

# FISCAL OFFICER TRAINING MANUAL

## Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

### Business Process:

The Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) is a Health Insurance Portability and Accountability Act (HIPAA)-compliant, web-based portfolio of tools designed to support quality improvement and clinical decision-making in the New York State (NYS) Medicaid population. Providers with access to PSYCKES are able to access a portfolio of quality indicator reports at the state, region, county, agency, site, program, and client level to review performance, identify individuals who could benefit from clinical review, and inform treatment planning. Quality reports in PSYCKES are updated monthly, and clinical information is updated weekly.

Developed by the New York State Office of Mental Health (OMH), PSYCKES uses administrative data from the NYS Medicaid claims database to generate quality indicators and summarize treatment histories. This administrative data is collected when providers bill Medicaid for services. All states are required by the Federal Government to monitor the quality of their Medicaid programs, and many states are using administrative data such as Medicaid claims to support quality improvement initiatives. Quality indicators were developed in consultation with a [Scientific Advisory Committee](#) of national experts in psychopharmacology and a [Stakeholder Advisory Committee](#) of providers, family members, consumers, and professionals. Since all reports are based on Medicaid data, no data entry by providers is required.

Retrieved from [http://www.omh.ny.gov/omhweb/psyckes\\_medicaid/about/](http://www.omh.ny.gov/omhweb/psyckes_medicaid/about/)

### Brief Description of Process:

#### **Using PSYCKES Data**

PSYCKES was designed to support quality improvement and clinical decision making. PSYCKES is utilized by agency and hospital staff for a variety of purposes. For example: Quality Improvement (QI) staff can use PSYCKES to:

- Identify individuals who meet criteria for quality concerns.
- Identify variations in prescribing patterns at the site and prescriber level.
- Track clinic performance and change over time.

Clinical staff can use PSYCKES to review up to five years of Medicaid claims data across treatment settings, including medications, outpatient and inpatient physical and behavioral health services and other community support services.

Access to this data allows them to:

- Review a comprehensive list of past medications for consideration in evaluation and treatment planning.
- Identify current and previous service providers for coordination of care.
- Identify patterns of service utilization and medication adherence that may inform treatment decisions and discharge planning.
- Identify quality concerns such as high utilization of acute care or medication regimens that may pose risk to clients.

#### **Limitations of PSYCKES Data**

Although the PSYCKES-Medicaid application aggregates data on quality concerns at the state, region, county, agency, site, program levels, and provides an abundance of client level data for millions of individuals enrolled in the New York State Medicaid program, it has some limitations. Accuracy and timeliness of the data in PSYCKES is dependent on providers' coding and billing practices. When there is a time lag between when a service is provided and when that service is billed, that lag (weeks or months) would be reflected in PSYCKES. Data elements in PSYCKES are limited to what is shown on claims (for example, labs and x-rays are shown but without results.) Also, an individual's data is affected by changes in eligibility, moves, and hospitalizations.

The Behavioral Health Care Coordination (BHCC) indicators focus on enhancing planning and coordination for individuals with histories of high utilization of inpatient and emergency room behavioral health services, as well as individuals with a diagnosis of schizophrenia, bipolar, or depression and who might have concerns related to adherence and discontinuation of certain medications.

The current set will include summary indicators identifying the number of individuals who meet the criteria. The measurements will apply to both adults and children.

**Frequency:**

[N/A]

**Instructions:**

**Overview of the PSYCKES-Medicaid Homepage**

**Specific purposes for mental health providers and local government units within the counties include:**

1. **Mental Health Provider** – This category of PSYCKES user is defined as an OMH provider of health and/or behavioral health treatment services and general health care services, some of which are billable under the Medicaid program. Use by a Mental Health Provider of the data that includes protected health information (PHI) will be limited to the purposes directly related to identifying and serving the needs of a provider's patients, and shall include:

- supporting clinical decision making including evaluation and planning of treatment services;
- supporting patient engagement in appropriate care;
- identifying patients served by PROVIDER that have quality concerns;
- supporting coordination of care between Providers;
- supporting coordination of care between PROVIDER and OMH and/or the local governmental unit; and
- supporting patient education.

2. **Local Government Unit (LGU)** – This category of PSYCKES user is defined as a unit of local government authorized in accordance with Article 41 of the Mental Hygiene Law to provide and oversee local mental health services. The purpose of PSYCKES access is to provide the LGU with information on users of Medicaid mental health services in order to enable the LGU to implement programs to fulfill some or all of the following:

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

**Data Access**

Access to Medicaid data in PSYCKES requires an OMH issued user ID and a security token. Staff who use PSYCKES are designated by OMH as either *provider level users* or *state level users*; the designation determines the level of data the user can access.

