

**The Healthy Michigan Plan
PA 107 §105(d)(8-9)
2018 Report on Uncompensated Care**

December 31, 2019

Submitted to the Michigan Department of Health and Human Services

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105(d)(8) The program described in this section is created in part to extend health coverage to the state's low-income citizens and to provide health insurance cost relief to individuals and to the business community by reducing the cost shift attendant to uncompensated care. Uncompensated care does not include courtesy allowances or discounts given to patients. The Medicaid hospital cost report shall be part of the uncompensated care definition and calculation. In addition to the Medicaid hospital cost report, the department of community health shall collect and examine other relevant financial data for all hospitals and evaluate the impact that providing medical coverage to the expanded population of enrollees described in subsection (1)(a) has had on the actual cost of uncompensated care. This shall be reported for all hospitals in the state. By December 31, 2014, the department of community health shall make an initial baseline uncompensated care report containing at least the data described in this subsection to the legislature and each December 31 after that shall make a report regarding the preceding fiscal year's evidence of the reduction in the amount of the actual cost of uncompensated care compared to the initial baseline report. The baseline report shall use fiscal year 2012-2013 data. Based on the evidence of the reduction in the amount of the actual cost of uncompensated care borne by the hospitals in this state, beginning April 1, 2015, the department of community health shall proportionally reduce the disproportionate share payments to all hospitals and hospital systems for the purpose of producing general fund savings. The department of community health shall recognize any savings from this reduction by September 30, 2016. All the reports required under this subsection shall be made available to the legislature and shall be easily accessible on the department of community health's website.

Executive Summary

This report, pursuant to §105(d)(8-9) of PA 107 of 2013, provides the 2019 annual update to the baseline estimate of uncompensated care borne by Michigan hospitals.

The main source of data is cost reports that hospitals submit annually to the Michigan Department of Health and Human Services (MDHHS). The initial report, submitted in December 2014, provided baseline data on hospital uncompensated care from 2013, which was prior to the implementation of the Healthy Michigan Plan (HMP). Subsequent reports have presented data for the years after HMP implementation. This report presents data from fiscal year 2017 for 140 hospitals and fiscal year 2018 for 85 of those hospitals.

In 2013 the average hospital in Michigan provided just over \$8 million in uncompensated care annually, which represented approximately 5 percent of total hospital expenditures. Uncompensated care fell significantly after HMP was in place. In 2015, the mean amount of uncompensated care provided by Michigan hospitals was \$4.2 million. Uncompensated care fell slightly in the next two years. In 2017, the average hospital provided \$3.7 million dollars of uncompensated care.

According to the most recent data presented in this report, the amount of uncompensated care provided by Michigan hospitals increased slightly between 2017 and 2018. The 85 hospitals for which 2018 data are available provided an average of \$4.6 million dollars of uncompensated care. As a percentage of total hospital expenditures, uncompensated care increased from 2.0 percent to 2.5 percent.

Introduction

In order to measure the effect of the Healthy Michigan Plan, §105(d)(8) of Public Act 107 requires the Michigan Department of Health and Human Services (MDHHS) to publish annual reports on uncompensated care in Michigan. This report fulfills the requirement of §105(d)(8). The main analysis is based on data from Medicaid cost reports submitted to the state annually.

Background: Healthy Michigan Plan Enrollment, Insurance Coverage and Hospital Payer Mix

To provide context on the uncompensated care data, Table 1 presents data from 2013 to 2018 on year-end enrollment in the Healthy Michigan Plan (HMP), the share of the Michigan population that was uninsured, and the share of adult inpatients at Michigan hospitals that was uninsured. The population-level data on the percent uninsured is based on data from the Census Bureau's American Community Survey as tabulated by the Census Bureau. The data on hospital inpatients is from the Healthcare Cost and Utilization Project (HCUP) Fast Stats program.¹

Between 2014 and 2017, HMP enrollment grew from 507,618 to 683,447. There was essentially no change in enrollment between 2017 and 2018. After HMP was established and the other coverage provisions of the Affordable Care Act (ACA) were put in place, the uninsured rate in Michigan fell significantly: by 4.9 percentage points between 2013 and 2015 and then by lesser amounts in the next 2 years. By 2017, the rate had been cut roughly in half relative to 2013. The uninsured rate ticked up slightly between 2017 and 2018, from 5.2 percent to 5.4 percent, a statistically significant change (see Berchick et al. 2019, Table 6). The percentage of adult inpatients who were uninsured followed a roughly similar trajectory, falling substantially between 2013 and 2014 and by lesser amounts in the next three years before increasing slightly—from 0.9 percent to 1.1 percent—between 2017 and 2018.

