MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	Address 1
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Address 2	Address 3	City	State
		JACKSON	MS
		TUPELO	MS
		NEW ALBANY	MS
		BILOXI	MS
		CORINTH	MS
		RIPLEY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

ZIP Code	County Name	Phone Number
39216	HINDS	6019844100
38801	LEE	6623777176
38652	UNION	6625387631
39533	HARRISON	2284361104
38834	ALCORN	6622937660
38663	TIPPAH	6628379221

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Diagnosis Related Group
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
$7257.00 *	
$5104.00	24
$3836.00 *	
$4110.00 *	
$4997.00	16
$4422.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Footnote
An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GRENADA	MS
	HOUSTON	MS
	GULFPORT	MS
	EUPORA	MS
	AMORY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38901	GRENADA	6622277000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39744	WEBSTER	6622586221
38821	MONROE	6622567111

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$3512.00 *	
	$3724.00 *	
	$5310.00	12
	$4084.00 *	
	$4566.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST

	LOUISVILLE	MS
	VICKSBURG	MS
	OXFORD	MS
	LUCEDALE	MS
	CANTON	MS

39339	WINSTON	6627736211
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39046	MADISON	6018555323

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4357.00	*	
$5557.00		12
$5123.00	*	
$3609.00	*	
$4714.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250057	KING'S DAUGHTERS MEDICAL	P O BOX 948/427 HIGHWAY

	PASCAGOULA	MS
	CLARKSDALE	MS
	BOONEVILLE	MS
	JACKSON	MS
	MAGNOLIA	MS
	STARKVILLE	MS
	BROOKHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39581	JACKSON	2288095000
38614	COAHOMA	6626273211
38829	PRENTISS	6627205000
39216	HINDS	6012002000
39652	PIKE	6017832351
39759	OKTIBBEHA	6623234320
39601	LINCOLN	6018336011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4866.00		12
$6158.00		13
$4711.00	*	
$4814.00		44
$3398.00	*	
$3512.00	*	
$3512.00	*	

small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the

	CENTER-BROOKHAVEN	51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

	LAUREL	MS
	KOSCIUSKO	MS
	WEST POINT	MS
	MERIDIAN	MS
	JACKSON	MS

39440	JONES	6016494000
39090	ATTALA	6622894311
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4742.00		15
	$3433.00	*	
	$3512.00	*	
	$5230.00		14
	$5343.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630

	WAYNESBORO	MS
	HATTIESBURG	MS
	MERIDIAN	MS
	GREENVILLE	MS
	NATCHEZ	MS
	COLUMBIA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39367	WAYNE	6017355151
39404	FORREST	6012887000
39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39429	MARION	6017366303

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4566.00 *	
	$5296.00	25
	$5458.00 *	
	$5425.00	14
	$4566.00 *	
	$4526.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER

	CLEVELAND	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	BRANDON	MS
	MCCOMB	MS
	GREENWOOD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38732	BOLIVAR	6628462551
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
39042	RANKIN	6018252811
39649	PIKE	6012495500
38930	LEFLORE	6624597000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4566.00 *	
	$5105.00	21
	$4566.00 *	
	$3509.00 *	
	$5187.00 *	
	$5609.00	17

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

		1410
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	JACKSON	MS
	MERIDIAN	MS
	PICAYUNE	MS
	NATCHEZ	MS
	GULFPORT	MS
	MAGEE	MS
	BATESVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711
39120	ADAMS	6014456205
39501	HARRISON	6018644210
39111	SIMPSON	6018495070
38606	PANOLA	6625635611

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3918.00		11
$4566.00		25
$4828.00		12
$4833.00		19
$4833.00		13
$3865.00	*	
$3626.00	*	
$3628.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	BAY SAINT LOUIS	MS
	JACKSON	MS
	JACKSON	MS
	IUKA	MS
	IUKA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38671	DESOTO	6623494000
39521	HANCOCK	2284678600
39216	HINDS	6019844100
39216	HINDS	6019844100
38852	TISHOMINGO	6624236051
38852	TISHOMINGO	6624236051

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5337.00		20
$3653.00	*	
$10191.00		24
$16192.00		27
$3559.00	*	
$4968.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	BILOXI	MS
	BILOXI	MS
	CORINTH	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38801	LEE	6623777176
38801	LEE	6623777176
38652	UNION	6625387631
38652	UNION	6625387631
39533	HARRISON	2284361104
39533	HARRISON	2284361104
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7168.00		54
$11388.00		88
$11127.00	*	
$7004.00	*	
$7249.00	*	
$11592.00		15
$11150.00		23

patients (fewer than 11)

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	CENTER	
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

	CORINTH	MS
	HOLLY SPRINGS	MS
	GRENADA	MS
	GRENADA	MS
	HOUSTON	MS
	HOUSTON	MS
	GULFPORT	MS
	GULFPORT	MS

38834	ALCORN	6622937660
38635	MARSHALL	6622521212
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7045.00		16
$7201.00	*	
$6412.00		17
$10188.00		24
$7444.00	*	
$6682.00	*	
$7458.00		22
$11800.00		44

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER &	562 EAST MAIN STREET

	EUPORA	MS
	EUPORA	MS
	AMORY	MS
	AMORY	MS
	LOUISVILLE	MS
	LOUISVILLE	MS

39744	WEBSTER	6622586221
39744	WEBSTER	6622586221
38821	MONROE	6622567111
38821	MONROE	6622567111
39339	WINSTON	6627736211
39339	WINSTON	6627736211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8517.00	*	
$6483.00	*	
$5672.00	*	
$10188.00		16
$3353.00	*	
$6120.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SWINGBED	
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST

	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS
	LUCEDALE	MS
	CANTON	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39046	MADISON	6018555323

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7804.00		16
$12399.00		16
$11431.00		55
$7195.00		12
$6590.00	*	
$9026.00	*	
$7073.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE

	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	PHILADELPHIA	MS
	BOONEVILLE	MS

39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
39350	NESHOBA	6016631200
38829	PRENTISS	6627205000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

$5008.00	*	
$6834.00		22
$10858.00		33
$13742.00		38
$8649.00		14
$5270.00	*	
$10590.00	*	

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250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS
	MAGNOLIA	MS
	MAGNOLIA	MS
	STARKVILLE	MS

38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000
39652	PIKE	6017832351
39652	PIKE	6017832351
39759	OKTIBBEHA	6623234320

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3551.00	*	
$6761.00		34
$10742.00		51
$7485.00	*	
$3182.00	*	
$6412.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	STARKVILLE	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	LAUREL	MS
	LAUREL	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39759	OKTIBBEHA	6623234320
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39440	JONES	6016494000
39440	JONES	6016494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$9486.00 *	
	$10188.00 *	
	$6412.00 *	
	$6660.00	13
	$10725.00 *	

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An asterisk (*) appears in the

		607
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

	KOSCIUSKO	MS
	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39090	ATTALA	6622894311
39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9959.00	*	
$10188.00	*	
$5672.00	*	
$7345.00		18
$6369.00	*	

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250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

	JACKSON	MS
	JACKSON	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	MERIDIAN	MS

39204	HINDS	6013761000
39204	HINDS	6013761000
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39404	FORREST	6012887000
39404	FORREST	6012887000
39301	LAUDERDALE	6016932511

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12281.00		27
$7730.00	*	
$6412.00		11
$10188.00	*	
$11857.00		70
$7438.00		26
$7665.00	*	

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250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630

	MERIDIAN	MS
	GREENVILLE	MS
	GREENVILLE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS

39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12178.00	*	
$12105.00		25
$7619.00		34
$6412.00	*	
$10188.00	*	
$10099.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBIA	MS
	CLEVELAND	MS
	CLEVELAND	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	INDIANOLA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39429	MARION	6017366303
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
39402	FORREST	6012688000
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6131.00	*	
$6412.00		11
$10188.00		13
$11391.00		13
$7170.00	*	
$6412.00	*	
$10188.00		13

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250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS
	GREENWOOD	MS
	GREENWOOD	MS
	COLUMBUS	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9544.00	*	
$4870.00	*	
$7285.00		19
$11574.00		23
$12516.00		42
$7878.00		13
$7093.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS
	PICAYUNE	MS
	PICAYUNE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11269.00		12
$10188.00		33
$6412.00		21
$6715.00		20
$10774.00	*	
$9296.00	*	
$6004.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE

	NATCHEZ	MS
	NATCHEZ	MS
	GULFPORT	MS
	GULFPORT	MS
	MAGEE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39120	ADAMS	6014456205
39120	ADAMS	6014456205
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39111	SIMPSON	6018495070

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6787.00	*	
$10784.00		12
$3866.00	*	
$7010.00	*	
$8886.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299

	SENATOBIA	MS
	BATESVILLE	MS
	BATESVILLE	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	NEWTON	MS

38668	TATE	6625623100
38606	PANOLA	6625635611
38606	PANOLA	6625635611
38671	DESOTO	6623494000
38671	DESOTO	6623494000
39345	NEWTON	6016832031

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3945.00	*	
$10523.00	*	
$4246.00	*	
$11909.00		63
$7495.00		20
$3288.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE

	NEWTON	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	JACKSON	MS
	JACKSON	MS
	IUKA	MS

39345	NEWTON	6016832031
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39216	HINDS	6019844100
39216	HINDS	6019844100
38852	TISHOMINGO	6624236051

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8783.00	*	
$6948.00	*	
$6670.00	*	
$12184.00		77
$6025.00		24
$3883.00		37

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N

	IUKA	MS
	TUPELO	MS
	TUPELO	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	BILOXI	MS
	BILOXI	MS
	CORINTH	MS
	CORINTH	MS
	RIPLEY	MS
	RIPLEY	MS

38852	TISHOMINGO	6624236051
38801	LEE	6623777176
38801	LEE	6623777176
38652	UNION	6625387631
38652	UNION	6625387631
39533	HARRISON	2284361104
39533	HARRISON	2284361104
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38663	TIPPAH	6628379221
38663	TIPPAH	6628379221

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

$7767.00		13
$8569.00		237
$4237.00		102
$4140.00		33
$8373.00		19
$8667.00		36
$4286.00		42
$4180.00		55
$8453.00		108
$7425.00	*	
$3671.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250020	WEBSTER GENERAL	70 MEDICAL PLAZA

