HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	Address 1
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Address 2	Address 3	City	State
		NEW HAVEN	CT
		HARTFORD	CT
		PUTNAM	CT
		SHARON	CT
		WATERBURY	CT
		STAMFORD	CT
		NEW LONDON	CT
		STAFFORD SPRINGS	CT
		BRIDGEPORT	CT
		TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

ZIP Code	County Name	Phone Number
06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666

HOSPITAL MEDICARE DATA

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
$6402.00	14
$6465.00	16
$5328.00	13
$6714.00	*
$6252.00	28
$6090.00	14
$4898.00	24
$5331.00	*
$7116.00	24
$5328.00	*

HOSPITAL MEDICARE DATA

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)
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	NEW MILFORD	CT
	WATERBURY	CT
	MERIDEN	CT
	GREENWICH	CT
	MILFORD	CT
	MIDDLETOWN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5342.00	*
	$5462.00	*
	$6593.00	14
	$5593.00	17
	$5038.00	13
	$5408.00	*
	$4882.00	13

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD

	MIDDLETOWN	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NORWICH	CT
	HARTFORD	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRISTOL	CT

06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000

HOSPITAL MEDICARE DATA

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

		13
	$6947.00	*
	$7654.00	34
	$5489.00	26
	$6679.00	37
	$5341.00	*
	$6164.00	*
	$5339.00	*

HOSPITAL MEDICARE DATA

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)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DERBY	CT
	DANBURY	CT
	NORWALK	CT
	NEW BRITAIN	CT
	FARMINGTON	CT
	WALLINGFORD	CT
	WEST HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145
06492	NEW HAVEN	2036795900
06117	HARTFORD	8605233800

HOSPITAL MEDICARE DATA

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

	$5337.00	14
	$6117.00	22
	$6051.00	18
	$5609.00	20
	$8451.00	*
	$5410.00	*
	$5328.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

	NEW HAVEN	CT
	HARTFORD	CT
	PUTNAM	CT
	SHARON	CT
	WATERBURY	CT
	STAMFORD	CT
	NEW LONDON	CT
	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	TORRINGTON	CT
	ROCKVILLE	CT
	NEW MILFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$14339.00	46
$14480.00	49
$11939.00	14
$15020.00	17
$14001.00	94
$13639.00	41
$12482.00	63
$11932.00	11
$15937.00	79
$11932.00	25
$11960.00	*
$11776.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	MERIDEN	CT
	GREENWICH	CT
	MILFORD	CT
	MIDDLETOWN	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NORWICH	CT
	HARTFORD	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRISTOL	CT
	DERBY	CT
	DANBURY	CT
	NORWALK	CT
	NEW BRITAIN	CT
	FARMINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$14765.00	43
$12527.00	30
$12964.00	30
$12112.00	24
$11643.00	85
$15558.00	11
$17141.00	85
$12294.00	33
$14957.00	111
$11957.00	28
$13797.00	60
$11958.00	13
$13741.00	47
$13700.00	49
$13552.00	63
$13431.00	113
$18927.00	19

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

	WALLINGFORD	CT
	NEW HAVEN	CT
	HARTFORD	CT
	PUTNAM	CT
	SHARON	CT
	WATERBURY	CT
	STAMFORD	CT
	NEW LONDON	CT
	STAFFORD	CT

06492	NEW HAVEN	2036795900
06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251

HOSPITAL MEDICARE DATA

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 CC
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 CC
Acute myocardial infarction, discharged alive w CC

	$12097.00	*
	$9099.00	29
	$9188.00	35
	$5259.00	*
	$8300.00	*
	$8884.00	34
	$8654.00	19
	$7925.00	19
	$4209.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

	SPRINGS	
	BRIDGEPORT	CT
	TORRINGTON	CT
	ROCKVILLE	CT
	NEW MILFORD	CT
	WATERBURY	CT
	MERIDEN	CT
	GREENWICH	CT
	MILFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000

HOSPITAL MEDICARE DATA

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 CC
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 CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$10112.00	33
$7571.00	14
$7591.00	*
$7756.00	*
$9315.00	13
$7949.00	12
$8226.00	12
$7700.00	*

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 patients (fewer than 11)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MIDDLETOWN	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NORWICH	CT
	HARTFORD	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRISTOL	CT
	DERBY	CT
	DANBURY	CT
	NORWALK	CT
	NEW BRITAIN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011

HOSPITAL MEDICARE DATA

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 CC
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 CC
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 CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7975.00	29
$9876.00	12
$10876.00	47
$6501.00	12
$9491.00	63
$7587.00	11
$8755.00	19
$7592.00	*
$8708.00	17
$8693.00	26
$8599.00	19
$8528.00	27

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)

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

	FARMINGTON	CT
	WALLINGFORD	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	HARTFORD	CT
	HARTFORD	CT
	PUTNAM	CT
	PUTNAM	CT
	SHARON	CT

06032	HARTFORD	8606791145
06492	NEW HAVEN	2036795900
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228

Acute myocardial infarction, discharged alive w CC

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$12151.00	*
$7688.00	*
$11439.00	227
$5441.00	89
$5487.00	93
$11551.00	192
$9524.00	31
$4525.00	37
$5711.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	SHARON	CT
	WATERBURY	CT
	WATERBURY	CT
	STAMFORD	CT
	STAMFORD	CT
	NEW LONDON	CT
	NEW LONDON	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	TORRINGTON	CT
	TORRINGTON	CT
	ROCKVILLE	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160

HOSPITAL MEDICARE DATA

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
Heart failure and shock w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$11995.00	21
$11152.00	146
$5298.00	36
$5169.00	43
$10880.00	91
$9964.00	200
$4733.00	30
$4525.00	15
$9524.00	50
$12713.00	149
$6040.00	54
$4522.00	*
$9793.00	71
$9537.00	49

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 MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	WATERBURY	CT
	WATERBURY	CT
	MERIDEN	CT
	MERIDEN	CT
	GREENWICH	CT
	GREENWICH	CT
	MILFORD	CT
	MILFORD	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NORWICH	CT
	NORWICH	CT

06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$4530.00	13
$4636.00	11
$9759.00	33
$11779.00	124
$5595.00	45
$4747.00	45
$9993.00	93
$10342.00	88
$4913.00	44
$4595.00	18
$9662.00	79
$10027.00	130
$4765.00	50
$5912.00	28
$12446.00	33
$13674.00	271
$6496.00	86
$4659.00	48
$9807.00	128

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	MANCHESTER	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRISTOL	CT
	BRISTOL	CT
	DERBY	CT
	DERBY	CT
	DANBURY	CT
	DANBURY	CT
	NORWALK	CT
	NORWALK	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	FARMINGTON	CT
	FARMINGTON	CT
	WALLINGFORD	CT
	WALLINGFORD	CT

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06492	NEW HAVEN	2036795900
06492	NEW HAVEN	2036795900

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$11932.00	318
$5668.00	62
$4534.00	35
$9538.00	110
$11006.00	114
$5229.00	57
$4534.00	26
$9539.00	69
$10961.00	95
$5207.00	25
$5192.00	109
$10929.00	151
$10811.00	130
$5136.00	58
$5093.00	103
$10721.00	214
$15277.00	67
$7257.00	29
$4584.00	13
$9651.00	21

