Performance Outcomes System

Report run on August 3, 2017

Background

Three reports will be created during each new reporting period. The reports that will be produced are as follows: statewide aggregate data; population-based county groups; and county-specific data. These reports help meet the intent of the Legislature, as stated in Welfare and Institutions Code Section 14707.5, to develop a performance outcomes system for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services that will improve outcomes at the individual, program, and system levels and inform fiscal decision-making related to the purchase of services. This reporting effort is part of the implementation of a performance outcomes system for Medi- Cal Specialty Mental Health Services (SMHS) for children and youth.

Since 2012 DHCS has worked with several groups of stakeholders to create a structure for reporting, to develop the Performance Measurement Paradigm, and to develop indicators and measures. The Performance Outcomes System will be used to evaluate the domains of access, engagement, service appropriateness to need, service effectiveness, linkages, cost effectiveness and satisfaction. Further information on the Performance Measures System implementation is available on the DHCS website. Documents posted include the relevant legislation, plans submitted to the Legislature, and handouts for meetings with the Stakeholder Advisory Committee back to the first meeting in 2012. To obtain this information go to: http://www.dhcs.ca.gov/provgovpart/pos/Pages/default.aspx

Purpose and Overview

These county-specific reports provide updated information on the initial indicators that were developed for the Performance Outcomes System and reported on at the statewide aggregate level in February 2015; they help establish a foundation for on-going reporting. DHCS plans to move to annual reporting of this data for the Performance Outcomes System.

The first series of charts and tables focus on the demographics of children and youth under 21 who are receiving SMH' based on approved claims for Medi-Cal eligible beneficiaries. Specifically, this includes demographics tables of this population by age, gender, and race/ethnicity. Two types of penetration information are provided. Both penetration rates tables are also broken out by demographic characteristics. Utilization of services data are shown in terms of dollars, as well as by service, in time increments. The snapshot table provides a point-in-time view of children/youth arriving, exiting, and continuing services over a two-year period. The time to step down table provides a view over the past four years of the time to step-down services following inpatient discharge.

Where possible, the reports provide trend information by displaying information for four Fiscal Years (FY). A FY is from July 1st to June 30th.

Utilization of services reports are shown in terms of dollars, as well as by service in time increments. The snapshot report provides a point-in-time view of children arriving, exiting, and continuing services over a two-year period. The final report provides a view over the past four years of the time to step-down services (i.e., time to next contact after an inpatient discharge). ***Note:*** *The time to step-down report has a change in methodology from the first report produced in February 2015. In the initial report only outpatient services provided at least one day after the inpatient discharge were included in the calculations. On subsequent reports, any outpatient service that occurs on or after the inpatient discharge is included in the analysis.*

Definitions

Population - Beneficiaries with approved services adjudicated through the Short Doyle/Medi-Cal II claiming system that were:

- Age 20 or younger during the approved date of service on the claim.

Data Sources -

- Short-Doyle/Medi-Cal II (SD/MC II) claims with dates of service in FY 12/13 through FY 15/16.
- Medi-Cal Eligibility Data System (MEDS) data from the Management Information System/Decision Support System (MIS/DSS) FY 12/13 through FY15/16.

Additional Information

The **Measures Catalog** is the companion document for these reports and provides the methodology and definitions for the measures. Each measure is defined and the numerator and denominator used to develop the metrics are provided with relevant notes and additional references. The Measures Catalog may be found at:
http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

Note on Privacy:
The Health Insurance Portability and Accountability Act (HIPAA) and Code of Federal Regulations (CFR) 42 rules protect most individually identifiable health information in any form or medium, medium, whether electronic, on paper, or oral. DHCS has strict rules in place to protect the identification of individuals in public reports. A "Public Aggregate Reporting – DHCS Business Reports" process has been established to maintain confidentiality of client Personal Information. The Performance Outcomes System complies with Federal and State privacy laws. Thus, the POS must appropriately and accurately de-identify data for public reporting. Due to privacy concerns, some cells in this report may have been suppressed to comply with state and federal rules. When necessary, this data is represented as follows: 1) Data that is missing is indicated as "-" 2) Data that has been suppressed due to privacy concerns is indicated as "^".

Report Interpretation

*County-specific findings may be interpreted alongside the POS statewide and population-based report findings.

*The ***penetration rates*** reported here were calculated using a different methodology than that used by the External Quality Review Organization (EQRO). The differences in methodology make comparison between the POS penetration rates and the EQRO penetration rates not appropriate or useful. The POS methodology for calculating penetrationrates was selected because it is easier to compute, more straightforward to interpret, and is in use by other states and counties. For the POS, the penetration rate is calculated by taking the total number of youth who received X number of SMHS (1 or 5 for POS) in a FY and dividing that by the total number of Medi-Cal eligible youth for that FY. This methodology results in lower penetration rates as compared to the EQRO rates, but it does so across the board so that all counties and the state will be similarly impacted.

*The ***snapshot*** report provides a point-in-time look at children and youth's movement through the SMHS system. The report uses five general categories to classify if a youth is entering, exiting, continuing services, or a combination of these categories (e.g., arriving and exiting). Eventually the snapshot data will be used along with measures of service effectiveness to identify whether youth are improving as a result of receiving services from the time they first arrived in the system to when they exit the system. This methodology was adapted from the California Mental Health and Substance Use System Needs Assessment (2012). More information on the original methodology can be found here: http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx

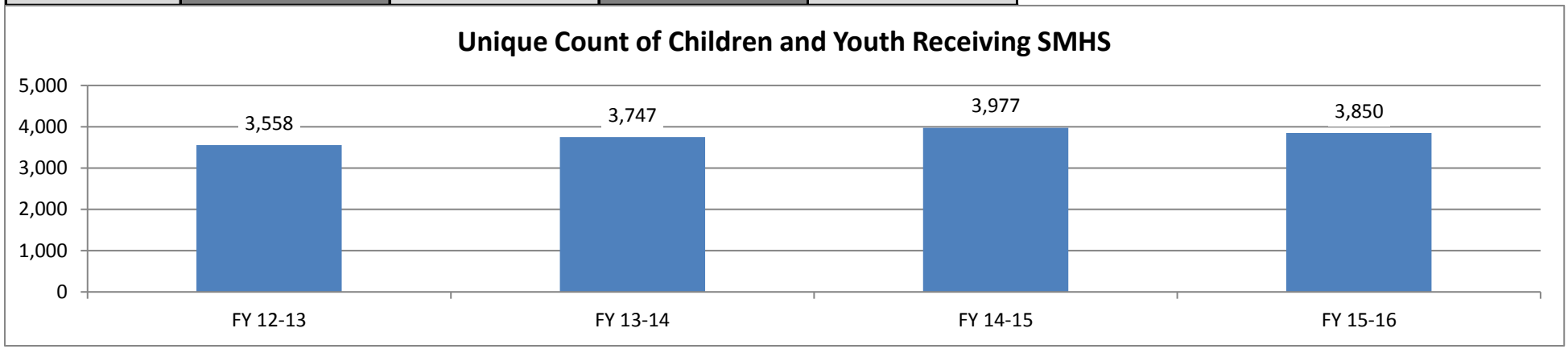
*The psychiatric emergency services/hospital data reported on in the ***time to step-down services*** report includes data from Short Doyle/Medi-Cal II claims data and fee-for-service data. In the future this report will incorporate other outpatient and inpatient Medi-Cal SMHS' billed through the Managed Care healthcare delivery systems. Currently, the number of days is capped at 365 days (to mitigate the impact of extreme statistical anomalies) when calculating the mean and max for time between discharge and step down service. This methodology will be updated in the next reporting cycle. Additionally, county specific and population-based reports are based off of the county of the hospital the patient is discharged from and whom has been attributed the time to next service in days used in the calculations for this indicator.

