

# PSYCKES-Medicaid

## Recipient Search User's Guide



**Office of  
Mental Health**

# Table of Contents

<b>Recipient Search</b> .....	<b>3</b>
Overview .....	3
<b>Accessing Recipient Search</b> .....	<b>3</b>
<b>Recipient Search Fields</b> .....	<b>5</b>
Recipient Identifiers .....	5
<i>Enabling Access to Client-Level Data via Recipient Identifier search</i> .....	5
<i>Step 1: Select reason for having a right to access the client’s data</i> .....	6
<i>Step 2: Indicate the way in which the client’s identity has been verified and submit</i> .....	6
Recipient Characteristics .....	8
<i>*High Need Population filter</i> .....	8
Managed Care Plan and Medicaid .....	8
Quality Flags .....	9
Medication & Diagnosis.....	9
<i>Search recipients currently on a specific drug</i> .....	9
Services by a Specific Provider .....	9
<i>Search recipients consented to the agency</i> .....	10
Services by Any Provider .....	10
<b>Search Logic</b> .....	<b>11</b>
<b>Recipient Search Tips</b> .....	<b>12</b>
Expand Service Setting categories.....	12
Select multiple options within search fields.....	12
Increase number of names for search results .....	12
Reset search criteria .....	12
<b>Recipient Search Results</b> .....	<b>13</b>
Clinical Summary.....	13
Modify Search Results .....	13
Export Search Results.....	13
Advanced Population Views .....	14

# Recipient Search

## Overview

Recipient Search allows users to identify a cohort of recipients who meet search criteria or perform a search to find a specific recipient in PSYCKES-Medicaid. For example, if an agency would like to identify all recipients who are flagged for a particular quality flag and have received services in a specific service setting, a user could use Recipient Search to generate a list of recipients who meet that search criteria.

## Accessing Recipient Search

Click the “Recipient Search” button on the PSYCKES-Medicaid menu header to access the Recipient Search menu (**Error! Reference source not found.**, 2, & 3).

The screenshot shows the PSYCKES Recipient Search interface. At the top left is the New York State Office of Mental Health logo. To the right are 'De-identify' (with a toggle switch), 'Settings', and a 'Log Off' button. A dark purple navigation bar contains the following menu items: 'My QI Report -', 'Statewide Reports', 'Recipient Search' (highlighted), 'Provider Search', 'Registrar -', 'Usage -', 'Utilization Reports', and 'MyCHOIS'. Below the navigation bar is the 'Recipient Search' header, followed by a 'Limit results to' dropdown set to '50', a 'Search' button, and a 'Reset' link. The main search area is divided into two sections: 'Recipient Identifiers' and 'Characteristics as of 11/14/2021'. The 'Recipient Identifiers' section has four tabs: 'Medicaid ID' (selected), 'SSN', 'OMH State ID', and 'OMH Case #'. Below these tabs are input fields for 'Medicaid ID' (containing 'AB00000A'), 'First Name', 'Last Name', and 'DOB' (with a placeholder 'MM/DD/YYYY'). The 'Characteristics' section contains several dropdown menus: 'Age Range' (with 'To' field), 'Gender', 'Race', 'Ethnicity', 'County of Fiscal Responsibility', 'Population', 'High Need Population', 'AOT Status', and 'Alerts & Incidents'.

Figure 1. Recipient Search Menu

**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

**Quality Flag** as of 10/01/2021 [Definitions](#) **Services: Specific Provider** as of 10/01/2021 Past 1 Year

HARP Enrolled - Not Health Home Enrolled - (updated weekly)  
 HARP-Enrolled - No Assessment for HCBS - (updated weekly)  
 Eligible for Health Home Plus - Not Health Home Enrolled  
 Eligible for Health Home Plus - No Health Home Plus Service  
 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)  
 Antidepressant Medication Discontinued - Acute Phase (DOH Performance Tracking)  
 Antidepressant Medication Discontinued - Recovery Phase (DOH Performance Tracking)  
 Adherence - Mood Stabilizer (Bipolar)  
 Adherence - Antipsychotic (Schiz)  
 Low Antipsychotic Medication Adherence - Schizophrenia (DOH Performance Tracking)  
 Treatment Engagement - Summary  
 No Follow Up for Child on ADHD Med - Initiation (DOH Performance Tracking)

