodiazepine
- Registry - Suicide Care Pathway - active at any agency
- Registry - High Risk List - active at any agency
- Registry - COVID-19 - active at any agency
- OMH Unsuccessful Discharge

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Any (DHS/Medicaid) or Outreach (DHS) or Unshe...

Homelessness: All Sources

Any (DHS/Medicaid)

Any past 1 year (DHS/Medicaid)

Homelessness: NYC DHS

Any (DHS)

Any past 1 year (DHS)

Shelter (DHS)

Shelter past 1 year (DHS)

Outreach (DHS)

Outreach past 1 year (DHS)

Behavioral Health Shelter past 1 year (DHS)

Safe Haven or Stabilization Shelter past 1 year (DHS)

Homelessness: Medicaid

Any (Medicaid)

Any past 1 year (Medicaid)

Unsheltered past 1 year (Medicaid)

Sheltered past 1 year (Medicaid)

Search for homelessness alerts such as: Any, Outreach, Unsheltered past 1 year, etc. Select up to 4 in each search.

Medicaid Restrictions

Quality Flag as of 10/01/2023

HARP Enrolled - Not Health Home Enrolled
HARP-Enrolled - No Assessment for HCB
Eligible for Health Home Plus - Not Health Home Plus
Eligible for Health Home Plus - No Health Home Plus
HH Enrolled, Eligible for Health Home Plus
High Mental Health Need

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Problems related to housing and economic circumstances
- Problems related to living in residential institution
- Homelessness
- Housing instability, housed
- Housing instability, housed, with risk of homelessness
- Inadequate housing
- Insufficient social insurance and welfare support

Select a domain category or expand the domain category to select a specific SDOH condition within that domain (up to 4 different SDOH filters can be selected at one time)

Social Determinants of Health (SDOH)

Past 1 Year

SDOH Conditions (reported in billing)

SDOH Conditions: Selected

- Other problems related to housing and economic circumstances
- Sheltered homelessness
- Material hardship
- Transportation insecurity
- Extreme poverty
- Lack of adequate food

- Problems related to housing and economic circumstances
 - Homelessness
 - Transportation insecurity
 - Extreme poverty

Quality Flags

Managed Care Plan & Medicaid

Managed Care

MC Product Line

Medicaid Enrollment Status

Medicaid Restrictions

Children's Waiver Status

HARP Status

Assessment Status

Assessment Results

Search for a specific HARP status

- Eligible/Enrolled All (H1-H9)
- HARP Enrolled (H1)
- HARP Enrolled Tier 1 HCBS (H1 with H2)
- HARP Enrolled Tier 2 HCBS (H1 with H3)
- SNP HARP Eligible (H4)
- SNP HARP Eligible Tier 1 HCBS (H4 with H5)
- SNP HARP Eligible Tier 2 HCBS (H4 with H6)
- Eligible Pending Enrollment (H9)
- Not HARP Eligible (Current Medicaid Enrollees excluding H1-H9)

Quality Flag as of 10/01/2023

Definitions

Services: Specific Provider as of 10/01/2023

- 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 Months
- Eligible for Health Home Plus - No Health Home Plus Service Past 3 Months
- HH Enrolled, Eligible for Health Home Plus - Not Entered as Eligible in DOH MAPP Past 3 Months

Provider

Region

County

Current Access

Search for HARP and HH+ related quality flags. Select up to 4 quality flags per search.

- High Mental Health Need
- Antipsychotic Polypharmacy (2+ >90days) Children
- Antipsychotic Two Plus
- Antipsychotic Three Plus
- Antidepressant Two Plus - SC
- 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 (All)
- No Metabolic Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (Child)

Service Utilization

Number of Visits

Service Detail: Selected

- Outpatient - Medical
- Outpatient - Medical Specialty

Services: Specific Provider

Services: Specific Provider as of 10/01/2023

Past 1 Year

Provider MAIN STREET AGENCY

Region

County

Click on the “+” sign to expand a category and view a list specific service settings in your organization

Service Setting:

Service Detail: Selected

- + Care Coordination
 - ACT - MH Specialty
 - Care Management - Enrolled (Source: DOH MAPP)
 - Care Management - Enrolled/Outreach (Source: DOH MAPP)
 - Care Management - Outreach (Source: DOH MAPP)
 - Health Home Non-Medicaid Care Management (HHNMCM) (Source: OMH CAIRS)
 - Health Home and/or Care Management - Enrolled (Source: DOH MAPP and Medicaid)
 - Health Home and/or Care Management - Outreach/Enrolled (Source: DOH MAPP and Medicaid)

Services by Any Provider

Services by Any Provider

as of 10/01/2023

Past 1 Year

Provider

Region

Service Utilization

Service Setting:

Service

In the “Services by Any Provider” section you can search for clients in your agency receiving specific services from other agencies within the state

— Care Coordination

- ACT - MH Specialty
- Care Coordination Organization (DD Health Home)
- Care Management - Enrolled (Source: DOH MAPP)
- Care Management - Enrolled/Outreach (Source: DOH MAPP)
- Care Management - Outreach (Source: DOH MAPP)
- Case Management - ALL
- Case Management - DD
- Case Management - DOH
- Case Management - OMH
- Child Waiver Services - OMH
- Health Home - Enrolled (Source: DOH MAPP)
- Health Home - Enrolled/Outreach (Source: DOH MAPP)
- Health Home - Outreach (Source: DOH MAPP)

[← Modify Search](#)

76 Recipients Found

View:

- Standard
- Standard**
- Care Coordination
- High Need/High Risk
- Hospital Utilization
- Outpatient Providers



[Provider Specific] Provider

MAIN STREET AGENCY

AND [Provider Specific] Service Setting:

Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QFSTqu REVCUaE	WF2vNTYoMrU	NSynMoyn0TYs	R6 LQNT2	Colorectal Screen Overdue (DOH), No DM Screen - AP (DOH)	Healthfirst PHSP, Inc.	Quality Flag
QUJEVv... QU7JTQ TVVTVEF... SEE RQ	VFAoODYpNF6	NCyoMoyn0T6q	TQ LQMpa		Healthfirst PHSP, Inc.	Quality Flag
QUJSRVU... QVNITEVZ RQ	Rq6pMDApOEe	OSynOCyoMDAp	R6 LQMTa			Quality Flag
QUJTRUvDRQ VaFVRfJFQm	UqipN9MmOEE	MTAIMT2IMTasOA	TQ LQNTQ		Fidelis Care New York	PSYCKES Consent
QUNFVaVETm QqFSTUVO	Wa2nN96pNqE	MTIIMoyn0TUn	R6 LQNpE			No Access
QUNFVaVETm UaFGQUVM RQ	WaMqMTamMEY	OSyoMCyn0TYs	TQ LQNTY		Healthfirst PHSP, Inc.	Quality Flag
QUNFVaVETm UaFNSVJFW6 SqVWSUu	TbEsOT6tNaM	NCyrlPlmMTI	TQ LQMTE		HealthPlus	No Access
QUNFVaVETm UaFNSVJFW6 TUFJUaVORQ	UUqsNT6tMaq	NoyuLplmMD2	R6 LQMTY		HealthPlus	No Access
QURBTUbl QbJZQUu UA	WU2sM96sOFY	N8yuLpEvNT6	TQ LQN9U	2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-Med, High MH Need	Village Senior Services Corporation	Quality Flag
QURBTVM QqFTRVa Um	WUYnMpavNaQ	N8yqLpEvNpa	TQ LQNDQ	2AP, HARP No Assessment for HCBS, No DM Screen - AP, No Gluc/HbA1c & LDL-C - AP, No Gluc/HbA1c - AP, No LDL-C - AP, No Outpt Medical	MetroPlus Health Plan	Quality Flag

On the results page, you can drill into a client's Clinical Summary (with applicable access), export the results to PDF or Excel, or change to one of our Advanced Views!



[← Modify Search](#)

76 Recipients Found

View: Care Coordination

[Provider Specific] Provider

MAIN STREET AGENCY

AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name	Medicaid ID	DOB	Gender	Medicaid Managed Care Plan	MC Product Line	Current PHI Access
QUFSTqu REVCuAE	WFZvNTYo MrU	NSynMoynO TYs	R6 LQ NT2	Healthfirst PHSP, Inc.	Health and Recovery Plan (HARP)	Quality Flag
QUJEVVJSQU7JTQ TVVTVEFQSEE RQ	VFAoODYpN F6	NCyoMoynO T6q	TQ LQ Mpa	Healthfirst PHSP, Inc.	Health and Recovery Plan (HARP)	Quality Flag
QUJSRVU QVNITEVZ RQ	Rq6pMDAp OEe	OSynOCyoM DAp	R6 LQ MTa			Quality Flag
QUJTRUvDRQ VaFVRfJFQm	UqipN9Mm OEE	MTAIMT2IM TasOA	TQ LQ NTQ	Fidelis Care New York	Health and Recovery Plan (HARP)	PSYCKES Consent
QUNFVaVETm QqFSTUVO	Wa2nN96p NqE	MTIIMoynO TUn	R6 LQ NpE			No Access
QUNFVaVETm UaFGQUVM RQ	WaMqMTa mMEY	OSyoMCynO TYs	TQ LQ NTY	Healthfirst PHSP, Inc.		Quality Flag
QUNFVaVETm UaFNSVJFW6 SqVWSUu	TbEsOT6tN aM	NCyrLpImM T1	TQ LQ MTE	HealthPlus		No Access
QUNFVaVETm UaFNSVJFW6 TUFJUaVORQ	UUqsNT6tM aq	NoyuLpImM D2	R6 LQ MTY	HealthPlus		No Access
QURBTUbL QbJZQUu UA	WU2sM96s OFY	N8yuLpEvN T6	TQ LQ N9U	Village Senior Services		Quality Flag
QURBTVM QqFTRVa Un		N8yqLpEvN pa	TQ LQ NDQ	MetroPlus Health Plan	Health and Recovery Plan (HARP)	Quality Flag
QURBTVM SaFDSm Vm	TVacMTAs MrU	MSynLpEvO TE	TQ LQ Mpl			Quality Flag
	TlilipMtuO	MSynNCyo	TQ LQ			

When an Advanced View is added on, additional columns related to that view will now display on the results page

Click here to scroll...