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

	WEST HARTFORD	CT
	WEST HARTFORD	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06117	HARTFORD	8605233800
06117	HARTFORD	8605233800
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC

Heart failure and shock w/o CC/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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$9519.00	*
	$5026.00	*
	$11258.00	185
	$7534.00	83
	$9456.00	147
	$7626.00	159
	$5618.00	85
	$5673.00	94
	$7701.00	205
	$9548.00	104
	$7608.00	106

HOSPITAL MEDICARE DATA

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)

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	STAMFORD	CT

06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$11368.00	118
$9374.00	38
$6273.00	49
$7873.00	49
$6350.00	35
$4678.00	46
$5904.00	27
$8006.00	16
$9927.00	16
$7900.00	22
$11805.00	16
$10976.00	121
$7351.00	26
$9233.00	37
$7435.00	44
$5482.00	14
$5344.00	21

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7254.00	81
$8994.00	42
$7166.00	27
$10708.00	45
$9806.00	115
$6562.00	76
$8236.00	117
$6643.00	78
$4894.00	46
$4678.00	24
$6350.00	50
$7873.00	47
$6273.00	33
$9374.00	43
$12512.00	79
$8373.00	25
$10509.00	47
$8476.00	53

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	BRIDGEPORT	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	WATERBURY	CT
	WATERBURY	CT

06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6244.00	24
$4810.00	18
$6436.00	52
$8095.00	97
$6450.00	44
$9638.00	42
$9392.00	46
$6286.00	12
$7889.00	12
$6363.00	15
$4687.00	13
$4798.00	11
$6506.00	26
$8067.00	21
$6428.00	19
$9590.00	20
$11592.00	57
$7770.00	58

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	MILFORD	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000

HOSPITAL MEDICARE DATA

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9736.00	57
$7865.00	59
$5785.00	34
$4908.00	37
$6663.00	71
$8260.00	69
$6592.00	62
$9835.00	103
$10178.00	49
$6811.00	41
$8549.00	65
$6895.00	85
$5079.00	39
$4754.00	*

HOSPITAL MEDICARE DATA

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)

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

HOSPITAL MEDICARE DATA

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6454.00	25
$7989.00	23
$6376.00	11
$9509.00	46
$9868.00	115
$6607.00	48
$8288.00	71
$6685.00	117
$4927.00	37
$6113.00	40
$8282.00	38
$10288.00	58
$8181.00	36
$12249.00	30
$13458.00	131
$9006.00	101
$11303.00	93
$9116.00	169

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

	NEW HAVEN	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6716.00	78
$4817.00	39
$6539.00	78
$8107.00	112
$6459.00	66
$9652.00	91
$11743.00	187
$7859.00	43
$9863.00	96
$7955.00	145
$5860.00	32
$4686.00	*
$6363.00	37
$7889.00	19
$6282.00	11
$9393.00	120
$10832.00	60
$7249.00	75

HOSPITAL MEDICARE DATA

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)

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9098.00	79
$7338.00	104
$5406.00	78
$4688.00	48
$6364.00	51
$7888.00	34
$6287.00	87
$9389.00	52
$10782.00	42
$7222.00	39
$9061.00	51
$7310.00	62
$5385.00	32
$5368.00	53
$7287.00	178
$9034.00	79
$7198.00	104
$10757.00	83
$10640.00	86
$7121.00	37
$8937.00	69
$7208.00	63

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$5310.00	29
$5266.00	70
$7148.00	190
$8862.00	125
$7061.00	103
$10552.00	116
$14860.00	65
$10065.00	*
$12636.00	38
$10067.00	43
$7460.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD

	WALLINGFORD	CT
	WALLINGFORD	CT
	WALLINGFORD	CT
	WALLINGFORD	CT
	WEST HARTFORD	CT
	WEST HARTFORD	CT
	WEST HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06492	NEW HAVEN	2036795900
06492	NEW HAVEN	2036795900
06492	NEW HAVEN	2036795900
06492	NEW HAVEN	2036795900
06117	HARTFORD	8605233800
06117	HARTFORD	8605233800
06117	HARTFORD	8605233800

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$6434.00	21
	$7977.00	21
	$6366.00	*
	$9498.00	18
	$9824.00	*
	$6969.00	*
	$8746.00	*

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)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

	WEST HARTFORD	CT
	WEST HARTFORD	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06117	HARTFORD	8605233800
06117	HARTFORD	8605233800
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/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

$7054.00	*
$5197.00	*
$10413.00	19
$4237.00	180
$62101.00	*
$40584.00	21

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)

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 MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

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

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Permanent cardiac pacemaker implant 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

Extracranial procedures w/o CC/MCC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$39428.00	18
$39606.00	80
$28288.00	15
$11583.00	*
$15572.00	26
$45723.00	*
$51253.00	11
$7856.00	75
$34437.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$59173.00	*
	$20152.00	27
	$44551.00	*
	$14991.00	80
	$18843.00	*
	$8886.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

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

Laparoscopic cholecystectomy w/o c.d.e. 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

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

Extracranial procedures w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$8961.00	22
$19016.00	16
$15118.00	208
$44959.00	17
$20349.00	51
$59677.00	*
$34731.00	29
$7933.00	48
$51755.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$46113.00	*
	$15725.00	69
	$11688.00	*
	$28565.00	58
	$39944.00	35
	$39814.00	36
	$40931.00	30
	$62446.00	23

patients (fewer than 11)

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070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET

	HARTFORD	CT
	HARTFORD	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541

Chest Pain

Diabetes w MCC

Diabetes w MCC

Chest Pain

Permanent cardiac pacemaker implant w/o CC/MCC

Permanent cardiac pacemaker implant w CC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$4273.00	51
$10518.00	23
$8671.00	*
$3523.00	79
$12966.00	*
$16779.00	*
$12490.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	PUTNAM	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228

HOSPITAL MEDICARE DATA

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

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

Permanent cardiac pacemaker implant w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$7389.00	*
	$9306.00	*
	$19759.00	*
	$13722.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	SHARON	CT
	SHARON	CT
	SHARON	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

Diabetes w MCC

Chest Pain

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$16366.00	*
$4447.00	*
$8164.00	*
$10155.00	17
$4125.00	50
$60657.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$39579.00	*
	$38500.00	*
	$38625.00	*
	$15206.00	14
	$27579.00	12
	$11285.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$44520.00	*
	$50046.00	*
	$7665.00	*
	$33532.00	*
	$68794.00	*

patients (fewer than 11)

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	STAMFORD	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000

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

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$19647.00	15
$43349.00	*
$14619.00	99
$18388.00	*
$8666.00	11
$8441.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Laparoscopic cholecystectomy w/o c.d.e. 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

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

	$17920.00	*
	$14247.00	16
	$59623.00	*
	$19168.00	16
	$56266.00	*
	$7476.00	12
	$11010.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$32264.00	*
	$14812.00	11
	$37661.00	*
	$37539.00	*
	$38591.00	*