Provider

Region  County

Current Access

Service Utilization  Number of Visits

Service Setting:  
 --Care Coordination  
 --Crisis Service  
 --Foster Care  
 --Home and Community Based Ser  
 --Inpatient - ER  
 --Living Support/Residential  
 --Other

Service Detail: Selected

Figure 2. Recipient Search Menu

**Medication & Diagnosis** as of 10/01/2021 Past 1 Year

Prescriber Last Name

Drug Name   Active Drug

Psychotropic Drug Class\*  
 ADHD Med  
 Antidepressant  
 Antipsychotic  
 Antipsychotic - Long Acting Injectat

Non-Psychotropic Drug Class\*  
 Analgesics and Anesthetics  
 Anti-Infective Agents  
 Anti-Obesity Agents  
 Antidiabetic

Diagnosis

Diagnosis given 1+  Primary Only  Primary/Secondary

BH Diagnosis  
 --Any BH Diagnosis  
 --Any MH Diagnosis  
 --Anxiety Disorders  
 --Bipolar and Related Disorders

Medical Diagnosis  
 --Certain conditions originating in the peri  
 --Certain infectious and parasitic disease  
 --Congenital malformations, deformations  
 --Diseases of the blood and blood-forminc

**Services by Any Provider** as of 10/01/2021 Past 1 Year

Provider

Region  County

Service Utilization  Number of Visits

Service Setting:  
 --Care Coordination  
 --Crisis Service  
 --Foster Care  
 --Home and Community Based Ser  
 --Inpatient - ER  
 --Living Support/Residential  
 --Other  
 --Outpatient - DD  
 --Outpatient - MH  
 --Outpatient - Medical  
 --Outpatient - Medical Specialty

Service Detail: Selected

Limit results to 50

-- Recipient Related data is refreshed weekly and all other sections are refreshed monthly.  
 -- Search uses "OR" criteria within a list and "AND" criteria between lists.  
 -- \*To select multiple options within a list, hold down "CTRL" while making additional selections.

Figure 3. Recipient Search Menu

## Recipient Search Fields

Users can search for recipients by any combination of the fields listed below. Similar fields have been grouped together in boxed categories in Recipient Search.

### *Recipient Identifiers*

Search for individual recipients through personal identifiers:

- Medicaid ID
- Social Security Number (SSN)
- First Name
- Last Name
- Date of Birth (DOB)

*Note - Statewide and State PC users have an additional two recipient identifiers available: OMH State ID or OMH Facility Case Number.*

A PSYCKES user may perform a Recipient Identifier search to enable access to client-level data. This can be done by attesting that the recipient's consent was obtained, it is a clinical emergency, or the recipient is being served by or transferred to the provider agency. Detailed information about these options is available in the *PSYCKES-Medicaid Enabling Access to Client-Level Data User's Guide*.

### **Enabling Access to Client-Level Data via Recipient Identifier search**

The following steps detail how access can be enabled for client-level data in Recipient Search (Figure 2):

- 1) Navigate to "Recipient Search" from purple menu.
- 2) Enter any combination of the below recipient identifiers and click Search:
  - Medicaid ID
  - SSN
  - First Name – *at least first two characters required, if entered*
  - Last Name – *full last name required, if entered*
  - DOB – *enter to improve search results when searching with name*

3) Search results will appear. Confirm recipient match and click "Change PHI Access Level" link on the rightmost column.

*Note:* If search yields more than 10 recipients, a message will appear indicating that there are too many recipients matching search criteria, along with a list of strategies to narrow search results.

4) Follow steps on screen to attest to right to access data and verify identity.

