

PSYCKES-Medicaid

Recipient Search User's Guide



**Office of
Mental Health**

Table of Contents

Recipient Search	4
Overview	4
Accessing Recipient Search	4
Recipient Search Fields	6
Recipient Identifiers	6
<i>Enabling Access to Client-Level Data via Recipient Identifier search</i>	7
<i>Step 1: Select reason for having a right to access the client’s data</i>	7
<i>Step 2: Indicate the way in which the client’s identity has been verified and submit</i>	8
Recipient Characteristics	11
Special Populations	11
<i>*High Need Population filter</i>	11
Social Determinants of Health (SDOH)	12
Managed Care Plan and Medicaid	12
Quality Flags	12
Medication & Diagnosis	13
<i>Search recipients currently on a specific drug</i>	13
Services by a Specific Provider	13
<i>Search recipients consented to the agency</i>	14
Services by Any Provider	14
Search Logic	16
Recipient Search Tips	16
Expand Service Setting categories	16
Telehealth coded Service Settings categories	16
Select multiple options within search fields	17
Increase number of names for search results	17
Reset search criteria	17
Recipient Search Results	18
Enabling Access – Recipient Cohort Search	18
Clinical Summary	20

Modify Search Results 20

Export Search Results 20

Advanced Population Views..... 21

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 (Figure 1).

The screenshot displays the 'Recipient Search' interface. At the top, the header includes the New York State Office of Mental Health logo and 'PSYCKES' branding. A navigation bar contains links for 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', 'MyCHOIS', and 'Adult Home'. The 'Recipient Search' section features a 'Limit results to' dropdown set to 50, a 'Search' button, and a 'Reset' link. Below this are two main sections: 'Recipient Identifiers' and 'Characteristics as of 03/30/2024'. The 'Recipient Identifiers' section has tabs for 'Medicaid ID', 'SSN', 'OMH State ID', and 'OMH Case #'. The 'Medicaid ID' tab is active, showing a text input field with 'AB00000A'. To the right are fields for 'First Name', 'Last Name', and 'DOB' (MM/DD/YYYY). The 'Characteristics' section includes dropdown menus for 'Age Range', 'Race', 'Ethnicity', 'Gender', 'Region', and 'County'.

Figure 1. Recipient Search Menu

Special Populations

Population

High Need Population

AOT Status

Alerts

Homelessness Alerts

Social Determinants of Health (SDOH) Past 1 Year

SDOH Conditions (reported in billing)

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial
- Problems related to medical facilities a
- Problems related to housing and econo

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

Quality Flag as of 03/01/2024 Definitions

- 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
- High Mental Health Need
- Mental Health Placement Consideration
- 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

Services: Specific Provider as of 03/01/2024 Past 1 Year

Provider

Region County

Current Access

Service Utilization Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

- Care Coordination
- Crisis Service
- Foster Care
- Inpatient - ER
- Living Support/Residential
- Other
- Outpatient - PD

Figure 3. Recipient Search Menu

Figure 4. 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 or during a clinical emergency. 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 5-8):

- 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 (DOH) Health Home Patient Information Sharing Consent Form 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.
 - **Client gave a Verbal PSYCKES consent:** Users can view all clinical data, EXCEPT data with special protections, regardless of quality flag status for 9 months.
 - **Attest client is being served/transferred to agency:** Checking this box will link client to provider agency but will not provide access to the client's Clinical Summary data.

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

- Attest client has been identified:
 - Review client's unique identifiers, DOB, and address to confirm this is the correct individual
 - Check either 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.

The screenshot shows the 'Recipient Search' page with a navigation bar at the top containing links like 'My QI Report', 'Statewide Reports', 'Recipient Search', 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', 'MyCHOIS', and 'Adult Home'. The main heading is 'Recipient Search'. On the right, there is a 'Limit results to' dropdown set to '50', a 'Search' button (highlighted with a red arrow), and a 'Reset' button. Below this, there are search options: 'Search in: Full Database' (selected) and 'MAIN STREET CLINIC'. The search criteria section includes fields for 'Medicaid ID' (containing 'AB00000A'), 'SSN', 'First Name', 'Last Name', and 'DOB' (with a 'MM/DD/YYYY' format hint).

