

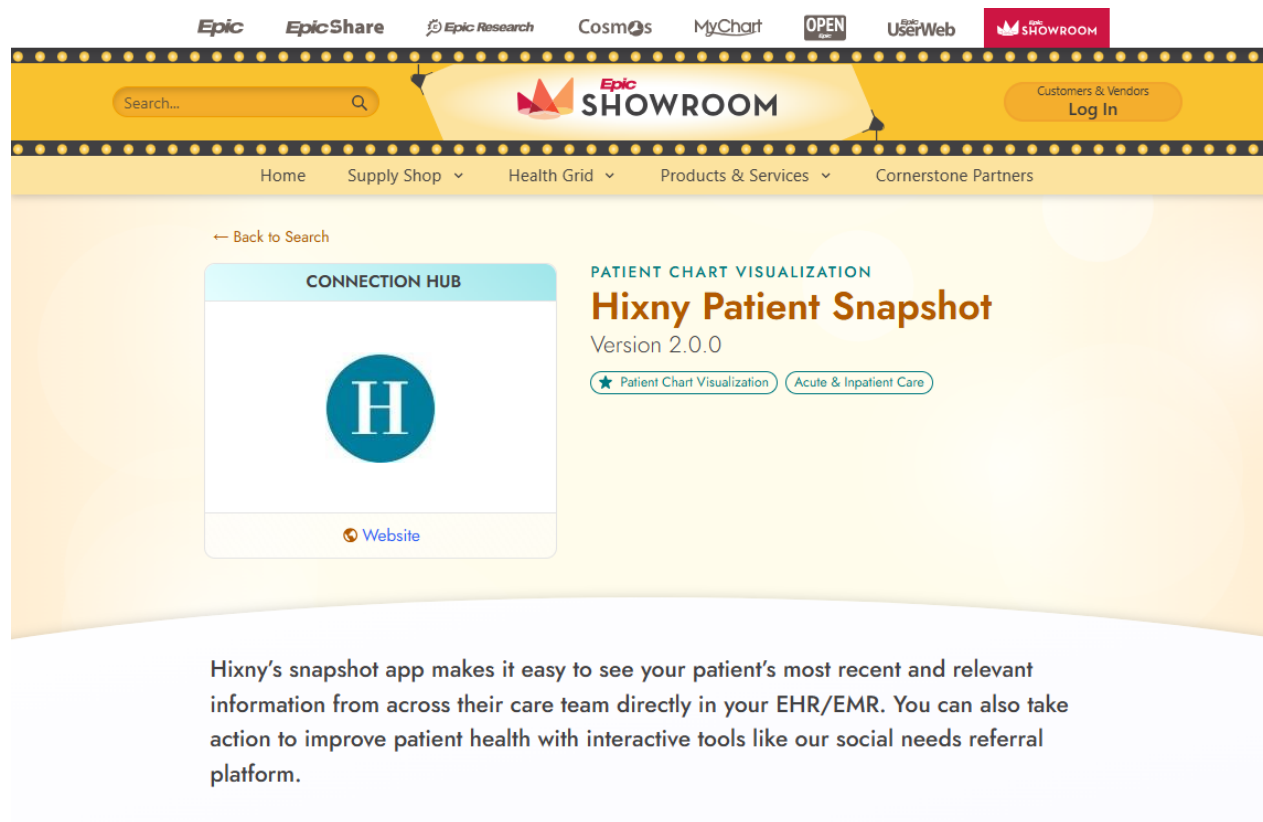
Hixny NYS AHC Screening Tool

Julia Prusik
Director of Product Development

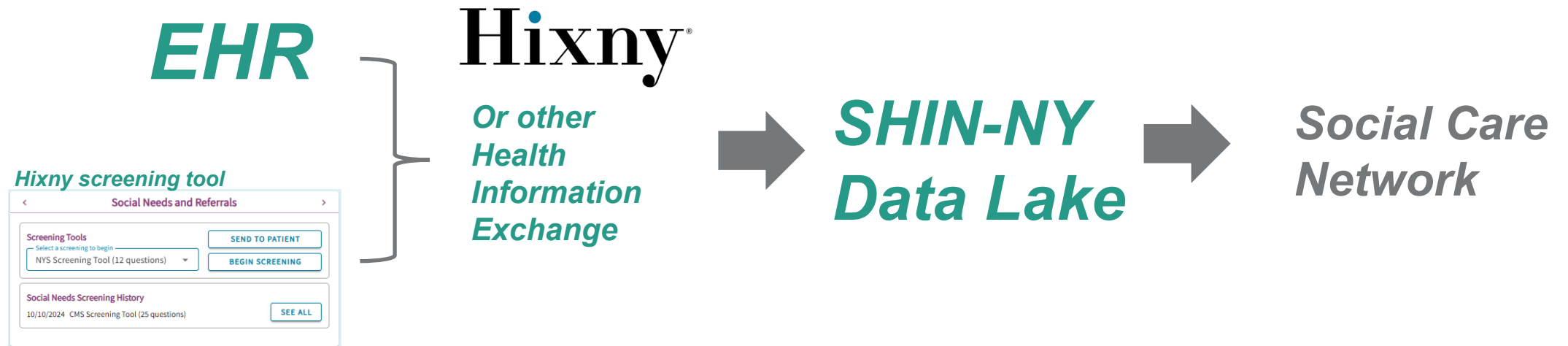
Hixny®

Snapshot Application

- Designed by healthcare professionals



Screening Data Flow



NCQA Validated



DATA AGGREGATOR
VALIDATION

VALIDATED DATA STREAM

NYS Screening Tool (12 questions)

EXPORT AS PDF

Date sent to patient: 02/25/2025
Screening completed by patient: 02/25/2025
Provider: Julia Prusik
Facility: Saratoga Hospital

We use this survey to understand needs our patients have which could interfere with good health. We may share your answers with your other healthcare providers, and with your health plan and social services organizations, so they can determine if you qualify for any free non-medical services that could be helpful. Please check this box if you agree to continue. You can choose not to answer this survey, but we can only check for services if you do answer.
Response: I agree.

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?

- ⚠ Pests such as bugs, ants, or mice
- ⚠ Mold
- ⚠ Lead paint or pipes

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

⚠ Response: Yes

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

⚠ Response: Often true

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

⚠ Response: Often true

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?

⚠ Response: Yes

Do you want help finding or keeping work or a job?

⚠ Response: Yes, help finding work

Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

⚠ Response: Yes

Have a few close people, including family and friends, who help you?

Demo

1. Retrieve screening data
2. Provider completes with pt.
3. Pt. completes
4. Review with patient

Implementation

Cost:

- NYeC offering a first come first serve program to cover Y1 app costs

Process:

- Sign Hixny Participation Agreement/SCPA and agreement for app
- Request Hixny App from EHR vendor
(Hixny will provide vendor specific instructions)
- Hixny works with vendor and facility to deploy
- Training provided to facility
- Determine go-live for facility and their users can begin to screen their patients