### Step 1: Select reason for having a right to access the client's data

- If the *client signed consent*, select:
  - **Client signed the PSYCKES consent form for [provider agency name]**. With signed consent, PSYCKES users at the agency will have access to all available Clinical Summary data for three years after the consent was entered, or three years after the last Medicaid claim from the agency has been processed by the New York State Medicaid Program, whichever is later.
  - **Client signed the BHCC consent form for [BHCC name]**. With signed consent, users at the selected BHCC will have access to all available Clinical Summary data 3 years after the last billed service or until the client withdraws their BHCC consent.
  - **Client signed the Department of Health Adult Health Home Patient Information Sharing Consent Form (DOH- 5055) for [Health Home or CMA program name]**. With signed consent, access is granted to the clinical summary in real time and will stay active as long as the clients Health Home enrollment is verified in DOH's MAPP system (90-day grace period after entry in PSYCKES). Access will expire after Health Home enrollment ends, according to DOH's MAPP system (access will remain for 90 days after end date).
- In the *absence of signed consent*, select all that apply:
  - **Attestation of Clinical Emergency** – Checking this box will only give the user the ability to view all available Clinical Summary data for 72 hours. Users are allowed to print the client's Clinical Summary during this time and place it in the client's chart.
  - **Attestation of Service: Client is currently served by / being transferred to [provider agency name]** – Checking this box will only give the user the ability to view a client's Clinical Summary data if the client has an active quality flag and it will not provide access to data with special protections (HIV, substance use information, family planning, genetic testing). The data will be available to PSYCKES users at the agency as long as there is an active quality flag.

### Step 2: Indicate the way in which the client's identity has been verified and submit

- Attest client has been identified via the following:
  - Check the box next to "Service provider attests to client identity," if you or someone at your agency has experience with the client or;

- Select the types of identification presented by the client from the two drop-down lists.
- Complete the process of enabling PHI access by clicking one of the following buttons:
  - Click **“Enable and View Clinical Summary”** to complete the process of enabling access to client’s Clinical Summary to all users at your agency and proceed to the client’s Clinical Summary;
  - Click **“Enable”** to complete the process of enabling access to client’s Clinical Summary to all users at your agency and return to the main Recipient Search screen or;
  - Click **“Cancel”** to cancel the process of enabling access to that client’s data and return to the main Recipient Search screen.