Please contact cmhpos@dhcs.ca.gov for any questions regarding this report.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Francisco County as of August 3, 2017

SFY	Unique Count Receiving SMHS*	Year-Over-Year Percentage Change	Unique Count of Medi-Cal Eligibles	Year-Over-Year Percentage Change
FY 12-13	3,558		56,682	
FY 13-14	3,747	5.3%	61,057	7.7%
FY 14-15	3,977	6.1%	62,089	1.7%
FY 15-16	3,850	-3.2%	63,627	2.5%
Compound Annual Growth Rate SFY**		**2.7%**		**3.9%**



**SMHS = Specialty Mental Health Services. See Measures Catalog for more detailed information.*

***SFY = State Fiscal Year which is July 1 through June 30.*

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

San Francisco County as of August 3, 2017

Fiscal Year	Alaskan Native or American Indian Count	Alaskan Native or American Indian %	Asian or Pacific Islander Count	Asian or Pacific Islander %	Black Count	Black %	Hispanic Count	Hispanic %	White Count	White %	Other Count	Other %	Unknown Count	Unknown %
FY 12-13	^	^	672	18.9%	840	23.6%	922	25.9%	266	7.5%	^	^	212	6.0%
FY 13-14	14	0.4%	728	19.4%	841	22.4%	1,041	27.8%	275	7.3%	660	17.6%	188	5.0%
FY 14-15	19	0.5%	751	18.9%	908	22.8%	1,089	27.4%	317	8.0%	707	17.8%	186	4.7%
FY 15-16	^	^	698	18.1%	854	22.2%	1,088	28.3%	317	8.2%	^	^	155	4.0%

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

Please note: This report uses the Medi-Cal Eligibility Data System to obtain race/ethnicity data. CDSS uses Child Welfare Services/Case Management System to obtain race/ethnicity data. For more information, please refer to the Measures Catalog.

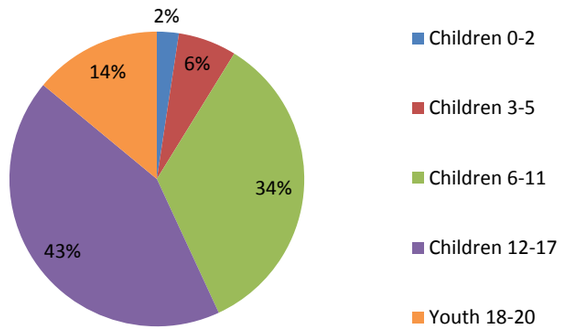
^ Data has been suppressed to protect patient privacy.

Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

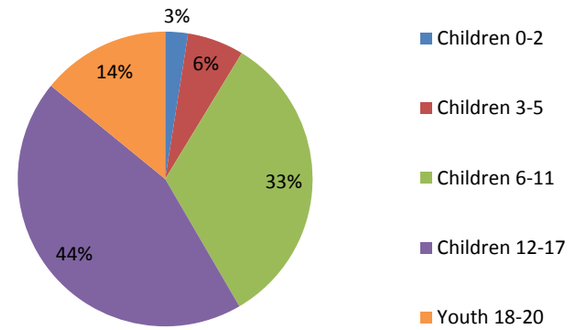
San Francisco County as of August 3, 2017

Fiscal Year	Children 0-2 Count	Children 0-2 %	Children 3-5 Count	Children 3-5 %	Children 6-11 Count	Children 6-11 %	Children 12-17 Count	Children 12-17 %	Youth 18-20 Count	Youth 18-20 %
FY 12-13	84	2.4%	229	6.4%	1,222	34.3%	1,526	42.9%	497	14.0%
FY 13-14	94	2.5%	233	6.2%	1,231	32.9%	1,661	44.3%	528	14.1%
FY 14-15	142	3.6%	269	6.8%	1,332	33.5%	1,653	41.6%	581	14.6%
FY 15-16	144	3.7%	257	6.7%	1,310	34.0%	1,590	41.3%	549	14.3%

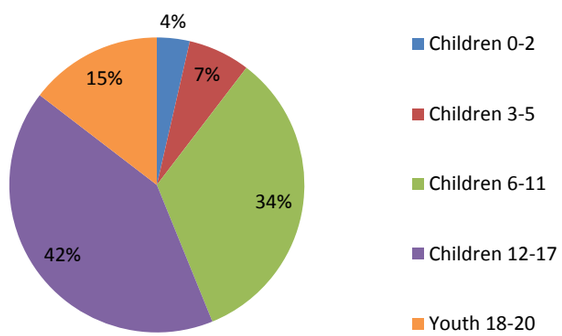
Fiscal Year 12-13 Age Group Distribution



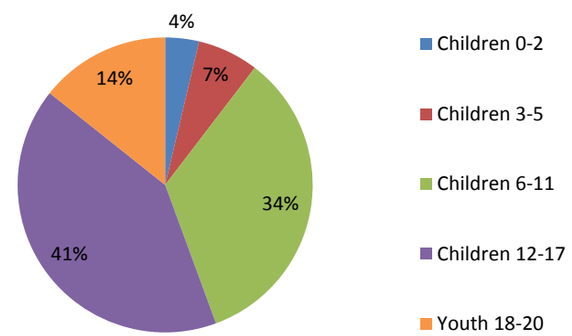
Fiscal Year 13-14 Age Group Distribution



Fiscal Year 14-15 Age Group Distribution



Fiscal Year 15-16 Age Group Distribution

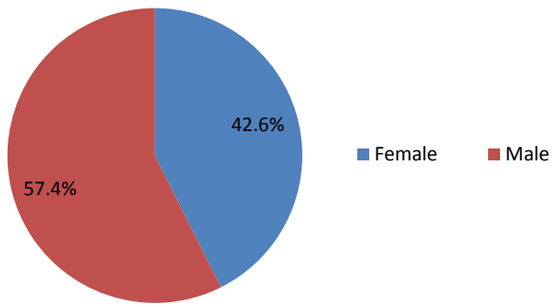


Demographics Report: Unique Count of Children and Youth Receiving SMHS by Fiscal Year