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)
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 MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Chest Pain
Diabetes w MCC
Diabetes w MCC
Chest Pain
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
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 MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$4025.00	35
$9907.00	12
$9073.00	26
$3686.00	75
$34516.00	*
$13560.00	20
$10079.00	*
$6841.00	*
$55033.00	*

HOSPITAL MEDICARE DATA

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)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	STAFFORD SPRINGS	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

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

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$44607.00	*
	$17553.00	27
	$13041.00	*
	$16403.00	18
	$7730.00	14
	$7389.00	*

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

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070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT

06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251

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

Permanent cardiac pacemaker implant w CC

Extracranial procedures w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

$15670.00	*
$16779.00	*
$6541.00	*
$12962.00	*
$3523.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

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 CC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$8673.00	*
$11577.00	16
$4703.00	40
$43821.00	16
$43964.00	*
$45050.00	12
$62692.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

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 defibrillator implant w/o cardiac cath w MCC

	$17307.00	13
	$12865.00	*
	$31440.00	*
	$8731.00	21
	$38338.00	*
	$56964.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

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

Coronary bypass w/o cardiac cath w MCC

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$22397.00	11
$16640.00	72
$49515.00	*
$20960.00	*
$9863.00	*
$7598.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	ROCKVILLE	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160

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

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

Diabetes w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$16122.00	*
	$16769.00	18
	$12958.00	13
	$3620.00	22
	$8790.00	*
	$8684.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$3530.00	*
$32874.00	*
$12982.00	*
$9654.00	*
$6552.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

Permanent cardiac pacemaker implant w CC

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

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

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

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

	$16813.00	*
	$16376.00	*
	$7398.00	11
	$7571.00	*
	$16065.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

Permanent cardiac pacemaker implant w CC

Extracranial procedures w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

$17209.00	*	
$6702.00	*	
$13285.00	*	
$33585.00	*	

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW MILFORD	CT
	NEW MILFORD	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$3610.00	*
	$8895.00	*
	$10695.00	*
	$4364.00	30
	$40663.00	12
	$40795.00	17
	$63677.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$40763.00	*
	$16060.00	30
	$11919.00	*
	$29128.00	13
	$8089.00	30
	$35471.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

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

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

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

	$94024.00	*
	$52858.00	*
	$47022.00	*
	$20751.00	24
	$15416.00	74
	$19421.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

	WATERBURY	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Permanent cardiac pacemaker implant w CC
Extracranial procedures w/o CC/MCC
Extracranial procedures w CC
Permanent cardiac pacemaker implant w/o CC/MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9152.00	15
$7753.00	*
$16475.00	*
$17631.00	14
$6863.00	16
$10142.00	*
$13644.00	11
$34546.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD

	MERIDEN	CT
	MERIDEN	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

Chest Pain

Diabetes w MCC

Diabetes w MCC

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$3702.00	22
$9113.00	14
$9422.00	*
$3826.00	89
$29652.00	*
$14079.00	25
$10465.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

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

Permanent cardiac pacemaker implant w CC

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

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

	$7102.00	13
	$41341.00	*
	$46337.00	*
	$18219.00	21
	$13536.00	*
	$17485.00	*

small number of Medicare patients (fewer than 11)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	GREENWICH	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000

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

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

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

Permanent cardiac pacemaker implant w CC

Extracranial procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$8023.00	13
	$7503.00	*
	$15906.00	*
	$17054.00	*
	$6636.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT

06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000

Extracranial procedures w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Chest Pain

Diabetes w MCC

$9787.00	*
$13154.00	*
$33366.00	*
$3581.00	14
$8798.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$8717.00	22
$3711.00	56
$34575.00	*
$13650.00	23
$10144.00	*
$6886.00	30
$17672.00	14
$16513.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MIDDLETOWN	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116

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

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

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

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7779.00	15
$9629.00	*
$20489.00	*
$21883.00	*
$16910.00	11
$4604.00	36
$11318.00	*

patients (fewer than 11)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

HATCH HOSP

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

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 CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
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 defib implant w cardiac cath w/o AMI/HF/shock w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$12451.00	29
$5058.00	243
$47131.00	40
$47285.00	104
$48453.00	97
$74140.00	46
$18615.00	44
$13837.00	12
$33815.00	59
$9391.00	51
$70534.00	*

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070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NORWICH	CT
	NORWICH	CT

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

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 CC

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

Coronary bypass w/o cardiac cath w MCC

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

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$41114.00	*
	$61788.00	14
	$54587.00	*
	$24089.00	36
	$17897.00	288
	$53171.00	24
	$22493.00	14
	$10608.00	33
	$7622.00	*
	$16145.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Permanent cardiac pacemaker implant w CC
Extracranial procedures w/o CC/MCC
Extracranial procedures w CC
Permanent cardiac pacemaker implant w/o CC/MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

$17278.00	15
$6735.00	17
$9924.00	*
$13351.00	16
$33915.00	*
$42555.00	*

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070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET

	NORWICH	CT
	NORWICH	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

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
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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$3628.00	106
$8939.00	*
$10865.00	33
$4414.00	65
$41128.00	45
$41262.00	77
$64758.00	63
$42281.00	31
$16244.00	59
$12074.00	24
$29508.00	48
$8195.00	66
$35877.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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/o MCC
Cardiac defibrillator implant w/o cardiac cath 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
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$61647.00	*
	$47634.00	*
	$53463.00	20
	$21021.00	41
	$39135.00	41
	$15617.00	225
	$19706.00	18
	$9257.00	22
	$7403.00	12
	$15712.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Chest Pain

Diabetes w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$16804.00	18
$6555.00	*
$9658.00	*
$12985.00	28
$32877.00	*
$3528.00	23
$8691.00	*

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)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$10023.00	14
$4071.00	186
$37938.00	28
$38061.00	27
$38200.00	13
$59678.00	17
$14984.00	39
$11138.00	*
$27198.00	*

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 health information due to the small number of Medicare

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

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

$7559.00	19
$33068.00	16
$68697.00	*
$43939.00	*
$19390.00	35
$14406.00	186
$42867.00	*
$18119.00	*

patients (fewer than 11)

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000

HOSPITAL MEDICARE DATA

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

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

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$8539.00	16
	$7401.00	*
	$15709.00	*
	$16806.00	13
	$12986.00	*
	$3531.00	23

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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070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

	BRISTOL	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT

06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

Diabetes w MCC

Diabetes w MCC

Chest Pain

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

$8687.00	*
$9985.00	*
$4055.00	70
$14922.00	*
$10933.00	*
$7528.00	*

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DANBURY	CT
	DANBURY	CT

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Permanent cardiac pacemaker implant w CC

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

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

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

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$19287.00	*
$18051.00	*
$8507.00	*
$8479.00	11
$17992.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Permanent cardiac pacemaker implant w CC
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent 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 MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$19254.00	29
$42567.00	*
$14305.00	38
$7506.00	31
$32811.00	*
$81002.00	*

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070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

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 CC
Coronary bypass w/o cardiac cath w/o MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Chest Pain
Diabetes w 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