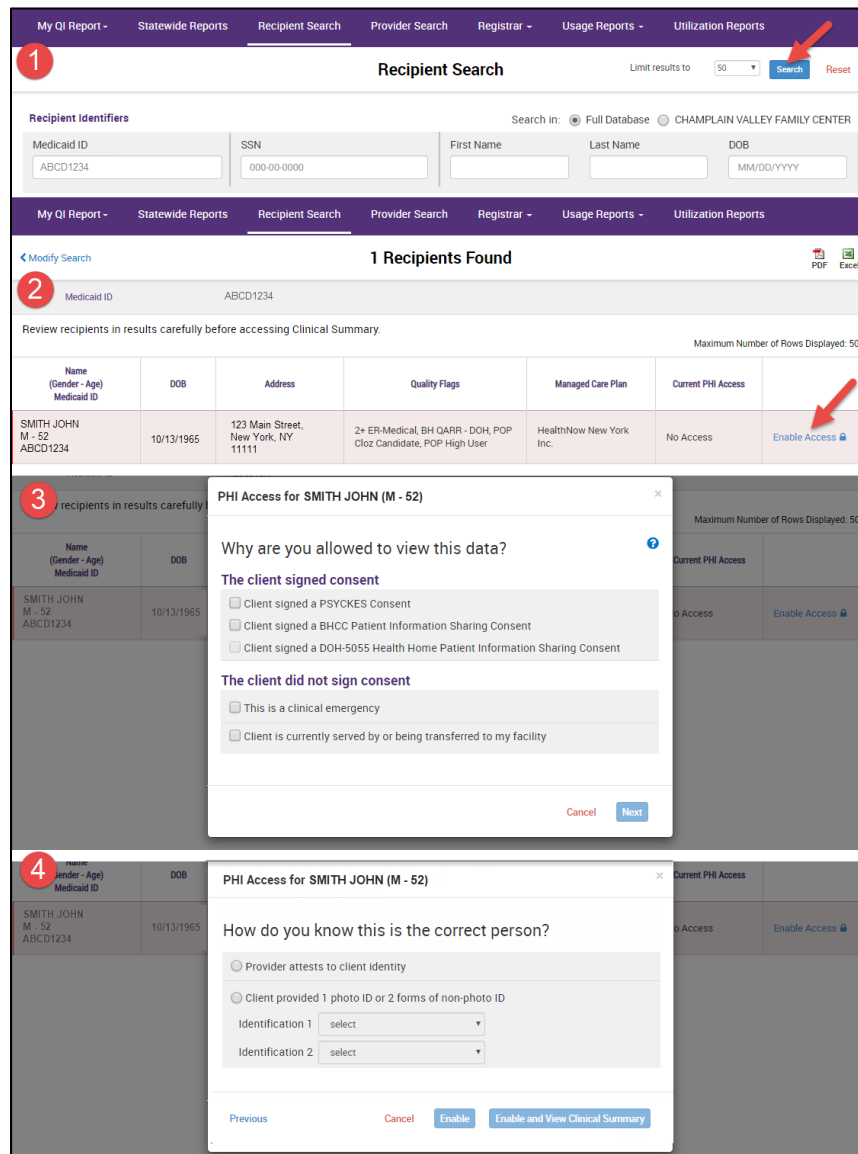


Figure 4. Recipient Search: Changing PHI Access Level

## ***Recipient Characteristics***

Search for groups of recipients through their characteristics.

- Age Range
- Gender
- Race
- Ethnicity
- County of Fiscal Responsibility
- Population
- High Need Population\*
- AOT Status
- Alerts & Incidents

### **\*High Need Population filter**

*Note - This filter includes the following options:*

- 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
- 4+ ER MH < 12 months
- 3+ Inpt Med & Schiz/Bipolar Dx < 12 months
- Ineffectively Engaged – No Outpt MH < 12 months & 2+ Inpt MH/3+ ER MH
- State PC Inpatient Discharge < 12 months
- HH+ Eligible CNYPC Release < 12 months

## ***Managed Care Plan and Medicaid***

Search for groups of recipients through their Managed Care Plan or Medicaid information.

- Managed Care
- MC Product Line
- Medicaid Enrollment Status
- Medicaid Restriction
- Children’s Waiver Status
- HARP Status
- HARP HCBS Assessment Status
- HARP HCBS Assessment Results



## ***Quality Flags***

Search for groups of recipients who are positive for specific quality flags. The quality flags are listed individually and are from the following indicator sets:

- BH QARR – DOH Performance Tracking Measure
- BH QARR Improvement Measure
- General Medical Health
- Health and Recovery Plan
- High Utilization – Inpt/ER
- Polypharmacy
- Preventable Hospitalization
- Readmission Post-Discharge from any Hospital
- Readmissions Post-Discharge from this Hospital
- Substance Use Disorders
- Treatment Engagement

## ***Medication & Diagnosis***

Search for groups of recipients through their medication and diagnosis information.

- Prescriber Last Name
- Drug Name
- Active Drug status
- Psychotropic Drug Class
- Non-Psychotropic Drug Class
- Diagnosis
- Number of times diagnosis was given
- Primary or Secondary Diagnosis status
- Behavioral Health Diagnosis category
- Medical Diagnosis category

### **Search recipients currently on a specific drug**

When searching by a specific drug name, in the Medication & Diagnosis box category, users can check the “Active Drug” box next to search for recipients currently taking that medication.

## ***Services by a Specific Provider***

Search for groups of recipients through their use of specific provider services. For provider-level users, the “Provider” field will automatically display their provider agency name without the option of changing the specific provider. State-level users have the option of entering a provider agency name in this field, if desired.

- Provider
- Region
- County
- Current Access
- Service Utilization
- Number of Visits
- Service Setting

### Search recipients consented to the agency

In the “Current Access Status” drop-down menu, select one of the consent options and click “Search” (Figure 3).