Next Steps

Send the following to Bcudmore@hixny.org

- Legal name of facility
- Primary contact and contact email
- Name of QE your facility participates with (if any)
- EHR vendor and version

Statewide Alerting Service

- Alerts available from all hospitals in NYS
- Improvements in data quality and completeness
- Ability to manage patient rosters
- UI available if your EHR workflow is not optimal



Questions

Thank You

Hixny®

Ava Adams



60 Woof Street
Albany, NY 105951530

02/16/1984 41 Years Female

Health-Related Social Needs Screenings

Screening Tools

Select a screening to begin

NYS Screening Tool (12 questions) ▼

SEND TO PATIENT

BEGIN SCREENING

Social Needs Screening History

No known social needs screening history

NYS Prescription Monitoring Program



Department
of Health

NYS PMP
Prescription Monitoring
Program Registry

LAUNCH

NYS Screening Tool (12 questions)

Date screening completed:

Provider: Julia Prusik

Facility: Ellis Hospital






We use this survey to understand needs our patients have which could interfere with good health. We may share your answers with your other healthcare providers, and with your health plan and social services organizations, so they can determine if you qualify for any free non-medical services that could be helpful. Please check this box if you agree to continue. You can choose not to answer this survey, but we can only check for services if you do answer.

Response: I agree.

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?

-  Pests such as bugs, ants, or mice
-  Mold
-  Lead paint or pipes
-  Lack of heat
-  Oven or stove not working

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

 Response: Yes

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

No response

Provider declined to ask.

julia test

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

 Response: Often true

At a glance

Insights: Care Reminders

Care Reminders (2)

Important History (0)

Needs cervical cancer screening

May need annual HRSN screening
[Click here](#) to conduct the NYS screening or go to the Social Needs and Referrals tile to send a copy to the patient's mobile or email.