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HOLLY SPRINGS	MS
	HOLLY SPRINGS	MS
	GRENADA	MS
	GRENADA	MS
	HOUSTON	MS
	HOUSTON	MS
	GULFPORT	MS
	GULFPORT	MS
	EUPORA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38635	MARSHALL	6622521212
38635	MARSHALL	6622521212
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39744	WEBSTER	6622586221

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4257.00	28
	$8609.00 *	
	$7666.00	40
	$3791.00	28
	$4016.00 *	
	$7989.00	13
	$8953.00	180
	$4427.00	95
	$3832.00	28

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

	HOSPITAL/SWING BED	
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250023	PEARL RIVER COUNTY HOSPITAL	305 WEST MOODY STREET
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET

	EUPORA	MS
	POPLARVILLE	MS
	AMORY	MS
	AMORY	MS
	LOUISVILLE	MS
	LOUISVILLE	MS

39744	WEBSTER	6622586221
39470	PEARL RIVER	6017954543
38821	MONROE	6622567111
38821	MONROE	6622567111
39339	WINSTON	6627736211
39339	WINSTON	6627736211

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6200.00	*	
$3547.00	*	
$7666.00		23
$3791.00		28
$3618.00	*	
$7316.00	*	

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS
	LUCEDALE	MS
	CANTON	MS
	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	CLARKSDALE	MS
	CLARKSDALE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39046	MADISON	6018555323
39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9330.00		81
$4613.00		108
$4253.00		52
$8601.00		96
$7878.00	*	
$3896.00		30
$3914.00		26
$7914.00		11
$8170.00		180
$4040.00		71
$5113.00		56
$10340.00		97

patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PHILADELPHIA	MS
	PHILADELPHIA	MS
	BOONEVILLE	MS
	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS
	MAGNOLIA	MS
	MAGNOLIA	MS
	STARKVILLE	MS

39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
38829	PRENTISS	6627205000
38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000
39652	PIKE	6017832351
39652	PIKE	6017832351
39759	OKTIBBEHA	6623234320

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6133.00 *	
	$3791.00	21
	$3941.00	13
	$7969.00	31
	$8083.00	256
	$3997.00	119
	$3673.00 *	
	$7427.00	14
	$7666.00	18

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST

	STARKVILLE	MS
	KILMICHAEL	MS
	KILMICHAEL	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	LAUREL	MS
	LAUREL	MS
	KOSCIUSKO	MS
	KOSCIUSKO	MS

39759	OKTIBBEHA	6623234320
39747	MONTGOMERY	6622624311
39747	MONTGOMERY	6622624311
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39440	JONES	6016494000
39440	JONES	6016494000
39090	ATTALA	6622894311
39090	ATTALA	6622894311

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3791.00		25
$4110.00	*	
$8185.00	*	
$7666.00		38
$3791.00		32
$3937.00		68
$7962.00		53
$7494.00		15
$3705.00		34

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

	FAYETTE	MS
	FAYETTE	MS
	WATER VALLEY	MS
	WATER VALLEY	MS
	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS
	JACKSON	MS

39069	JEFFERSON	6017863401
39069	JEFFERSON	6017863401
38965	YALOBUSHA	6624731411
38965	YALOBUSHA	6624731411
39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$3722.00 *	
	$5270.00 *	
	$7439.00 *	
	$3679.00	41
	$3791.00	20
	$7666.00	21
	$8781.00	21
	$4342.00	35
	$4570.00	16

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

	JACKSON	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	ROLLING FORK	MS
	ROLLING FORK	MS
	MERIDIAN	MS

39204	HINDS	6013761000
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39404	FORREST	6012887000
39404	FORREST	6012887000
39159	SHARKEY	6628734395
39159	SHARKEY	6628734395
39301	LAUDERDALE	6016932511

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

$9241.00		82
$7666.00	*	
$3791.00		53
$4412.00		47
$8922.00		228
$7528.00	*	
$3722.00	*	
$4531.00		29

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST

	MERIDIAN	MS
	GREENVILLE	MS
	GREENVILLE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS
	COLUMBIA	MS
	CLEVELAND	MS
	CLEVELAND	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	INDIANOLA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303
39429	MARION	6017366303
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
39402	FORREST	6012688000
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$9164.00	45
	$9108.00	120
	$4504.00	95
	$3791.00	51
	$7666.00	24
	$7599.00 *	
	$3686.00	25
	$3791.00	54
	$7666.00	87
	$8572.00	45
	$4239.00	43
	$3791.00	16
	$7666.00	28

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD

	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS
	GREENWOOD	MS
	GREENWOOD	MS
	COLUMBUS	MS
	COLUMBUS	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS
	PICAYUNE	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

	$7659.00	55
	$3787.00	33
	$4306.00	50
	$8709.00	68
	$9418.00	74
	$4657.00	37
	$4193.00	42
	$8480.00	59
	$7650.00	152
	$3783.00	104
	$3970.00	96
	$8028.00	100
	$8114.00	22

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE

	PICAYUNE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	GULFPORT	MS
	GULFPORT	MS
	MAGEE	MS
	MAGEE	MS
	SENATOBIA	MS
	SENATOBIA	MS
	BATESVILLE	MS
	BATESVILLE	MS

39466	PEARL RIVER	6017984711
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
38668	TATE	6625623100
38668	TATE	6625623100
38606	PANOLA	6625635611
38606	PANOLA	6625635611

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4012.00		29
$4012.00		40
$8114.00		49
$8436.00		20
$4172.00		41
$3914.00		44
$7914.00		20
$8609.00		21
$4257.00	*	
$3916.00	*	
$7918.00		15

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250134	WHITFIELD MEDICAL SURGICAL HOSPITAL	3550 HWY 468 W, BLDG 60
250134	WHITFIELD MEDICAL SURGICAL HOSPITAL	3550 HWY 468 W, BLDG 60
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED	2500 N STATE ST

	WHITFIELD	MS
	WHITFIELD	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	NEWTON	MS
	NEWTON	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	JACKSON	MS
	JACKSON	MS

39193	RANKIN	6013518400
39193	RANKIN	6013518400
38671	DESOTO	6623494000
38671	DESOTO	6623494000
39345	NEWTON	6016832031
39345	NEWTON	6016832031
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39216	HINDS	6019844100
39216	HINDS	6019844100

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$3914.00 *	
	$7914.00 *	
	$4431.00	82
	$8961.00	157
	$7666.00	12
	$3791.00	13
	$3884.00	32
	$7855.00	19
	$11955.00	37
	$8142.00	22

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

	CENTER	
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	IUKA	MS
	IUKA	MS
	IUKA	MS
	IUKA	MS
	IUKA	MS
	TUPELO	MS
	TUPELO	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
38852	TISHOMINGO	6624236051
38852	TISHOMINGO	6624236051
38852	TISHOMINGO	6624236051
38852	TISHOMINGO	6624236051
38852	TISHOMINGO	6624236051
38801	LEE	6623777176
38801	LEE	6623777176

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10873.00		19
$8402.00		70
$6053.00	*	
$3901.00		44
$5415.00		34
$7008.00		28
$5247.00		45
$7705.00		12
$8408.00		158
$5726.00		122

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	BILOXI	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
39533	HARRISON	2284361104

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7647.00		136
$5909.00		135
$4257.00		53
$4160.00		50
$5774.00		33
$7472.00	*	
$5595.00		26
$8216.00	*	
$8504.00		16

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

		STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	RIPLEY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38663	TIPPAH	6628379221

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$5792.00	47
	$7734.00	37
	$5977.00	61
	$4306.00	53
	$4200.00	89
	$5830.00	138
	$7544.00	169
	$5649.00	139
	$8295.00	64
	$7285.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM

	RIPLEY	MS
	RIPLEY	MS
	RIPLEY	MS
	RIPLEY	MS
	HOLLY SPRINGS	MS
	HOLLY SPRINGS	MS
	HOLLY SPRINGS	MS
	HOLLY SPRINGS	MS

38663	TIPPAH	6628379221
38663	TIPPAH	6628379221
38663	TIPPAH	6628379221
38663	TIPPAH	6628379221
38635	MARSHALL	6622521212
38635	MARSHALL	6622521212
38635	MARSHALL	6622521212
38635	MARSHALL	6622521212

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4962.00	*	
$6626.00	*	
$5120.00		31
$3689.00		20
$4277.00		22
$5937.00		14
$7682.00	*	
$5753.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET

	HOLLY SPRINGS	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	HOUSTON	MS
	HOUSTON	MS
	HOUSTON	MS

38635	MARSHALL	6622521212
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8447.00 *	
	$7522.00 *	
	$5123.00	41
	$6841.00	34
	$5287.00	32
	$3809.00	24
	$4039.00	27
	$5490.00	12
	$7252.00 *	

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be

250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA

	HOUSTON	MS
	HOUSTON	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	EUPORA	MS
	EUPORA	MS
	EUPORA	MS
	EUPORA	MS

38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39744	WEBSTER	6622586221
39744	WEBSTER	6622586221
39744	WEBSTER	6622586221
39744	WEBSTER	6622586221

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5427.00		18
$7904.00	*	
$8785.00		75
$5983.00		65
$7990.00		67
$6174.00		173
$4448.00		75
$3850.00		23
$5345.00		27
$6916.00		25
$5105.00		15

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250023	PEARL RIVER COUNTY HOSPITAL	305 WEST MOODY STREET
250023	PEARL RIVER COUNTY HOSPITAL	305 WEST MOODY STREET
250023	PEARL RIVER COUNTY HOSPITAL	305 WEST MOODY STREET
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

	EUPORA	MS
	POPLARVILLE	MS
	POPLARVILLE	MS
	POPLARVILLE	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS

39744	WEBSTER	6622586221
39470	PEARL RIVER	6017954543
39470	PEARL RIVER	6017954543
39470	PEARL RIVER	6017954543
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7605.00		27
$7039.00	*	
$3564.00	*	
$5121.00	*	
$7522.00		17
$5123.00		44
$6841.00		49
$5287.00		26
$3809.00		57

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LOUISVILLE	MS
	LOUISVILLE	MS
	LOUISVILLE	MS
	LOUISVILLE	MS
	LOUISVILLE	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

39339	WINSTON	6627736211
39339	WINSTON	6627736211
39339	WINSTON	6627736211
39339	WINSTON	6627736211
39339	WINSTON	6627736211
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3635.00		14
$3692.00	*	
$6529.00	*	
$4889.00		12
$7179.00	*	
$9155.00		40
$6235.00		77
$8326.00		52

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST

	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS
	CANTON	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39046	MADISON	6018555323