Figure 5. Recipient Search: Find Client Using Unique Identifiers

The screenshot shows the search results page titled '1 Recipients Found'. It includes a 'Modify Search' link, PDF and Excel export icons, and a summary row for Medicaid ID 'AB12345C'. A warning message states: 'Review recipients in results carefully before accessing Clinical Summary.' Below this is a table with the following data:

Name (Gender - Age)	Unique Identifiers	DOB	Address	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access	
SMITH JOHN M - 57	Medicaid ID: AB12345C	01/01/1967	123 MAIN STREET BROOKLYN, NY 12345	HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, MH Plcmt Consid, No Gluc/HbA1c & LDL-C - AP No	Excellus BlueCross BlueShield	No Access	Enable Access

A red arrow points to the 'Enable Access' button in the last column of the table. The text 'Maximum Number of Rows Displayed: 50' is visible in the top right of the table area.

Figure 6. Recipient Search: Enable Access

PHI Access for Smith, John (M - 57)

Select the level of access [About access levels](#)

The client signed consent

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

- Client gave Verbal PSYCKES Consent
- This is a clinical emergency

Provider attests to serving the client

Will link client to your agency, but will not provide access to clinical summary

- Client is currently served by or being transferred to my agency

Cancel Next

Figure 7. Enable PHI Access

PHI Access for SMITH, JOHN (M - 57)

Confirm this is the correct individual before enabling

Unique Identifiers Medicaid ID: AB12345C
Date Of Birth: 01/01/1967
Address: 123 MAIN STREET BROOKLYN, NY 12345

How do you know this is the correct person?

- Provider attests to client identity
- Client provided 1 photo ID or 2 forms of non-photo ID

Identification 1 select

Identification 2 select

MAIN STREET CLINIC will be given access to all available data for 3 years (renews automatically with billed service).

Previous Cancel Enable Enable and View Clinical Summary

Figure 8. Enable PHI Access: Client Identity

Recipient Characteristics

Search for groups of recipients through their characteristics.

- Age Range
- Gender
- Race
- Ethnicity
- Region
- County

Special Populations

Search for groups of recipients through their special populations.

- Population
- High Need Population*
- AOT Status
- Alerts
- Homelessness Alerts

*High Need Population filter

Note - This filter includes the following options:

- 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
- 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

Social Determinants of Health (SDOH)

Search for groups of recipients through their Social Determinants of Health (SDOH) information:

- Problems related to upbringing
- Problems related to social environment
- Problems related to physical environment
- Problems related to other psychosocial circumstances
- Problems related to medical facilities and other health care
- Problems related to life management difficulty
- Problems related to housing and economic circumstances
- Problems related to employment and unemployment
- Problems related to education and literacy
- Problems related to certain psychosocial circumstances
- Persons encountering health services for other counseling and medical advice, not elsewhere classified
- Personal risk factors, not elsewhere classified
- Perpetrator of assault, maltreatment, and neglect
- Other problems related to primary support group, including family circumstances
- Other nutritional deficiencies
- Occupational exposure to risk factors
- Adult and child abuse, neglect and other maltreatment, suspected
- Adult and child abuse, neglect and other maltreatment, confirmed

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 Restrictions
- 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 – Improvement Measure
- Health Home Care Management-Adult
- General Medical Health
- High Utilization – Inpt/ER
- Polypharmacy
- Preventable Hospitalization
- Readmission Post-Discharge from this/any Hospital
- Treatment Engagement
- General Medical Performance Tracking Measure
- MH Performing Tracking Measure
- SUD Performance Tracking Measure
- Vital Signs Dashboard – Adult/Child

Medication & Diagnosis

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

- Prescriber Last Name
- Drug Name
 - Active Drug status
- Active medication (past 3 months) requiring Prior Authorization
- Psychotropic Drug Class
- Non-Psychotropic Drug Class
- BH Diagnoses
- Medical Diagnoses
- Individual Diagnosis
 - # Given
 - Primary Only

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. Users could also check the “active medication (past 3 months) requiring Prior Authorization” box.

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
 - Telehealth coded
- Service Detail: Selected

Search recipients consented to the agency

In the “Current Access Status” drop-down menu, select one of the consent options and click “Search” (Figure 9).