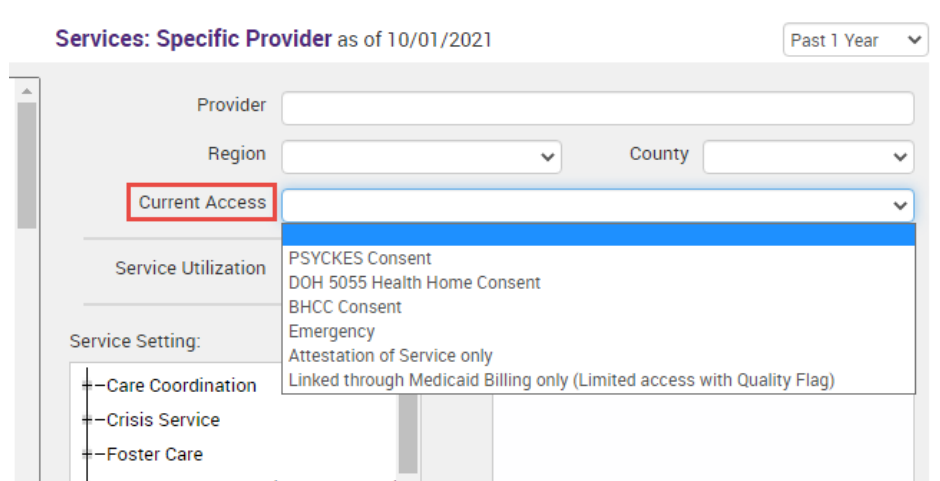


Figure 5. Current Access

### Services by Any Provider

Search for groups of recipients through their use of any other provider services (Figure 4).

- Provider
- Region
- County
- Service Utilization
- Number of visits
- Service Setting

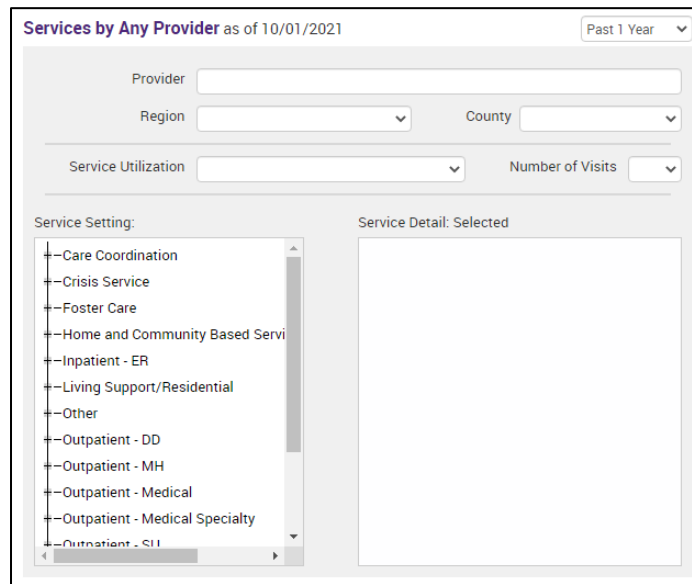


Figure 6. Services by Any Provider

## Search Logic

Users may select up to four options within a field (e.g., Quality Flags, Service Settings) by holding down the “Ctrl” button on their keyboard and selecting multiple options (Figure 5).

The algorithm for the search function is set up such that *selections within a field follow the “OR” logic* (e.g. search results within the Psychotropic Drug Class field will yield recipients on Antidepressants OR Antipsychotics if both are selected).

In contrast, *selections between different field boxes follow the “AND” logic* (e.g. search results between the Psychotropic Drug Class and BH Diagnosis fields will yield recipients that are on an Antipsychotic medication AND have had a diagnosis of Bipolar Disorder if both are selected).