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6434.00	94
	$4635.00	62
	$4273.00	35
	$5932.00	65
	$7676.00	53
	$5748.00	33
	$8440.00	86
	$7730.00 *	
	$5265.00	38
	$7031.00	19
	$5433.00	40
	$3914.00	81
	$3932.00	18

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

	CANTON	MS
	CANTON	MS
	CANTON	MS
	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

39046	MADISON	6018555323
39046	MADISON	6018555323
39046	MADISON	6018555323
39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

$5458.00		30
$7063.00	*	
$5289.00	*	
$7766.00	*	
$8017.00		67
$5460.00		104
$7291.00		104
$5601.00		160
$4059.00		61

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL	100 HOSPITAL DRIVE

	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	PHILADELPHIA	MS
	PHILADELPHIA	MS
	PHILADELPHIA	MS
	PHILADELPHIA	MS
	PHILADELPHIA	MS
	BOONEVILLE	MS
	BOONEVILLE	MS
	BOONEVILLE	MS

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
38829	PRENTISS	6627205000
38829	PRENTISS	6627205000
38829	PRENTISS	6627205000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

	$5137.00	36
	$7131.00	97
	$9228.00	39
	$6910.00	57
	$10146.00	12
	$7522.00	17
	$5123.00	22
	$6841.00	23
	$5287.00	27
	$3809.00	25
	$3959.00	84
	$5496.00	33
	$7112.00	44

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BOONEVILLE	
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BOONEVILLE	MS
	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	MAGNOLIA	MS
	MAGNOLIA	MS
	MAGNOLIA	MS
	MAGNOLIA	MS
	MAGNOLIA	MS

38829	PRENTISS	6627205000
38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39652	PIKE	6017832351
39652	PIKE	6017832351
39652	PIKE	6017832351
39652	PIKE	6017832351
39652	PIKE	6017832351

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$5325.00	81
	$7819.00	14
	$7931.00	121
	$5401.00	91
	$7213.00	100
	$5574.00	197
	$4016.00	114
	$3685.00	13
	$5115.00	13
	$6620.00	19
	$4957.00	18
	$7288.00	28

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250051	KILMICHAEL HOSPITAL	301 LAMAR AVENUE
250057	KING'S DAUGHTERS MEDICAL	P O BOX 948/427 HIGHWAY

	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	KILMICHAEL	MS
	KILMICHAEL	MS
	KILMICHAEL	MS
	KILMICHAEL	MS
	BROOKHAVEN	MS

39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39747	MONTGOMERY	6622624311
39747	MONTGOMERY	6622624311
39747	MONTGOMERY	6622624311
39747	MONTGOMERY	6622624311
39601	LINCOLN	6018336011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7522.00		11
	$5123.00		16
	$6841.00		14
	$5287.00		15
	$3809.00		17
	$4129.00		18
	$5732.00	*	
	$7417.00	*	
	$5626.00	*	
	$5123.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the

	CENTER-BROOKHAVEN	51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST

	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	KOSCIUSKO	MS

39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39090	ATTALA	6622894311

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC

	$6841.00	20
	$5287.00	33
	$3809.00	22
	$7522.00	18
	$7812.00	59
	$3955.00	50
	$5490.00	98
	$7105.00	34
	$5320.00	41
	$5008.00	11

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577

	KOSCIUSKO	MS
	KOSCIUSKO	MS
	KOSCIUSKO	MS
	KOSCIUSKO	MS
	FAYETTE	MS
	FAYETTE	MS
	FAYETTE	MS
	FAYETTE	MS

39090	ATTALA	6622894311
39090	ATTALA	6622894311
39090	ATTALA	6622894311
39090	ATTALA	6622894311
39069	JEFFERSON	6017863401
39069	JEFFERSON	6017863401
39069	JEFFERSON	6017863401
39069	JEFFERSON	6017863401

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6687.00		11
$5168.00		33
$3723.00		15
$7353.00		12
$7387.00	*	
$3740.00		12
$5191.00	*	
$6718.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	FAYETTE	MS
	WATER VALLEY	MS
	WATER VALLEY	MS
	WATER VALLEY	MS
	WATER VALLEY	MS
	WATER VALLEY	MS
	WEST POINT	MS
	WEST POINT	MS
	WEST POINT	MS
	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS

39069	JEFFERSON	6017863401
38965	YALOBUSHA	6624731411
38965	YALOBUSHA	6624731411
38965	YALOBUSHA	6624731411
38965	YALOBUSHA	6624731411
38965	YALOBUSHA	6624731411
39773	CLAY	6624952300
39773	CLAY	6624952300
39773	CLAY	6624952300
39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$5030.00 *	
	$4971.00	15
	$6639.00	13
	$5130.00	14
	$3696.00	49
	$7300.00 *	
	$7522.00	18
	$3809.00	20
	$5287.00	38
	$6841.00	13
	$5123.00	17
	$5868.00	25
	$7836.00	21

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	HATTIESBURG	MS

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6055.00		39
$4362.00		30
$8616.00		14
$9067.00		26
$4591.00		48
$6373.00		41
$8247.00		55
$6175.00		54
$5123.00		17
$6841.00	*	
$5287.00		50
$3809.00		17
$7522.00		11
$8755.00		171

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250079	SHARKEY ISSAQUENA COMMUNITY	47 SOUTH 4 ST

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	ROLLING FORK	MS
	ROLLING FORK	MS
	ROLLING FORK	MS
	ROLLING FORK	MS
	ROLLING FORK	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39159	SHARKEY	6628734395
39159	SHARKEY	6628734395
39159	SHARKEY	6628734395
39159	SHARKEY	6628734395
39159	SHARKEY	6628734395

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4433.00		49
$6132.00		169
$7962.00		226
$5942.00		128
$4908.00	*	
$6718.00	*	
$5191.00	*	
$3740.00		17
$7387.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the

	HOSPITAL	
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL	52 SEARGENT PRENTISS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	NATCHEZ	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8992.00 *	
	$4553.00	39
	$6319.00	35
	$8178.00	30
	$6123.00	40
	$6087.00	53
	$8128.00	37
	$6281.00	140
	$4525.00	49
	$8937.00	35
	$7522.00	36

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

	CENTER	DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS
	COLUMBIA	MS
	COLUMBIA	MS
	COLUMBIA	MS
	COLUMBIA	MS
	CLEVELAND	MS
	CLEVELAND	MS

39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303
39429	MARION	6017366303
39429	MARION	6017366303
39429	MARION	6017366303
39429	MARION	6017366303
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3809.00		32
$5287.00		32
$6841.00		11
$5123.00	*	
$5078.00		24
$6781.00		12
$5191.00		32
$3775.00		34
$7315.00		17
$7522.00		20
$3809.00		44

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	INDIANOLA	MS
	INDIANOLA	MS
	INDIANOLA	MS
	INDIANOLA	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$5287.00	96
	$6841.00	48
	$5123.00	40
	$5728.00	66
	$7649.00	69
	$5911.00	83
	$4259.00	67
	$8411.00	41
	$7522.00	17
	$3809.00	18
	$5287.00	35
	$6841.00	35
	$5123.00	19
	$5118.00	48
	$6835.00	19
	$5282.00	59

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250100	BAPTIST MEM HOSP/GOLDEN	2520 5TH ST N

	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	COLUMBUS	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$3805.00	55
	$7516.00	23
	$8545.00	40
	$4327.00	75
	$6006.00	49
	$7772.00	51
	$5820.00	39
	$6294.00	38
	$8405.00	25
	$6495.00	98
	$4679.00	27
	$9241.00	35
	$8321.00	57

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TRIANGLE INC	
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4213.00	36
	$5848.00	50
	$7567.00	39
	$5666.00	26
	$5119.00	74
	$6827.00	52
	$5268.00	149
	$3809.00	109
	$7517.00	101
	$7877.00	38
	$3988.00	100
	$5536.00	120

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

	MERIDIAN	MS
	MERIDIAN	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC

	$7164.00	66
	$5365.00	82
	$5422.00	22
	$7241.00	50
	$5596.00	25
	$4031.00	75
	$7962.00	12
	$7962.00	12
	$4031.00	57
	$5596.00	63
	$7241.00	26
	$5422.00	21
	$5638.00	23
	$7529.00	17
	$5818.00	34
	$4191.00	73

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE

	GULFPORT	MS
	MAGEE	MS
	MAGEE	MS
	MAGEE	MS
	MAGEE	MS
	MAGEE	MS
	SENATOBIA	MS
	SENATOBIA	MS
	SENATOBIA	MS
	SENATOBIA	MS
	SENATOBIA	MS
	BATESVILLE	MS

39501	HARRISON	6018644210
39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
38668	TATE	6625623100
38668	TATE	6625623100
38668	TATE	6625623100
38668	TATE	6625623100
38668	TATE	6625623100
38606	PANOLA	6625635611

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8278.00 *	
	$7766.00	25
	$3932.00	39
	$5458.00	41
	$7063.00	15
	$5289.00	28
	$5753.00	15
	$7682.00	31
	$5937.00	15
	$4277.00	53
	$8447.00	18
	$7770.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250134	WHITFIELD MEDICAL SURGICAL HOSPITAL	3550 HWY 468 W, BLDG 60
250134	WHITFIELD MEDICAL SURGICAL HOSPITAL	3550 HWY 468 W, BLDG 60

	BATESVILLE	MS
	BATESVILLE	MS
	BATESVILLE	MS
	BATESVILLE	MS
	WHITFIELD	MS
	WHITFIELD	MS

38606	PANOLA	6625635611
38606	PANOLA	6625635611
38606	PANOLA	6625635611
38606	PANOLA	6625635611
39193	RANKIN	6013518400
39193	RANKIN	6013518400

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3934.00	*	
$5461.00		28
$7066.00		17
$5291.00		18
$7063.00	*	
$3816.00	*	

small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250134	WHITFIELD MEDICAL SURGICAL HOSPITAL	3550 HWY 468 W, BLDG 60
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299

	WHITFIELD	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	NEWTON	MS
	NEWTON	MS

39193	RANKIN	6013518400
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
39345	NEWTON	6016832031
39345	NEWTON	6016832031

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7559.00 *	
	$4452.00	92
	$6180.00	111
	$7997.00	90
	$5988.00	102
	$8793.00	101
	$7522.00 *	
	$5123.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD

	NEWTON	MS
	NEWTON	MS
	NEWTON	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS

39345	NEWTON	6016832031
39345	NEWTON	6016832031
39345	NEWTON	6016832031
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6841.00	*	
$5287.00		14
$3809.00		22
$3903.00		25
$5499.00		21
$7010.00		15
$5423.00	*	
$7767.00	*	

small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$9399.00 *	
	$72209.00 *	
	$21602.00 *	
	$15961.00	40
	$47324.00 *	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Diabetes w MCC

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11345.00		25
$4434.00		13
$42342.00		31
$44546.00		25
$67032.00	*	
$44059.00	*	
$12955.00	*	

small number of Medicare patients (fewer than 11)

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250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	IUKA	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
38852	TISHOMINGO	6624236051

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Chest Pain

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$30090.00	*	
$16739.00		18
$8349.00	*	
$56360.00		11
$49549.00	*	
$2858.00	*	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250002	TISHOMINGO HEALTH SERVICES INC	1777 CURTIS DRIVE
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	IUKA	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38852	TISHOMINGO	6624236051
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC
Diabetes w MCC
Chest Pain
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7232.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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	CENTER	
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Permanent cardiac pacemaker implant w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5872.00		120
$25746.00		14
$11773.00		120
$21096.00		80
$9112.00		15
$33743.00		15
$11226.00		315
$15193.00		101
$46992.00	*	
$6611.00		61

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6459.00	*	
$14845.00	*	
$11503.00	*	
$3047.00		23
$7797.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Permanent cardiac pacemaker implant w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8070.00	*	
$3182.00		36
$31176.00	*	
$12010.00	*	
$39839.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	CORINTH	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
38834	ALCORN	6622937660

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$35025.00 *

$15500.00 *

$6744.00 *

$47202.00 *

$45867.00 *

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6521.00	13
	$14875.00	15
	$11074.00	100
	$29482.00 *	
	$38858.00 *	
	$25398.00 *	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5792.00		27
$11526.00		18
$8921.00	*	
$20470.00		29
$29377.00	*	
$28817.00	*	

small number of Medicare patients (fewer than 11)

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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	RIPLEY	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38663	TIPPAH	6628379221

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Chest Pain

Diabetes w MCC

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$46159.00	*	
$29603.00	*	
$3077.00		41
$7872.00	*	
$6913.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250010	TIPPAH COUNTY HOSPITAL	1005 HWY 15 N
250012	ALLIANCE HEALTHCARE SYSTEM	1430 EAST SALEM
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE

	RIPLEY	MS
	HOLLY SPRINGS	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS

38663	TIPPAH	6628379221
38635	MARSHALL	6622521212
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Chest Pain

Chest Pain

Diabetes w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2702.00	*	
$3133.00	*	
$2790.00		14
$7138.00	*	
$10532.00	*	
$13591.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

	GRENADA	MS
	HOUSTON	MS
	HOUSTON	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

38901	GRENADA	6622277000
38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5914.00	*	
$7570.00	*	
$2959.00		19
$3259.00		113
$8259.00		15
$32376.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Permanent cardiac pacemaker implant w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$49258.00 *	
	$30636.00	27
	$31115.00	24
	$12300.00	49
	$22042.00	34
	$9520.00 *	
	$6084.00	67
	$26648.00 *	

patients (fewer than 11)

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250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	EUPORA	MS

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39744	WEBSTER	6622586221

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$41156.00	*	
$36183.00	*	
$6907.00		15
$48305.00	*	
$15809.00		40
$45092.00		11
$11729.00		198
$7231.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250020	WEBSTER GENERAL HOSPITAL/SWING BED	70 MEDICAL PLAZA
250023	PEARL RIVER COUNTY HOSPITAL	305 WEST MOODY STREET
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

	EUPORA	MS
	POPLARVILLE	MS
	AMORY	MS
	AMORY	MS

39744	WEBSTER	6622586221
39470	PEARL RIVER	6017954543
38821	MONROE	6622567111
38821	MONROE	6622567111

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Chest Pain

Extracranial procedures w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2821.00 *

$2611.00 *

$5253.00 *

$10532.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET
250027	WINSTON MEDICAL CENTER & SWINGBED	562 EAST MAIN STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS
	LOUISVILLE	MS
	LOUISVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
39339	WINSTON	6627736211
39339	WINSTON	6627736211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain
Diabetes w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Diabetes w MCC
Chest Pain

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2790.00		26
$7138.00	*	
$26641.00	*	
$5914.00		18
$6812.00	*	
$3042.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain
Diabetes w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3396.00		73
$8698.00	*	
$32448.00	*	
$31924.00		22
$50428.00	*	
$33109.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12817.00		24
$9914.00	*	
$20897.00	*	
$6393.00		20
$28031.00	*	
$37704.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Coronary bypass w/o cardiac cath w MCC
Permanent cardiac pacemaker implant w CC
Permanent cardiac pacemaker implant w CC
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$42980.00 *	
	$7197.00	25
	$12222.00	115
	$18631.00 *	
	$16541.00	20
	$15250.00	11
	$27270.00 *	
	$11268.00	116

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	NORTH MS	
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6636.00		21
$47028.00	*	
$39615.00	*	
$5894.00		42
$21175.00	*	
$9139.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$11817.00 *	
	$31056.00 *	
	$47249.00 *	
	$30127.00	11
	$29891.00 *	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST

	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS
	CANTON	MS

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39046	MADISON	6018555323

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8009.00	*	
$3130.00		12
$2867.00		28
$6521.00	*	
$6078.00	*	
$6106.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Chest Pain

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2880.00		41
$2956.00		57
$7564.00		26
$28393.00		23
$27956.00		14
$54319.00	*	
$35805.00	*	
$11159.00		26
$8687.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$23453.00		25
$5598.00		52
$34198.00	*	
$37447.00	*	
$32859.00	*	
$6303.00		21

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250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	CLARKSDALE	MS
	CLARKSDALE	MS

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$53656.00	*	
$10703.00		185
$34699.00	*	
$14485.00		14
$18333.00	*	
$56315.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7977.00	*	
$41787.00	*	
$47531.00	*	
$14205.00		13
$35381.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE

	CLARKSDALE	MS
	CLARKSDALE	MS
	PHILADELPHIA	MS
	PHILADELPHIA	MS
	BOONEVILLE	MS

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
39350	NESHOBA	6016631200
39350	NESHOBA	6016631200
38829	PRENTISS	6627205000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$9628.00	*	
	$3763.00		101
	$3173.00	*	
	$5914.00	*	
	$7421.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL	969 LAKELAND DR

	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Chest Pain

Diabetes w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Cardiac defibrillator implant w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2900.00		12
$2942.00		83
$7527.00		16
$27658.00		34
$28090.00		17
$29229.00	*	
$44470.00		25
$11105.00		45
$19899.00		37
$8595.00		13
$37156.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

	HOSPITAL	
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL	969 LAKELAND DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Extracranial procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$32665.00 *	
	$5539.00	39
	$6236.00	40
	$44022.00 *	
	$14320.00	28
	$31395.00	17
	$10589.00	118

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	HOSPITAL	
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250049	S PIKE HOSP ASSC DBA BEACHAM MEMORIAL	205 N CHERRY ST
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MAGNOLIA	MS
	MAGNOLIA	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS

39652	PIKE	6017832351
39652	PIKE	6017832351
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6924.00 *		
$2706.00		14
$2790.00 *		
$7138.00 *		
$5914.00 *		

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	LAUREL	MS
	LAUREL	MS

39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39440	JONES	6016494000
39440	JONES	6016494000

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Diabetes w MCC

Chest Pain

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5914.00	*	
$7138.00		11
$2790.00	*	
$10532.00	*	
$10938.00		19
$8633.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Chest Pain

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5456.00		11
$32175.00	*	
$2898.00		114
$7414.00		15
$27668.00	*	
$27782.00		11
$6142.00		16
$14116.00		11

health information due to the small number of Medicare patients (fewer than 11)

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250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250060	JEFFERSON COUNTY HOSPITAL	809 S MAIN BOX 577
250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET

	LAUREL	MS
	KOSCIUSKO	MS
	KOSCIUSKO	MS
	KOSCIUSKO	MS
	FAYETTE	MS
	FAYETTE	MS
	WATER VALLEY	MS

39440	JONES	6016494000
39090	ATTALA	6622894311
39090	ATTALA	6622894311
39090	ATTALA	6622894311
39069	JEFFERSON	6017863401
39069	JEFFERSON	6017863401
38965	YALOBUSHA	6624731411

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$5781.00 *	
	$6978.00 *	
	$2727.00	29
	$2740.00	14
	$7010.00 *	
	$6927.00 *	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250061	YALOBUSHA GENERAL HOSPITAL	630 SOUTH MAIN STREET
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	WATER VALLEY	MS
	WEST POINT	MS
	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38965	YALOBUSHA	6624731411
39773	CLAY	6624952300
39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2708.00		14
$2790.00	*	
$7138.00	*	
$3491.00	*	
$6774.00		15
$47272.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Diabetes w MCC

Chest Pain

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$15568.00	*	
$11503.00		63
$8129.00	*	
$3196.00		20
$30046.00	*	
$30515.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$47752.00	*
	$31752.00	*
	$35485.00	*
	$40363.00	*

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Extracranial procedures w CC
Extracranial procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6017.00		18
$9336.00		14
$42650.00	*	
$12063.00		13
$12695.00	*	
$9826.00	*	
$6332.00	*	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$42350.00 *

$37345.00 *

$32114.00 *

$31620.00 *

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3363.00		56
$8553.00	*	
$12105.00		19
$35893.00	*	
$16384.00	*	
$50328.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39204	HINDS	6013761000
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7129.00	*	
$5914.00	*	
$7138.00	*	
$2790.00		38
$3247.00		70
$8308.00		46
$30428.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$31006.00		22
$32064.00		34
$48923.00		16
$36056.00	*	
$41013.00		11
$6114.00		108
$26718.00		11
$9455.00		13
$21766.00		108
$12257.00		23
$6883.00		18

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250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250079	SHARKEY ISSAQUENA COMMUNITY HOSPITAL	47 SOUTH 4 ST
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	ROLLING FORK	MS
	MERIDIAN	MS
	MERIDIAN	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39159	SHARKEY	6628734395
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Chest Pain

Chest Pain

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$49255.00	*	
$15766.00		21
$34341.00		15
$11688.00		114
$2740.00	*	
$3335.00	*	
$8533.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12589.00	*
$13232.00	*
$8980.00	*
$36458.00	*