[← Modify Search](#)

76 Recipients Found

View: Care Coordination



[Provider Specific] Provider: MAIN STREET AGENCY

AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name	HARP Status (H Code)	CORE Eligible	HARP HCBS Assessment Date (most recent)	Children's Waiver Status (K Code)	Health Home
QUFSTqu REVCUaE	HARP Enrolled (H1)	Yes	3/14/2022		COORDINATED B INC
QUJEVVJSQU7JTQ TVVTVEFQSEE RQ	HARP Enrolled (H1)	Yes	2/3/2022		COORDINATED B INC
QUJSRVU QVNITEVZ RQ					COORDINATED B INC
QUJTRUvDRQ VaFVRFJFQm	HARP Enrolled (H1)	Yes			COORDINATED B INC
QUNFVaVETm QqFSTUVO					
QUNFVaVETm UaFGQUVM RQ	HARP Enrolled (H1)	Yes	7/22/2020		COORDINATED B INC
QUNFVaVETm UaFNSVJFW6 SqVWSUu					
QUNFVaVETm UaFNSVJFW6 TUFJUaVORQ					
QURBTUbl QbJZQUu UA					COORDINATED B INC
QURBTVM QqFTRVa Um	HARP Enrolled (H1)	Yes			COORDINATED B INC
QURBTVM SaFDSm Vm					COORDINATED B INC

Click here to scroll...

[← Modify Search](#)

76 Recipients Found

View: Care Coordination



[Provider Specific] Provider

MAIN STREET AGENCY

AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name	Health Home Name (Enrolled)	Care Management Name (Enrolled)	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	
QUFSTqu REVCUaE	NORTH SHORE UNIVERSITY HOSPITAL	NORTH SHORE UNIVERSITY HOSPITAL	NYC-HHC Queens Hospital Center		
QUJEVVJSQU7JTQ TVVTVEFQSEE RQ	COMMUNITY CARE MANAGEMENT PARTNERS	BRC HUMAN SERVICES CORP			
QUJSRVU QVNITEVZ RQ	COORDINATED BEHAVIORAL CARE INC	JEWISH BD FAM/CHILD SVCS MH	So.Shore Association f/Independent Living,Inc		
QUJTRUvDRQ VaFVRfJFQm	MONTEFIORE MEDICAL CENTER	ESSEN MEDICAL ASSOCIATES PC			Active
QUNFVaVETm QqFSTUVO					
QUNFVaVETm UaFGQVM RQ	COMMUNITY CARE MANAGEMENT PARTNERS	BRC HUMAN SERVICES CORP			
QUNFVaVETm UaFNSVJFW6 SqVWSUu					
QUNFVaVETm UaFNSVJFW6 TUFJUaVORQ					
QURBTUbl QbJZQUu UA	COORDINATED BEHAVIORAL CARE INC	JEWISH BD FAM/CHILD SVCS MH	The Bridge, Inc.		
QURBTVM QqFTRVa Um	MONTEFIORE MEDICAL CENTER	ESSEN MEDICAL ASSOCIATES PC			
QURBTVM SaFDSm Vm	COORDINATED BEHAVIORAL CARE INC	JEWISH BD FAM/CHILD SVCS MH	NYC-HHC Jacobi Medical Center		
	COORDINATED BEHAVIORAL CARE				

Click here to scroll...

[← Modify Search](#)

76 Recipients Found

View: Care Coordination



[Provider Specific] Provider

MAIN STREET AGENCY

AND [Provider Specific] Service Setting: Care Management - Enrolled (Source: DOH MAPP)

Maximum Number of Rows Displayed: 50

Applicable data is displayed for recipients with quality flag or consent.

Name	ACT Provider (Active)	OnTrackNY Early Psychosis Program (Enrolled)	AOT Status	AOT Provider (Active)
QUFSTqu REVCUaE	NYC-HHC Queens Hospital Center			
QUJEVVJSQU7JTQ TVVTVEFQSEE RQ				
QUJSRVU QVNITEVZ RQ	So.Shore Association f/Independent Living,Inc			
QUJTRUvDRQ VaFVRFJFQm			Active Court Order	Jewish Board of Family & Children's Services
QUNFVaVETm QqFSTUVO				
QUNFVaVETm UaFGQUVM RQ			Active Court Order	BronxCare Health System
QUNFVaVETm UaFNSVJFW6 SqVWSUu				
QUNFVaVETm UaFNSVJFW6 TUFJUaVORQ				
QURBTuBL QbJZQUu UA	The Bridge, Inc.			
QURBTVM QqFTRVa Um			Active Court Order	Services for the Underserved, Inc.
QURBTVM SaFDSm Vm	NYC-HHC Jacobi Medical Center			

Clinical Summary



Office of
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Clinical Summary

- Summarizes up to 5-years of treatment history for a client
- Creates an integrated view from all databases available through PSYCKES
 - e.g., Health Home contact information and CMA name from MAPP, AOT court orders from OMH TACT, hospitalizations from Medicaid billing, State PC residential services from State PC EMR, suicide risk from incident management (NIMRS), etc.
- Summarizes treatment episodes to support rapid review
- Episodes of care linked to detailed dates of service if needed (including diagnoses and procedures)
- Clinical Summary organized by sections like an EMR
- Export to Excel or PDF

SMITH, JOHN

As of 10/11/2023  Data sourcesData with Special Protection Show Hide
This report contains all available clinical data.

Brief Overview

Full Summary

DOB: 01/01/1967 (55 Yrs)

Address: 123 MAIN STREET, MAINTOWN, NY 12345

Medicaid ID: AB12345C

Medicare: No

Managed Care Plan: Fidelis Care New York (HARP)

MC Plan Assigned PCP : N/A

HARP Status: HARP Enrolled (H1)

HARP HCBS Assessment Status: Never Assessed

Medicaid Eligibility Expires on: 12/1/2023

Current Care Coordination

AOT JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES (Enrolled Date: 08-FEB-23, Expiration Date: 08-FEB-24)
Main Contact : Nicole Avile: (917) 560 - 1796Health Home (Enrolled) COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-DEC-16) · Status : Active
Main Contact Referral : CBCHealthHome@cbcare.org
Member Referral Number: 866-899-0152
Care Management (Enrolled): JEWISH BD FAM/CHILD SVCS MHHousing/Residential Program Supported Housing Community Services, JBFCS - Supported Housing - Bronx - Comm. Svcs. Jewish Board of Family & Children's Services (Admission Date: 08-JUL-13)
Program Contact Information : Vanessa Edwards: (718)-931-4045 ext. 208

Notifications

Prescription Prior Authorization This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Quetiapine Fumarate.
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

Health Home Plus Services last received August 2023 from JEWISH BD FAM/CHILD SVCS MH

Health Home Plus Eligibility This client is eligible for Health Home Plus due to: AOT - Active Court Order

High Mental Health Need due to: 1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis ; 1+ Inpt MH in past 12 months ; AOT active or expired in past 5 years

CORE Eligibility 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>

Alerts · all available

Most Recent

2 Treatment for Suicidal Ideation (2 Inpatient) 2/8/2023 LINCOLN MEDICAL/MENTAL HLTH (Inpatient - MH)

Social Determinants of Health (SDOH) Past Year - reported in billing

Other problems related to primary support group, including family circumstances Problem related to primary support group, unspecified · Other specified problems related to primary support group

Problems related to employment and unemployment Unemployment, unspecified

Problems related to housing and economic circumstances Food insecurity · Low income · Other problems related to housing and economic circumstances

Problems related to social environment Other problems related to social environment

SMITH, JOHNAs of 10/11/2023 [Data sources](#)[Old Clinical Summary](#)[PDF](#)[EXCEL](#)[CCD](#)[Sections](#)[Brief Overview](#)[Full Summary](#)Data with Special Protection Show Hide
This report contains all available clinical data.**General****Name**

SMITH, JOHN

DOB

01/01/1967 (55 Yrs)

Address123 MAIN STREET,
MAINTOWN, NY 12345**Medicaid ID**

AB12345C

Medicaid Aid Category

N/A

Medicaid Eligibility Expires on

12/1/2023

Medicare

No

Managed Care Plan

Fidelis Care New York (HARP)

MC Plan Assigned PCP

N/A

HARP Status

HARP Enrolled (H1)

HARP HCBS Assessment Status

Never Assessed

Current Care Coordination**AOT**JEWISH BOARD OF FAMILY & CHILDREN'S SERVICES (Enrolled Date: 08-FEB-23, E
Main Contact : Nicole Avile: (917) 560 - 1796**Health Home (Enrolled)**COORDINATED BEHAVIORAL CARE INC (Begin Date: 01-DEC-16) • Status : Active
Main Contact Referral : CBCHealthHome@cbccare.org
Member Referral Number: 866-899-0152
Care Management (Enrolled): JEWISH BD FAM/CHILD SVCS MH**Housing/Residential Program**Supported Housing Community Services, JBFCS - Supported Housing - Bronx - Comm. Svcs. Jewish Board of Family & Children's Services (Admission Date: 08-JUL-13)
Program Contact Information : Vanessa Edwards: (718)-931-4045 ext. 208**Notifications****Prescription Prior Authorization**This client has been taking a prescription medication in the past 3 months that may require NYRx prior authorization: Quetiapine Fumarate. 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**Health Home Plus**

Services last received August 2023 from JEWISH BD FAM/CHILD SVCS MH

Health Home Plus Eligibility

This client is eligible for Health Home Plus due to: AOT - Active Court Order

The "General" section will include information such as MC Plan, HARP status, Medicaid eligibility expiration date, and more

Alerts

Drill-in to view more information (e.g., billing program type, source, etc.) about each alert type

Alerts Incidents from NIMRS, Service invoices from Medicaid [Details](#)

Table [Graph](#)

Alert Type	Number of Events/Meds/Positive Screens	First Date	Most Recent Date	Provider Name(s)	Program Name	Severity/Diagnosis/ Meds/Results	
Homelessness - reported in billing	5	3/13/2023	5/9/2023	DOWNTOWN BRONX MEDICAL ASSOCIATES	Homelessness Unspecified		Copy
Treatment for Suicidal Ideation	5	7/21/2013	5/3/2023	LINCOLN MEDICAL/MENTAL HLTH	Inpatient - Medical	Suicidal Ideation	Copy

All Alerts for Treatment for Suicidal Ideation

[PDF](#) [Excel](#) [Close](#)