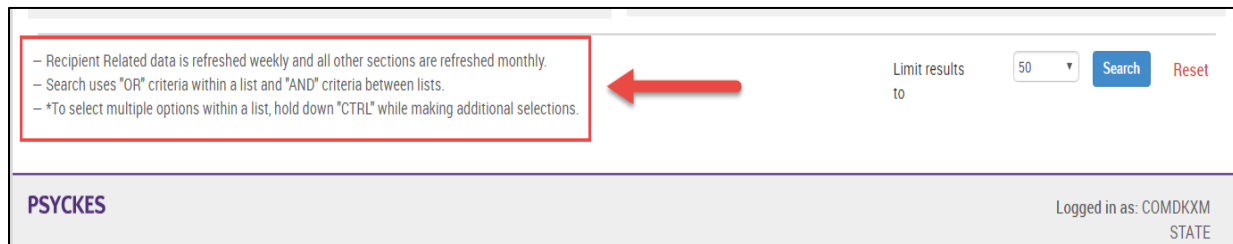


Figure 7. Recipient Search Logic

## Recipient Search Tips

When using Recipient Search, consider the below tips (Figure 6):

### Expand Service Setting categories

The Service Setting filter, located in the Services by Provider boxes, lists multiple categories of service utilization for which a user can search. Click on the “+” icon to the left of each service category to expand the list of services with each category. The Service Detail box will list the services selected each search.

### Select multiple options within search fields

Use the “Ctrl” key on your keyboard to select up to 4 different options within each field.

### Increase number of names for search results

The Recipient Search function defaults to display 50 recipients for each search. To view more names, select a larger number in the “Limit results to” dropdown filter located at the top and bottom right corner of the Recipient Search screen.

### Reset search criteria

Click the “Reset” button at the top and bottom right corner of the screen to reset all filters.

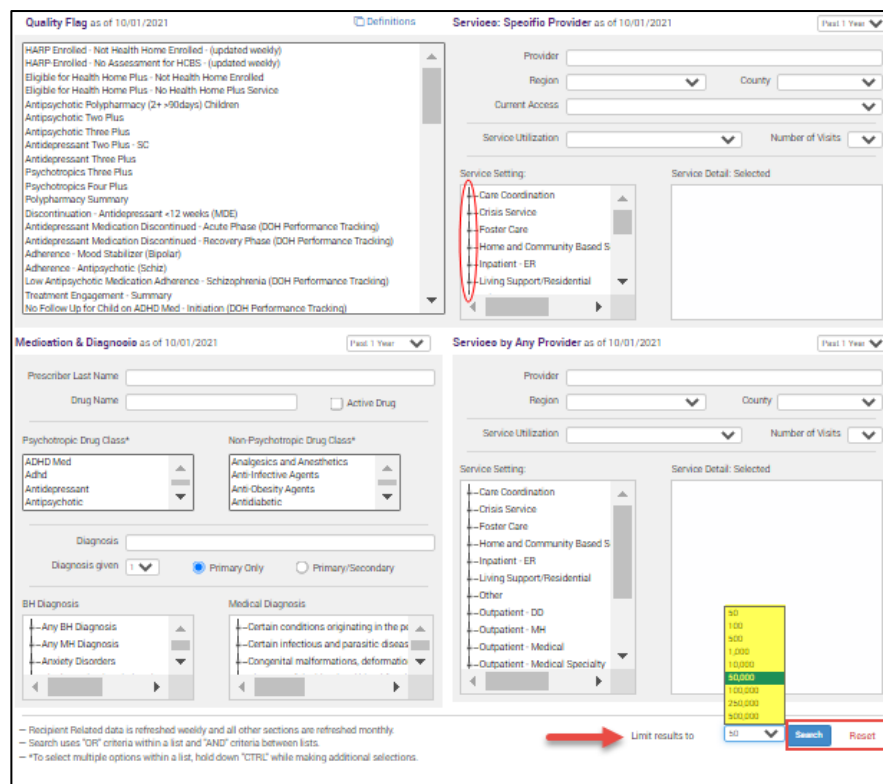


Figure 8. Recipient Search: Search Tips

## Recipient Search Results

After selecting desired search criteria, click on the “Search” button at the top or bottom right corner of the screen. A list will generate of recipients that meet the search criteria (Figure 7).

*Note:* When search results include criteria from state administrated data sources, clients who are not on Medicaid may be included in the search results. This will occur when the clients a) meet criteria for the selected filter and b) when clients have consented to the provider agency for release of PSYCKES information. When a client without Medicaid history is included in one of these searches, it will say “Non-Medicaid” in their “Medicaid ID” column of the results page.