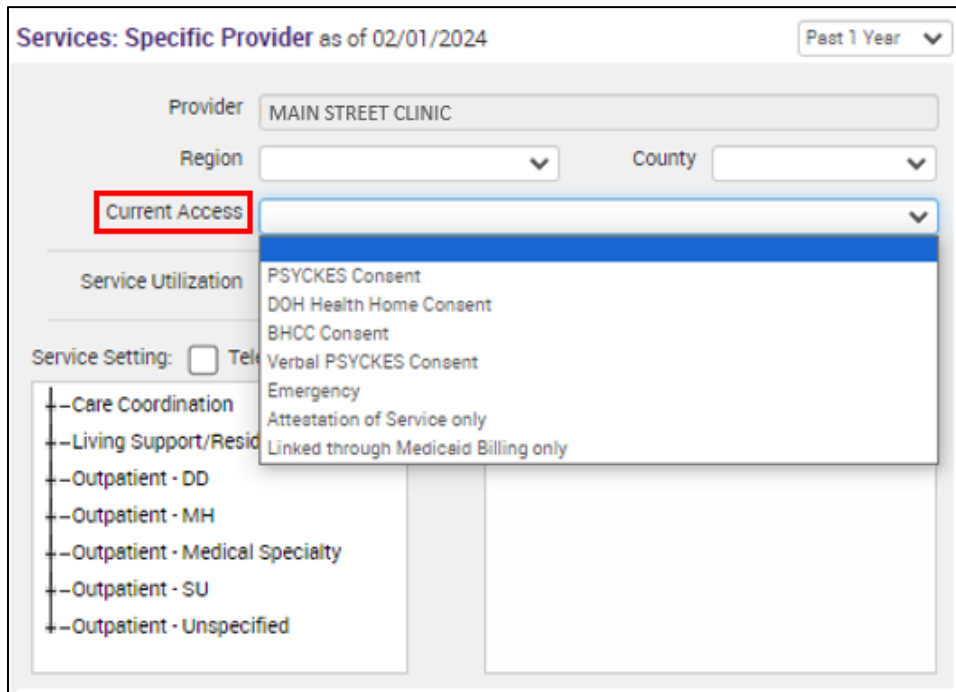


Figure 9. Current Access

Services by Any Provider

Search for groups of recipients through their use of any other provider services (Figure 10).

- Provider
- Region
- County
- Service Utilization
- Number of visits
- Service Setting
 - Telehealth coded
- Service Detail: Selected

Services by Any Provider as of 02/01/2024 Past 1 Year

Provider

Region County

Service Utilization Number of Visits

Service Setting: Telehealth coded

Service Detail: Selected

- + Care Coordination
- + Crisis Service
- + Foster Care
- + Inpatient - ER
- + Living Support/Residential
- + Other
- + Outpatient - DD
- + Outpatient - MH
- + Outpatient - Medical
- + Outpatient - Medical Specialty
- + Outpatient - SU
- + Outpatient - Unspecified
- + Practitioner - BH

Figure 10. 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 11).

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).

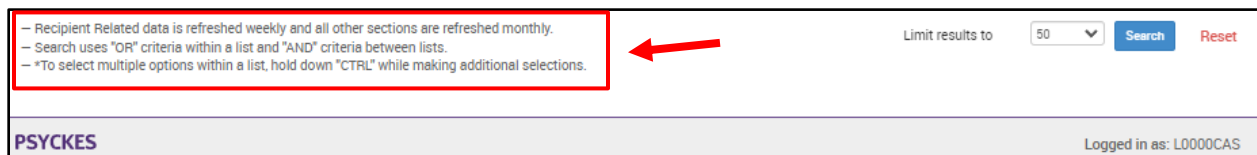


Figure 11. Recipient Search Logic

Recipient Search Tips

When using Recipient Search, consider the below tips (Figure 12):

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.

Telehealth coded Service Settings categories

When the ‘Telehealth coded’ checkbox is selected, user will be able to run a search including telehealth-specific services (e.g. crisis services, residential programs, hospital-based programs, etc). For applicable services, the word (Telehealth) will display after the service type in the Clinical Summary to indicate that the service received was telehealth coded.

Note: If user wants to view “telehealth coded” services, they should select “Telehealth coded” checkbox first and then make selection from service setting.