Previous **1** 2 Next

Alert/Incident Type	Reporting/Billing Provider	Reporting/Billing Program	Date of Incident/Service	Medical Classification	Source
Suicidal Ideation	LINCOLN MEDICAL/MENTAL HLTH	Inpatient - Medical	5/3/2023	Suicidal Ideation	Medicaid
Suicidal Ideation	LINCOLN MEDICAL/MENTAL HLTH	Inpatient - MH	4/21/2023	Suicidal Ideation	Medicaid
Suicidal Ideation	LINCOLN MEDICAL/MENTAL HLTH	ER - MH	2/1/2016	Suicidal Ideation	Medicaid
Suicidal Ideation	LINCOLN MEDICAL/MENTAL HLTH	Clinic - Medical Specialty	2/1/2016	Suicidal Ideation	Medicaid
Suicidal Ideation	LENOX HILL HOSPITAL	ER - MH	1/27/2016	Suicidal Ideation	Medicaid

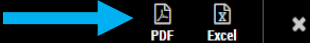
Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH) reported in billing

Other problems related to primary support group, including family circumstances	Problem related to primary support group, unspecified • Other specified problems related to primary support group
Problems related to education and literacy	Less than a high school diploma
Problems related to employment and unemployment	Unemployment, unspecified
Problems related to housing and economic circumstances	Food insecurity • Homelessness • Other problems related to housing and economic circumstances • Discord with neighbors, lodgers and landlord • Low income
Problems related to other psychosocial circumstances	Other specified problems related to psychosocial circumstances • Problems related to other legal circumstances
Problems related to social environment	Other problems related to social environment • Problem related to social environment, unspecified

Click on a SDOH to drill-in and view more details

Services provided for the selected Social Determinants of Health: Unemployment, unspecified



Previous 1 2 3 4 5 6 7 8 9 10 11 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
2/1/2023	Inpatient-ER	Inpatient - MH - Group - Physician - Psychiatry	DOWNTOWN BRONX MEDICAL ASSOCIATES	Cocaine use, unspecified, uncomplicated, Food insecurity, Major depressive disorder, single episode, unspecified, Schizophrenia, unspecified, Unemployment, unspecified
1/27/2023	Inpatient-ER	Inpatient - MH - Group - Physician - Psychiatry	DOWNTOWN BRONX MEDICAL ASSOCIATES	Alcohol abuse, uncomplicated, Cannabis use, unspecified, uncomplicated, Cocaine use, unspecified, uncomplicated, Food insecurity, Major depressive disorder, single episode, unspecified, Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified, Schizoaffective disorder, unspecified, Unemployment, unspecified

Quality Flags

Quality Flags as of monthly QI report 10/1/2023 [Definitions](#)

Recent All(Graph) All(Table)

Indicator Set	
BH QARR - Improvement Measure	No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar (Gluc/HbA1c) on Antipsychotic • No Metabolic Monitoring (LDL-C) on Antipsychotic
General Medical Health	No Diabetes Screening (Gluc/HbA1c) Schiz or Bipolar Monitoring (Gluc/HbA1c and LDL-C) on Antipsychotic (All)
Health Home Care Management - Adult	HARP-Enrolled - No Assessment for HCBS
High Mental Health Need	1+ ER or Inpatient past 12 months with suicide attempt, suicide ideation, or self-harm diagnosis • 1+ Inpt MH in past 12 months • AOT active or expired in past 5 years
High Utilization - Inpt/ER	2+ ER - Medical • 2+ Inpatient - BH • 2+ Inpatient - MH
MH Performance Tracking Measure (as of 02/01/2023)	Antidepressant Medication Discontinued - Acute Phase • Antidepressant Medication Discontinued - Recovery Phase
SUD Performance Tracking Measure (as of 02/01/2023)	No Engagement in SUD Treatment • No Utilization of Pharmacotherapy for Alcohol Abuse or Dependence
Vital Signs Dashboard - Adult (as of 02/01/2023)	Antidepressant Medication Discontinued - Acute Phase • Antidepressant Medication Discontinued - Recovery Phase • Overdue for Colorectal Cancer Screening

Click on the "Definitions" link or a specific quality flag to view the indicator description

Diagnoses

Behavioral Health Diagnosis Primary, secondary, and quality flag-related diagnoses (most frequent first)

- Schizophrenia
- Schizoaffective Disorder
- Unspecified/Other Bipolar
- Major Depressive Disorder
- Unspecified/Other Anxiety Disorder
- Unspecified/Other Psychotic Disorders
- Paranoid Personality Disorder
- PTSD
- Adjustment Disorder
- Generalized Anxiety Disorder

Medical Diagnosis Primary, secondary, and quality flag-related diagnoses (most frequent first)

Certain infectious and parasitic diseases	Herpesviral [herpes simplex] infections • Viral infection of unspecified site
Codes for special purposes	COVID-19
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	Neutropenia • Other anemias
Diseases of the circulatory system	Other cardiac arrhythmias • Complications and ill-defined descriptions of heart disease

Click on a diagnosis to drill-in and view more details such as date of service, service type & subtype, provider, and other diagnoses

Services provided for the selected Diagnosis: Schizophrenia

PDF Excel X

Previous 1 2 3 4 5 6 7 8 9 10 ... 30 Next

Date of Service	Service Type	Service Subtype	Provider Name	Primary, secondary, and quality flag-related diagnoses
8/23/2023	Outpatient - BH	Clinic - MH Specialty	JACOBI MEDICAL CENTER	Body mass index [BMI] 19.9 or less, adult, Schizophrenia, unspecified
7/19/2023	Inpatient-ER	ER - Medical	JACOBI MEDICAL CENTER	Abrasion of other part of head, initial encounter, Bipolar disorder, unspecified, Long term (current) use of oral hypoglycemic drugs, Schizophrenia, unspecified, Type 2 diabetes mellitus without complications

Care Coordination (Historical)

Care Coordination [Details](#)











Table [Graph](#)

Service Type	Provider	First Date Billed	Last Date Billed	Number of bills	
Health Home Plus (DOH MAPP)	REHABILITATION SUPPORT SERVICES	8/1/2023	Current	1	
Care Management - State Psych Center (Source: State PC)	ROCKLAND PC	3/28/2019	Current	1	
ACT - MH State Psych Center (Source: State PC)	ROCKLAND PC	9/4/2015	Current	1	
AOT (TACT Data)	REHABILITATION SUPPORT SERVICES, INC.	1/15/2019	10/16/2023	6	
Health Home - Enrolled (DOH MAPP)	SRH CHN LEAD HEALTH HOME LLC (HH), REHABILITATION SUPPORT SERVICES (CM)	12/1/2019	10/16/2023	2	
Health Home Plus	SRH CHN LEAD HEALTH HOME LLC	12/1/2019	8/1/2023	29	
Health Home - Enrolled	SRH CHN LEAD HEALTH HOME LLC	9/1/2020	7/1/2023	12	
Health Home - Outreach	SUN RIVER HEALTH INC	11/1/2019	12/1/2019	2	
Health Home - Outreach (DOH MAPP)	SUN RIVER HEALTH INC (HH), REHABILITATION SUPPORT SERVICES (CM)	11/1/2019	11/30/2019	1	
ACT - MH Specialty	ROCKLAND PC ACT	10/31/2018	3/31/2019	5	

Hospital/ER/Crisis: Integrated Behavioral/Medical

Hospital/ER/Crisis Services [Details](#)

 [Table](#) [Graph](#)

Service Type	Provider	Admission	Discharge Date/Last Date Billed	Length of Stay	Most Recent Primary Diagnosis	Procedure(s) (Per Visit)	
ER - Medical	HARLEM HOSPITAL CENTER	8/13/2023	8/13/2023	1	Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider	- Emergency Dept Visit Sf Mdm	
ER - MH - CPEP	HARLEM HOSPITAL CENTER	4/18/2023	4/18/2023	1	Schizoaffective disorder, unspecified	- Psych Diagnostic Evaluation	
Inpatient - MH	BRONXCARE HOSPITAL CENTER	2/6/2023	3/7/2023	29	Schizoaffective disorder, unspecified	- Group Psychotherapy	
ER - Medical	WHITE PLAINS HOSPITAL CENTER	2/6/2023	2/6/2023	1	Contact with and (suspected) exposure to COVID-19	- Emr Dpt Vst Mayx Req Phy/Qhp, Hopd Covid-19 Spec Collect, Sars-Cov-2 Covid-19 Amp Prb	
ER - MH	NEW YORK PRESBYTERIAN HOSPITAL	2/1/2023	2/1/2023	1	Violent behavior	- Haloperidol Injection	
ER - Medical	NEW YORK PRESBYTERIAN HOSPITAL	2/1/2023	2/1/2023	1	Violent behavior	- Emergency Dept Visit Mod Mdm, Inj Midazolam Hydrochloride	
ER - MH - CPEP	RICHMOND UNIVERSITY MED CTR	12/14/2022	12/14/2022	1	Other schizoaffective disorders	- Psych Diagnostic Evaluation	
ER - Medical	STATEN ISLAND UNIV HOSP	12/14/2022	12/14/2022	1	Homelessness unspecified	- Emergency Dept Visit Sf Mdm	
ER - MH	STATEN ISLAND UNIV HOSP	12/13/2022	12/13/2022	1	Schizoaffective disorder, unspecified	- Complete Cbc W/Auto Diff Wbc, Drug Test Prsmv Chem Anlyzr, Electrocardiogram Tracing, Emergency Dept Visit Hi Mdm, Metabolic Panel Total Ca, Nfct Ds Vir Resp Rna 4 Trgt, Telehealth Facility Fee, Urinalysis Auto W/O Scope	
ER - MH - CPEP	HARLEM HOSPITAL CENTER	12/12/2022	12/12/2022	1	Schizoaffective disorder, unspecified	- Haloperidol Injection, Lorazepam Injection, Psych Diagnostic Evaluation, Ther/Proph/Diag Inj Sc/Im	

My QI Report



Office of
Mental Health

My QI Report

- Tool for managing quality improvement efforts
- Updated on a monthly basis
- 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 (e.g., HH or CM enrolled), MC Plan, Age
- HH/CM Sites tab breaks out QI prevalence by CMA/HH
- 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
 - MAPP HH/CMA Database: Clients linked to provider agency if enrolled in HH or CMA according to MAPP
 - 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