### *Clinical Summary*

Users can access a recipient’s Clinical Summary by clicking on the recipient’s name on the search results list (see *the Clinical Summary User’s Guide* for more information on the Clinical Summary).

*Note:* Provider-level users can access recipient-level data only for recipients with one or more active and applicable quality flags, a clinical emergency, or for those who have provided consent. Medicaid recipients will appear in the Recipient Search results only after a Medicaid claim has been submitted by the provider agency for the recipient and paid by DOH, or after consent has been obtained. Dual Eligible consumers will not be displayed in Recipient Search unless some part of their services is covered by Medicaid.

### *Modify Search Results*

Search criteria can be modified by clicking on the “Modify Search” button.

### *Export Search Results*

Users can export the generated list of search results to PDF or Excel by clicking on the corresponding icon on the top right corner of the screen.

My QI Report - Statewide Reports Recipient Search Provider Search Registrar - Usage - Utilization Reports MyCHOIS

59 Recipients Found

View: Standard

Care Coordination  
High Need/High Risk  
Hospital Utilization  
Managed Care POP  
Outpatient Providers

PDF Excel

BH Diagnosis: Bipolar and Related Disorders

AND [Provider Specific] Provider: NEW YORK PSYCHIATRIC INSTITUTE

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan
QaFFW6 RqnFTaRZ WQ	WaemNDAs Nqu	NoyoMCynO Tav	TQ LQ M9I	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-MS, Cloz Candidate, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH ED F/U 7d (DOH), No Outpt Medical, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Fidelis Care New York
QaFVWaE RqbMREE	WaUnODIm MaY	OSynLpEvN TM	R6 LQ N96		Integra MLTC Inc
QaVUQUvDRVM WVZFTEbTuQU	VaYtOTamO VI	MSyqLpEvN 96	R6 LQ NTM	Adher-AD - Acute (DOH), Adher-AD - Recovery (DOH), Adher-MS, HARP No Health Home, HHPlus No HHPlus Service, HHPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No HbA1c-DM, No LDL-C - AP	Healthfirst PHSP, Inc.

Figure 9. Recipient Search Results

### Advanced Population Views

When group searches of populations or cohorts of interest are conducted in Recipient Search, the results page provides information on the number of recipients that match the selected search criteria and an unduplicated list of who those recipients are in table format. The population management “Views” are in a dropdown located at the upper right-hand corner of the Recipient Search results page and will allow you to add new columns of information to the results table (Figure 8). Upon selecting the desired view, a series of columns will be added to your results page (Figure 9). The following views are currently available:

**Standard:** Recipient Name, Medicaid ID, Gender, Date of Birth, Managed Care Plan, Current PHI Access, and Quality Flags (Quality Flags column only available with Standard view)

**Care Coordination:** Standard View plus HARP Status, Children's Waiver Status, Health Home Name (Enrolled), Care Management Agency Name (Enrolled), ACT Provider (Active), OnTrackNY Early Psychosis Program (Enrolled), AOT Status, and AOT Provider (Active)

**High Need/High Risk:** OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH), OPWDD NYSTART-Eligible, Health Home Plus-Eligible, AOT Status, AOT Expiration Date, Suicide Attempt (Medicaid/NIMRS) past 1 year, Suicidal Ideations (Medicaid), Self-Inflicted Harm/Injury (Medicaid), Self-Inflicted Poisoning (Medicaid), Overdose - Opioid past 1 year, Overdose Risk - Concurrent Opioid & Benzodiazepine past 1 year, High Risk List Registry, Suicide Care Pathway

**Hospital Utilization:** Standard View plus # of ER services in the past year (broken out by All, Behavioral Health, and Medical) and # of Inpatient services in the past year (broken out by All, Behavioral Health, and Medical)

**Managed Care POP \*Only viewable for State and Managed Care Plans**

Standard View plus POP Index (broken out be Admission and Discharge date), Most Recent POP Subsequent Inpatient/ER (broken out by Admission and Discharge date), # POP Care Transition Services (broken out by Visit in Inpatient/ER, Escort Home/Community/Residence, Visit in Home/Community/Residence), POP Most Recent Care Transition Services (broken out by Type, Provider and Date)