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	GREENVILLE	MS

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783

Perc cardiovasc proc w drug-eluting stent w/o MCC

Permanent cardiac pacemaker implant w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$12004.00	*
	$16247.00	*
	$49907.00	*
	$7069.00	*
	$7136.00	*

patients (fewer than 11)

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250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$59393.00	*	
$16149.00		24
$11975.00	*	
$35378.00	*	
$36809.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$42170.00 *

$6241.00 *

$9720.00 *

$22423.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL	52 SEARGENT PRENTISS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	NATCHEZ	MS
	NATCHEZ	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39120	ADAMS	6014432100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC
Diabetes w MCC
Chest Pain
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Chest Pain

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12513.00		29
$8481.00		23
$3315.00		44
$41409.00	*	
$31653.00	*	
$31166.00		14
$26231.00	*	
$2790.00		17

small number of Medicare patients (fewer than 11)

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	CENTER	DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS
	CLEVELAND	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303
38732	BOLIVAR	6628462551

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Chest Pain

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$10532.00 *	
	$13591.00 *	
	$5914.00 *	
	$2766.00 *	
	$2790.00	55

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Permanent cardiac pacemaker implant w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7138.00	*
	$81816.00	*
	$10532.00	*
	$5914.00	*
	$13591.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$15197.00		26
$30665.00	*	
$11229.00		184
$6613.00		57
$46684.00	*	
$11776.00		32
$21102.00		21
$9114.00		13
$5874.00		22
$25754.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$48449.00 *	
	$34640.00 *	
	$31890.00 *	
	$29330.00	34
	$83848.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	INDIANOLA	MS

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
38751	SUNFLOWER	6628875235

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Diabetes w MCC

Chest Pain

Diabetes w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$30996.00	*	
$7982.00	*	
$3120.00		86
$7138.00	*	
$10532.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

Diabetes w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10522.00 *

$8144.00 *

$5248.00 *

$7132.00 *

small number of Medicare patients (fewer than 11)
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250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

$2788.00		42
$26617.00	*	
$5909.00		13
$10110.00	*	
$11409.00		59
$28486.00	*	
$15441.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6719.00	12
	$30265.00 *	
	$29800.00 *	
	$28177.00 *	
	$47913.00 *	

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An asterisk (*) appears in the table where data cannot be

250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Extracranial procedures w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3170.00		15
$8109.00	*	
$5993.00		16
$35195.00	*	
$40033.00	*	

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250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9260.00		12
$15817.00	*	
$11964.00		16
$12939.00	*	
$10042.00	*	
$6453.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

Diabetes w MCC

Chest Pain

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8770.00		18
$3428.00		42
$32226.00	*	
$32729.00	*	
$7266.00	*	
$16698.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$15034.00	12
	$24269.00 *	
	$11108.00 *	
	$6542.00	11
	$29468.00 *	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Chest Pain

Diabetes w MCC

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$35603.00	*	
$3086.00		19
$7896.00	*	
$5810.00		14
$25694.00	*	
$9016.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST

	COLUMBUS	MS
	COLUMBUS	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$17184.00	*	
$11649.00	*	
$10495.00		49
$18806.00		22
$8146.00		11
$21996.00	*	

small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

Extracranial procedures w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Diabetes w MCC

Chest Pain

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5234.00		93
$35115.00	*	
$30871.00	*	
$7113.00		17
$2780.00		56
$42175.00	*	
$26214.00		18

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$26640.00		11
$26213.00		27
$5893.00		54
$41723.00	*	
$10036.00		115
$29775.00	*	
$13544.00		26
$14233.00		20
$31821.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be

	CENTER	
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Perc cardiovasc proc w drug-eluting stent w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$10516.00	71
	$6315.00	14
	$27470.00 *	
	$27899.00 *	
	$29030.00 *	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2922.00		82
$7629.00	*	
$32762.00	*	
$36903.00	*	
$5501.00		21
$8536.00	*	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS
	NATCHEZ	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39120	ADAMS	6014456205

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19763.00	*	
$11138.00		16
$7556.00	*	
$2953.00		21
$6260.00	*	
$6260.00		11

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS

39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Chest Pain

Diabetes w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14387.00	*	
$2953.00		62
$7556.00	*	
$27766.00	*	
$11148.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

	NATCHEZ	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39120	ADAMS	6014456205
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$37300.00	*	
$5653.00	*	
$28928.00	*	
$7856.00	*	
$3070.00		52
$6508.00		14

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250124	MAGEE GENERAL HOSPITAL	300 3RD AVE SE
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER

	MAGEE	MS
	MAGEE	MS
	SENATOBIA	MS
	SENATOBIA	MS
	SENATOBIA	MS
	BATESVILLE	MS

39111	SIMPSON	6018495070
39111	SIMPSON	6018495070
38668	TATE	6625623100
38668	TATE	6625623100
38668	TATE	6625623100
38606	PANOLA	6625635611

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$2880.00		29
	$7370.00	*	
	$8016.00	*	
	$3133.00	*	
	$6641.00	*	
	$6109.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

		DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL	7601 SOUTHCREST DR

	BATESVILLE	MS
	BATESVILLE	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38606	PANOLA	6625635611
38606	PANOLA	6625635611
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$2882.00	*	
$7373.00	*	
$6913.00		13
$48803.00	*	
$15887.00		24

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	DESOTO	
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Chest Pain

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11739.00		132
$34805.00	*	
$3261.00		122
$8344.00		26
$31141.00		28
$30662.00		11
$29720.00	*	
$49299.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6140.00	22
	$26923.00 *	
	$41191.00 *	
	$36450.00 *	
	$12311.00	30

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250149	PIONEER HEALTH SERVICES OF NEWTON	9421 EAST SIDE DRIVE EXTENSION, POB 299
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	NEWTON	MS
	NEWTON	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
39345	NEWTON	6016832031
39345	NEWTON	6016832031
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Diabetes w MCC

Chest Pain

Chest Pain

Diabetes w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$22060.00		21
$9528.00		11
$1068.00	*	
$2790.00	*	
$2881.00		26
$7020.00	*	
$6461.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$26234.00 *	
	$37911.00	11
	$25721.00	31
	$27355.00 *	
	$12936.00 *	
	$17712.00 *	

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	CENTER	
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

CC

Bilateral or multiple major joint procs of lower extremity w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$45788.00 *	
	$25592.00 *	
	$11411.00 *	
	$15543.00	12
	$27356.00 *	

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An asterisk (*) appears in the

	CENTER	
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Kidney and ureter procedures for non-neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$27830.00		26
$20666.00	*	
$13775.00	*	
$8051.00	*	
$20810.00	*	

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An asterisk (*) appears in the

	CENTER	
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$29790.00 *		
$43114.00		31
$21353.00		29
$13538.00 *		
$11699.00 *		

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED	2500 N STATE ST

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$50036.00	*	
$29713.00		52
$7830.00		35
$16072.00		23
$13098.00	*	
$38143.00	*	
$21766.00	*	

patients (fewer than 11)

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An asterisk (*) appears in the

	CENTER	
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$20573.00		15
$27455.00		25
$14355.00		16
$16754.00		199
$11783.00		388
$10235.00		17
$18257.00	*	
$19309.00		22

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Revision of hip or knee replacement w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14379.00	*	
$15309.00		13
$25895.00	*	
$8645.00		27
$11233.00		48
$5583.00		80
$20898.00		67
$35213.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8228.00	*	
$9522.00		31
$15018.00		52
$30322.00		41
$21241.00	*	
$14791.00	*	

small number of Medicare patients (fewer than 11)

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5740.00		21
$9688.00		22
$14735.00		32
$19573.00	*	
$19507.00	*	
$10931.00	*	
$8079.00		15

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Other musculoskelet sys and conn tiss O.R. proc w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Revision of hip or knee replacement w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$17999.00	*	
$12457.00		23
$8652.00	*	
$19239.00	*	
$18225.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

	TUPELO	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

38801	LEE	6623777176
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$18708.00	*
	$43091.00	*
	$26052.00	*
	$7893.00	*
	$54562.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14201.00 *

$9466.00 *

$5533.00 *

$20471.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$29628.00 *

$14674.00 *

$9304.00 *

$8040.00 *

small number of Medicare patients (fewer than 11)
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250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

Stomach, esophageal duodenal proc w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8332.00	*	
$14049.00	*	
$18867.00	*	
$9844.00	*	
$11513.00		46

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

$11917.00		32
$10256.00	*	
$19529.00	*	
$11411.00		26
$15550.00	*	
$21319.00		33
$5618.00		31

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8394.00	*	
$9630.00	*	
$15321.00		14
$30934.00		14
$21190.00	*	
$14991.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$9883.00		12
	$14764.00	*	
	$18204.00	*	
	$11152.00	*	
	$21502.00	*	

small number of Medicare patients (fewer than 11)

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250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	CORINTH	MS

39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
38834	ALCORN	6622937660

Bilateral or multiple major joint procs of lower extremity w/o MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$46622.00 *

$8750.00 *

$12876.00 *

$12289.00 *

small number of Medicare patients (fewer than 11)
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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

Bilateral or multiple major joint procs of lower extremity w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$26099.00	*	
$8471.00	*	
$18979.00	*	
$18201.00		14
$19381.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$17734.00	*	
$14338.00		14
$9485.00		12
$5565.00	*	
$20179.00	*	
$29912.00		13
$14760.00		16

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9358.00	*	
$8056.00	*	
$5368.00	*	
$20461.00		14
$34240.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11040.00	*	
$8412.00	*	
$18906.00		14
$14078.00	*	
$11345.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	GRENADA	MS
	GRENADA	MS

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38901	GRENADA	6622277000
38901	GRENADA	6622277000

Major shoulder or elbow joint procedures w CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9703.00	*	
$6427.00	*	
$11624.00		161
$10541.00	*	
$15021.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS

38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7361.00	*
	$8518.00	*
	$12949.00	*
	$27126.00	*
	$17101.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	GRENADA	MS
	HOUSTON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38901	GRENADA	6622277000
38851	CHICKASAW	6624561000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5066.00	*	
$8667.00		11
$13002.00	*	
$16082.00	*	
$9191.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250017	TRACE REGIONAL HOSP AND SWING BED	1004 EAST MADISON STREET
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

	HOUSTON	MS
	HOUSTON	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

38851	CHICKASAW	6624561000
38851	CHICKASAW	6624561000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19877.00	*	
$14234.00	*	
$15544.00		11
$31420.00		26
$9866.00	*	
$8597.00	*	

health information due to the small number of Medicare patients (fewer than 11)	
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$21891.00 *