MAIN STREET AGENCY

Quality Indicator Overview As Of 10/01/2023

View: Standard



PDF

Excel

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

Filters

Reset

Indicator Set

Quality Improvement Indicators (as of 10/01/2023) Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%				
BH QARR - Improvement Measure	All	1,436	562	39				
General Medical Health	All	8,241	1,605	19				
Health Home Care Management - Adult	Adult 18+	1,585	1,245	78.5	86.5	86.5		
High Utilization - Inpt/ER	All	8,256	1,467	17.8	21.8	20.7		
Polypharmacy	All	2,320	394	17	12.8	12.4		
Preventable Hospitalization	Adult	6,063	33	0.5	0.9	0.8		
Readmission Post-Discharge from any Hospital	All	1,126	148	13.1	12.3	11.4		
Readmission Post-Discharge from this Hospital	All	0	0	0	11.9	11.4		
Treatment Engagement	Adult 18-64	1,153	304	26.4	35	34.8		

If needed, apply filters to your agency's My QI Report page to narrow down the population you'd like to view

Performance Tracking Indicators (as of 02/01/2023) Run with intentional lag of 6+ months to allow for complete data

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
MH Performance Tracking Measure	All	1,731	757	43.7	51.3	52.6	
SUD Performance Tracking Measure	Adol & Adult (13+)	624	526	84.3	82.3	78.5	
Vital Signs Dashboard - Adult	Adult	2,281	1,092	47.9	46.3	47.5	
Vital Signs Dashboard - Child	Child & Adol	2,722	857	31.5	30.4	33.1	

QI Filters

Site

ALL

Program Type

Care Management - Enrolled (Source: DOH MAPP)

Managed Care

ALL

ACT - MH Specialty

CFTSS - All

MC Product Line

CFTSS - CPST

CFTSS - Crisis Intervention

Age Group

CFTSS - Family Peer Support Services (FPSS)

CFTSS - Family/Youth Peer Support (FPSS/YPS)

CFTSS - Other Licensed Practitioners (OLP)

Client Residence

CFTSS - Psychosocial Rehabilitation (PSR)

CORE or HCBS All

CORE or HCBS Empowerment Services - Peer Support

Provider Location

Care Management - Enrolled (Source: DOH MAPP)

Care Management - Enrolled/Outreach (Source: DOH MAPP)

Care Management - Outreach (Source: DOH MAPP)

Clinic - MH Specialty

Clinic - Medical Specialty

Clinic - SU Specialty

Clinic - Unspecified Specialty

Clinic MH - ALL

Crisis Intervention Service - Mobile Crisis Follow-up

In the “Program Type” dropdown, select from a variety of filters such as ‘Care Management – Enrolled’ or ‘Health Home – Enrolled’

Apply

Cancel

1.6

1.50
1.60

MAIN STREET AGENCY

Quality Indicator Overview As of 10/01/2023

View: Standard



PDF



Excel

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set

Quality Improvement Indicators (as of 10/01/2023)

Run monthly on all available data as of run date

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
BH QARR - Improvement Measure	All	343	119	34.7	36.4	39.6	34.70	36.40	39.60	
General Medical Health	All	1,074	269	25	13.5	18	25.00	13.50	18.00	
Health Home Care Management - Adult	Adult 18+	463	245	52.9	44.9	48.7	52.90	44.90	48.70	
High Utilization - Inpt/ER	All	1,076	287	26.7	22.5	25.7	26.70	22.90	25.70	
Polypharmacy	All	379	96	25.3	19.3	22.2	25.30	19.30	22.20	
Preventable Hospitalization	Adult	903	11	1.2	1.5	1.6	1.20	1.50	1.60	
Readmission Post-Discharge from any Hospital	All	255	47	18.4	18	18.2	18.40	18.00	18.20	
Readmission Post-Discharge from this Hospital	All	0	0	0	19.2	19.5	0.00	19.20	19.50	
Treatment Engagement	Adult 18-64	286	67	23.4	32.3	32.5	23.40	32.30	32.50	

Performance Tracking Indicators (as of 02/01/2023)

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

Indicator Set	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	25%	50%	75%	100%
MH Performance Tracking Measure	All	376	169	44.9	47.1	48.2	44.90	47.10	48.20	
SUD Performance Tracking Measure	Adol & Adult (13+)	150	126	84	81.5	80.2	84.00	81.50	80.20	
Vital Signs Dashboard - Adult	Adult	534	257	48.1	46.4	46.5	48.10	46.40	46.50	
Vital Signs Dashboard - Child	Child & Adol	209	81	38.8	34.3	36.2	38.80	34.30	36.20	

MAIN STREET AGENCY

Quality Indicator Overview As Of 09/01/2023

View: Standard



PDF



Excel

PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set: MH Performance Tracking Measure

Indicator Set	Indicator	Population	Eligible Population	# with QI Flag	%	Regional %	Statewide %	
	1. No Follow Up for Child on ADHD Med - Initiation	Child	3	1	33.33	24.3	26.4	
	2. No Follow Up for Child on ADHD Med - Continuation	Child	2	1	50	20.3	20.7	
	3. Antidepressant Medication Discontinued - Acute Phase	Adult	30	14	46.67	41.5	43.7	
	4. Antidepressant Medication Discontinued - Recovery Phase	Adult	30	22	73.33	53.2	56.3	
	5. Low Antipsychotic Medication Adherence - Schizophrenia	Adult	236	53	22.46	33	33.1	
	6. Low Mood Stabilizer Medication Adherence - Bipolar	Adult	99	29	29.29	42.1	43.4	
	7. No Follow Up after MH Inpatient - 7 Days	6+	88	38	43.18	30.4	29.8	
	8. No Follow Up After MH ED Visit - 7 Days	6+	69	14	20.29	25.2	24.9	
	9. No Diabetes Screening - Schizophrenia/Bipolar on Antipsychotic	Adult	216	40	18.52	16.1	19.1	
	13. No Diabetes Monitoring - DM & Schizophrenia	Adult	64	15	23.44	21.9	27.5	
	14. No Follow Up after MH Inpatient - 30 Days	6+	88	16	18.18	16.3	15	
	15. No Follow Up After MH ED Visit - 30 Days	6+	69	6	8.7	16.1	14.1	
	16. No CV Monitoring - CV & Schizophrenia	Adult	6	2	33.33	18.9	22.7	
	17. No Psychosocial Care - Child & Adol on Antipsychotic	Child & Adol (1 to 17)	4	0	0	17.8	14.3	
	18. Prevention Quality Indicator 92 (PQI 92)	Adult	568	12	2.11	2.8	2.7	
	MH Performance Tracking Measure Summary (1-17)	All	376	169	44.95	47.1	48.2	

<Provider Search

MAIN STREET AGENCY

Standard ▾



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters Reset

The "HH/CM Site(s)" tab links clients according to DOH MAPP. Here you can sort by the CMA or HH prevalence rates that your agency is a part of.

Indicator Set: MH Performance Tracking Measure Indicator: 7

Indicator Set	Indicator	Site	HH/CM Site(s)	MCO	Attending	Recipients	New QI Flag	Dropped QI Flag
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Site Name (Source:DOH)	Site Address	Program Type (Enrollment Status)	Eligible Population	# with QI Flag	%
MAIN STREET AGENCY	123 MAIN STREET	Care Management - Enrolled (Source: DOH MAPP)	88	38	43.18
MONTEFIORE MEDICAL CENTER	555 S BROADWAY FL 1	Health Home - Enrolled (Source: DOH MAPP)	15	6	40
SRH CHN LEAD HEALTH HOME LLC	1200 BROWN ST FL 3	Health Home - Enrolled (Source: DOH MAPP)	14	3	21.4

MAIN STREET AGENCY

Quality Indicator Overview As Of 10/01/2023

View: Standard



PROGRAM TYPE: CARE MANAGEMENT - ENROLLED (SOURCE: DOH MAPP)

Filters

Reset

Indicator Set: MH Performance Tracking Measure Indicator: 7. No Follow Up after MH Inpatient - 7 Days

Indicator Set	Indicator	Site	HH/CM Site(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
SFVEUrBFVE6 REVCTrJBSA QQ		VaumOD2tMVA	MTEIMTMMITarOQ	Unknown		HARP No Assessment for HCBS Gluc/ No LD F/U 3 F/U 3 MH In MH Inpt F/U 7d (DOH) - Adult		No
TUFSVEU SazTRQ QQ		WEurMDEqOVa	MDUIM9QIMTauNQ	Hispanic or Latinx		2+ Inpt-BH, 2+ Inpt-MH, 4PP(A), Adher-AP, High MH Need, No MH Inpt F/U 7d (DOH), No MH Inpt F/U 7d (DOH) - Adult	None Identified	No
						Adher-AP (DOH), Colorectal Screen Overdue (DOH), HARP No		

Drill into a client's Clinical Summary or export to PDF or Excel!



Technical Support



Office of
Mental Health

Technical Support

- For more PSYCKES resources, please go to our website at:
www.psyckes.org
- If you have any questions regarding the PSYCKES application, please reach out to our helpdesk:
 - 9:00AM – 5:00PM, Monday – Friday
 - PSYCKES-help@omh.ny.gov
- If you're having issues with your token or logging in, contact the OMH helpdesk:
 - ITS (OMH Employee) Helpdesk:
 - 1-844-891-1786; fixit@its.ny.gov
 - Provider Partner (Non-OMH Employee) Helpdesk:
 - 518-474-5554, opt 2; healthhelp@its.ny.gov

Upcoming New Feature!



