



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi State Health Plan Survey 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.

Long-Term Care

Personal Care Homes

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

- To be completed and verified by the preparer. A map is attached to determine what Long Term Care Planning District your facility is in.

General 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.

Percentage of Charity Care or Indigent Care

- To be supplied in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Nursing Home

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

- To be completed and verified by the preparer. A map is attached to determine what Long Term Care Planning District your facility is in.

General 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.

Percentage of Charity Care or Indigent Care

- To be supplied in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Utilization by Age Group

- 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.

Utilization by Payor

- 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.

ID/DD Care 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 Long Term Care Planning District your facility is in.

General 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.

Percentage of Charity Care or Indigent Care

- To be supplied in the Federal Fiscal Year (October 1 – September 30). A definition sheet is supplied for verification of terms.

Hospital

General Acute Care Hospitals

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.

Inpatient Beds and Utilization General 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.

Patient Days by Payor Source

- 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.

Emergency Department (ED) and Outpatient Clinic Statistics

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

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.

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.

Perinatal Program Utilization General 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.

Neonatal 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.

Surgical 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.

Open Heart Surgery 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.

Cardiac Catheterization Services

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.

Patient Origin for Select Services

- Please provide the sum of each category in the Federal Fiscal Year (October 1 – September 30). Only complete for bed types applicable to your facility. A definition sheet is supplied for verification of terms.

Long-Term Acute Care Hospitals/Units

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.

Inpatient Beds and Utilization

- 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.

Inpatient Admissions by Payor Source

- 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.

Patient Days by Payor Source

- 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.

Freestanding Acute and Residential Psychiatric and Chemical Dependency Facilities and Hospital-Based Units

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.

Inpatient Beds and Utilization Acute Psychiatric

- 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.

Inpatient Beds and Utilization Acute Chemical Dependency

- 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.

Inpatient Beds and Utilization Psychiatric Residential Care

- 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.

Inpatient Admissions by Payor Source

- 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.

Patient Days by Payor Source

- 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.

Freestanding Inpatient Physical Rehabilitation Hospitals and Hospital-Based Units

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.

Inpatient Beds and Utilization Physical Rehabilitation Level 1

- 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.

Inpatient Beds and Utilization Physical Rehabilitation Level 2

- 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.

Inpatient Beds and Swing-Beds

- 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.

Inpatient Admissions by Payor Source

- 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.

Patient Days by Payor Source

- 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.

Home Health

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

- To be completed and verified by the preparer. A map is attached to determine what Long Term Care Planning District your facility is in.

Census Data

- 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.

General 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.

Services by Discipline

- 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.