Report Title **Admissions to Inpatient Facilities -**

Inpatient admission details for consumer grouped by provider and facility type.

SPECIFIC COUNTY

Report Description/Data Source

Client Name Mental Hygiene Administration

Admissions **Fro** 1/1/2014 **to** 1/31/2014

Table(s): rpt_inpatient_admits_marc3025

Authorizations Through 1/31/2014

**** CONFIDENTIAL ****

Member #	MA #	Last Name	First Name	Age	Admit Date	Discharge Date	High Cost Consumer	Prior Admit
ACUTE HOSPITAL								
DIMENSIONS HEALTH CORPORATION								
XXXXXXXXXXXXXX	YYYYYYYY	Doe	John					2
MERITUS MEDICAL CENTER INC								
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					3
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
WESTERN MARYLAND HEALTH SYSTEM CORP								
XXXXXXXXXXXXXX	YYYYYYYY	X	X					1
XXXXXXXXXXXXXX	YYYYYYYY	X	X				Y	
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					7
XXXXXXXXXXXXXX	YYYYYYYY	X	X					8
XXXXXXXXXXXXXX	YYYYYYYY	X	X					4
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X				Y	2
XXXXXXXXXXXXXX	YYYYYYYY	X	X					3
XXXXXXXXXXXXXX	YYYYYYYY	X	X					1
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					1
XXXXXXXXXXXXXX	YYYYYYYY	X	X					2
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					2
XXXXXXXXXXXXXX	YYYYYYYY	X	X					
XXXXXXXXXXXXXX	YYYYYYYY	X	X					

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2. This report is limited to MA consumers and does not include courtesy (MCOU) authorizations or Purchase of Care.