Office of
Mental Health

Upcoming New Feature

- Hixny and PSYCKES are partnering to create a ‘one-click’ access feature, which will allow users who are logged in the Hixny platform access to a client’s PSYCKES clinical summary
- The goal will be to have users access PSYCKES Clinical Summaries for any Hixny consented patients
- This feature will help streamline users’ workflows by:
 - Alleviating the burden of double-data entry
 - Allowing consented access to pass from one portal to the other
 - Providing easy access to compare PSYCKES rich clinical data (from over 10 different data sources) with Hixny without requiring separate login
- Rough estimate for release in 2024

AVA ADAMS
02/16/1984 • 39 Yrs • Female

[SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Henry Sevan	(123)456-7890	Known	Known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
No risks reported	Unknown	Known	No known

Quality Indicators

1 Needs Cervical Cancer Screening

Social Needs and Referrals

Screening Tools

Select a screening tool to begin
(AHC HRSN) Accountable H. ▾

[SEND TO PATIENT](#)
[BEGIN SCREENING](#)

Social Needs Screening History

No known social needs screening history

Documents

Continuity of Care Document
04/19/2023

NYS Prescription Monitoring Program

Department of Health | NYS PMP Prescription Monitoring Program Registry

[LAUNCH](#)

Visits	Procedures
05/23/2023 ED Westchester Medical Center	03/18/2017 Ultrasound-Abdomen
07/26/2022 OP Bassett Health	08/26/2012 Chest X-Ray
04/06/2022	
04/06/2022	
06/26/2022	



Deidentify

Radiology

08/21/2019	MG MAMMO DIAGNOSTIC LEFT W TOMO
02/05/2019	MAMMO SCREENING BILATERAL
06/27/2018	XR SPINE LUMBAR COMPLETE
05/23/2018	MRI SPINE LUMBAR W/ CONTRAST

[SEE ALL](#)

Vaccin

04/06/2022
01/14/2022
03/04/2021
03/04/2021
08/10/2021

Adams, Ava
As of 9/14/2023 [Data sources](#)

[Brief Overview](#) [Full Summary](#)

Data with Special Protection Show Hide
This report contains all available clinical data.

DOB: 12/16/1984 (39 Yrs) **Medicaid ID:** AA03200A • **Medicare:** No
Address: 1234 Westchester Ave, Bronx, NY 10462 **Managed Care Plan:** Amerigroup New York (HARP)
Phone (Source: DHS): (718) 345-7890 **MC Plan Assigned PCP:** N/A

HARP Status: Enrolled No HCBS Eligibility Assessment (H1)
HARP HCBS Assessment Status: Tier 2 HCBS Eligibility (Reassess overdue)
Medicaid Eligibility Expires on:

Current Care Coordination

NYC Dept of Homeless Services Shelter	Single Adult • Placement Date: 3/5/2022 127TH STREET SHELTER, 97 127TH STREET, NEW YORK Shelter Director Contact: Taren Whyte (718) 302-7305
AOT	THE BRIDGE, INC • Enrolled 05/16/2018, Expiration 11/16/2018 Main Contact: Victoria, Abad, Phone (718) 542-8080
Health Home (Enrolled)	BRONX LEBANON HOSPITAL CENTER • Status : Active • Begin Date: 01-MAY-18 Referral - Yunelly Tejada, 718-579-7059 - ytejada@bronxleb.org • Maribel Montanez, 718-960-2087 • mmontane@bronxleb.org Member Referral Number: 855-866-9432 Care Management (Enrolled): SAMARITAN VILLAGE INC Member Referral Number: 855-866-9432 Care Management (Enrolled): SAMARITAN VILLAGE INC

Hixny®

JULIA PRUSIK, MPH

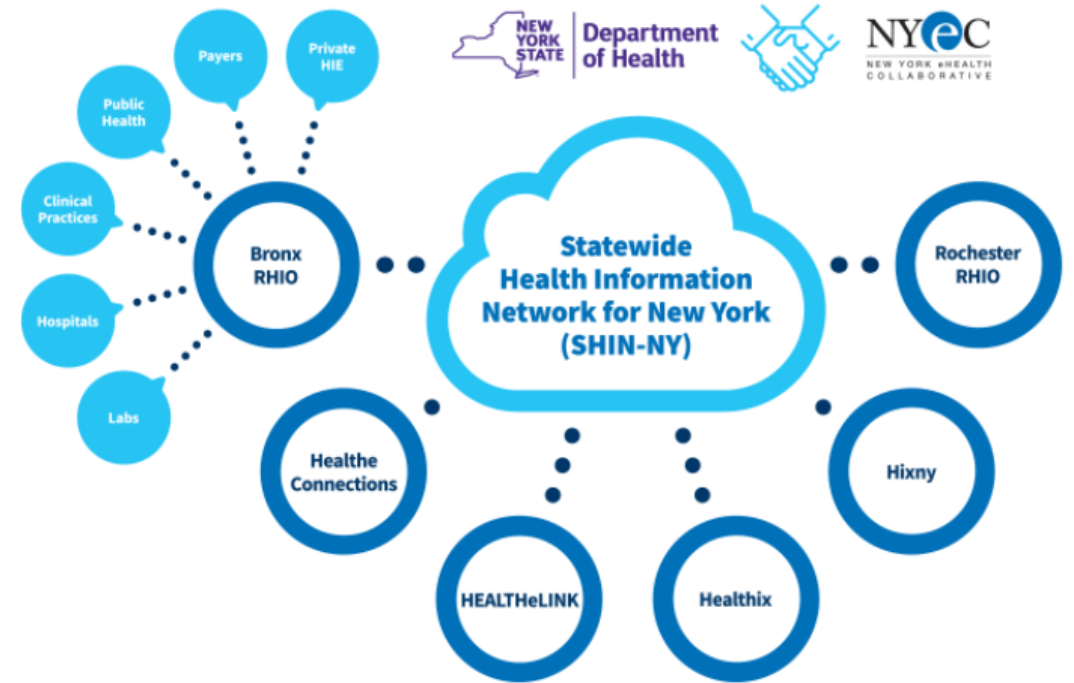
Manager of Product Development

Hixny®

Hixny Data

- 44 hospitals (100%)
- 78% of physicians
- 87% of other regulated entities

- 6.4 million patient records
- 5.3 million consents



Types of Data



Clinical



Administrative



Social
Determinants
of Health

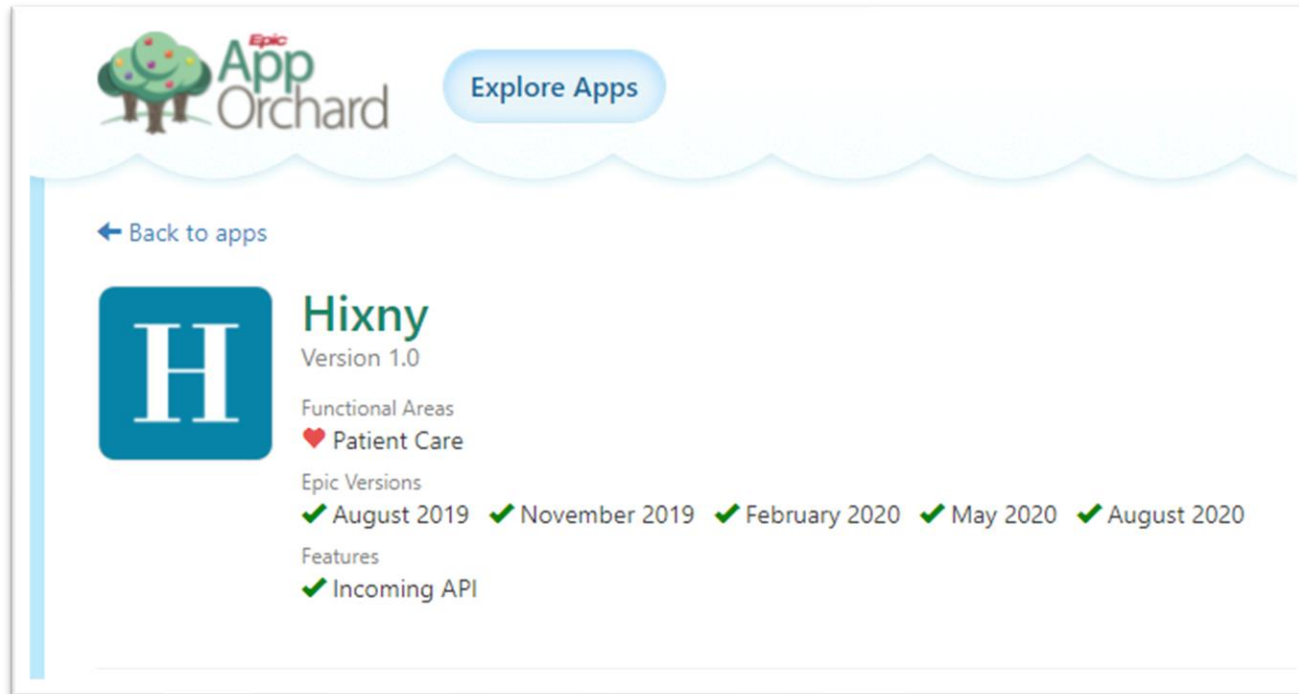


Patient Self-
Reported



Snapshot App

- Designed by healthcare professionals



The screenshot shows the Epic App Orchard interface. At the top left is the 'Epic App Orchard' logo with a tree icon. To its right is a blue button labeled 'Explore Apps'. Below the logo is a blue arrow pointing left with the text 'Back to apps'. The main content area features a blue square icon with a white 'H' for the app 'Hixny'. To the right of the icon, the text reads 'Hixny Version 1.0'. Below this, it lists 'Functional Areas' with a red heart icon and the text 'Patient Care'. Underneath, it shows 'Epic Versions' with five green checkmarks and dates: 'August 2019', 'November 2019', 'February 2020', 'May 2020', and 'August 2020'. At the bottom, it lists 'Features' with a green checkmark and the text 'Incoming API'.



The screenshot displays the AthenaNet patient record for Ava Adams. The interface is divided into several sections:

- Header:** Shows the patient's name "Ava ADAMS", age "37yo F", date of birth "02-16-1984", and ID number "#92197222".
- Navigation:** A top menu includes "Calendar", "Patients", "Claims", "Financials", "Reports", "Quality", "Apps", and "Support". A user profile "Judith" is visible in the top right.
- Personal Info:** A section titled "+ PERSONAL INFO" is partially visible.
- Allergies:** A section titled "Allergies" with the status "None recorded".
- Medications:** A section titled "Medications" with the status "None recorded".
- Problems:** A section titled "Problems" with the status "None recorded".
- Last Visit:** A section titled "Last Visit" with the status "None recorded".
- Follow Up:** A section titled "Follow Up" with the text "Patient will return to the office as needed."