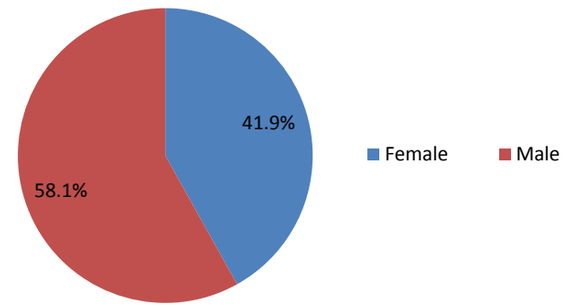
San Francisco County as of August 3, 2017

Fiscal Year	Female Count	Female %	Male Count	Male %
FY 12-13	1,514	42.6%	2,044	57.4%
FY 13-14	1,570	41.9%	2,177	58.1%
FY 14-15	1,695	42.6%	2,282	57.4%
FY 15-16	1,653	42.9%	2,197	57.1%

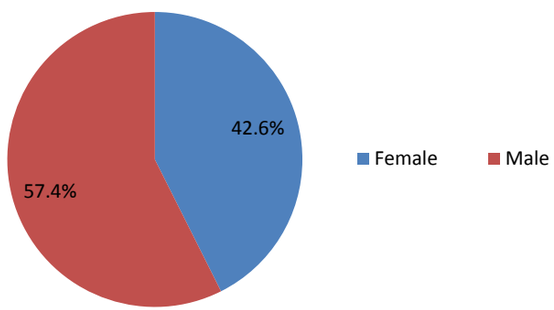
Fiscal Year 12-13 Gender Distribution



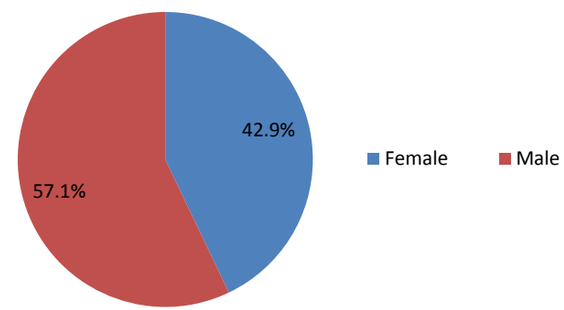
Fiscal Year 13-14 Gender Distribution



Fiscal Year 14-15 Gender Distribution



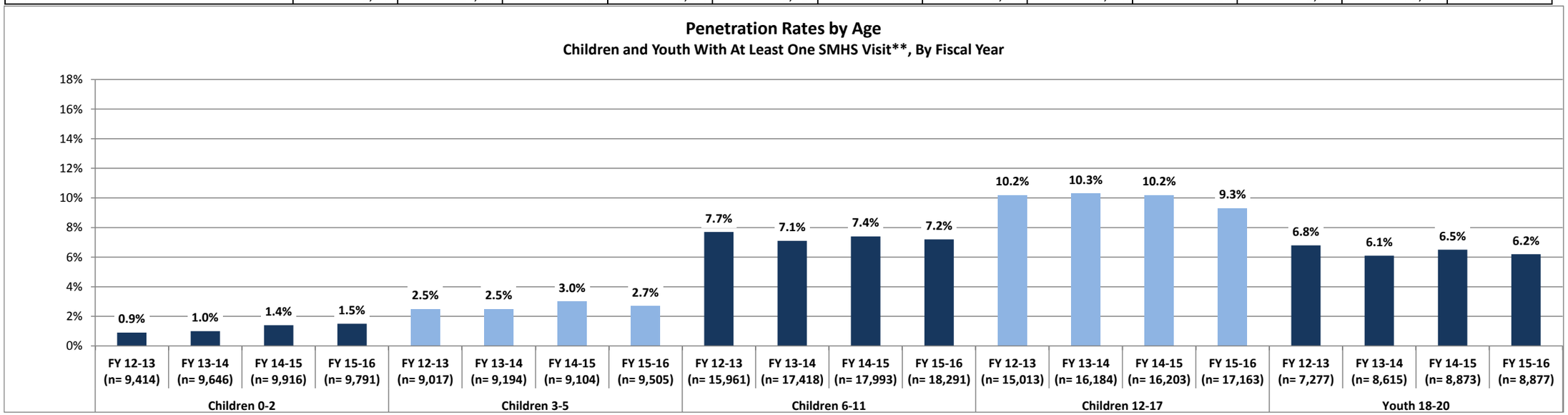
Fiscal Year 15-16 Gender Distribution



Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

San Francisco County as of August 3, 2017

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**3,558**	**56,682**	**6.3%**	**3,747**	**61,057**	**6.1%**	**3,977**	**62,089**	**6.4%**	**3,850**	**63,627**	**6.1%**
Children 0-2	84	9,414	0.9%	94	9,646	1.0%	142	9,916	1.4%	144	9,791	1.5%
Children 3-5	229	9,017	2.5%	233	9,194	2.5%	269	9,104	3.0%	257	9,505	2.7%
Children 6-11	1,222	15,961	7.7%	1,231	17,418	7.1%	1,332	17,993	7.4%	1,310	18,291	7.2%
Children 12-17	1,526	15,013	10.2%	1,661	16,184	10.3%	1,653	16,203	10.2%	1,590	17,163	9.3%
Youth 18-20	497	7,277	6.8%	528	8,615	6.1%	581	8,873	6.5%	549	8,877	6.2%
Alaskan Native or American Indian	^	95	^	14	104	13.5%	19	112	17.0%	^	106	^
Asian or Pacific Islander	672	21,255	3.2%	728	22,993	3.2%	751	22,930	3.3%	698	22,442	3.1%
Black	840	7,355	11.4%	841	7,211	11.7%	908	6,947	13.1%	854	6,763	12.6%
Hispanic	922	16,519	5.6%	1,041	17,300	6.0%	1,089	17,657	6.2%	1,088	19,101	5.7%
White	266	2,990	8.9%	275	3,579	7.7%	317	3,782	8.4%	317	3,640	8.7%
Other	^	6,747	^	660	7,825	8.4%	707	8,660	8.2%	^	9,639	^
Unknown	212	1,721	12.3%	188	2,045	9.2%	186	2,001	9.3%	155	1,936	8.0%
Female	1,514	27,729	5.5%	1,570	29,742	5.3%	1,695	30,326	5.6%	1,653	30,945	5.3%
Male	2,044	28,953	7.1%	2,177	31,315	7.0%	2,282	31,763	7.2%	2,197	32,682	6.7%