$15244.00 *

$5889.00 *

$10122.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$15044.00 *	
	$19986.00 *	
	$15023.00 *	
	$12210.00	53
	$10439.00 *	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10548.00 *

$8910.00 *

$11640.00 *

$15995.00 *

$21744.00 *

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Kidney and ureter procedures for neoplasm w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5754.00		16
$15505.00	*	
$18470.00	*	
$20101.00	*	
$11314.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

Kidney and ureter procedures for neoplasm w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$20102.00	*
	$21080.00	*
	$8441.00	*
	$20367.00	*

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7629.00	*	
$13002.00	*	
$8667.00		13
$5066.00	*	
$13052.00	*	

small number of Medicare patients (fewer than 11)

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250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS

38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$18743.00	*	
$7361.00	*	
$8518.00	*	
$27126.00	*	
$13435.00		15

patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w/o CC/MCC
Hernia procedures except inguinal and femoral w CC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$16351.00		19
$33014.00		27
$10367.00	*	
$8959.00	*	
$22796.00	*	
$21202.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6165.00		15
$10548.00		14
$15824.00	*	
$9295.00	*	
$12829.00		66
$15672.00	*	
$21069.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Biopsies of musculoskeletal system and connective tissue w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8803.00 *

$20970.00 *

$11902.00 *

$20992.00 *

small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$29029.00	*
	$19572.00	*
	$18044.00	*
	$18746.00	*
	$19311.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6811.00 *

$19312.00 *

$8109.00 *

$18053.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$19647.00 *	
	$19352.00	17
	$14433.00 *	
	$11827.00	166
	$10134.00 *	
	$8560.00	13

small number of Medicare patients (fewer than 11)

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250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11275.00	*	
$5527.00		37
$14589.00		21
$9724.00		14
$5684.00		12
$14673.00	*	
$21071.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8253.00	*	
$9557.00		33
$30436.00		24
$15074.00		28
$13807.00	*	
$27877.00	*	
$8754.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET
250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LUCEDALE	MS
	LUCEDALE	MS
	LUCEDALE	MS
	CANTON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39452	GEORGE	6019473161
39452	GEORGE	6019473161
39452	GEORGE	6019473161
39046	MADISON	6018555323

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7565.00 *

$8907.00 *

$13362.00 *

$13424.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC
Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13870.00	*	

small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13843.00	*	
$5399.00	*	
$5250.00		33
$20132.00		34
$33343.00	*	
$10710.00		20
$8130.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w CC/MCC
Major shoulder or elbow joint procedures w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$14554.00 *	
	$9626.00	25
	$9532.00 *	
	$7273.00 *	
	$11234.00	248
	$13927.00 *	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$17121.00		32
	$18553.00	*	
	$16693.00	*	
	$7702.00	*	
	$18947.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11786.00 *

$18343.00 *

$8201.00 *

$17177.00 *

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED	1970 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PASCAGOULA	MS
	PASCAGOULA	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39581	JACKSON	2288095000
39581	JACKSON	2288095000
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$17489.00 *	
	$17090.00 *	
	$21719.00 *	
	$23300.00 *	
	$14218.00	15

patients (fewer than 11)

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	CENTER	
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED	1970 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$30018.00 *

$11690.00 *

$17538.00 *

$11590.00 *

$10060.00 *

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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	CENTER	
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL	969 LAKELAND DR

	CLARKSDALE	MS
	CLARKSDALE	MS
	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$36589.00	*	
$18122.00	*	
$13516.00	*	
$13710.00		25
$9138.00		18

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	HOSPITAL	
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL	969 LAKELAND DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19756.00	*	
$13757.00	*	
$5341.00		11
$14166.00		54
$28602.00		39
$7761.00	*	
$8982.00		34

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

Major joint replacement or reattachment of lower extremity w/o MCC
Major shoulder or elbow joint procedures w/o CC/MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC
Cervical spinal fusion w CC
Cervical spinal fusion w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11115.00		189
$6169.00	*	
$9523.00		25
$18200.00		24
$13563.00	*	
$14440.00		18
$24426.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8044.00	*	
$10596.00		29
$32987.00	*	
$19712.00		74
$5194.00		47
$16978.00		12
$7620.00	*	

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250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL	969 LAKELAND DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10311.00 *

$18134.00 *

$18723.00 *

$16957.00 *

$25150.00 *

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	HOSPITAL	
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	STARKVILLE	MS
	STARKVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
Biopsies of musculoskeletal system and connective tissue w MCC
Biopsies of musculoskeletal system and connective tissue w CC
Revision of hip or knee replacement w CC
Kidney and ureter procedures for neoplasm w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8161.00		19
$18147.00	*	
$11751.00		37
$11726.00	*	
$9779.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS

39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320

Kidney and ureter procedures for neoplasm w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7227.00	*	
$17274.00	*	
$10541.00		62
$8518.00		15
$7361.00	*	
$27126.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS

39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13435.00 *

$5066.00 *

$8667.00 *

$13002.00 *

small number of Medicare patients (fewer than 11)
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250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$13002.00	*
	$8667.00	*
	$5066.00	*
	$9906.00	*
	$13435.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$27126.00 *

$7361.00 *

$8518.00 *

$7227.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BROOKHAVEN	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39601	LINCOLN	6018336011
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Other musculoskelet sys and conn tiss O.R. proc w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10141.00 *

$16723.00 *

$6820.00 *

$16702.00 *

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$25236.00	*	
$11574.00		12
$8189.00		17
$8847.00	*	
$7745.00	*	
$28436.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

Major small and large bowel procedures w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$13953.00		20
	$19466.00	*	
	$13808.00	*	
	$5359.00	*	
	$9174.00	*	

small number of Medicare patients (fewer than 11)

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250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13504.00	*	
$10948.00		111
$9555.00		11
$17940.00		12
$13359.00	*	
$5116.00	*	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$19779.00	*
	$32492.00	*
	$10632.00	*
	$7923.00	*
	$14489.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250059	MONTFORT JONES MEMORIAL HOSPITAL	220 HWY 12 WEST
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	KOSCIUSKO	MS
	KOSCIUSKO	MS
	WEST POINT	MS
	WEST POINT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39090	ATTALA	6622894311
39090	ATTALA	6622894311
39773	CLAY	6624952300
39773	CLAY	6624952300

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13539.00 *

$8327.00 *

$8518.00 *

$13435.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Revision of hip or knee replacement w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$6358.00 *	
	$10541.00 *	
	$12074.00	194
	$10345.00 *	
	$14734.00 *	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

Major joint replacement or reattachment of lower extremity w MCC

Cervical spinal fusion w CC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19786.00	*	
$15686.00	*	
$4903.00	*	
$11510.00		17
$21413.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5643.00		11
$30713.00		19
$15389.00		23
$9757.00		13
$14893.00	*	
$9927.00		15
$5802.00	*	
$14950.00	*	
$21469.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8866.00	*
	$12765.00	*
	$18420.00	*
	$8231.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$11201.00	*
	$20748.00	*
	$9246.00	*
	$19293.00	*

health information due to the small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Biopsies of musculoskeletal system and connective tissue w

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$21108.00	*
	$19386.00	*
	$67315.00	*
	$19897.00	*
	$13353.00	*

patients (fewer than 11)

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	CENTER	
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9330.00 *

$20747.00 *

$22594.00 *

$6106.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10384.00	*	
$15674.00		11
$8873.00	*	
$16195.00	*	
$32699.00		23
$5938.00		11

health information due to the small number of Medicare patients (fewer than 11)
An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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	CENTER	
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$22535.00		14
	$37484.00	*	
	$12114.00	*	
	$16459.00	*	
	$27841.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	WAYNESBORO	MS

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39367	WAYNE	6017355151

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$20823.00	*	
$15506.00	*	
$10887.00	*	
$12707.00		29
$27126.00	*	

patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250077	WAYNE GENERAL HOSPITAL	950 MATTHEW DR
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

	WAYNESBORO	MS
	WAYNESBORO	MS
	WAYNESBORO	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

39367	WAYNE	6017355151
39367	WAYNE	6017355151
39367	WAYNE	6017355151
39404	FORREST	6012887000
39404	FORREST	6012887000

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8667.00 *

$5066.00 *

$18743.00 *

$21742.00 *

$15190.00 *

patients (fewer than 11)

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An asterisk (*) appears in the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5896.00		12
$10087.00		20
$15108.00		40
$31466.00		44
$15637.00		42
$8567.00	*	
$9881.00		25
$12268.00		247
$10512.00		22
$6809.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10395.00	*	
$14971.00	*	
$20038.00		38
$26961.00	*	
$15886.00		28
$11696.00		61
$8879.00	*	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$36082.00	*	
$21686.00		95
$5734.00		19
$19850.00	*	
$8978.00	*	
$12970.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

CC
Bilateral or multiple major joint procs of lower extremity w MCC
Bilateral or multiple major joint procs of lower extremity w/o MCC
Revision of hip or knee replacement w MCC
Revision of hip or knee replacement w CC
Kidney and ureter procedures for non-neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$27754.00 *	
	$19147.00	15
	$27761.00 *	
	$18717.00 *	
	$21291.00 *	

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250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	MERIDIAN	MS

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39301	LAUDERDALE	6016932511

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$18678.00	*	
$8411.00		15
$19965.00	*	
$11382.00	*	
$11690.00	*	

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250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511

Other musculoskelet sys and conn tiss O.R. proc w MCC

Biopsies of musculoskeletal system and connective tissue w CC
Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
Biopsies of musculoskeletal system and connective tissue w MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19248.00	*	
$13321.00		19
$9252.00		30
$20573.00	*	
$12600.00		19
$15561.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$42983.00 *

$15542.00 *

$10360.00 *

$6055.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6019.00	*	
$22270.00	*	
$11820.00	*	
$15449.00	*	
$32230.00		14
$15963.00		12

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10242.00	*	
$8956.00	*	
$12524.00		65
$20524.00	*	
$19612.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE

	GREENVILLE	MS
	GREENVILLE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for non-neoplasm w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11619.00	*	
$22066.00	*	
$19797.00		12
$19532.00	*	
$12863.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS

39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$10541.00		53
	$7361.00	*	
	$8518.00	*	
	$15591.00	*	
	$47950.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS
	COLUMBIA	MS

39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303
39429	MARION	6017366303