Partner Applications

HIXNY

HIDE MY DATA

AVA ADAMS
02/16/1984 • 39 Yrs • Female SEE FULL PROFILE

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3000	5 known	33 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care management r...	Unknown	29 known	No known

Quality Indicators

- Needs Colorectal Cancer Screening


Social Needs and Referrals

Screening Tools
Select a screening to begin
(AHC HRSN) Accountable H... SEND TO PATIENT

BEGIN SCREENING

Social Needs Screening History
06/13/2023 (AHC HRSN) Accountable Health Communities Health-Rel... SEE ALL

NYS Prescription Monitoring Program



LAUNCH

Visits

07/19/2023	OP	NLI Nathan Littauer Hospital
06/30/2023	OP	Nathan Littauer Hospital and Nur...
06/30/2023	IP	NLI Nathan Littauer Hospital
07/03/2023	OP	NLI Nathan Littauer Hospital
07/03/2023	OP	NLI Nathan Littauer Hospital

SEE ALL

Procedures

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07/03/2023	D & C
07/03/2023	Consult to respiratory therapy

SEE ALL

Documents

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- RN
07/04/2023
NLI Nathan Littauer Hospital
- Consultation
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NLI Nathan Littauer Hospital
- History and Physical Examination
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NLI Nathan Littauer Hospital

SEE ALL

Radiology

07/04/2023	CT abdomen wo con
11/09/2020	NAR
04/29/2016	FOOT, LEFT-3 OR MORE VIEWS
04/16/2016	CT HEAD W/O CONTRAST
04/14/2016	KNEE, LEFT 3 VIEWS

SEE ALL

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06/04/2023	COVID-19 Vaccine (Janssen)
07/18/2022	Pfizer COVID-19 Vaccine Dose 2

SEE ALL

Labs

07/05/2023	Sodium Level
07/05/2023	Potassium Level
07/05/2023	Chloride Level
07/05/2023	Carbon Dioxide Level
07/05/2023	Anion Gap

SEE ALL

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Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3000	5 known	33 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care management r...	Unknown	29 known	No known

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Social Needs Screening History

06/13/2023 (AHC HRSN) Accountable Health Communities Health-Relat... [SEE ALL](#)

NYS Prescription Monitoring Program



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NYS Prescription Monitoring Program

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

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[BEGIN SCREENING](#)

Social Needs Screening History

06/13/2023 (AHC HRSN) Accountable Health Communities Health-Relat... [SEE ALL](#)

NYS Prescription Monitoring Program



Department of Health | NYS PMP Prescription Monitoring Program Registry

[LAUNCH](#)

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- Consultation**
07/04/2023
NLI Nathan Littauer Hospital
- History and Physical Examination**
07/03/2023
NLI Nathan Littauer Hospital

[SEE ALL](#)

New York State Prescription Monitoring Program


By attesting, you will initiate a PMP query. To view PMP data you must attest that you will abide by the guidelines for use of this registry in accordance with the New York State Public Health Law. Click [here](#) to review these guidelines.

Do you attest to the guidelines?

YES, I ATTEST


[Health Commerce System Terms of Use](#)

Log on to the Health Commerce System - Google Chrome
uathcsauth.health.ny.gov/hcsauthenticationendpoint/login.do?client_id=xHFBulwjMTYazetKIEgZAASfzYa&commonAuth...



Services News Government

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)



User ID

Password

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LOGIN


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Department of Health

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Log on to the Health Commerce System - Google Chrome

uathcsauth.health.ny.gov/hcsauthenticationendpoint/login.do?client_id=xHFBulwjMTYazetKIEgZAASfzYa&common...



Services News Government

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)



User ID

Password

[Forgot Your User ID or Password](#) Remember User ID

LOGIN

Don't Have An Account? [Sign Up Here](#)

Department of Health

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New York State Prescription Monitoring Program

Search Terms: Kringle, Crystal 12/25/1945 **Search Date:** 06/13/2023 1:04:34 PM

The Drug Utilization Report below displays all of the controlled substance prescriptions, if any, that your patient has filled in the last twelve months. The information displayed in this report is compiled from pharmacy submissions to the Department, and accurately reflects the information as submitted by pharmacies.

This Report was requested by: Julia Prusik | **Reference #:** 66090

Patient Demographic information (PDI):

PDI	First Name	Last Name	Birthdate	Gender	Street Address	City	State	Zip Code
Patient_1	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_2	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_3	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_4	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_5	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_6	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_7	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_8	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021

Patient_16	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_17	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_18	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_19	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021
Patient_20	Crystal	Kringle	11/24/1945	F	221B BAKER STREET EVERYTOWN, NY ZZ021	EVERYTOWN	NY	ZZ021

Prescription information: 

 Search

PDI ...	RX Written ...	RX Dispensed ...	Drug ...	Quantity ...	Days Supply ...	Prescriber Name ...	Payment Method ...	Dispenser ...
Patient_1	06/05/2023	05/28/2023	tramadol hcl 50 mg tablet	60	15	Snow, John MD	Insurance	Super A Pharmacy
Patient_2	06/03/2023	05/28/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_3	05/03/2023	05/02/2023	tramadol hcl 50 mg tablet	60	15	Snow, John MD	Insurance	Super A Pharmacy
Patient_4	04/31/2023	04/31/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_5	04/08/2023	04/02/2023	tramadol hcl 50 mg tablet	60	15	Snow, John MD	Insurance	Super A Pharmacy
Patient_6	04/05/2023	04/03/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_7	03/08/2023	03/05/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_8	02/19/2023	02/19/2023	hydromorphone 2 mg tablet	18	3	Stone, Sarah X CNM	Insurance	Super A Pharmacy
Patient_9	01/24/2023	01/19/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_10	01/02/2023	00/29/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy

Search

PDI ...	RX Written ...	RX Dispensed ...	Drug ...	Quantity ...	Days Supply ...	Prescriber Name ...	Payment Method ...	Dispenser ...
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Patient_3	05/03/2023	05/02/2023	tramadol hcl 50 mg tablet	60	15	Snow, John MD	Insurance	Super A Pharmacy
Patient_4	04/31/2023	04/31/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
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Patient_9	01/24/2023	01/19/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy
Patient_10	01/02/2023	00/29/2023	clonazepam 1 mg tablet	60	30	Snow, John MD	Insurance	Super A Pharmacy

Rows per page: 10 1-10 of 20 < >

For questions regarding the content of a PMP report, contact the Bureau of Narcotic Enforcement at narcotic@health.ny.gov or call 1-866-811-7957. Include the reference number provided for you in the search results.

EXPORT AS PDF

Social Assessments

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3000	5 known	33 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care management r...	Unknown	29 known	No known

Quality Indicators

- Needs Colorectal Cancer Screening

Social Needs and Referrals

Screening Tools

Select a screening to begin:

(AHC HRSN) Accountable H... ▼

[SEND TO PATIENT](#)


[BEGIN SCREENING](#)

Social Needs Screening History

06/13/2023 (AHC HRSN) Accountable Health Communities Health-Relat...

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NYS Prescription Monitoring Program



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Procedures

07/05/2023	Review deep vein thrombosis (DVT) risk ...
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Radiology

07/04/2023	CT abdomen wo con
11/09/2020	NAR
04/29/2016	FOOT, LEFT-3 OR MORE VIEWS
04/16/2016	CT HEAD W/O CONTRAST
04/14/2016	KNEE, LEFT 3 VIEWS

[SEE ALL](#)

Vaccinations

06/04/2023	COVID-19 Vaccine (Janssen)
07/18/2022	Pfizer COVID-19 Vaccine Dose 2

[SEE ALL](#)

Labs

07/05/2023	Sodium Level
07/05/2023	Potassium Level
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07/05/2023	Anion Gap

[SEE ALL](#)

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07/03/2023
NLI Nathan Littauer Hospital

[SEE ALL](#)

SEAN DARCY
10/23/1959 - 43 Yr - MASC

SEE FULL PROFILE

Physician	Phone	History	Patient Contacts
Olaf Sam	(315)265-3300	2 known	25 known
Care Management	Smoking Status	Allergies	Advanced
Care management	never	23 known	No known

Quality Indicators

Needs Colorectal Cancer Screening

Social Needs and Referrals

Screening Tools

Select a screening tool to begin

(AHC HRSN) Accountabl...

SEND TO PATIENT

BEGIN SCREENING

Needs Screening History

(AHC HRSN) Accountable Health Communities He...

SEE ALL

Visits

05/04/2023	OP	UVMHN Monitor	11/20/20
12/15/2022	IP	NLI Nathan Littauer Hospit...	11/20/20
07/19/2022	OP	NYS Immunization Inform...	11/20/20
06/30/2022	ED	Albany Medical Center	11/20/20
03/15/2022	OP	CPH Depts at 80 E Main	11/20/20

SEE ALL

Radiology

11/09/2020	NAR		
04/29/2016		FOOT, LEFT-3 OR MORE VIEWS	
04/16/2016		CT HEAD W/O CONTRAST	
04/14/2016		KNEE, LEFT 3 VIEWS	
04/09/2016		CT CERVICAL SPINE W/O CONT	

SEE ALL

Proced

11/20/2020			
11/20/2020			
11/20/2020			
11/20/2020			
11/20/2020			

SEE ALL

Send to patient

CLOSE

Screening tool selected:

(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool

Patient information:

SEAN DARCY
10/23/1959

Enter the patient's email:

patient@example.com

SEND

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
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NYS Prescription Monitoring Program



Department of Health | NYS PMP Prescription Monitoring Program Registry

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NLI Nathan Littauer Hospital

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Living Situation

Food

Transportation

Utilities

Safety

Financial Strain

Employment

Family and Community Support

Education

Physical Activity

Substance Use

▶ Mental Health

Disabilities

Confirm & Submit

Living Situation

1.) What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2.) Think about the place you live. Do you have problems with any of the following? Choose all that apply.

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

PREV

NEXT

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
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Social Needs Screening History
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- History and Physical Examination**
07/03/2023
NLI Nathan Littauer Hospital

[SEE ALL](#)

Screening History

CLOSE

 Search

Date ***	Facility ***	Screening Title ***
05/23/2023	Albany Medical Center	(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool
05/15/2023	Albany Medical Center	(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool
05/12/2023	Westchester Medical Center	(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool
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05/11/2023	Albany Medical Center	(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool

Rows per page:

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(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool

EXPORT AS PDF

05/23/2023

Provider: Julia Prusik

Facility: Albany Medical Center

Living Situation

What is your living situation today?

Response: I have a steady place to live

Think about the place you live. Do you have problems with any of the following? Choose all that apply.

- Pests such as bugs, ants, or mice
- Oven or stove not working
- Water leaks

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

Within the past 12 months, you worried that your food would run out before you got money to buy more.