$43631.00	*
$48992.00	*
$11060.00	*
$27028.00	26
$14879.00	26
$4046.00	104
$9957.00	22
$59353.00	11
$38728.00	35

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

CC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Diabetes w MCC
Chest Pain
Permanent cardiac pacemaker implant w/o CC/MCC
Extracranial procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$37811.00	*
	$38885.00	16
	$37265.00	*
	$37386.00	*
	$9845.00	13
	$3999.00	40
	$14718.00	12
	$10940.00	13

HOSPITAL MEDICARE DATA

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)

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w/o CC/MCC

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

Permanent cardiac pacemaker implant w CC

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

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

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

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

$48441.00	*
$7425.00	20
$14150.00	*
$19047.00	18
$17807.00	*
$8396.00	14
$8318.00	20
$17645.00	12

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Permanent cardiac pacemaker implant w CC

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

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$18888.00	17
$14037.00	*
$7363.00	*
$10842.00	*
$14595.00	29
$3968.00	79
$9757.00	12

HOSPITAL MEDICARE DATA

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)

070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

	NEW BRITAIN	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06050	HARTFORD	8602245011
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

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

Diabetes w MCC

	$36966.00	*
	$54655.00	13
	$54821.00	*
	$53021.00	*
	$82589.00	13
	$13749.00	*

HOSPITAL MEDICARE DATA

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

Chest Pain

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5585.00	*
	$20810.00	15
	$15279.00	*
	$32318.00	*
	$10492.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

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

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

Coronary bypass w/o cardiac cath w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$81893.00	*
	$44277.00	*
	$76777.00	*
	$20007.00	112
	$49964.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070039	MASONIC HOME AND HOSPITAL	22 MASONIC AVE
070040	HEBREW HOME AND HOSPITAL INC	1 ABRAHMS BOULEVARD

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	WALLINGFORD	CT
	WALLINGFORD	CT
	WEST HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06492	NEW HAVEN	2036795900
06492	NEW HAVEN	2036795900
06117	HARTFORD	8605233800

Permanent cardiac pacemaker implant w CC

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

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

Chest Pain

Diabetes w MCC

Chest Pain

	$27626.00	*
	$25165.00	*
	$11787.00	*
	$3575.00	11
	$8795.00	*
	$3521.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Major joint replacement or reattachment 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/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Spinal fusion except cervical w/o MCC
Cervical spinal fusion w CC
Cervical spinal fusion w MCC
Cervical spinal fusion w/o CC/MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Spinal fusion except cervical w MCC

$16160.00	428
$25131.00	35
$19730.00	28
$26052.00	21
$29083.00	47
$21596.00	14
$36149.00	*
$15686.00	11
$13891.00	19
$46575.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc 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

Hernia procedures except inguinal and femoral w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7465.00	16
$10923.00	*
$40230.00	29
$19554.00	43
$12488.00	22
$11226.00	*
$7744.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Cholecystectomy except by laparoscope 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

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

	$25852.00	*
	$12821.00	17
	$24572.00	*
	$16694.00	*
	$10715.00	11
	$21093.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21747.00	19
	$28171.00	*
	$11846.00	*
	$25708.00	*
	$17603.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	HARTFORD	CT
	HARTFORD	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

	$25552.00	*
	$14522.00	*
	$10280.00	*
	$10381.00	*
	$14646.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Kidney and ureter procedures for neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$26312.00	*
	$17775.00	*
	$23283.00	*
	$11956.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$34905.00	*
	$22053.00	29
	$19015.00	*
	$10807.00	*
	$16905.00	*

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070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Biopsies of musculoskeletal system and connective tissue w MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

	$23785.00	*
	$12931.00	17
	$28482.00	*
	$7810.00	22
	$11336.00	*
	$12613.00	45

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070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

	$19752.00	70
	$40637.00	47
	$11030.00	12
	$20153.00	*
	$7529.00	82
	$48631.00	*
	$14009.00	24
	$15839.00	34
	$36615.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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

	CENTER	
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	PUTNAM	CT
	PUTNAM	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC
Spinal fusion except cervical w/o MCC
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC
Bilateral or multiple major joint procs 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/o MCC
Bilateral or multiple major joint procs of lower extremity w/o MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21781.00	*
	$29331.00	50
	$26299.00	26
	$19899.00	35
	$25346.00	15
	$16298.00	869
	$13439.00	97
	$20886.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541

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

Major small and large bowel procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$16408.00	*
$21685.00	*
$9401.00	*
$21107.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541

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/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$16286.00 *

$10400.00 *

$7390.00 *

$9786.00 *

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	SHARON	CT
	SHARON	CT

06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228

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

Kidney and ureter procedures for neoplasm w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w CC

	$10659.00	*
	$8911.00	*
	$20346.00	*
	$25681.00	*
	$17545.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$24303.00	*
	$29576.00	*
	$8110.00	*
	$11798.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228

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

Major joint replacement or reattachment of lower extremity w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13091.00	*
	$20557.00	*
	$41323.00	*
	$27388.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT

06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228

Major joint replacement or reattachment of lower extremity w/o MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$16963.00	32
	$37077.00	*
	$37878.00	*
	$16485.00	*
	$14547.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13525.00	14
	$46906.00	*
	$7269.00	*
	$15263.00	*
	$35309.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs 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

	$28319.00	15
	$20987.00	*
	$15760.00	327
	$24509.00	*
	$34875.00	*
	$23133.00	38
	$19242.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral 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

Hernia procedures except inguinal and femoral w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$39234.00	21
	$10649.00	*
	$19347.00	*
	$19032.00	19
	$12177.00	12
	$10953.00	*
	$7541.00	11

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

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

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

$22915.00 *

$12484.00 *

$11599.00 *

$23926.00 *

$10450.00 *

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Other musculoskelet sys and conn tiss O.R. proc w 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/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$23253.00	*
	$23776.00	36
	$26486.00	*
	$11543.00	14
	$25087.00	*
	$17188.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	STAMFORD	CT
	STAMFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$24831.00	*
	$14151.00	*
	$13966.00	*
	$24273.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$16759.00 *
	$75366.00 *
	$11401.00 *
	$23241.00 *

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

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$10305.00	*
	$23343.00	*
	$15894.00	*
	$12331.00	*
	$27492.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Hernia procedures except inguinal and femoral 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 CC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

	$7357.00	*
	$10677.00	*
	$11880.00	15
	$18605.00	34
	$18879.00	*
	$10389.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Bilateral or multiple major joint procs of lower extremity w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$43117.00	18
	$18743.00	*
	$24787.00	*
	$33971.00	*
	$24169.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000

Major joint replacement or reattachment of lower extremity w/o MCC

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

$15352.00	168
$24500.00	*
$29462.00	*
$14920.00	*
$7092.00	*

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070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

	STAMFORD	CT
	STAMFORD	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Spinal fusion except cervical w MCC

	$64339.00	*
	$13195.00	*
	$12084.00	18
	$8566.00	*
	$41949.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

Back and neck proc exc spinal fusion w/o CC/MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w MCC
Spinal fusion except cervical w/o MCC
Cervical spinal fusion w CC
Major joint replacement or reattachment of lower extremity w/o MCC
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC

$6494.00	21
$13655.00	15
$31498.00	*
$25294.00	32
$18976.00	*
$14059.00	250
$22685.00	27
$17165.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/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

Hernia procedures except inguinal and femoral w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$35032.00	26
	$9507.00	*
	$17027.00	21
	$10880.00	*
	$9772.00	*
	$6732.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

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

Biopsies of musculoskeletal system and connective tissue w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$24569.00	*
	$11151.00	14
	$14687.00	*
	$20743.00	*
	$21271.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

$10365.00 *

$30103.00 *

$22484.00 *

$15410.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

	NEW LONDON	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD	CT

06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251

Kidney and ureter procedures for neoplasm w MCC

Transurethral procedures w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$22215.00	*
	$14648.00	*
	$20434.00	*
	$10655.00	*
	$20305.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

	SPRINGS	
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT

06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251

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

Revision of hip or knee replacement w/o CC/MCC

$6436.00	*
$15354.00	*
$33508.00	*
$16408.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Bilateral or multiple major joint procs of lower extremity w/o MCC
Bilateral or multiple major joint procs 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
Cervical spinal fusion w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21698.00	*
	$13439.00	48
	$17938.00	154
	$27924.00	11
	$39695.00	*
	$28963.00	19
	$21901.00	11
	$23935.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major small and large bowel procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$32283.00	28
	$17434.00	*
	$8286.00	21
	$53603.00	*
	$15419.00	*
	$44749.00	16

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

Hernia procedures except inguinal and femoral 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/o CC/MCC

Hernia procedures except inguinal and femoral w CC

	$22060.00	*
	$21740.00	*
	$13882.00	*
	$6615.00	*
	$12495.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

Cholecystectomy except by laparoscope 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

Biopsies of musculoskeletal system and connective tissue w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$31440.00	*
	$14232.00	*
	$26728.00	*
	$16862.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$11912.00	*
	$40575.00	*
	$13159.00	*
	$25628.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

Transurethral procedures 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

Other kidney and urinary tract procedures w/o CC/MCC

	$19564.00	*
	$28554.00	*
	$28363.00	*
	$16120.00	*
	$11425.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666

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

Transurethral procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$12243.00 *
	$21235.00 *
	$21379.00 *
	$15070.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

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

Hernia procedures except inguinal and femoral w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$18335.00	*
	$9852.00	*
	$13892.00	*
	$10655.00	11
	$9473.00	*

small number of Medicare patients (fewer than 11)

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070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666

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

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

$10394.00	*
$16276.00	24
$31246.00	16
$40074.00	*
$6383.00	*
$13388.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666

Cervical spinal fusion w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$30957.00	*
	$24171.00	39
	$18207.00	*
	$16870.00	*
	$20282.00	21

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

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	TORRINGTON	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06790	LITCHFIELD	8604966666
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

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

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w/o CC/MCC

	$13818.00	94
	$13465.00	53
	$21725.00	*
	$17982.00	*
	$24234.00	*
	$13087.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

Back and neck proc exc spinal fusion w/o CC/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

Major small and large bowel procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6216.00 *

$11566.00 *

$8204.00 *

$33549.00 *

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070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

Stomach, esophageal duodenal proc w/o CC/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

Hernia procedures except inguinal and femoral w/o CC/MCC

$9107.00	*
$16319.00	*
$10413.00	*
$9366.00	*
$6453.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$10679.00	*
$23514.00	*
$9878.00	*
$18818.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

Revision of hip or knee replacement w CC

Transurethral procedures w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$19247.00 *
	$14677.00 *
	$15032.00 *
	$21919.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

Revision of hip or knee replacement w CC

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 MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

	$18548.00	*
	$16862.00	*
	$12186.00	*
	$20937.00	*
	$24063.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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 CC

Major small and large bowel procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13610.00 *
	$6605.00 *
	$9587.00 *
	$10656.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w MCC

Major shoulder or elbow joint procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$16661.00 *

$9319.00 *

$34333.00 *

$9711.00 *

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070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Major joint replacement or reattachment of lower extremity w

	$11836.00	*
	$6364.00	*
	$13389.00	*
	$24781.00	20
	$18401.00	*
	$22198.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	WATERBURY	CT
	WATERBURY	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o 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

Major joint replacement or reattachment of lower extremity w/o

	$16828.00	*
	$13770.00	83
	$21414.00	*
	$25697.00	*
	$16619.00	60

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

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 CC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

	$20323.00	*
	$26680.00	11
	$22164.00	*
	$29910.00	18
	$16152.00	12
	$37128.00	*
	$7677.00	22
	$47973.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$14256.00	*
	$41320.00	18
	$11215.00	*
	$20141.00	24
	$12861.00	*
	$11559.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

Hernia procedures except inguinal and femoral w/o CC/MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$7942.00	*
	$13206.00	11
	$28877.00	*
	$25218.00	*
	$17190.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

	$11037.00	*
	$23264.00	*
	$37710.00	*
	$12191.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

Revision of hip or knee replacement w CC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$22400.00	*
$26455.00	*
$18125.00	*
$26127.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

	WATERBURY	CT
	WATERBURY	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Kidney and ureter procedures for neoplasm w CC

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

	$14934.00	*
	$10555.00	*
	$8981.00	*
	$15378.00	*
	$22478.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21347.00	*
	$10374.00	*
	$32037.00	*
	$9349.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Biopsies of musculoskeletal system and connective tissue w MCC

Cholecystectomy except by laparoscope 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21503.00 *
	$24713.00 *
	$11187.00 *
	$6767.00 *

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070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

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

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w MCC

$9836.00	*
$10912.00	*
$17088.00	26
$9542.00	*
$17086.00	*
$35157.00	20

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Major joint replacement or reattachment of lower extremity w

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$12138.00	*
	$39268.00	*
	$6533.00	*
	$13703.00	*
	$25376.00	13
	$22766.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL	5 PERRYRIDGE RD

	MERIDEN	CT
	MERIDEN	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

MCC

Revision of hip or knee replacement 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

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

	$17241.00	*
	$14100.00	86
	$14592.00	261
	$17833.00	*
	$23560.00	17
	$26296.00	45
	$19501.00	*

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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 patients (fewer than 11)

An asterisk (*) appears in the

	ASSOCIATION	
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL	5 PERRYRIDGE RD

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$14181.00	*
	$38844.00	*
	$6750.00	38
	$46986.00	*
	$12543.00	13

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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	ASSOCIATION	
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL	5 PERRYRIDGE RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

device/neurostim

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/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

Hernia procedures except inguinal and femoral w/o CC/MCC

$36383.00	24
$17954.00	*
$9889.00	*
$17684.00	21
$11293.00	21
$10149.00	*
$6993.00	*

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An asterisk (*) appears in the

	ASSOCIATION	
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

	$11577.00	*
	$23390.00	*
	$17674.00	*
	$15093.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9676.00	*
$21530.00	*
$33102.00	*
$10717.00	*

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

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL	5 PERRYRIDGE RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