### **Provider level access:**

- Users with provider level access will have access to data only on individuals served by that agency or with client consent. Individuals are *assigned* to PSYCKES either automatically or manually. Automatic assignment - Clients billed by an institution in the past 9 months are assigned by PSYCKES to an agency. Manual assignment – Agency staff obtains written consent from a client to view PHI or staff attests that the agency is serving a client in a clinical emergency. Users with *provider level access* can view certain data within the context of the situation. Providers have access to certain Medicaid data *without* client consent for those clients having a quality concern identified in PSYCKES **and** at least one billed service in the past nine months. Under the auspices of the NYS Department of Health Drug Utilization Review Board, which is charged with overseeing the quality and safety of the NYS Medicaid program, PSYCKES gives treating providers access to diagnoses, medications and services across treatment settings for individuals with a *quality concern* identified by the PSYCKES quality indicators. Certain categories of protected health information (PHI), including data associated with HIV, family planning, genetic information and substance abuse, are legally subject to additional protection and will not be displayed in PSYCKES without client consent or in the case of a clinical emergency. OMH has developed procedures and a Consent Module in PSYCKES that allows providers to obtain consent from clients or to view data in due to an emergency for expanded access to their Medicaid data (see above).

### **State level access:**

- LGU staff have been approved for state level access. Users have access to **all** data for all clients in PSYCKES, including data that has special protections.

### **Logging into PSYCKES**

PSYCKES conforms to State and Federal regulations for access to protected health information, and therefore requires “dual factor” authentication to access reports that contain Medicaid data. Each provider has designated a Security Manager who is responsible for managing PSYCKES access rights locally (granting and revoking users' access) via the OMH Security Management System (SMS). Individuals who have been granted access to PSYCKES in SMS will be assigned a user ID, and will receive an RSA SecurID token device that generates a random six-digit number at 60-second intervals. Users logging onto PSYCKES for the first time will be asked to create a personal identification number (PIN). Subsequent access to Medicaid data in PSYCKES requires the user ID and the combination of PIN and token number.

[http://www.omh.ny.gov/omhweb/psyckes\\_medicaid/](http://www.omh.ny.gov/omhweb/psyckes_medicaid/)

### **PSYCKES Consent Module**

In PSYCKES-Medicaid, users can view client level Medicaid data that does not have special protections for clients who are positive for a quality flag; this is due to a federal mandate to monitor the quality of care for Medicaid clients. Certain categories of protected health information (PHI) including data associated with HIV, family planning, genetic information and substance abuse, are legally subject to additional protection and will not be displayed in PSYCKES without client consent. OMH has developed procedures and a Consent Module in PSYCKES that allows providers to obtain consent from clients for expanded access to their Medicaid data. The Consent Module allows agencies to view the clinical summary of Medicaid recipients who are not positive for a quality flag and/or have data with special protections, as well as for those clients who are not yet associated with your provider through claims data.

### **Gaining Access to the Consent Module**

In order to obtain access to the PSYCKES Consent Module, users should contact PSYCKES-Help@omh.ny.gov.

It is recommended that providers implement the following steps into their workflow:

- a. Identify staff who will be obtaining consent from individuals.
- b. Create protocols for the consent process (for example, who will file copies of consent in the client's chart).
- c. Assign one or more staff members to the role of 'PSYCKES Registrar'.

A PSYCKES Registrar is responsible for enabling the provider's access to client level data in PSYCKES. This involves using the PSYCKES Consent Module to attest and record that a client has granted consent to access PHI, or that PHI may be disclosed due to an emergency. The Registrar role also involves recording a client's withdrawal of consent and revoking that consent in the Consent Module.

Each Registrar must be granted access to the PSYCKES Consent Module via the OMH Security Management System (SMS) (see Appendix A for more information on SMS). For each Registrar, a provider's Security Manager uses SMS and selects the "PSYCKES Registrar" option in addition to the "PSYCKES-Medicaid" access option. Once the Registrar access has been granted, the PSYCKES Registrar will be able to see a tab in the PSYCKES application called "Registrar Menu" (Figure 48). The Registrar Menu is only available to staff assigned as PSYCKES Registrar, who use it to attest and document the rationale for the right to access to client data (consent or emergency).

### **Obtaining Consent from Clients**

Clients for whom consent is required typically include new admissions that are being served at your provider for the first time, consumers with a quality concern who have PHI with special protections, and individuals who have received services for some time at your provider but are not flagged with a quality concern

There are three main steps to obtain and record the receipt of consent from a client in PSYCKES:

- a. Print and obtain client's signature on the consent form:  
The consent form can be accessed via the Registrar Menu in PSYCKES.
- b. Record consent in PSYCKES  
Once a client grants the provider consent and signs the consent form, or a clinical emergency warrants access to a client's data, the Registrar must record in the Consent Module the rationale for the right to access client data (consent or clinical emergency) in order for users to be able to access the client's medical information.

### **Withdrawal of Consent**

A person who has granted consent may withdraw consent at any time. Withdrawal of consent revokes a provider's ability to view a consented consumer's Medicaid data. However, if the person who revoked consent is flagged in PSYCKES for a quality concern, some data for that person can be viewed in PSYCKES, but not PHI with special protections. When an individual wants to withdraw consent, use the PSYCKES "Withdrawal of Consent" document.

### **Resources:**

#### **PSYCKES User's Guide:**

[http://www.omh.ny.gov/omhweb/psyckes\\_medicaid/resources/clinician/using\\_psyckes/users\\_guide.pdf](http://www.omh.ny.gov/omhweb/psyckes_medicaid/resources/clinician/using_psyckes/users_guide.pdf)

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