No response

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

No response



Name: SEAN DARCY

MRN: ALB0001

DOB: 10/23/1959

Record Type: (AHC HRSN) Accountable Health Communities Health-Related Social...

Facility: Albany Medical Center

Received Date:

(AHC HRSN) Accountable Health Communities Health-Related Social Needs Screening Tool

Date screening completed: 05/23/2023

Provider: Julia Prusik

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Within the past 12 months, you worried that your food would run out before you got money to buy more.

No response

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

No response

Transportation

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

No response

Utilities

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

No response

Safety

Because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.

Social Referrals

SEAN DARCY
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3300	3 known	26 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care managemen...	never	29 known	No known

Quality Indicators


! Needs Colorectal Cancer Screening

Social Needs and Referrals

Referrals	Education	05/18/2023	Care Coordination...
	Benefits Navigation	04/10/2023	Care Coordination...
History	Homelessness	06/20/2023	Albany Medical C...

[SEE ALL](#) [CREATE HRSN REFERRAL](#)

NYS Prescription Monitoring Program



[LAUNCH](#)

Visits

07/19/2023	OP	NLI Nathan Littauer Hospital
06/30/2023	OP	Nathan Littauer Hospital and Nur...
06/30/2023	IP	NLI Nathan Littauer Hospital
07/03/2023	OP	NLI Nathan Littauer Hospital
07/03/2023	OP	NLI Nathan Littauer Hospital

[SEE ALL](#)

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[SEE ALL](#)

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11/09/2020	NAR
04/29/2016	FOOT, LEFT-3 OR MORE VIEWS
04/16/2016	CT HEAD W/O CONTRAST
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[SEE ALL](#)

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[SEE ALL](#)

Labs

07/05/2023	Sodium Level
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[SEE ALL](#)

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	NLI Nathan Littauer Hospital Documents
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	NLI Nathan Littauer Hospital
	Consultation
	07/04/2023
	NLI Nathan Littauer Hospital
	History and Physical Examination
	07/03/2023
	NLI Nathan Littauer Hospital

[SEE ALL](#)

HRSN Referral

CLOSE

1 Refer to our care coordination network or Search for organizations of your choice

Choose your referral method

Have our care coordination network find the best match for your patient's need by clicking the "Refer to Network" button, or make a referral to your organization of choice using the search function below.

Option 1: Skip searching and refer to our care coordination network

REFER TO NETWORK

Option 2: Search for an organization of your choice

2 User attestation

Search by name, county, state, or description

SERVICE TYPE

COUNTY (1)

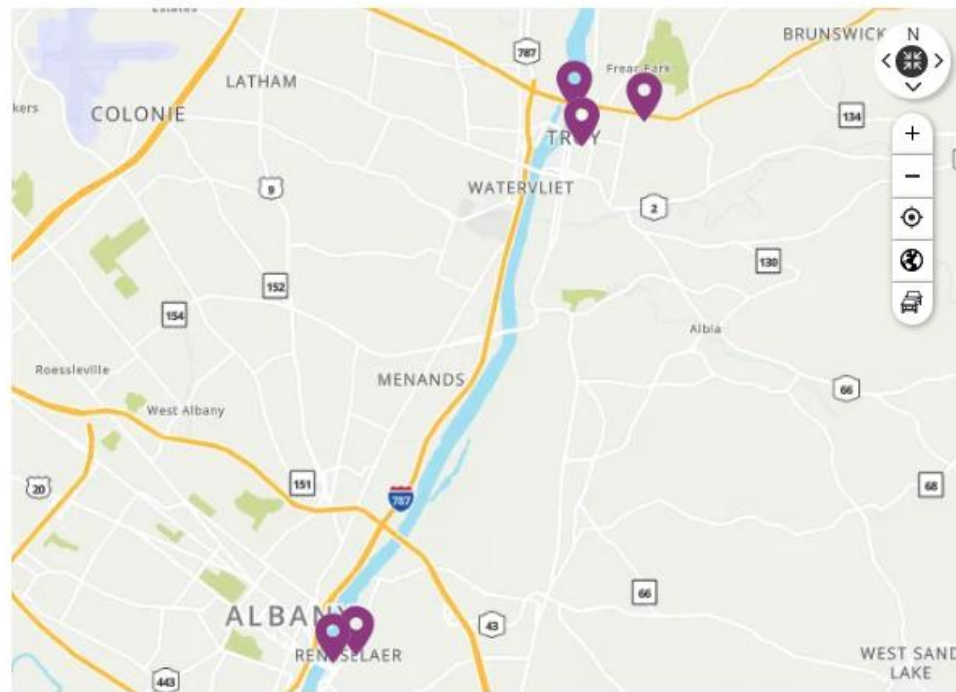
Rensselaer, NY

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Organization	Service Type	Address	
Accu Care Home Health Services, Inc.	Physical Health	87 Washington St, Rensselaer, NY, 12144	REFER
Boys & Girls Clubs of the Capital Area	Individual & Family Support	1700 7th Ave, Troy, NY, 12180	REFER
Capital District Educational Opportunity Center (EOC)	Employment	431 River St, Troy, NY, 12180	REFER
Capital Region Health Connections Medicaid Health Home (St. Peter's Health Partners)	Physical Health	2212 Burdett Ave, Troy, NY, 12180	REFER
Catholic Charities Registered Dietician	Food Assistance	50 Herrick St, Rensselaer, NY, 12144	REFER

3 Submit referral details

4 Confirmation



* Any link provided in a location's description field will redirect you to a website not controlled or managed by Hivvu. Please proceed with

HRSN Referral

CLOSE

Refer to our care coordination network or Search for organizations of your choice



2

User attestation

3

Submit referral details

4

Confirmation

User Attestation

Please ensure you have verbally provided all information below to the patient before clicking "I Agree."

As the user making an HRSN referral, I attest that:

1. I have read the Unite Us [Consent document](#) to the patient-or the patient has read the consent document themselves-and they have verbally acknowledged the agreement.
2. The patient (or a parent/legal guardian) has given me verbal permission to make a social referral on the patient's behalf to a Community-Based Organization (CBO).
3. I have explained to the patient (or a parent/legal guardian) that their verbal permission enables them to be contacted by the CBO I designated to assist with their social need(s).
4. The patient understands and acknowledges that their demographic information, including their address and phone number, may be provided to the CBO chosen to assist them.
5. I understand that I will be identified as the user making the referral, and that my email will be shared with the CBO contact.

By clicking "I Agree," you attest that you have provided all necessary information to, and received verbal permission from, your patient to proceed with the referral.

EXPORT PATIENT CONSENT PDF

BACK

I AGREE

HRSN Referral

CLOSE

Refer to our care coordination network or Search for organizations of your choice



User attestation

Submit referral details

Confirmation

Referral From:

User name: Julia Prusik
User location: Albany Medical Center
User email: jprusik@hixny.org

Patient Information:

Name: SEAN DARCY
Gender: Male
DOB: 10/23/1959
Address: , TROY, NY, 12180
Phone: (315)265-3000 (Mobile)
Email: None
Insurance:
 Provider: Aetna
 Member ID: YUOI6798
 Group ID:

Referred to:

Name: Care Coordination Network

* Verify Patient Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander

BACK

SUBMIT

* required

HRSN Referral

CLOSE

Refer to our care coordination network or Search for organizations of your choice



User attestation

Submit referral details

Confirmation

Other Race

Undisclosed

*** Verify Patient Ethnicity:**

Hispanic or Latino

Not Hispanic or Latino

Undisclosed

Service Information:

* Service Type:

Food Assistance

* Subtype:

Emergency Food

Additional Notes:
(optional)

Test patient in need of emergency food

BACK

SUBMIT

* required

HRSN Referral

CLOSE

Refer to our care coordination network *or* Search for organizations of your choice



Thank you!

A referral has been sent to our Care Coordination Network.

[DOWNLOAD REFERRAL SUMMARY \(FOR PROVIDERS\)](#)

Hixny

For office use only. Not for distribution to patient.

Hello,
One of SEAN's providers has submitted a referral using Hixny.

PATIENT DETAILS

Patient name: SEAN DARCY
Date of birth: 10/23/1959
Address: TROY, NY 12180
Address type: Unknown
Phone: (315)265-3000
Phone type: Mobile

DEMOGRAPHIC INFORMATION

Gender: Male
Race: Refused to answer
Ethnicity: Refused to answer
Marital status: Single

PATIENT INSURANCE INFORMATION

Provider: Aetna
Member ID: YUOI6798
Group ID:

REFERRAL DETAILS

Referral Date: 2023-05-23T09:10:14Z
Referred to: Care Coordination Network
Service type: Food Assistance
Service subtype: Emergency Food
Additional notes: Test patient in need of emergency food

USER DETAILS

User name: Julia Prusik
User location: Albany Medical Center
User email: jprusik@hixny.org

CONSENT

Consent status: Accepted
Consent type: Attestation
Consent date: 2023-05-23 09:10:14
Consent name: Julia Prusik

Hixny

80 Wolf Road | Suite 500 | Albany, NY | 12205

SEAN DARCY
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3300	3 known	26 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care managemen...	never	29 known	No known

Quality Indicators

! Needs Colorectal Cancer Screening

Social Needs and Referrals

Referrals	Education	05/18/2023	Care Coordination...
	Benefits Navigation	04/10/2023	Care Coordination...
History	Homelessness	06/30/2022	Albany Medical C...