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$13002.00	*
	$8667.00	*
	$5066.00	*
	$8591.00	*
	$12432.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBIA	MS
	COLUMBIA	MS
	CLEVELAND	MS
	CLEVELAND	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39429	MARION	6017366303
39429	MARION	6017366303
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$26889.00 *

$13192.00 *

$13435.00 *

$27126.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8518.00 *

$7361.00 *

$13002.00 *

$8667.00 *

small number of Medicare patients (fewer than 11)
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250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND MS

CLEVELAND MS

CLEVELAND MS

CLEVELAND MS

CLEVELAND MS

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551

Hernia procedures except inguinal and femoral w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5066.00	*	
$10541.00		21
$12863.00	*	
$17274.00	*	
$23853.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

	CLEVELAND	MS
	CLEVELAND	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9779.00 *

$17212.00 *

$19245.00 *

$10967.00 *

$8081.00 *

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$19579.00 *

$26671.00 *

$18456.00 *

$16410.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8650.00	*	
$19315.00	*	
$14383.00		23
$11786.00		317
$6542.00	*	
$10099.00	*	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w CC
Hernia procedures except inguinal and femoral w/o CC/MCC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5508.00		34
$20904.00		110
$34981.00	*	
$8530.00	*	
$11236.00		57
$15313.00		11
$5664.00		13
$20958.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250095	SOUTH SUNFLOWER COUNTY HOSPITAL	121 E BAKER ST
250096	CROSSGATES RIVER OAKS	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	INDIANOLA	MS
	BRANDON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
38751	SUNFLOWER	6628875235
39042	RANKIN	6018252811

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w/o CC/MCC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14594.00	*	
$9691.00		20
$14539.00		11
$8231.00	*	
$9524.00		18
$30331.00		28
$15022.00		33
$8667.00	*	
$8659.00	*	

patients (fewer than 11)

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	HOSPITAL	
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12991.00	*
$13233.00	*
$18727.00	*
$5061.00	*

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13617.00 *

$27514.00 *

$8511.00 *

$7410.00 *

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS	350 CROSSGATES BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	BRANDON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$10040.00	*
	$7622.00	*
	$19422.00	*
	$4960.00	*
	$24236.00	*

patients (fewer than 11)

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	HOSPITAL	
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL	215 MARION AV BOX 1307

	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10532.00		21
$17259.00	*	
$19624.00	*	
$14613.00	*	
$11975.00		54

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	MEDICAL CENTER	
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

MCC

Major shoulder or elbow joint procedures w CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10239.00	*	
$8667.00	*	
$8362.00	*	
$9677.00		11
$30817.00		23
$15263.00		16
$21293.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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	MEDICAL CENTER	
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Kidney and ureter procedures for non-neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$14771.00		12
	$9846.00	*	
	$18270.00	*	
	$27098.00	*	
	$20060.00	*	

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An asterisk (*) appears in the

	MEDICAL CENTER	
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8904.00	*
$19782.00	*
$12014.00	*
$21145.00	*

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$19785.00	*
	$10647.00	*
	$15974.00	*
	$23112.00	*

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$16035.00	*	
$16506.00		16
$33326.00		11
$10465.00	*	
$9110.00	*	
$9372.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12346.00 *		
$16825.00 *		
$28669.00 *		
$6069.00		14
$22967.00		11
$7188.00 *		

health information due to the small number of Medicare patients (fewer than 11)

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		1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250100	BAPTIST MEM HOSP/GOLDEN	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	COLUMBUS	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$11096.00 *	
	$12950.00	113
	$15883.00 *	
	$21222.00 *	
	$19108.00 *	

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	TRIANGLE INC	
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14229.00		11
$11660.00		178
$6471.00	*	
$8142.00	*	
$9422.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$30005.00		11
$14861.00		23
$20732.00	*	
$5603.00	*	
$14382.00	*	
$9587.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$17865.00 *
	$18258.00 *
	$8562.00 *
	$12327.00 *

health information due to the small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$21892.00	*
	$10909.00	*
	$17811.00	*
	$7994.00	*
	$14527.00	*

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	TRIANGLE INC	
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$17510.00	*	
$7227.00		17
$16046.00	*	
$9745.00	*	
$17200.00	*	

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An asterisk (*) appears in the

	CENTER	
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11105.00	*
$17151.00	*
$16506.00	*
$23793.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$16025.00		19
$8661.00		25
$13002.00		22
$5065.00		39
$18730.00	*	
$13052.00	*	
$13388.00		96
$27031.00		63

health information due to the small number of Medicare patients (fewer than 11)

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250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major shoulder or elbow joint procedures w CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Revision of hip or knee replacement w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8488.00	36
	$7361.00 *	
	$9007.00 *	
	$9000.00 *	
	$10504.00	602
	$12818.00	28

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

Major joint replacement or reattachment of lower extremity w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$17213.00		20
$4909.00		22
$23084.00	*	
$10014.00	*	
$7624.00		39
$8146.00	*	
$10524.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC

Back and neck proc exc spinal fusion w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$14624.00 *	
	$5260.00 *	
	$16066.00	11
	$13604.00 *	
	$11039.00	111

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9644.00	*	
$9624.00	*	
$7867.00	*	
$9096.00		16
$28407.00		23
$14069.00		21
$16349.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Biopsies of musculoskeletal system and connective tissue w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$34343.00	*	
$5418.00	*	
$13616.00		13
$9076.00		19
$18024.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8265.00	*
	$11671.00	*
	$18202.00	*
	$10442.00	*
	$7730.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$31220.00 *

$9174.00 *

$13763.00 *

$14221.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS
	PICAYUNE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711
39466	PEARL RIVER	6017984711

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$27782.00 *

$9016.00 *

$7792.00 *

$8075.00 *

small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205

Major joint replacement or reattachment of lower extremity w/o MCC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$11158.00		18
	$9016.00	*	
	$28713.00	*	
	$14221.00	*	
	$13763.00	*	

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250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39501	HARRISON	6018644210

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9174.00	*
$5362.00	*
$13815.00	*
$17471.00	*
$46153.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$26250.00	*	
$14748.00		15
$8329.00	*	
$5476.00	*	
$9538.00	*	

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$14309.00	*
	$14785.00	*
	$51208.00	*
	$9166.00	*

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11601.00		228
$9939.00	*	
$14156.00		31
$19010.00		11
$8395.00	*	
$11059.00		25
$15071.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	SENATOBIA	MS
	SENATOBIA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
38668	TATE	6625623100
38668	TATE	6625623100

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$25494.00	*	
$5422.00		24
$20574.00		39
$34429.00	*	
$9565.00	*	
$30441.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

	SENATOBIA	MS
	SENATOBIA	MS
	BATESVILLE	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38668	TATE	6625623100
38668	TATE	6625623100
38606	PANOLA	6625635611
38671	DESOTO	6623494000
38671	DESOTO	6623494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$14601.00	*
$9732.00	*
$8952.00	*
$19294.00	*
$27882.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$18798.00 *

$13027.00 *

$9047.00 *

$17914.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$20602.00 *

$8448.00 *

$18822.00 *

$11431.00 *

small number of Medicare patients (fewer than 11)
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250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$20880.00	*	
$12322.00		127
$26.00	*	
$15036.00	*	
$20192.00		18
$8917.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11747.00	*	
$16008.00	*	
$5759.00	*	
$21853.00		17
$36570.00	*	

small number of Medicare patients (fewer than 11)

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250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9957.00		11
$8604.00	*	
$15704.00		23
$31708.00		22
$31136.00	*	
$16683.00	*	

small number of Medicare patients (fewer than 11)

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250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS

38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39521	HANCOCK	2284678600

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5941.00	*	
$15199.00		22
$10131.00		12
$8770.00	*	
$42571.00	*	
$13872.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

	BAY SAINT LOUIS	MS
	BAY SAINT LOUIS	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39521	HANCOCK	2284678600
39521	HANCOCK	2284678600
39216	HINDS	6019844100
39216	HINDS	6019844100

Major small and large bowel procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$9305.00 *

$10802.00 *

$9302.00 *

$5278.00 *

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250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100
39216	HINDS	6019844100

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$10507.00	*	
$10924.00	*	
$23264.00	*	
$18127.00		11
$6833.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS
	TUPELO	MS

39216	HINDS	6019844100
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176
38801	LEE	6623777176

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7040.00		11
$4952.00		35
$4856.00		19
$12844.00		15
$16259.00	*	
$7736.00	*	
$13321.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST

	TUPELO	MS
	TUPELO	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS
	NEW ALBANY	MS

38801	LEE	6623777176
38801	LEE	6623777176
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631
38652	UNION	6625387631

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3712.00		82
$6563.00		20
$3627.00	*	
$12839.00	*	
$12379.00	*	
$4680.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	NEW ALBANY	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS
	BILOXI	MS

38652	UNION	6625387631
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104
39533	HARRISON	2284361104

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4838.00		13
$5008.00		11
$4930.00	*	
$12925.00	*	
$3787.00	*	
$6667.00	*	

small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6426.00 *

$3662.00 *

$12498.00 *

$15979.00 *

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE
250009	MAGNOLIA REGIONAL HEALTH CENTER	611 ALCORN DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CORINTH	MS
	CORINTH	MS
	CORINTH	MS
	CORINTH	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660
38834	ALCORN	6622937660

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12760.00 *

$7579.00 *

$4690.00 *

$4848.00 *

small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250015	GRENADA LAKE MEDICAL CENTER	960 AVENT DRIVE
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810

	GRENADA	MS
	GRENADA	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

38901	GRENADA	6622277000
38901	GRENADA	6622277000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4430.00	*	
$14545.00	*	
$16988.00		13
$13128.00		13
$8027.00	*	
$13729.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD
250025	GILMORE MEMORIAL HOSPITAL	1105 EARL FRYE BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	AMORY	MS
	AMORY	MS
	AMORY	MS

39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
39502	HARRISON	2288674000
38821	MONROE	6622567111
38821	MONROE	6622567111
38821	MONROE	6622567111

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC
Transurethral prostatectomy w CC/MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures
Female reproductive system reconstructive procedures
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Other kidney and urinary tract procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3879.00		56
$6857.00		13
$5174.00	*	
$5005.00		14
$4285.00	*	
$4430.00	*	
$11334.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$13809.00	*
	$17702.00	*
	$14306.00	*
	$8365.00	*
	$7144.00	*

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250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR