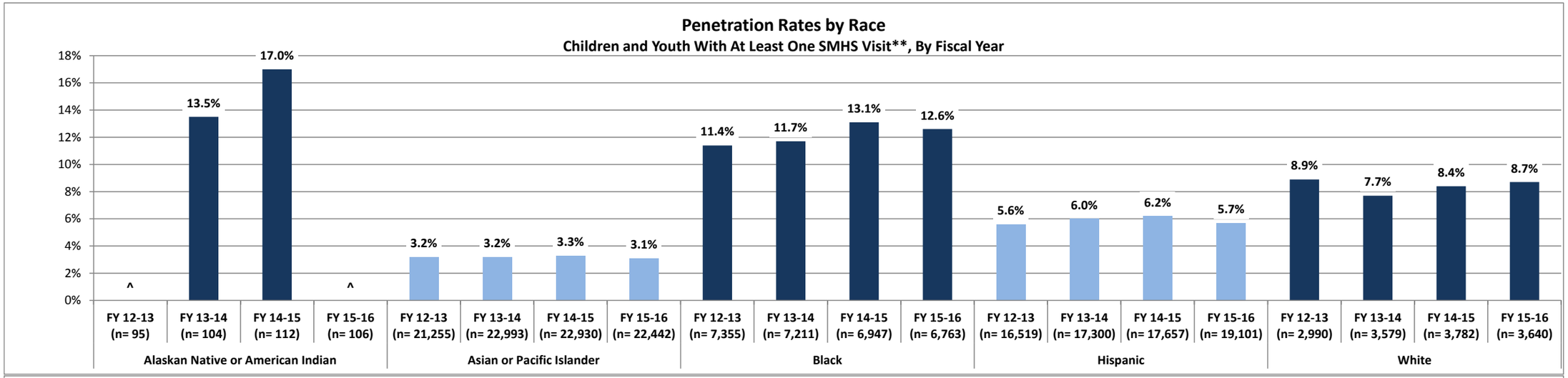


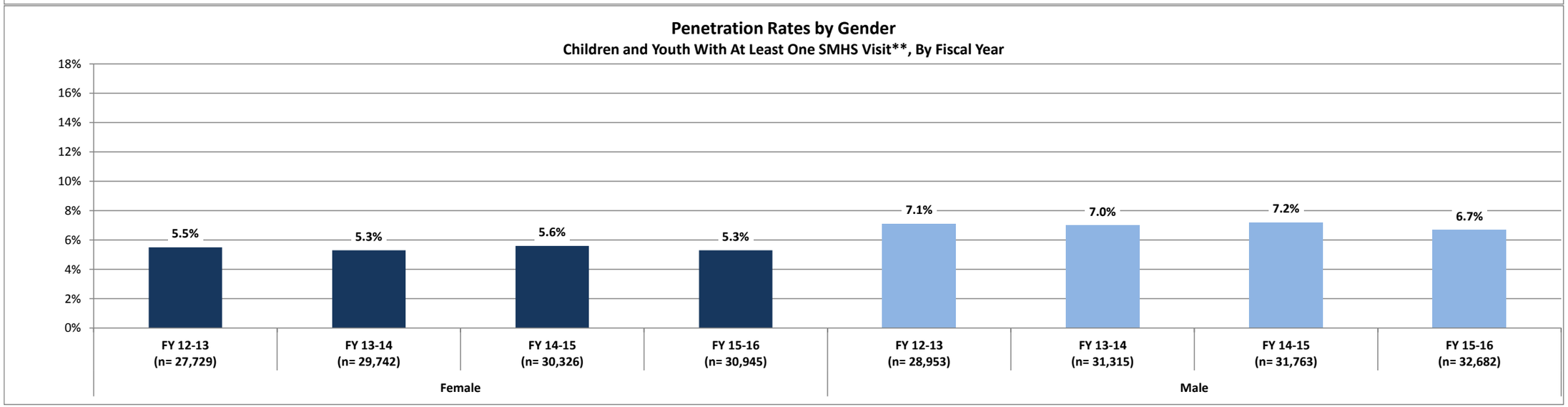
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

Penetration Rates* Report: Children and Youth with At Least One SMHS Visit**

San Francisco County as of August 3, 2017





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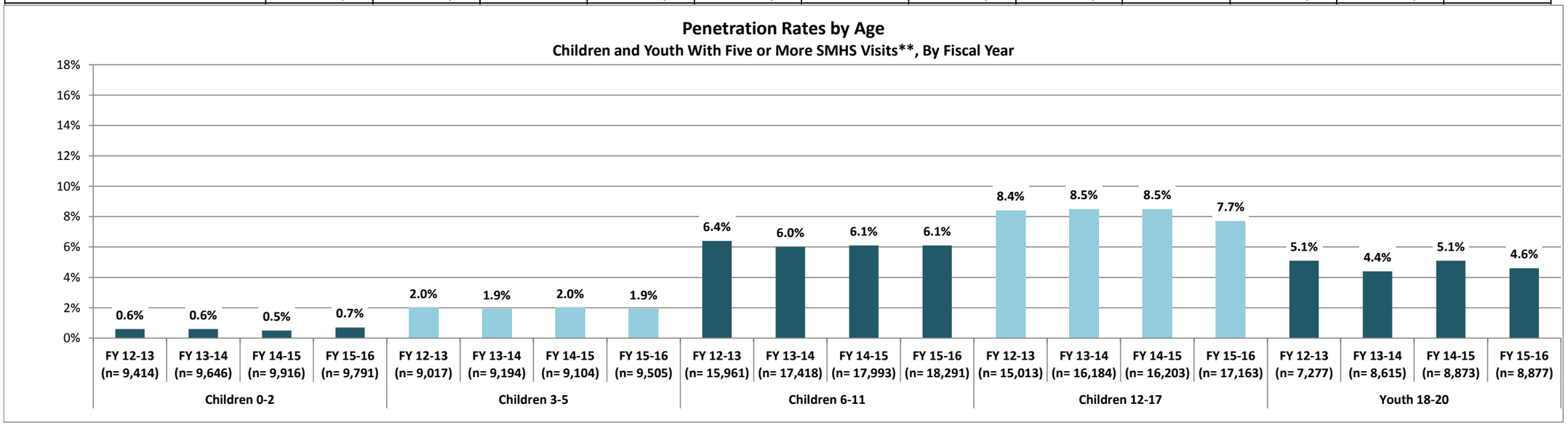
***Children and Youth that have received at least one SMHS that was claimed through the Short-Doyle/ Medi-Cal claiming system on at least one (1) day in the Fiscal Year.*

^ Data has been suppressed to protect patient privacy.