Insights: Important History

Care Reminders (1)

Important History (1)

[HRSN screening completed in the past year](#)

HIDE MY DATA



Ava Adams

02/16/1984 • 41 Yrs • Female

SEE FULL PROFILE

Physician:	Phone:	History:	Patient Contacts:
Henry Seven	5188692231	1 known	4 known
Care Management:	Smoking Status:	Allergies:	Advanced Directives:
No risks reported	former	8 known	No known

Insights: Care Reminders

Care Reminders (1)

Needs cervical cancer screening

Important History (1)

Social Needs and Referrals

Screening Tools

Select a screening to begin

SEND TO PATIENT

BEGIN SCREENING

Social Needs Screening History

10/10/2024 CMS Screening Tool (25 questions)

SEE ALL

NYS Prescription Monitoring Program



Department of Health

NYS PMP
Prescription Monitoring
Program Registry

LAUNCH

Visits

05/23/2023	ED	Westchester Medical Center
07/26/2022	OP	Bassett Health
04/06/2021	OP	NYS Immunization Information S...
04/06/2021	OP	NYS Immunization Information S...
06/26/2020	IP	Canton Potsdam Hospital

SEE ALL

Procedures

03/18/2017	Ultrasound-Abdomen
08/26/2012	Chest X-Ray
08/11/2012	Chest X-Ray
08/06/2012	Oxygen administration by mask
10/10/2011	ACL repair

SEE ALL

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 WO CONTRAST

Vaccinations

04/06/2021	Pfizer COVID-19 Vaccine Dose 2
01/14/2020	DTaP Vaccine (DAPTACEL) <7YO IM
03/04/2014	Historical Influenza Vaccine, Unspecified
03/04/2014	Historical Influenza Vaccine, Unspecified
08/10/2012	Pneumococcal polysaccharide vaccine, ...

Labs

03/18/2017	Total Cholesterol
08/13/2005	CBC WO DIFFERENTIAL

Documents

TXT	DischargeSummary	03/20/2024	Westchester Medical Center Network
TXT	Continuity of Care Document	04/19/2023	Community Care Physicians (CCP)
TXT	Embedded Document	04/05/2023	Community Care Physicians (CCP)
TXT	Procedure Note	09/20/2019	Saratoga Hospital
TXT	Procedure Note	09/10/2019	

HIDE MY DATA



Ava Adams

02/16/1984 • 41 Yrs • Female

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Care Reminders (1)

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Important History (1)

Social Needs and Referrals

Screening Tools

Select a screening to begin

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NYS Prescription Monitoring Program



Department of Health

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LAUNCH

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07/26/2022	OP	Bassett Health
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05/23/2018	MRI SPINE LUMBAR WO CONTRAST

Vaccinations

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01/14/2020	DTaP Vaccine (DAPTACEL) <7YO IM
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TXT	Embedded Document	04/05/2023	Community Care Physicians (CCP)
TXT	Procedure Note	09/20/2019	Saratoga Hospital
TXT	Procedure Note	09/10/2019	

HIDE MY DATA

Screening History

CLOSE

Search

Date ***	Facility ***	Screening Title ***
02/25/2025	Saratoga Hospital	NYS Screening Tool (12 questions)

Rows per page: 10 1-1 of 1

NYS Screening Tool (12 questions)

EXPORT AS PDF

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Provider: Julia Prusik
Facility: Saratoga Hospital

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

Response: Often true

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?

Response: Yes

Do you want help finding or keeping work or a job?

Response: Yes, help finding work

Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.

Response: Yes

How often does anyone in your household smoke tobacco or use smokeless tobacco?

PMP/ISTOP

Ava Adams



60 Woof Street
Albany, NY 105951530

02/16/1984 41 Years Female

Health-Related Social Needs Screenings

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NYS Screening Tool (12 questions) ▼

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BEGIN SCREENING

Social Needs Screening History

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NYS Prescription Monitoring Program



Department
of Health

NYS PMP
Prescription Monitoring
Program Registry

LAUNCH

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=xHFBulwjMTYazetKIEgZAASfzfYa&commonAuth...



Services News Government

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



User ID

User ID

Password

Password

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

LOGIN

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

Department of Health

Important Site Notices

System Requirements


Site Policies/Terms of Use

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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

test user

Password

.....

Forgot Your User ID or Password ☐ Remember User ID

LOGIN

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

Department of Health

Important Site Notices

System Requirements

Site Policies/Terms of Use

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

NYS Prescription Monitoring Program

CLOSE

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: ⓘ



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

NYS Prescription Monitoring Program

CLOSE

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
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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

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



Name: Crystal Kringle

DOB: 12/25/1945

Facility: Hixny

MRN: 600586

Record Type: PMP Data

Received Date: -

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.

Search Terms	Search Date	Report Requested By	Reference #
Kringle, Crystal 12/25/1945	06/18/2023 12:35:48 AM	Sara Sheehan	66288

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 S TREET EVERY TOWN, NY ZZ 021	EVERYTOWN	NY	ZZ021
Patient_2	Crystal	Kringle	11/24/1945	F	221B BAKER S TREET EVERY TOWN, NY ZZ 021	EVERYTOWN	NY	ZZ021
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