**Outpatient Providers:** Primary Care Physician Assignment - Assigned by MC Plan (PCP Name, Most Recent Service Past 1 year, # Visits with Assigned PCP past 1 year), Mental Health Outpatient Provider (Most Recent Provider Facility Name, Most Recent Service Past 1 year, # Services this Provider Past 1 year), Medical Outpatient Provider (Most Recent Provider Facility Name, Most Recent Service Past 1 year, # Services this Provider Past 1 year)

For provider agency users, the applicable information in the selected view columns will be displayed for recipients with a quality flag or consent. The Recipient Search results page with population management views can be exported to Excel (Figure 10).

**Note:** Additional population views may be added in the future, so please make sure to check the most recent refresh notice.

My QI Report - Statewide Reports Recipient Search Provider Search Registrar Usage Utilization Reports MyCHOIS

59 Recipients Found

View: Standard

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

Review recipients in results carefully before accessing Clinical Summary.

Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan
QaFFW6 RqnFTaRZ WQ	WeemNDAs Nqu	NoyoMCynO Tav	TQ LQ M9I	2+ ER-BH, 2+ ER-MH, 2+ Inpt-BH, 2+ Inpt-MH, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, Adher-AP, Adher-MS, Cloz Candidate, HHPPlus No HHPPlus Service, HHPPlus Not HH Enrolled, No Gluc/HbA1c & LDL-C - AP, No LDL-C - AP, No MH ED F/U 7d (DOH), No Outpt Medical, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH	Fidelis Care New York
QaFVWaE RqbMREE	WaUnODIm MaY	OSynLpEvN TM	R6 LQ N96		Integra MLTC Inc

Figure 10. Recipient Search Advanced Population Views

My QI Report - Statewide Reports **Recipient Search** Provider Search Registrar - Usage - Utilization Reports MyCHOIS

← Modify Search **59 Recipients Found** View: Care Coordination Standard Care Coordination High Need/High Risk Hospital Utilization Managed Care POP Outpatient Providers Excel

BH Diagnosis: Bipolar and Related Disorders  
AND [Provider Specific] Provider: NEW YORK PSYCHIATRIC INSTITUTE

Review recipients in results carefully before accessing Clinical Summary. Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Managed Care Plan	HARP Status (H Code)	HARP HCBS Assessment Date (most recent)
QaFFW6 RqnFTaRZ WQ	WaemNDAs Nqu	NoyoMCyn0 Tav	TQ LQ M9I	Fidelis Care New York	Eligible Pending Enrollment (H9)	
QaFVWaE RqbMREE	WaUnODIm MaY	OSynLpEvN TM	R6 LQ N96	Integra MLTC Inc		
QqzSREzORVM QqFNQVJFTaFMQuBTSE E	WU2rMTYrN EM	OSyoMCyn OTav	R6 LQ M9I	Affinity Health Plan	Eligible Pending Enrollment (H9)	

Figure 11. Recipient Search Advanced Population Views: How to Scroll

My QI Report - Statewide Reports **Recipient Search** Provider Search Registrar - Usage - Utilization Reports MyCHOIS

← Modify Search **1,555 Recipients Found** View: Care Coordination Excel

[Provider Specific] Provider: NEW YORK PSYCHIATRIC INSTITUTE

Review recipients in results carefully before accessing Clinical Summary. Maximum Number of Rows Displayed: 50

Name	Medicaid ID	DOB	Gender	Medicaid Managed Care Plan	HARP Status (H Code)	HARP HCBS Assessment Date (most recent)
QUJCQVM SVNNQUbM	UaioNpYpN b6	NoyoNSyn0 T2o	TQ LQ NDa	MetroPlus Health Plan	HARP Enrolled (H1)	
QUJERUnIQRZ WaFNWVJB	Non-Medicaid	NCynOCyn0 TYs	R6 LQ NTU			
QUJERUnNQUm QUvHRUnJTaE	Non-Medicaid	NCyoNCyn0 T6n	R6 LQ NDA			

Figure 12. Recipient Search Advanced Population Views: Export to Excel