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

San Francisco County as of August 3, 2017

	FY 12-13			FY 13-14			FY 14-15			FY 15-16		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**2,899**	**56,682**	**5.1%**	**3,047**	**61,057**	**5.0%**	**3,155**	**62,089**	**5.1%**	**3,092**	**63,627**	**4.9%**
Children 0-2	54	9,414	0.6%	61	9,646	0.6%	54	9,916	0.5%	68	9,791	0.7%
Children 3-5	180	9,017	2.0%	177	9,194	1.9%	184	9,104	2.0%	178	9,505	1.9%
Children 6-11	1,026	15,961	6.4%	1,049	17,418	6.0%	1,089	17,993	6.1%	1,107	18,291	6.1%
Children 12-17	1,267	15,013	8.4%	1,378	16,184	8.5%	1,378	16,203	8.5%	1,328	17,163	7.7%
Youth 18-20	372	7,277	5.1%	382	8,615	4.4%	450	8,873	5.1%	411	8,877	4.6%
Alaskan Native or American Indian	^	95	^	^	104	^	^	112	^	^	106	^
Asian or Pacific Islander	536	21,255	2.5%	599	22,993	2.6%	605	22,930	2.6%	560	22,442	2.5%
Black	696	7,355	9.5%	683	7,211	9.5%	709	6,947	10.2%	687	6,763	10.2%
Hispanic	737	16,519	4.5%	825	17,300	4.8%	851	17,657	4.8%	855	19,101	4.5%
White	209	2,990	7.0%	213	3,579	6.0%	236	3,782	6.2%	272	3,640	7.5%
Other	^	6,747	^	^	7,825	^	^	8,660	^	^	9,639	^
Unknown	177	1,721	10.3%	163	2,045	8.0%	153	2,001	7.6%	124	1,936	6.4%
Female	1,229	27,729	4.4%	1,247	29,742	4.2%	1,299	30,326	4.3%	1,307	30,945	4.2%
Male	1,670	28,953	5.8%	1,800	31,315	5.7%	1,856	31,763	5.8%	1,785	32,682	5.5%

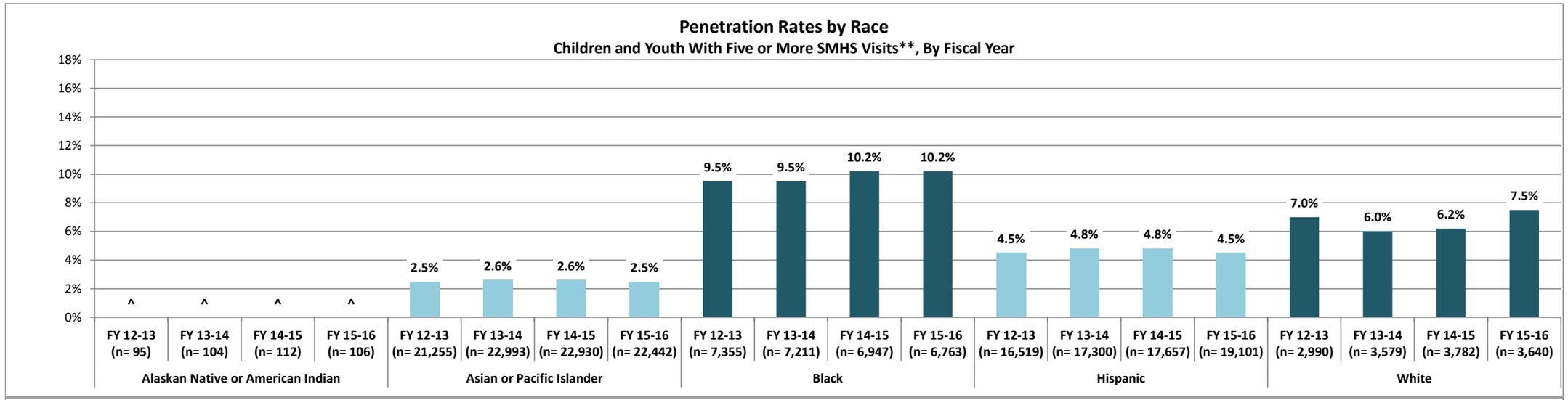


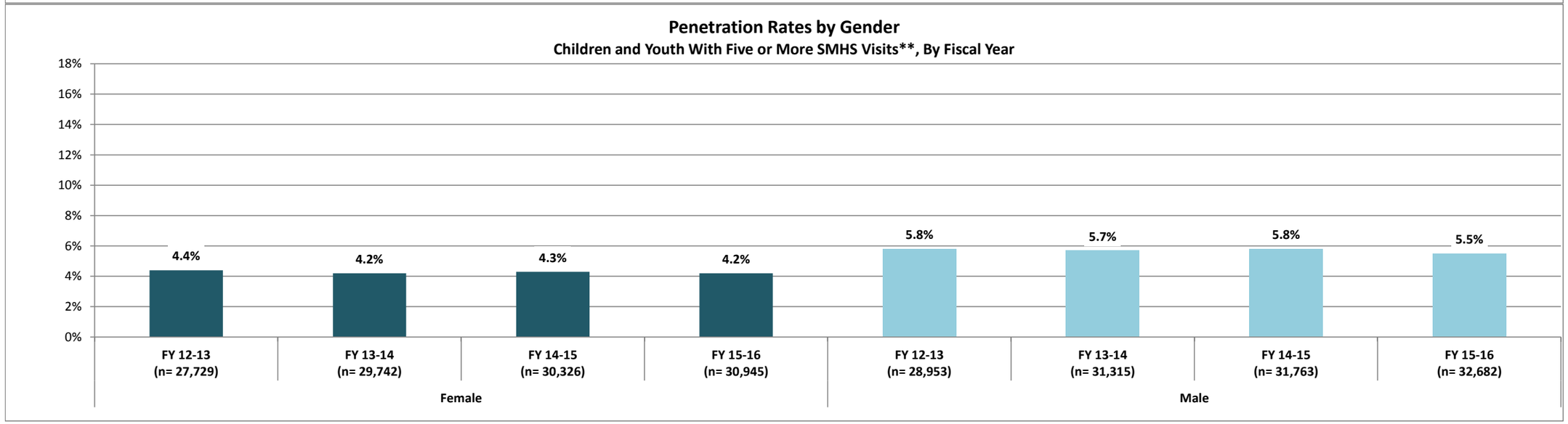
**Penetration Rate is defined as the percentage of SMHS eligible beneficiaries that have received a SMHS that was claimed via the Short-Doyle/Medi-Cal claiming system. This does not include non-specialty mental health services provided in Medi-Cal Managed Care system.*

***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

Penetration Rates* Report: Children and Youth with Five or More SMHS Visits**

San Francisco County as of August 3, 2017





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***Children and Youth that have received at least five SMHS that were claimed through the Short-Doyle/ Medi-Cal claiming system on at least five (5) or more different days in the Fiscal Year.*

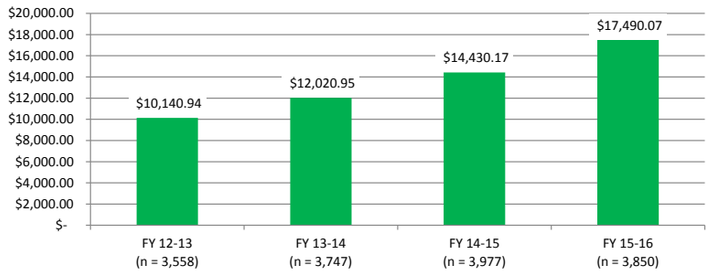
^ Data has been suppressed to protect patient privacy.

Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year

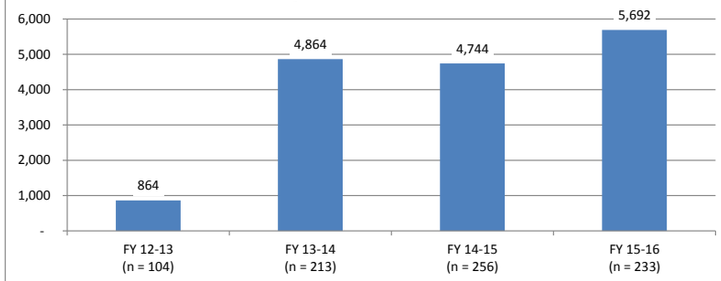
San Francisco County as of August 3, 2017

Fiscal Year	SDMC Total Approved	IHBS (Minutes)	ICC (Minutes)	Case Management/ Brokerage (Minutes)	Mental Health Services (Minutes)	Therapeutic Behavioral Services (Minutes)	Medication Support Services (Minutes)	Crisis Intervention (Minutes)	Crisis Stabilization (Hours)	Full Day Treatment Intensive (Hours)	Full Day Rehabilitation (Hours)	Hospital Inpatient (Days)	Hospital Inpatient Admin (Days)	Fee for Service Inpatient (Days)	Crisis Residential Treatment Services (Days)	Adult Residential Treatment Services (Days)	Psychiatric Health Facility (Days)
FY 12-13	$ 10,140.94	864	328	379	2,262	5,246	334	400	22	625	363	4	20	12	18	57	4
FY 13-14	$ 12,020.95	4,864	2,292	402	1,879	4,722	358	459	22	615	531	7	21	14	15	102	3
FY 14-15	$ 14,430.17	4,744	1,902	374	2,024	5,144	363	377	22	518	453	10	9	11	18	93	10
FY 15-16	$ 17,490.07	5,692	1,961	415	2,092	6,012	385	335	14	456	696	4	6	10	14	70	4
MEAN	**$ 13,520.53**	**4,041**	**1,621**	**392**	**2,064**	**5,281**	**360**	**393**	**20**	**553**	**511**	**6**	**14**	**12**	**16**	**80**	**5**

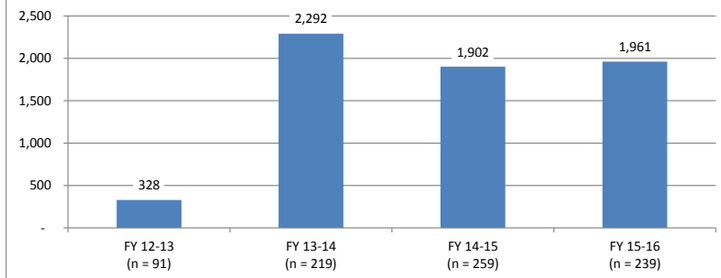
Total Approved Per Unique Beneficiary
By Service Fiscal Year



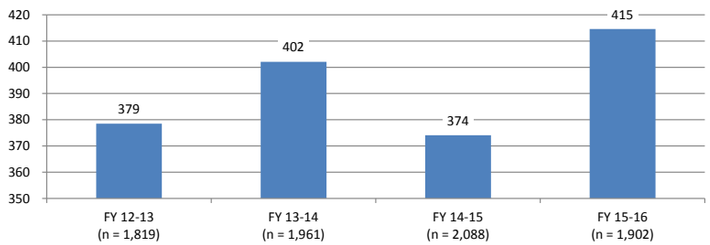
IHBS Minutes Per Unique Beneficiary
By Service Fiscal Year



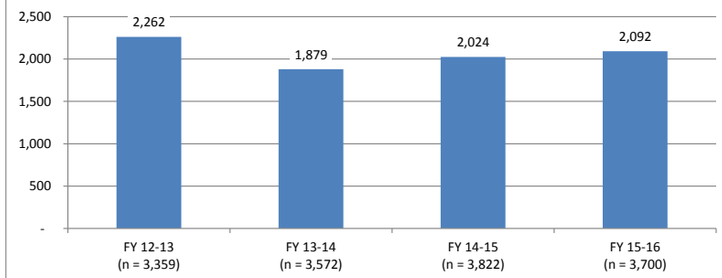
ICC Minutes Per Unique Beneficiary
By Service Fiscal Year



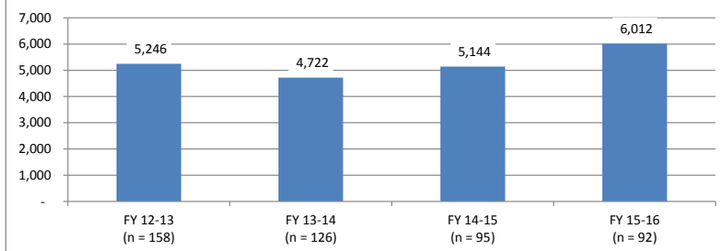
Case Management/Brokerage Minutes Per Unique Beneficiary
By Service Fiscal Year



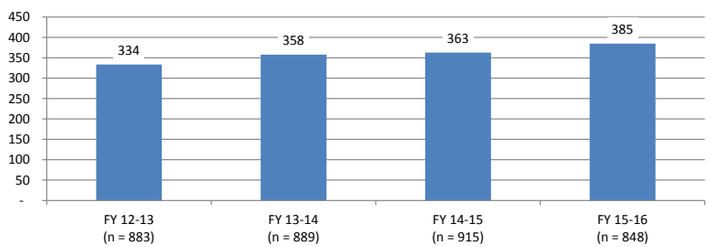
Mental Health Services Minutes Per Unique Beneficiary
By Service Fiscal Year



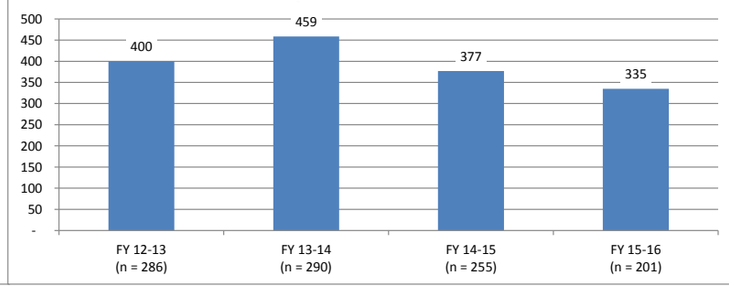
Therapeutic Behavioral Services Minutes Per Unique Beneficiary
By Service Fiscal Year



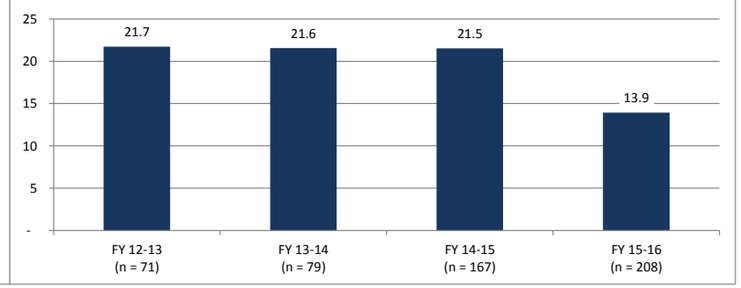
Medication Support Services Minutes Per Unique Beneficiary
By Service Fiscal Year