Revision of hip or knee replacement w CC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

	$22092.00	*
	$23228.00	*
	$15914.00	*
	$13113.00	*
	$23072.00	*

patients (fewer than 11)

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	ASSOCIATION	
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

	GREENWICH	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT

06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000

Other kidney and urinary tract procedures w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

$9294.00	*
$18381.00	*
$30914.00	*
$18460.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT

06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000

Biopsies of musculoskeletal system and connective tissue w MCC

Cholecystectomy except by laparoscope 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$16352.00	*
	$23825.00	*
	$10816.00	*
	$6533.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT

06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000

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

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$9500.00	*
	$10570.00	*
	$16527.00	*
	$26700.00	*
	$34056.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MILFORD	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

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

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w MCC

Major shoulder or elbow joint procedures w CC/MCC

	$20049.00	13
	$16661.00	*
	$13637.00	127
	$21241.00	15
	$22011.00	21
	$31311.00	*
	$12488.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

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
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w/o CC/MCC

$14154.00	236
$17280.00	*
$20762.00	36
$12160.00	*
$8350.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

	$28155.00	*
	$6538.00	*
	$13755.00	*
	$18906.00	*
	$25456.00	11

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC
Hernia procedures except inguinal and femoral w MCC
Stomach, esophageal duodenal proc w/o CC/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
Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$35268.00	29
$17400.00	*
$9579.00	*
$17153.00	31
$10948.00	20
$9844.00	*
$6783.00	13
$11229.00	12
$24735.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for neoplasm w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$14640.00	*
	$9385.00	*
	$32064.00	*
	$19047.00	12
	$22379.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	WILLIMANTIC	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116

Kidney and ureter procedures for neoplasm w CC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for non-neoplasm w MCC

	$12718.00	*
	$15433.00	*
	$22516.00	*
	$27953.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP &	112 MANSFIELD AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$19115.00	*
	$27712.00	*
	$11644.00	*
	$18164.00	*
	$26702.00	*

patients (fewer than 11)

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	HATCH HOSP	
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE

	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT

06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116

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 CC

Major small and large bowel procedures w/o CC/MCC

$13919.00	*
$8415.00	*
$12214.00	*
$13563.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242

HOSPITAL MEDICARE DATA

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 shoulder or elbow joint procedures 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 joint replacement or reattachment of lower extremity w/o

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$21240.00	17
	$43743.00	*
	$10686.00	*
	$28326.00	*
	$17526.00	38
	$19293.00	153

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

MCC
Bilateral or multiple major joint procs of lower extremity w MCC
Bilateral or multiple major joint procs of lower extremity w/o 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
Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$42694.00	*
	$30004.00	11
	$31151.00	23
	$23556.00	*
	$16584.00	20
	$8912.00	24
	$51767.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$34722.00	46
	$25783.00	11
	$18721.00	*
	$43191.00	*
	$48106.00	34
	$13057.00	17
	$23708.00	*
	$23382.00	63
	$14931.00	15

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC
Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Biopsies of musculoskeletal system and connective tissue w MCC
Biopsies of musculoskeletal system and connective tissue w CC
Kidney and ureter procedures for neoplasm w/o CC/MCC
Other musculoskelet sys and conn tiss O.R. proc w MCC

$13419.00	11
$9231.00	17
$15438.00	18
$33691.00	*
$29313.00	*
$19956.00	*
$12793.00	11
$28467.00	*

HOSPITAL MEDICARE DATA

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)

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

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

	$29163.00	19
	$43708.00	*
	$14153.00	*
	$30505.00	13
	$17337.00	16
	$21009.00	*
	$30663.00	21

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

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070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Other kidney and urinary tract procedures w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

	$12288.00	*
	$22027.00	*
	$15092.00	*
	$12435.00	*
	$21899.00	*

HOSPITAL MEDICARE DATA

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)

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$10151.00 *

$21218.00 *

$20950.00 *

$20418.00 *

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 health information due to the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Kidney and ureter procedures for neoplasm w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9176.00	*
$14313.00	*
$38789.00	*
$10988.00	*

small number of Medicare patients (fewer than 11)
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070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Hernia procedures except inguinal and femoral 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 CC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6631.00	*
$9625.00	*
$10709.00	11
$16770.00	36
$17046.00	*
$9381.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC
Cervical spinal fusion w MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w CC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC
Back and neck proc exc spinal fusion w/o CC/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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$32657.00	23
$31055.00	*
$13449.00	28
$18524.00	11
$24904.00	54
$38538.00	*
$6392.00	25
$11895.00	18
$15929.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000

Major joint replacement or reattachment of lower extremity w MCC

Bilateral or multiple major joint procs 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/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs 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

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

	$16955.00	21
	$21556.00	*
	$13838.00	123
	$16836.00	368
	$26182.00	33
	$37244.00	*
	$27183.00	46
	$20555.00	19
	$14471.00	18

HOSPITAL MEDICARE DATA

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)

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w CC

$7777.00	71
$33705.00	*
$30299.00	69
$22499.00	17
$16362.00	30
$37720.00	*
$41978.00	53
$11394.00	19
$20704.00	*
$20403.00	78

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000

HOSPITAL MEDICARE DATA

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
Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Biopsies of musculoskeletal system and connective tissue w MCC
Biopsies of musculoskeletal system and connective tissue w CC
Kidney and ureter procedures for neoplasm w/o CC/MCC
Other musculoskelet sys and conn tiss O.R. proc w MCC
Revision of hip or knee replacement w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$13029.00	48
$11710.00	12
$8068.00	13
$13357.00	11
$29422.00	*
$25600.00	*
$17414.00	*
$11163.00	23
$24825.00	15
$25473.00	18

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Other kidney and urinary tract procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$38117.00	*
	$12350.00	*
	$26620.00	*
	$15129.00	22
	$18362.00	12
	$26800.00	15
	$10720.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

Other kidney and urinary tract procedures w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$9122.00	*
	$21436.00	*
	$14678.00	*
	$17916.00	*
	$21293.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

$30499.00	*
$18123.00	*
$9350.00	*
$20477.00	*

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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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

Cholecystectomy except by laparoscope 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 CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$23520.00	*
$10678.00	*
$6449.00	*
$9361.00	*

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

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w MCC

Spinal fusion except cervical w/o MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$10415.00	*
	$16320.00	26
	$16561.00	*
	$9114.00	*
	$33557.00	27
	$24236.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$33485.00	*
	$6221.00	*
	$11575.00	*
	$16432.00	*
	$21743.00	15

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w CC/MCC

Bilateral or multiple major joint procs of lower extremity w/o 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 shoulder or elbow joint procedures w/o CC/MCC

	$13467.00	94
	$15530.00	160
	$21929.00	*
	$24227.00	*
	$24007.00	16
	$13391.00	*
	$9528.00	*

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070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

	$7200.00	*
	$46362.00	*
	$27949.00	18
	$20754.00	*
	$34904.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Cervical spinal fusion w/o CC/MCC

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/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

	$15093.00	*
	$38722.00	22
	$10510.00	*
	$18821.00	35
	$12018.00	15
	$10869.00	*

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

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070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Hernia procedures except inguinal and femoral w/o CC/MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