[SEE ALL](#) [CREATE HRSN REFERRAL](#)

[Referral Instructions](#)

<h3>Visits</h3> <table><tr><td>05/04/2023</td><td>OP</td><td>UVMHN Monitor</td></tr><tr><td>12/15/2022</td><td>IP</td><td>NLI Nathan Littauer Hospit...</td></tr><tr><td>07/19/2022</td><td>OP</td><td>NYS Immunization Inform...</td></tr><tr><td>06/30/2022</td><td>ED</td><td>Albany Medical Center</td></tr><tr><td>03/15/2022</td><td>OP</td><td>CPH Depts at 80 E Main</td></tr></table> <p>SEE ALL</p>	05/04/2023	OP	UVMHN Monitor	12/15/2022	IP	NLI Nathan Littauer Hospit...	07/19/2022	OP	NYS Immunization Inform...	06/30/2022	ED	Albany Medical Center	03/15/2022	OP	CPH Depts at 80 E Main	<h3>Procedures</h3> <table><tr><td>11/20/2020</td><td>IP CONSULT TO CRITICAL CARE</td></tr><tr><td>11/20/2020</td><td>POC GLUCOSE</td></tr><tr><td>11/20/2020</td><td>IP CONSULT TO GENERAL SURGE...</td></tr><tr><td>11/20/2020</td><td>DISCHARGE PATIENT</td></tr><tr><td>11/20/2020</td><td>FOLLOW UP PRIMARY PHYSICIAN</td></tr></table> <p>SEE ALL</p>	11/20/2020	IP CONSULT TO CRITICAL CARE	11/20/2020	POC GLUCOSE	11/20/2020	IP CONSULT TO GENERAL SURGE...	11/20/2020	DISCHARGE PATIENT	11/20/2020	FOLLOW UP PRIMARY PHYSICIAN	<h3>Conditions</h3> <table><tr><td>06/30/2022</td><td>Homelessness</td></tr><tr><td>11/20/2020</td><td>Acute systolic (congestive) heart ...</td></tr><tr><td>09/24/2020</td><td>Problem</td></tr><tr><td>09/03/2020</td><td>Alcohol drinking problem</td></tr><tr><td></td><td>Anemia, unspecified</td></tr></table> <p>SEE ALL</p>	06/30/2022	Homelessness	11/20/2020	Acute systolic (congestive) heart ...	09/24/2020	Problem	09/03/2020	Alcohol drinking problem		Anemia, unspecified
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Documents

	Emergency Department Report	03/11/2023	NLI Nathan Littauer Hospital
	Continuity of Care Document	04/26/2022	RRHDOC
	Continuity of Care Document	11/09/2021	St. Marys Healthcare Amsterdam SMHA Documents
	Continuity of Care Document	10/19/2021	St. Marys Healthcare Amsterdam SMHA Documents
	Continuity of Care Document	08/25/2021	Mayfield Primary Care Center

Health-Related Social Needs

CLOSE

Search

HRSN Referrals

Referral Date ***	Referring Provider ***	Referring Provider Facility ***	Service type ***	Service subtype ***	Referred to ***
05/23/2023	Julia Prusik	Albany Medical Center	Food Assistance	Emergency Food	Care Coordination Network
05/18/2023	Julia Prusik	Albany Medical Center	Education	Early Childhood Education	Care Coordination Network
04/10/2023	Julia Prusik	Albany Medical Center	Benefits Navigation	Benefits Eligibility Screening	Care Coordination Network
03/29/2023	Julia Prusik	Albany Medical Center	Housing & Shelter	Emergency Housing	Care Coordination Network
03/28/2023	Julia Prusik	Albany Medical Center	Transportation	Ride Coordination	Care Coordination Network

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Search

HRSN History

Date ***	Health-Related Social Need ***	Provider ***	Facility ***
06/30/2022	Homelessness		Albany Medical Center

Rows per page: 5 1-1 of 1 < >

EXPORT AS PDF

Care Management tool

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
Olai Sam	(315)265-3000	5 known	33 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
Care management r...	Unknown	29 known	No known

Quality Indicators


Needs Colorectal Cancer Screening

Social Needs and Referrals

Screening Tools
Select a screening to begin:
(AHC HRSN) Accountable H... [SEND TO PATIENT](#)
[BEGIN SCREENING](#)

Social Needs Screening History
06/13/2023 (AHC HRSN) Accountable Health Communities Health-Relat... [SEE ALL](#)

NYS Prescription Monitoring Program



[LAUNCH](#)

Visits

07/19/2023	OP	NLI Nathan Littauer Hospital
06/30/2023	OP	Nathan Littauer Hospital and Nur...
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[SEE ALL](#)

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07/05/2023	Review deep vein thrombosis (DVT) risk ...
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07/05/2023	Sodium Level
07/05/2023	Potassium Level
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07/05/2023	Carbon Dioxide Level
07/05/2023	Anion Gap

[SEE ALL](#)

Documents

- Continuity of Care Document**
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NLI Nathan Littauer Hospital Documents
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NYS Prescription Monitoring Program



[LAUNCH](#)

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- History and Physical Examination**
07/03/2023
NLI Nathan Littauer Hospital

[SEE ALL](#)



AVA ADAMS

02/16/1984 • 38 Yrs •

[SEE FULL PROFILE](#)

Female

Physician	Phone	History	Patient Contacts
GERARD ABESS	5188692231	No known	2 known
Care Management	Smoking Status	Allergies	Advanced Directives
No risks reported	Unknown	5 known	No known



Kim Fakepatient

12/27/1977 • 44 Yrs •

[SEE FULL PROFILE](#)

Female

Physician	Phone	History	Patient Contacts
George Disney	1234567890	No known	4 known
Care Management	Smoking Status	Allergies	Advanced Directives
CDPHP	Unknown	6 known	No known



Bill Brucker

07/04/1928 • 94 Yrs • Male

[SEE FULL PROFILE](#)

Physician	Phone	History	Patient Contacts
WILLIAM CARAMORE	2457597751	5 known	32 known
Care Management	Smoking Status	Allergies	Advanced Directives
Consider care management	never	24 known	No known



Sean Darcy

10/23/1959 • 62 Yrs • Male

[SEE FULL PROFILE](#)

Physician	Phone	History	Patient Contacts
Olai Sam	+1-315-265-3000	4 known	26 known
Care Management	Smoking Status	Allergies	Advanced Directives
Care management recommended	never	29 known	No known

Sean Darcy
10/23/1959 • 63 Yrs • Male [SEE FULL PROFILE](#)

Physician:	Phone:	History:	Patient Contacts:
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Social Needs Screening History
06/13/2023 (AHC HRSN) Accountable Health Communities Health-Relat... [SEE ALL](#)

NYS Prescription Monitoring Program



Department of Health | NYS PMP Prescription Monitoring Program Registry

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[SEE ALL](#)



AVA ADAMS

02/16/1984 • 38 Yrs •

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Female

Physician	Phone	History	Patient Contacts
GERARD ABESS	5188692231	No known	2 known
Care Management	Smoking Status	Allergies	Advanced Directives
No risks reported	Unknown	5 known	No known



Kim Fakepatient

12/27/1977 • 44 Yrs •

[SEE FULL PROFILE](#)

Female

Physician	Phone	History	Patient Contacts
George Disney	1234567890	No known	4 known
Care Management	Smoking Status	Allergies	Advanced Directives
CDPHP	Unknown	6 known	No known



Bill Brucker

07/04/1928 • 94 Yrs • Male

[SEE FULL PROFILE](#)

Physician	Phone	History	Patient Contacts
WILLIAM CARAMORE	2457597751	5 known	32 known
Care Management	Smoking Status	Allergies	Advanced Directives
Consider care management	never	24 known	No known



Sean Darcy

10/23/1959 • 62 Yrs • Male

[SEE FULL PROFILE](#)

Physician	Phone	History	Patient Contacts
Olai Sam	+1-315-265-3000	4 known	26 known
Care Management	Smoking Status	Allergies	Advanced Directives
Care management recommended	never	29 known	No known

Enrollments

Date	Type	Details
08/03/2023	Medicaid	Member ID AE21212V

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Chronic Conditions

Date	Condition Description	Facility
06/30/2022	Homelessness	Albany Medical Center
	Essential (primary) hypertension	St Marys Healthcare Amsterdam SMHA

Rows per page: 5 1-2 of 2 < >

Major Qualifying Conditions

Date	Condition Description	Facility
	Major depressive disorder, single episode, unspecified	UVMHN Monitor
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECI	SPHP Memorial and Samaritan

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Emergency and Inpatient Admissions in the Past Year

Date	Condition Description	Facility
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Care Management i

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Emergency and Inpatient Admissions in the Past Year

Admission Date	Discharge Date	Encounter Type	Facility	Chief Complaint	Discharge Diagnosis	Discharge Disposition
05/23/2023		Inpatient	Westchester Medical Center	test		
06/30/2023	07/05/2023	Inpatient	NLI Nathan Littauer Hospital	Testing USCDI	Nicotine dependence, unspecified, uncomplicated	Home, Self-Care
12/15/2022	06/08/2023	Inpatient	NLI Nathan Littauer Hospital	TESTING HIXNY		Home, Self-Care

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Health-Related Social Needs (HRSN)

Date	SDoH Description	Facility
06/30/2022	Homelessness	Albany Medical Center

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HRSN Referral History

Date	Provider	Facility	Referred to	Service Reason	Service Subtype
02/10/2022	Tessia Bekelja	Westchester Medical Center	Joseph's House and Shelter, Inc.	Housing & Shelter	Emergency Housing
02/10/2022	Tessia Bekelja	Westchester Medical Center	Accu Care Home Health Services, Inc.	Physical Health	Dental Care
02/11/2022	Tessia Bekelja	Westchester Medical Center	Catholic Charities Registered Dietician	Food Assistance	Prepared Meals
02/11/2022	Tessia Bekelja	Westchester Medical Center	Care Coordination Network	Mental/Behavioral Health	Behavioral Skills Training and Support

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Name: SEAN DARCY
 DOB: 10/23/1959
 Facility: Albany Medical Center

MRN: ALB0001
 Record Type: Care Management
 Received Date: -

Enrollments

Date	Type	Details
08/03/2023	Medicaid	Member ID AE21212V

Chronic Conditions

Date	Condition Description	Facility
06/30/2022	Homelessness	Albany Medical Center
	Essential (primary) hypertension	St Marys Healthcare Amsterdam SMHA

Major Qualifying Conditions

Date	Condition Description	Facility
	Major depressive disorder, single episode, unspecified	UVMHN Monitor
	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	SPHP Memorial and Samaritan

Emergency and Inpatient Admissions in the Past Year

Admission Date	Discharge Date	Encounter Type	Facility	Chief Complaint	Discharge Diagnosis	Discharge Disposition
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02/11/2022	Tessia Bekelja	Westchester Medical Center	Care Coordination Network	Mental/Behavioral Health	Behavioral Skills Training and Support
02/15/2022	Tessia Bekelja	Westchester Medical Center	Care Coordination Network	Education	Degrees/Certifications
02/15/2022	Tessia Bekelja	Westchester Medical Center	Albany Damien Center	Housing & Shelter	Emergency Housing

Questions

Thank You

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