Crisis Intervention Minutes Per Unique Beneficiary
By Service Fiscal Year



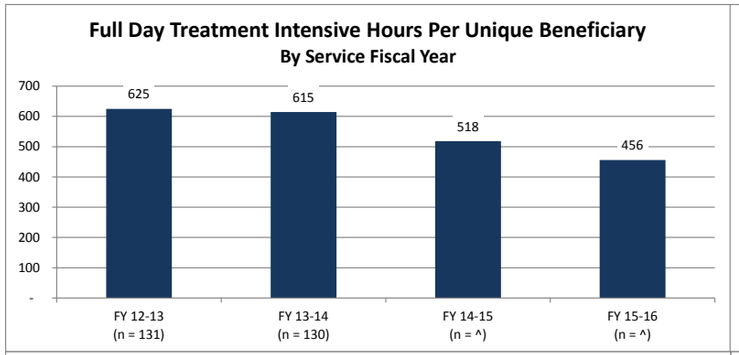
Crisis Stabilization Hours Per Unique Beneficiary
By Service Fiscal Year

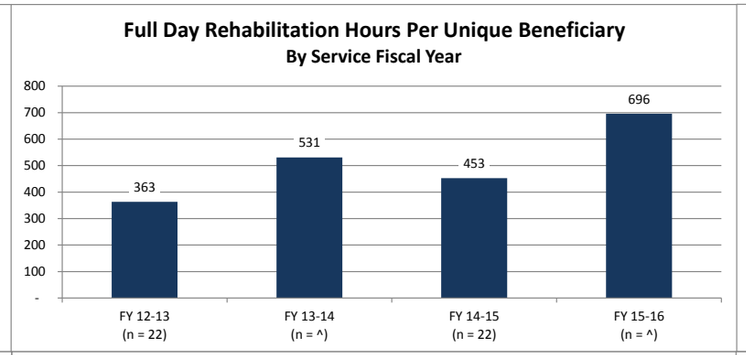


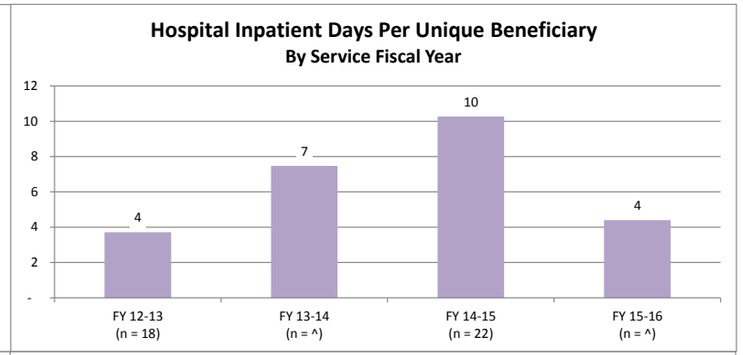
**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

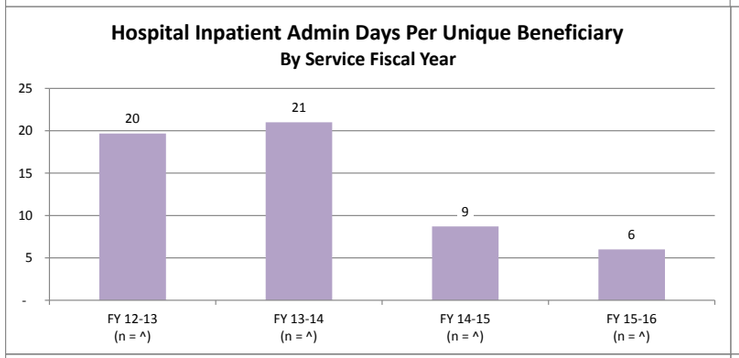
Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

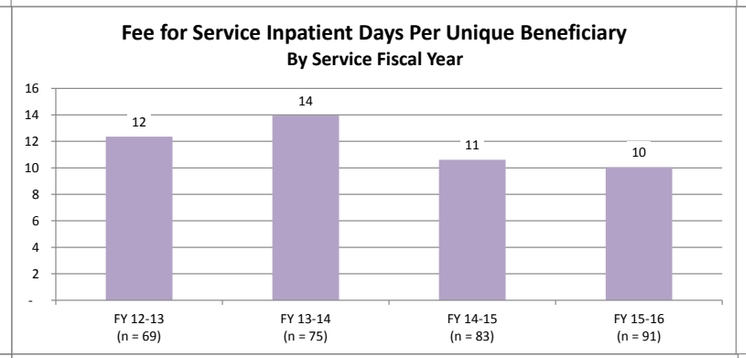
Utilization Report*: Approved Specialty Mental Health Services for Children and Youth
Mean Expenditures and Mean Service Quantity per Unique Beneficiary by Fiscal Year
San Francisco County as of August 3, 2017