	$7446.00	12
	$12327.00	*
	$27209.00	*
	$23700.00	*
	$16063.00	*
	$10330.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Other musculoskelet sys and conn tiss O.R. proc w 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/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

	$22914.00	*
	$22253.00	*
	$33281.00	*
	$11464.00	11
	$28228.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Kidney and ureter procedures for neoplasm w CC

Transurethral procedures w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Other kidney and urinary tract procedures w/o CC/MCC

$13955.00	*
$17044.00	*
$24721.00	*
$9891.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000

Kidney and ureter procedures for non-neoplasm w MCC

Transurethral procedures w MCC

Kidney and ureter procedures for neoplasm w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$10994.00 *
	$14680.00 *
	$12103.00 *
	$18205.00 *

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

Based on Hospital Medicare Payment And Volume Measures

070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000

HOSPITAL MEDICARE DATA

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
Cholecystectomy except by laparoscope 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13408.00	*
	$19643.00	*
	$22066.00	*
	$10685.00	13
	$6452.00	*

patients (fewer than 11)
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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT

06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000

HOSPITAL MEDICARE DATA

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

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w MCC

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$9367.00	*
$10423.00	11
$16312.00	12
$16552.00	*
$33581.00	20
$13089.00	*
$24238.00	12
$47626.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	DERBY	CT
	DERBY	CT

06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

Back and neck proc exc spinal fusion 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

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

	$6218.00	*
	$11573.00	*
	$19757.00	*
	$13468.00	29
	$15471.00	48
	$24957.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

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

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$18889.00	*
	$13296.00	*
	$7145.00	*
	$20643.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w MCC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$15031.00	*
	$3970.00	*
	$38575.00	14
	$18996.00	*
	$10454.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

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

Hernia procedures except inguinal and femoral w/o CC/MCC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$18750.00	12
	$11969.00	*
	$10757.00	*
	$7414.00	*
	$12263.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT
	DERBY	CT

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

Biopsies of musculoskeletal system and connective tissue w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for neoplasm w MCC

Transurethral procedures w MCC

$15988.00 *

$22792.00 *

$25660.00 *

$24455.00 *

$16847.00 *

patients (fewer than 11)

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An asterisk (*) appears in the

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Transurethral procedures 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

	$16835.00	*
	$24943.00	*
	$24394.00	*
	$13864.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$23347.00	27
	$11312.00	*
	$34967.00	*
	$28550.00	*
	$10235.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$15951.00 *

$23448.00 *

$12235.00 *

$26907.00 *

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070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

Hernia procedures except inguinal and femoral 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 CC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w MCC

Cervical spinal fusion w MCC

$7390.00	*
$10726.00	*
$11940.00	20
$18689.00	53
$10436.00	13
$18964.00	*
$38485.00	31
$34550.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

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
Spinal fusion except cervical w 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

$14994.00	14
$20609.00	*
$27753.00	40
$7124.00	62
$46055.00	*
$13255.00	36
$9402.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

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/o MCC
Major shoulder or elbow joint procedures w CC/MCC
Bilateral or multiple major joint procs 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
Revision of hip or knee replacement w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$18837.00	12
	$23779.00	30
	$15421.00	447
	$13613.00	*
	$23723.00	*
	$15255.00	167
	$24630.00	14
	$18889.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13112.00	*
$7047.00	11	
	$31039.00	*
	$20675.00	*
	$14825.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

Cervical spinal fusion w MCC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w MCC

Stomach, esophageal duodenal proc w/o CC/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

	$38983.00	*
	$38035.00	30
	$18759.00	*
	$10324.00	*
	$18487.00	34
	$11805.00	22
	$10610.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

Hernia procedures except inguinal and femoral w/o CC/MCC

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

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7314.00	*
$12103.00	*
$20151.00	*
$15819.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$10115.00	*
$23145.00	*
$32691.00	*
$23422.00	*

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)

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070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NEW BRITAIN	CT

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011

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

Transurethral procedures w MCC

Transurethral procedures w MCC

	$13721.00	*
	$24802.00	*
	$24626.00	*
	$16637.00	*
	$16493.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$24088.00	*
	$13598.00	*
	$20357.00	*
	$34271.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

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

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$11048.00	*
	$22123.00	*
	$23016.00	*
	$12002.00	21
	$22017.00	*

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Hernia procedures except inguinal and femoral 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 CC

Stomach, esophageal duodenal proc w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7247.00	*
$10525.00	*
$11707.00	25
$18333.00	34
$10238.00	11
$18603.00	*

small number of Medicare patients (fewer than 11)

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070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Major small and large bowel procedures w MCC

Cervical spinal fusion 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

Spinal fusion except cervical w MCC

	$37718.00	26
	$33913.00	*
	$14702.00	19
	$20766.00	*
	$27225.00	28
	$6990.00	14
	$44738.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	FARMINGTON	CT

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145

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

Major joint replacement or reattachment of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

	$13003.00	*
	$18470.00	*
	$24418.00	20
	$15127.00	205
	$23525.00	23
	$33475.00	*
	$21569.00	110

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

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 shoulder or elbow joint procedures w/o CC/MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

$26867.00	12
$26011.00	*
$18528.00	11
$13329.00	*
$46966.00	*
$9957.00	18
$38341.00	45
$29894.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w MCC
Major small and large bowel procedures 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/o CC/MCC

	$20949.00	28
	$35876.00	*
	$64218.00	15
	$32818.00	*
	$25819.00	14
	$16487.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

Hernia procedures except inguinal and femoral w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

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

Biopsies of musculoskeletal system and connective tissue w CC

Revision of hip or knee replacement w MCC

	$15190.00	*
	$10336.00	*
	$16902.00	*
	$23142.00	*
	$44241.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

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

Other kidney and urinary tract procedures w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$28670.00	12
	$19144.00	*
	$35375.00	*
	$33912.00	*
	$13734.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT

06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

$16111.00	*
$22886.00	11
$4986.00	12
$6876.00	*
$6880.00	*
$8842.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000
06105	HARTFORD	8607144000

Transurethral prostatectomy w CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$8917.00	*
	$6948.00	27
	$6945.00	11
	$5032.00	34
	$23081.00	*
	$16309.00	*

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 disclosed to protect personal health information due to the small number of Medicare

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	PUTNAM	CT
	SHARON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06260	WINDHAM	8609286541
06069	LITCHFIELD	8603644228

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$13415.00	*
	$4149.00	*
	$5727.00	11
	$5729.00	*
	$7214.00	*

patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST

	SHARON	CT
	SHARON	CT
	SHARON	CT
	SHARON	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06069	LITCHFIELD	8603644228
06721	NEW HAVEN	2035736000

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

	$7228.00	*
	$5231.00	*
	$16932.00	*
	$9287.00	*
	$8615.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000
06721	NEW HAVEN	2035736000

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$15732.00	*
	$22319.00	*
	$4862.00	12
	$6716.00	*
	$6713.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070006	STAMFORD HOSPITAL	30 SHELBURNE ROAD
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	STAMFORD	CT
	NEW LONDON	CT
	NEW LONDON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06904	FAIRFIELD	2032761000
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711

Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures
Transurethral prostatectomy w/o CC/MCC
Other kidney and urinary tract procedures w MCC
Transurethral prostatectomy w CC/MCC
Transurethral prostatectomy w CC/MCC
Other kidney and urinary tract procedures w MCC

$6544.00	11
$6542.00	18
$4740.00	30
$21752.00	*
$8405.00	16
$7695.00	*
$19898.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD

	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	NEW LONDON	CT
	STAFFORD SPRINGS	CT
	STAFFORD	CT

06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06320	NEW LONDON	8604420711
06076	TOLLAND	8606844251
06076	TOLLAND	8606844251

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

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

Transurethral prostatectomy w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$14033.00	*
	$4338.00	*
	$5991.00	*
	$5993.00	17
	$4341.00	*
	$4149.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070008	JOHNSON MEMORIAL HOSPITAL	201 CHESTNUT HILL RD
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

	SPRINGS	
	STAFFORD SPRINGS	CT
	STAFFORD SPRINGS	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

06076	TOLLAND	8606844251
06076	TOLLAND	8606844251
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

	$13406.00	*
	$19026.00	*
	$25429.00	*
	$17906.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	TORRINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06610	FAIRFIELD	2033843000
06790	LITCHFIELD	8604966666

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5554.00	*
	$7647.00	14
	$7644.00	*
	$9821.00	*
	$7565.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST

	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT
	TORRINGTON	CT

06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666
06790	LITCHFIELD	8604966666

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

$5888.00	14
$5808.00	*
$4146.00	*
$13406.00	*
$19568.00	*

small number of Medicare patients (fewer than 11)

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT
	ROCKVILLE	CT

06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160
06066	TOLLAND	8608725160

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$28481.00 *

$4157.00 *

$5740.00 *

$7372.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070015	NEW MILFORD HOSPITAL	21 ELM ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	NEW MILFORD	CT
	WATERBURY	CT

06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06776	LITCHFIELD	8603552611
06706	NEW HAVEN	2035746000

Transurethral prostatectomy w CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

	$7542.00	*
	$5870.00	*
	$5868.00	*
	$4251.00	*
	$5139.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST
070016	SAINT MARYS HOSPITAL	56 FRANKLIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT
	WATERBURY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000
06706	NEW HAVEN	2035746000

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$23573.00	*
	$16542.00	*
	$7042.00	*
	$7091.00	16
	$9099.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE
070017	MIDSTATE MEDICAL CENTER	435 LEWIS AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT
	MERIDEN	CT

06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200
06450	NEW HAVEN	2036948200

Transurethral prostatectomy w 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$7719.00	*
$6028.00	11
$6018.00	*
$14116.00	*
$19969.00	*

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

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT
	GREENWICH	CT

06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000
06830	FAIRFIELD	2038633000

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$20665.00 *

$14566.00 *

$4505.00 *

$6218.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070018	GREENWICH HOSPITAL ASSOCIATION	5 PERRYRIDGE RD
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

	GREENWICH	CT
	MILFORD	CT
	MILFORD	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT

06830	FAIRFIELD	2038633000
06460	NEW HAVEN	2038764000
06460	NEW HAVEN	2038764000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6220.00	13
$19343.00	*
$7478.00	*
$7747.00	*
$20044.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	MIDDLETOWN	CT
	WILLIMANTIC	CT
	WILLIMANTIC	CT

06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000
06226	WINDHAM	8604569116
06226	WINDHAM	8604569116

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

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$14128.00	*
$4370.00	28
$6033.00	19
$6031.00	*
$7483.00	*
$7486.00	*

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070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070021	WINDHAM COMM MEM HOSP & HATCH HOSP	112 MANSFIELD AVE
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

	WILLIMANTIC	CT
	WILLIMANTIC	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NEW HAVEN	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06226	WINDHAM	8604569116
06226	WINDHAM	8604569116
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242
06360	NEW LONDON	8608898331

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$5417.00	*
$17529.00	*
$19259.00	31
$27323.00	30
$5957.00	11
$8224.00	31
$8222.00	29
$10546.00	*
$7576.00	*

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT
	NORWICH	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331
06360	NEW LONDON	8608898331

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5897.00	*
	$5899.00	13
	$4272.00	*
	$19630.00	*
	$13836.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST

	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	HARTFORD	CT
	MANCHESTER	CT
	MANCHESTER	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06102	HARTFORD	8605455000
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780

Other kidney and urinary tract procedures w CC
Other kidney and urinary tract procedures w MCC
Transurethral prostatectomy w/o CC/MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures
Transurethral prostatectomy w CC/MCC
Transurethral prostatectomy w CC/MCC
Female reproductive system reconstructive procedures

$16806.00	20
$23843.00	14
$5198.00	42
$7177.00	49
$7174.00	31
$9217.00	*
$7373.00	*
$5735.00	*

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

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	MANCHESTER	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06040	HARTFORD	8606474780
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5739.00	*
	$4158.00	13
	$19060.00	*
	$13442.00	*
	$15502.00	12
	$21993.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRIDGEPORT	CT
	BRISTOL	CT
	BRISTOL	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06606	FAIRFIELD	2035765551
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

Female reproductive system reconstructive procedures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$4795.00	21
	$6620.00	12
	$6618.00	*
	$8502.00	*
	$7371.00	*
	$5736.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070029	BRISTOL HOSPITAL	BREWSTER RD
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	BRISTOL	CT
	BRISTOL	CT
	BRISTOL	CT
	DERBY	CT
	DERBY	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06010	HARTFORD	8605853000
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy 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

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$5741.00	*
	$4157.00	*
	$13444.00	*
	$27052.00	*
	$4776.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE

	DERBY	CT
	DERBY	CT
	DERBY	CT
	DANBURY	CT

06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06418	NEW HAVEN	2037327500
06810	FAIRFIELD	2037977000

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

	$6593.00	*
	$6588.00	*
	$8457.00	*
	$8447.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	DANBURY	CT
	NORWALK	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6577.00	16
$6580.00	*
$4761.00	17
$21839.00	*
$15408.00	*
$15658.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NORWALK	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06856	FAIRFIELD	2038522000
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w CC/MCC

Female reproductive system reconstructive procedures

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	$22215.00	*
	$4710.00	20
	$6503.00	11
	$6501.00	14
	$8351.00	*
	$8285.00	*
	$6446.00	*

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	CONNECTICUT, THE	
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	NEW BRITAIN	CT
	FARMINGTON	CT

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06050	HARTFORD	8602245011
06032	HARTFORD	8606791145

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w CC

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

$6447.00	18
$4670.00	15
$21436.00	*
$15105.00	*
$21266.00	*

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE

HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT
	FARMINGTON	CT

06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145
06032	HARTFORD	8606791145

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

$30171.00 *

$6657.00 *

$9534.00 *

$9186.00 *

$12249.00 *

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HOSPITAL MEDICARE DATA

Based on Hospital Medicare Payment And Volume Measures

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Based on Hospital Medicare Payment And Volume Measures

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