



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi State Health Plan Survey Freestanding Instructions

The Mississippi State Health Plan (SHP) Survey should be completed in its entirety for all sections that are applicable to your facility type. Survey instructions have been developed for each section of the survey below.

Surgical Services

Facility Information/ Preparer's Information/ Facility Ownership Detail Information

- To be completed and verified by the preparer. A map is attached to determine what General Hospital Service Area your facility is in.

Surgical Services Statistics

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Cardiac Catheterization Ambulatory Surgery Facilities

Facility Information/ Preparer's Information/ Facility Ownership Detail Information

- To be completed and verified by the preparer. A map is attached to determine what General Hospital Service Area your facility is in.

Cardiac Catheterization Services Statistics

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Imaging Services

Facility Information/ Preparer's Information/ Facility Ownership Detail Information

- To be completed and verified by the preparer. A map is attached to determine what General Hospital Service Area your facility is in.

Magnetic Resonance Imaging (MRI) Services

- Please provide the total number of MRI Procedures for each Federal Fiscal Year (October 1 – September 30), as well as complete the drop-down selection and the checkbox selection. Also include the total number of hours of operation per week. A definition sheet is supplied for verification of terms.

Positron Emission Tomography (PET) Service Overview

- Please complete the drop-down selection and the checkbox selection. Also include the total number of hours of operation per week. A definition sheet is supplied for verification of terms.

Positron Emission Tomography (PET) Service Utilization

- Please provide the total number of PET procedures for each Federal Fiscal Year (October 1 – September 30) for each category. Please note “All Other Patient Types” include those that were not specifically mentioned above.

Therapeutic Radiation Services

Facility Information/ Preparer's Information/ Facility Ownership Detail Information

- To be completed and verified by the preparer. A map is attached to determine what General Hospital Service Area your facility is in.

Conventional Radiation Therapy Services

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Combined Radiation Therapy Services

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Gamma Knife Radiation Therapy Services

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

CyberKnife Radiation Therapy Services

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Total Radiation Therapy Treatment Visits by Type

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

End Stage Renal Disease (ESRD) Facility

Facility Information/ Preparer's Information/ Facility Ownership Detail Information

- To be completed and verified by the preparer. A map is attached to determine what General Hospital Service Area your facility is in.

ESRD Facility Data

- Please complete the drop-down selection. Also include the total number of hours of operation per week. A definition sheet is supplied for verification of terms.

Mobile Vendor Survey

Mobile Vendor Information/ Preparer's Information

- *To be completed and verified by the preparer.*

Unit Information

- Please complete the drop-down selection and the checkbox selection. Also include the name of the unit, total number of hours of operation per week, counties served, and cities served for each Federal Fiscal Year. A definition sheet is supplied for verification of terms.