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 (Figure 12)

Reset search criteria

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

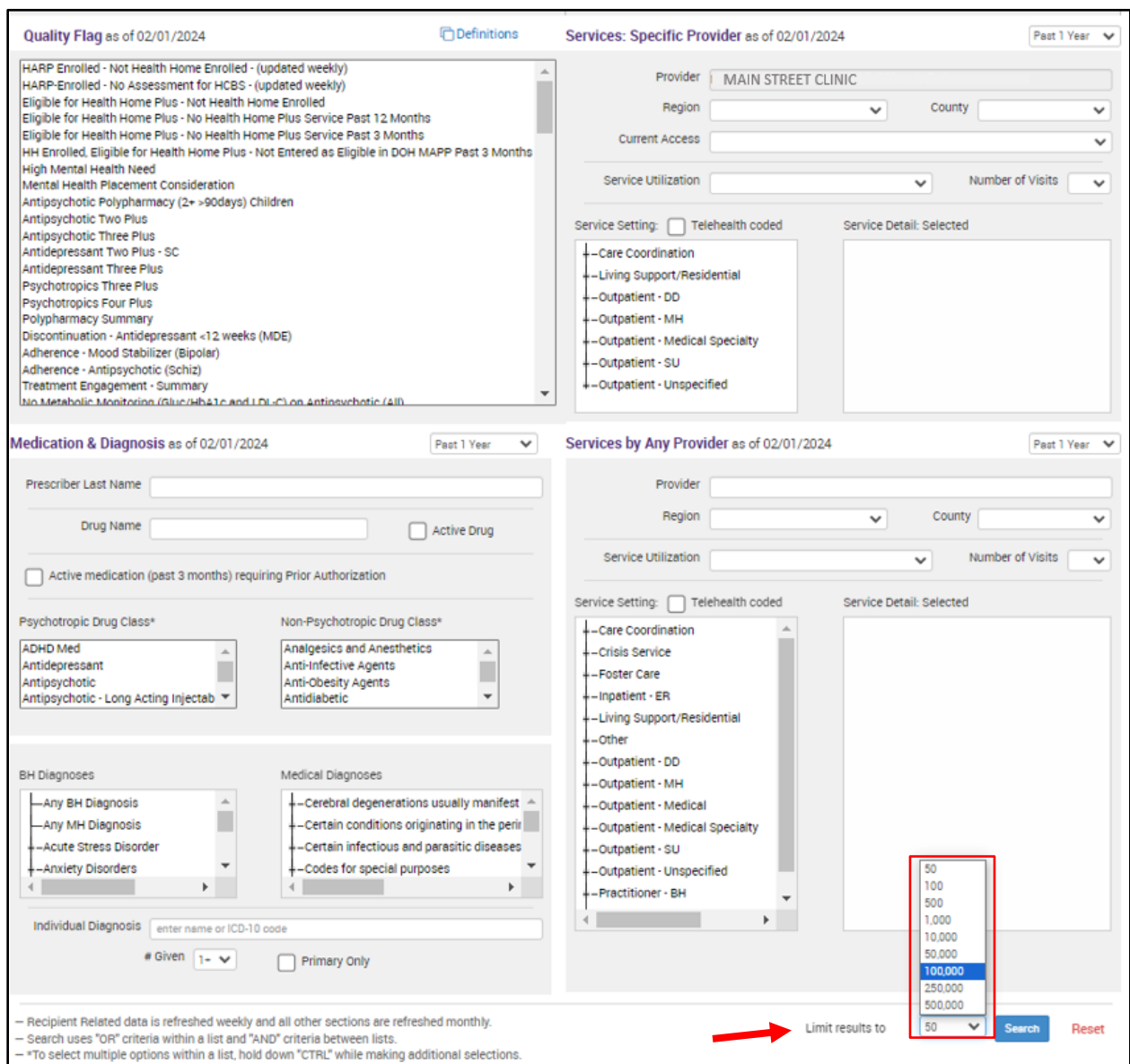


Figure 12. Recipient Search: Search Tips

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 13). *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.