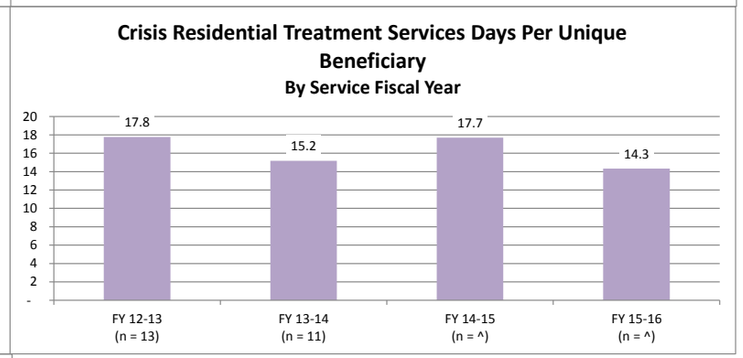


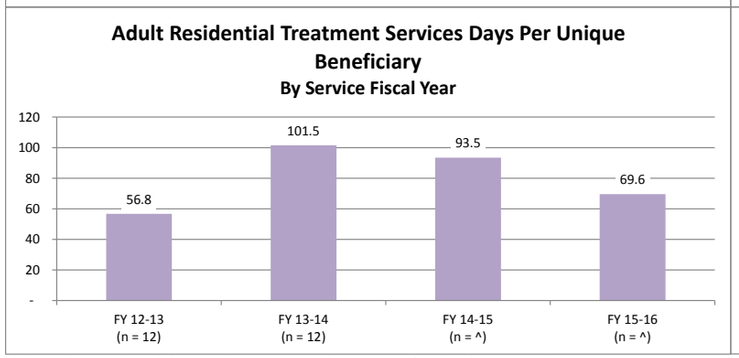


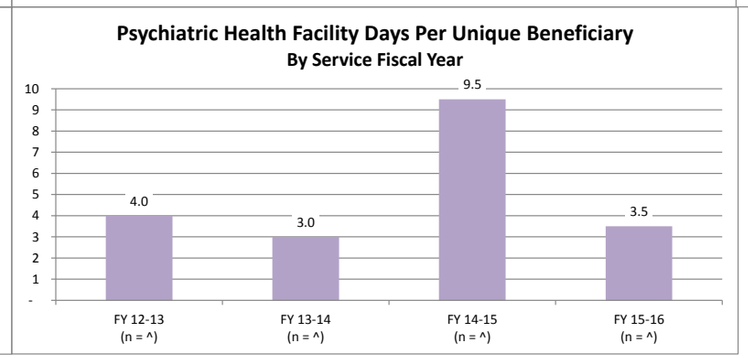












**The graphs are color coded so that those reported in the same unit of analysis (e.g., minutes) are colored similarly.*

Please note that (n) values listed at the bottom of each bar graph represent the actual number of children/youth that received the SMHS represented in their respective graph by Fiscal Year.

^ Data has been suppressed to protect patient privacy.

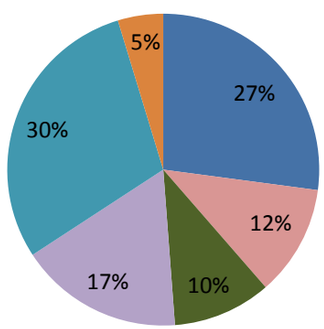
Snapshot Report: Unique Count of Children and Youth Receiving SMHS
Arriving, Exiting, and with Service Continuance by Fiscal Year

San Francisco County as of August 3, 2017

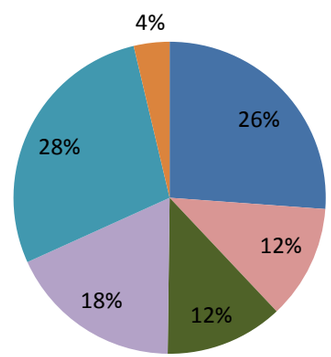
Category	Description (Please refer to the Measures Catalog for more detailed descriptions on all Performance Outcomes System measures.)
Arrivals	Children/Youth that did not receive any SMHS within 3 months of their first date of service in the Fiscal Year.
Service Continuance	Children/Youth receiving continuous services with no breaks in service greater than 90 days for a period of at least 2 years (>= 2 YR) or a period of 1 to 2 years (< 2 YR).
Exiting	Children/Youth that did not receive any SMHS within 3 months after their last date of service in the Fiscal Year.
Arriving & Exiting	A distinct category in which children/youth met both the criteria for **Arrivals** and **Exiting** above for the fiscal year.
Service Continuance & Exiting	A distinct category in which Children/Youth had at least 2 years of Service Continuance going into the Fiscal Year and then Exited within the same Fiscal Year.

Service Fiscal Year	Arrivals Count	Arrivals %	Service Continuance (>= 2 YR) Count	Service Continuance (>= 2 YR) %	Service Continuance (<2 YR) Count	Service Continuance (< 2 YR) %	Exiting Count	Exiting %	Arriving & Exiting Count	Arriving & Exiting %	Service Continuance (>= 2 YR) & Exiting Count	Service Continuance (>= 2 YR) and Exiting %	Total Count	Total %
FY 12-13	964	27.1%	409	11.5%	363	10.2%	605	17.0%	1,049	29.5%	168	4.7%	3,558	100%
FY 13-14	979	26.1%	443	11.8%	459	12.2%	676	18.0%	1,050	28.0%	140	3.7%	3,747	100%
FY 14-15	922	23.2%	490	12.3%	366	9.2%	805	20.2%	1,197	30.1%	197	5.0%	3,977	100%
FY 15-16	960	24.9%	458	11.9%	365	9.5%	729	18.9%	1,126	29.2%	212	5.5%	3,850	100%

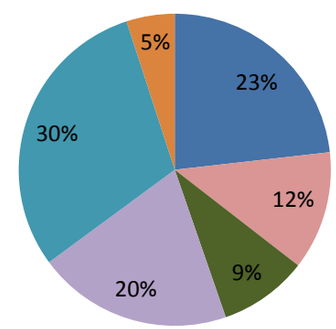
Fiscal Year 12-13 Arrivals, Service Continuance, & Exits Distribution



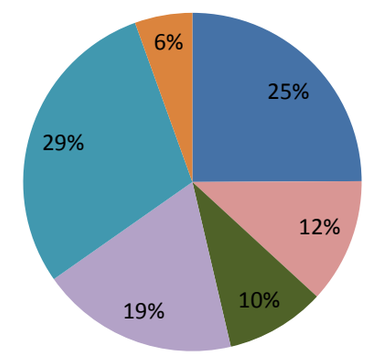
Fiscal Year 13-14 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 14-15 Arrivals, Service Continuance, & Exits Distribution



Fiscal Year 15-16 Arrivals, Service Continuance, & Exits Distribution



- Arrivals
- Service Continuance (>= 2 YR)
- Service Continuance (< 2 YR)
- Exiting
- Arriving & Exiting
- Service Continuance (>= 2 YR) & Exiting

Time to Step Down Report: Children and Youth Stepping Down in SMHS Services Post Inpatient Discharge*

San Francisco County as of August 3, 2017

Service FY	Count of Inpatient Discharges with Step Down within 7 Days of Discharge	Percentage of Inpatient Discharges with Step Down within 7 Days of Discharge	Count of Inpatient Discharges with Step Down Between 8 and 30 Days	Percentage of Inpatient Discharges with Step Down Between 8 and 30 Days	Count of Inpatient Discharges with a Step Down > 30 Days from Discharge	Percentage of Inpatient Discharges with a Step Down > 30 Days from Discharge	Count of Inpatient Discharges with No Step Down*	Percentage of Inpatient Discharges with No Step Down*	Minimum Number of Days between Discharge and Step Down	Maximum Number of Days between Discharge and Step Down	Mean Time to Next Contact Post Inpatient Discharge (Days)	Median Time to Next Contact Post Inpatient Discharge (Days)
FY 12-13	95	89.6%	^	^	^	^	^	^	0	160	9.8	0
FY 13-14	112	94.1%	^	^	^	^	0	0.0%	0	231	4.1	0
FY 14-15	99	81.8%	^	^	^	^	^	^	0	344	8.5	0
FY 15-16	106	82.2%	^	^	^	^	^	^	0	144	5.4	0

CHARTS NOT PRODUCED DUE TO SMALL CELL SIZES.

** **No Step Down** is defined as no Medi-Cal eligible service was claimed through Short-Doyle/Medi-Cal after a claimed inpatient service was billed with a discharge date. This category may include data currently unavailable to DHCS, such as beneficiaries that were moved to a community-based program or beneficiaries that were incarcerated.*

^ Data has been suppressed to protect patient privacy.