	VICKSBURG	MS
	VICKSBURG	MS
	VICKSBURG	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	OXFORD	MS

39183	WARREN	6018835000
39183	WARREN	6018835000
39183	WARREN	6018835000
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4042.00		12
$5391.00		15
$5215.00		13
$9676.00	*	
$4970.00		13
$3726.00		14
$6588.00	*	
$7712.00	*	

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	NORTH MS	
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
250036	GEORGE COUNTY HOSPITAL	859 WINTER STREET

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	OXFORD	MS
	OXFORD	MS
	OXFORD	MS
	LUCEDALE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
38655	LAFAYETTE	6622328100
39452	GEORGE	6019473161

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$13189.00 *

$16320.00 *

$12717.00 *

$14948.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250038	MADISON REGIONAL MEDICAL CENTER	1421 EAST PEACE ST
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CANTON	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39046	MADISON	6018555323
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Transurethral procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4573.00	*	
$4708.00	*	
$4567.00		13
$15502.00		11
$12044.00	*	
$12528.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250040	SINGING RIVER HOSPITAL	2809 DENNY AV
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PASCAGOULA	MS
	PASCAGOULA	MS
	PASCAGOULA	MS
	CLARKSDALE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39581	JACKSON	2288095000
39581	JACKSON	2288095000
39581	JACKSON	2288095000
38614	COAHOMA	6626273211

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$7325.00 *
	$6221.00 *
	$3539.00 *
	$15421.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250042	NW MISSISSIPPI REGIONAL MED CENTER	1970 HOSPITAL DRIVE
250043	NESHOBA COUNTY GENERAL HOSPITAL	1001 HOLLAND AVENUE
250044	BAPTIST MEMORIAL HOSPITAL	100 HOSPITAL DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLARKSDALE	MS
	CLARKSDALE	MS
	CLARKSDALE	MS
	PHILADELPHIA	MS
	BOONEVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
38614	COAHOMA	6626273211
39350	NESHOBA	6016631200
38829	PRENTISS	6627205000

Other kidney and urinary tract procedures w MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$19619.00	*
	$5780.00	*
	$6001.00	*
	$9856.00	*
	$3452.00	*

patients (fewer than 11)

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	BOONEVILLE	
250044	BAPTIST MEMORIAL HOSPITAL BOONEVILLE	100 HOSPITAL DRIVE
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR

	BOONEVILLE	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

38829	PRENTISS	6627205000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6104.00	*	
$6191.00	*	
$3501.00		15
$11950.00		13
$15337.00		23
$7247.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	STARKVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39216	HINDS	6012002000
39216	HINDS	6012002000
39216	HINDS	6012002000
39759	OKTIBBEHA	6623234320

Transurethral procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12394.00 *

$4671.00 *

$4518.00 *

$4430.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL	P O BOX 948/427 HIGHWAY

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	STARKVILLE	MS
	STARKVILLE	MS
	STARKVILLE	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39759	OKTIBBEHA	6623234320
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$11755.00 *	
	$6873.00 *	
	$5871.00 *	
	$5871.00 *	
	$3321.00	47

patients (fewer than 11)
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	CENTER-BROOKHAVEN	51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250057	KING'S DAUGHTERS MEDICAL CENTER-BROOKHAVEN	P O BOX 948/427 HIGHWAY 51 NORTH
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	BROOKHAVEN	MS
	LAUREL	MS

39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39601	LINCOLN	6018336011
39440	JONES	6016494000

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$6873.00	*	
$14545.00		12
$11556.00	*	
$4430.00		16
$4285.00	*	
$4451.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	LAUREL	MS
	WEST POINT	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39440	JONES	6016494000
39773	CLAY	6624952300

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4601.00	16
	$11771.00 *	
	$3449.00 *	
	$6098.00 *	
	$14545.00 *	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250067	CLAY COUNTY MEDICAL CENTER	835 MEDICAL CENTER DR
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	WEST POINT	MS
	WEST POINT	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39773	CLAY	6624952300
39773	CLAY	6624952300
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4430.00	*	
$4285.00	*	
$4908.00	*	
$5074.00		14
$16661.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39301	LAUDERDALE	6014830011
39204	HINDS	6013761000

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12982.00 *

$6725.00 *

$3804.00 *

$4003.00 *

small number of Medicare patients (fewer than 11)
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250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000
39204	HINDS	6013761000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8146.00	*
$17534.00	*
$14170.00	*
$5307.00	*
$5134.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000
39404	FORREST	6012887000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Female reproductive system reconstructive procedures
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Transurethral procedures w MCC
Other kidney and urinary tract procedures w/o CC/MCC
Other kidney and urinary tract procedures w MCC
Other kidney and urinary tract procedures w CC
Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4988.00		27
$5147.00		24
$13659.00	*	
$1068.00	*	
$16929.00		14
$13191.00		22
$6834.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39404	FORREST	6012887000
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3865.00		26
$3970.00	*	
$7018.00	*	
$13338.00	*	
$17387.00	*	

patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250081	RILEY HOSPITAL	1102 CONSTITUTION AVENUE
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	GREENVILLE	MS
	GREENVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
39301	LAUDERDALE	6016932511
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

Other kidney and urinary tract procedures w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$8216.00	*
	$5295.00	*
	$5122.00	*
	$5687.00	*
	$5301.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS
	GREENVILLE	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783
38704	WASHINGTON	6623783783

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$8362.00 *

$17282.00 *

$13789.00 *

$6976.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250082	DELTA REGIONAL MEDICAL CENTER	1400 E UNION ST
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
250085	MARION GENERAL HOSPITAL	1560 SUMRALL RD P O BOX 630

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENVILLE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	COLUMBIA	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38704	WASHINGTON	6623783783
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39120	ADAMS	6014432100
39429	MARION	6017366303

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3946.00		14
$14545.00	*	
$4430.00	*	
$4285.00	*	
$14026.00	*	

small number of Medicare patients (fewer than 11)

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250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	CLEVELAND	MS
	CLEVELAND	MS
	CLEVELAND	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
38732	BOLIVAR	6628462551
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

Other kidney and urinary tract procedures w CC

Transurethral procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$27678.00	*	
$11755.00	*	
$4430.00	*	
$4953.00		13
$4792.00		16
$13144.00	*	

patients (fewer than 11)
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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS
	HATTIESBURG	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000
39402	FORREST	6012688000

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$7685.00	*	
$12673.00	*	
$16264.00	*	
$3713.00		22
$6565.00	*	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250096	CROSSGATES RIVER OAKS HOSPITAL	350 CROSSGATES BLVD
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	BRANDON	MS
	BRANDON	MS
	BRANDON	MS
	MCCOMB	MS
	MCCOMB	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39042	RANKIN	6018252811
39042	RANKIN	6018252811
39042	RANKIN	6018252811
39649	PIKE	6012495500
39649	PIKE	6012495500

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w CC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5909.00	*
$11324.00	*
$4426.00	*
$5032.00	*
$12876.00	*

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS
	MCCOMB	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500
39649	PIKE	6012495500

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$16524.00 *

$13467.00 *

$6670.00 *

$3773.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS
	GREENWOOD	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000
38930	LEFLORE	6624597000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4080.00		21
$7213.00		14
$14482.00	*	
$17870.00		12
$13924.00	*	
$5442.00	*	

small number of Medicare patients (fewer than 11)

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250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS
	COLUMBUS	MS

39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500
39701	LOWNDES	6622441500

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4900.00		13
$4761.00	*	
$12537.00		15
$16226.00	*	
$7603.00	*	
$6495.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39701	LOWNDES	6622441500
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$3673.00		13
$3319.00		36
$5867.00	*	
$6873.00		16
$11714.00	*	
$14494.00	*	

small number of Medicare patients (fewer than 11)

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	JACKSON	MS
	JACKSON	MS
	JACKSON	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS

39202	HINDS	6019681000
39202	HINDS	6019681000
39202	HINDS	6019681000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$11326.00		19
$4276.00		58
$4430.00		62
$4730.00		17
$4576.00	*	
$11869.00	*	
$15232.00	*	

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	MERIDIAN	MS
	PICAYUNE	MS

39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39301	LAUDERDALE	6015536000
39466	PEARL RIVER	6017984711

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$12310.00 *

$7339.00 *

$6210.00 *

$3552.00 *

$4536.00 *

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250117	HIGHLAND COMMUNITY HOSPITAL	801 GOODYEAR BLVD
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203
250122	NATCHEZ COMMUNITY HOSPITAL/SWING BED	129 JEFFERSON DAVIS BLVD BOX 1203

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	PICAYUNE	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS
	NATCHEZ	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

39466	PEARL RIVER	6017984711
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205
39120	ADAMS	6014456205

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	$4689.00 *	
	$4689.00 *	
	$3515.00	17
	$6215.00 *	
	$12443.00 *	

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD

	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS
	GULFPORT	MS

39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210
39501	HARRISON	6018644210

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$22302.00 *

$3631.00 *

$4875.00 *

$4611.00 *

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250126	NORTH OAK REGIONAL MEDICAL CENTER	401 GETWELL DR
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250128	TRI LAKES MEDICAL CENTER	303 MEDICAL CENTER DRIVE
250136	WOMAN'S HOSPITAL AT RIVER OAKS	1026 NORTH FLOWOOD DRIVE

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SENATOBIA	MS
	BATESVILLE	MS
	BATESVILLE	MS
	JACKSON	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38668	TATE	6625623100
38606	PANOLA	6625635611
38606	PANOLA	6625635611
39232	HINDS	6019361000

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Female reproductive system reconstructive procedures

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4974.00 *

$15024.00 *

$7099.00 *

$4630.00 *

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250136	WOMAN'S HOSPITAL AT RIVER OAKS	1026 NORTH FLOWOOD DRIVE
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR

	JACKSON	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS
	SOUTHAVEN	MS

39232	HINDS	6019361000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000
38671	DESOTO	6623494000

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Transurethral prostatectomy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$4786.00 *

$16447.00 *

$17002.00 *

$13741.00 *

$3882.00 *

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

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MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250162	HANCOCK MEDICAL CENTER	149 DRINKWATER BLVD

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

	SOUTHAVEN	MS
	SOUTHAVEN	MS
	BAY SAINT LOUIS	MS

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

38671	DESOTO	6623494000
38671	DESOTO	6623494000
39521	HANCOCK	2284678600

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

MS Payment and Volumes

Based on Hospital Medicare Payment And Volume Measures

$5009.00 *

$5212.00 *

$4689.00 *

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