Enabling Access – Recipient Cohort Search

Users can also “Enable Access” for individual clients when running cohort searches in Recipient Search (Figure 13)

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan	Current Phil Access
QUJBUNBLA RrVTVEFWtm	RE2mM9M mMVQ	N8yoOCynO Tam	TQ LQ MpM	2- Inpt-BH, 2- Inpt-MH, 4- Inpt/ER-BH, 4- Inpt/ER-MH, Admtr-AP, Admtr-AP (DOH), Cloz Candidate, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No Gluc/HbA1c & LDL-C - AP, No ICM after MH Inpt, No LDL-C - AP, No Outprt Medical, No Utilization of Pharmacotherapy (DOH), POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult	Fidelis Care New York	PSYCKES Consent
QUJEVJJSQUTJTS m5UnZQVM W6	TVUrMpEq Mal	NSynMoyo MDAr	TQ LQ MT6	2- ER-BH, 2- Inpt-BH, 2- Inpt-MH, 4- Inpt/ER-BH, 4- Inpt/ER-MH, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, POP Cloz Candidate, POP High User, Readmit 30d - BH to BH, Readmit 30d - MH to MH, Readmit 30d - MH to MH - Adult, Readmit 30d - MH to MH - Child & Adol	Healthfirst PHSP, Inc.	No Access Enable Access
QUJSQVLI TazFTA	VrArN9YoM V2	M8ynM8yn OTao	TQ LQ Mpl	10- ER, 2- ER-BH, 2- ER-MH, 2- ER-Medical, 2- Inpt-Medical, 4- Inpt/ER-BH, 4- Inpt/ER-MH, 4- Inpt/ER-Med, HARP No Assessment for HCBS, HARP No Health Home, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not HH Enrolled, High MH Need, MH Plcmt Consid, No HbA1c-DM, POP High User	HealthPlus	No Access Enable Access
QUJSRVLI REzMTJFUM	WaYmM9Uo MrA	NCynNSynO TYn	R6 LQ N9I	2- ER-BH, 2- ER-MH, 2- Inpt-Medical, 4- Inpt/ER-BH, Cervical Cancer Screen Overdue (DOH), HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not Entered in MAPP > 3 mos, High MH Need, MH Plcmt Consid, Readmit 30d - Medical to Medical	Molina Healthcare of New York	No Access Enable Access
QUNFVaVETom TazMDO SO	WbMmMpa mMtr	N8yoM8ynO TVr	R6 LQ MFA	2- ER-BH, 2- ER-MH, 2AP, 4- Inpt/ER-BH, 4- Inpt/ER-MH, Breast Cancer Screen Overdue (DOH), Cervical Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), HHPlus No HHPlus Service > 12 mos, HHPlus No HHPlus Service > 3 mos, HHPlus Not	Healthfirst PHSP, Inc.	No Access Enable Access

Figure 13. Recipient Search: Enable Access within Cohort Group Search

Once the correct client is selected, the Enable Access module will have the following options (Figure 14):

The client signed consent.

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed the DOH Health Home Patient Information Sharing

Provider attests to other reasons for access.

- Client gave Verbal PSYCKES Consent
- This is a clinical emergency

Provider attests to serving the client.

- Will link client to your agency, but will not provide access to clinical summary
 - Client is currently served by or being transferred to my agency

PHI Access for Smith, John (M - 57)

Select the level of access [About access levels](#)

The client signed consent

- Client signed a PSYCKES Consent
- Client signed a BHCC Patient Information Sharing Consent
- Client signed a DOH Health Home Patient Information Sharing Consent

Provider attests to other reason for access

- Client gave Verbal PSYCKES Consent
- This is a clinical emergency

Provider attests to serving the client

Will link client to your agency, but will not provide access to clinical summary

- Client is currently served by or being transferred to my agency

Cancel Next

Figure 14. Enable PHI Access

Next, confirm the client’s information is correct before enabling access (Figure 15).

The screenshot shows a web form titled "PHI Access for SMITH, JOHN (M - 57)". The form contains the following elements:

- A header with the title and a close button (X).
- A section titled "Confirm this is the correct individual before enabling" containing a grey box with the following information:
 - Unique Identifiers: Medicaid ID: AB12345C
 - Date Of Birth: 01/01/1967
 - Address: 123 MAIN STREET BROOKLYN, NY 12345
- A section titled "How do you know this is the correct person?" with two radio button options:
 - Provider attests to client identity
 - Client provided 1 photo ID or 2 forms of non-photo ID
- Below the second option, there are two dropdown menus labeled "Identification 1" and "Identification 2", both with "select" text and a downward arrow.
- A text box containing the text: "MAIN STREET CLINIC will be given access to all available data for 3 years (renews automatically with billed service)."
- At the bottom, there are four buttons: "Previous" (blue), "Cancel" (red), "Enable" (blue, highlighted with a red box), and "Enable and View Clinical Summary" (blue, highlighted with a red box).

Figure 15. Enable PHI Access: Client Identity Attestation of Consent

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: 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. Provider-level users can access recipient-level data only for recipients who had a clinical emergency, or for those who have provided consent. 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.

10,253 Recipients Found

View: Standard

PDF Excel

Name	Medicaid ID	DOB	Gender	Medicaid Quality Flags	Medicaid Managed Care Plan	Current PHI Access
QUJERUnBLA REFQSEVF	TaYpM9As Mrl	NSynOCynO T6o	R6 LQ NDE	Adher-MS, Adher-MS (DOH), Cervical Cancer Screen Overdue (DOH)	HealthPlus	No Access
QUJERUnBWabNLA UaVHSUvB RQ	UaquOTQtO EU	MTIIMTAIM TatMA	R6 LQ NTM	2- Inpt-BH, 2- Inpt-MH, 2AP, 4PP(A), Breast Cancer Screen Overdue (DOH), Colorectal Screen Overdue (DOH), High MH Need, MH Plcmt Consid, No Engage after MH IP	Fidelis Care New York	No Access
QUJERUn0QU7FW8 m WUzVUrNFR6	UqqvODAtN FM	OCynLpEvO Ta	TQ LQ M9Q	2- ER-Medical, 4- Inpt/ER-Med, Adher-MS (DOH), HARP No Assessment for HCBS, MH Plcmt Consid	Healthfirst PHSP, Inc.	No Access
QUJEVUnMQSm SEFTQUu	UbMmNpYt MFY	N8yn0Syom DAp	TQ LQ M9A		HealthPlus	No Access

Figure 16. 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 users to add new columns of information to the results table (Figure 17). Upon selecting the desired view, a series of columns will be added to your results page (Figure 18). 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: HARP Status, HARP Assessment Date (most recent), 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). MC Product Line, CORE eligible

High Need/High Risk: OMH Unsuccessful Discharge, Transition Age Youth (TAY-BH), OPWDD NYSTART-Eligible, Health Home Plus-Eligible, Homelessness, 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 by 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), Mental Health Outpatient Provider, Medical Outpatient Provider, and CORE or Adult HCBS Service Provider columns each include provider name, most recent service past year, and # visits/services past 1 year

The Recipient Search results page with population management views can be exported to Excel (Figure 19).

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

The screenshot shows the 'Recipient Search' interface. At the top, there are navigation tabs: 'My QI Report', 'Statewide Reports', 'Recipient Search' (highlighted), 'Provider Search', 'Registrar', 'Usage', 'Utilization Reports', and 'MyCHOIS'. Below the tabs, there's a search bar with '59 Recipients Found' and a 'View:' dropdown menu. The dropdown menu is open, showing options: 'Standard' (selected), 'Care Coordination', 'High Need/High Risk', 'Hospital Utilization', 'Managed Care POP', and 'Outpatient Providers'. A red arrow points to the 'View:' dropdown. Below the search filters, there's a table with columns: Name, Medicaid ID, DOB, Gender, Medicaid Quality Flags, and Medicaid Managed Care Plan. Two rows are visible in the table.

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

Figure 17. 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: MAIN STREET CLINIC

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	NoyoMCynO 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 18. 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: MAIN STREET CLINIC

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	NoyoNSynO T2o	TQ LQ NDa	MetroPlus Health Plan	HARP Enrolled (H1)	
QUJERUnIQURZ WaFNWVJB	Non-Medicaid	NCynOCynO TYs	R6 LQ NTU			
QUJERUnNQUm QUvHRUnJTaE	Non-Medicaid	NCyoNCynO T6n	R6 LQ NDA			

Figure 19. Recipient Search Advanced Population Views: Export to Excel