Data: Hospital cost reports

The cost of uncompensated care provided by each Michigan hospital can be calculated based on data from cost reports submitted annually to the state Medicaid program. Uncompensated care is the sum of charity care and bad debt. Charity care is the cost of hospital care for which there was no expectation of payment because the patient has been deemed unable to pay. Each hospital has its own criteria for identifying patients who are eligible for charity care. Bad debt is the cost of care for which there was an expectation of payment, but payment was not ultimately received. Both charity care and bad debt may arise from patients who are uninsured or from those who are insured but unable to afford deductibles or other cost-sharing required by their insurance plans.

For purposes of this report, Medicaid and Medicare shortfalls—the difference between reimbursements by these programs and the cost of care—are not included in the estimate of uncompensated care. Similarly, expenditures for community health education, health screening or immunization, transportation services, or loss on health professions education or research are

¹ See the notes to Table 1 for more details on these sources.

not considered uncompensated care. Although the hospital does not expect to receive reimbursement for these services, they do not represent medical care for an individual. These costs incurred by hospitals fall into the broader category of “community benefit,” a concept used by the Internal Revenue Service in assessing hospitals’ non-profit status.

Hospitals report uncompensated care in terms of charges. We estimate the cost of uncompensated care by multiplying the charge data by hospital-specific cost-to-charges ratios (CCRs), which are found in the cost report. For the sake of consistency with prior reports, we convert nominal costs for each year’s report into 2015 dollars, using the Consumer Price Index.² In addition to this dollar-denominated measure, we also report each hospital’s uncompensated care as a percentage of its total expenditures. An advantage of this variable is that it adjusts for hospital size.

In 2018, MDHHS introduced a new system for the submission of cost reports. This year, hospitals with fiscal years ending between June 30th and September 30th submitted their reports using the new system. In future years, all hospitals will use the new system. The 2018 reports that were submitted using the new system have not been fully audited. It is possible that when the audit process is completed, certain figures may be adjusted.

In addition to this change in the reporting process, there were two minor changes to the analysis. The first change has to do with the CCRs used to convert charge-based measures of uncompensated care to cost-based measures. In past years, some hospitals reported different CCRs for different payers in addition to a global facility-level CCR. In these cases, we used the CCR corresponding to uninsured patients in our calculations. When such detail was not available, we used the overall hospital-level CCR. This year’s data included only the facility-level CCR for each hospital. For the sake of consistency, we went back and recalculated past amounts using the overall facility-level measure. The second change has to do with the calculation of uncompensated care as a percentage of total hospital expenditures. In past years, we used a measure of total expenditures that included certain non-hospital related charges. In this year’s report we use as the denominator for our calculations a measure that does not include such charges.

The effect of using a single CCR varied across hospitals: in some cases, it caused the estimated cost of uncompensated care to increase; in others it decreased and in many it stayed the same. The net effect was a slight increase in the average cost of uncompensated care provided. The change in the total expenditure variable did not affect all hospitals, though where there was an effect it was to increase the estimate of uncompensated care as a percentage of total expenditures. Overall, these changes were relatively small. For 2013, the new method yields a mean uncompensated care cost of \$8.4 million, which is roughly 4 percent higher than the mean of \$8.1 million presented in previous reports. The change in methods caused the 2013 mean of uncompensated care as a percentage of total expenditures to increase from 4.8 percent to 5.1 percent. For 2016, the new methods produce means of \$4.0 million and 2.2 percent, both of which are slightly higher than the means of \$3.8 million and 2.0 percent reported previously.

² Figures are adjusted using the Consumer Price Index for All Urban Consumers (CPI-U): <https://www.minneapolisfed.org/community/financial-and-economic-education/cpi-calculator-information/consumer-price-index-and-inflation-rates-1913>

Because the changes were of a similar magnitude in all years—both before and after the introduction of HMP—the conclusions of the analysis are not affected.

Hospitals report financial data to MDHHS on a fiscal year basis and different hospitals measure their fiscal years differently. For hospitals with fiscal years ending in the first three quarters of the calendar year (i.e., on or before September 30) the data reported to the state in a particular calendar year corresponds to the previous fiscal year. Thus, in 2019, 85 hospitals with fiscal years ending in the first three quarters reported data from fiscal year 2018 and 55 hospitals with fiscal years ending in the fourth quarter reported data from 2017.

Results: Uncompensated care, Fiscal Year 2013 to Fiscal Year 2018

Table 2 reports mean hospital uncompensated care—measured in millions of dollars and as a percentage of total hospital expenditures—for each year from 2013 to 2017. Data for each individual hospital are reported in Appendix Table A1.³

In 2013, the average hospital in Michigan provided \$8.4 million worth of uncompensated care. This amount represented 5.1 percent of total hospital expenditures. Aggregated to the level of the state, the total uncompensated care provided by Michigan hospitals was \$1.19 billion.

In subsequent years, as insurance coverage increased, uncompensated care fell. In fiscal year 2014, which for most hospitals included a mix of pre-HMP and post-HMP experience, mean uncompensated care was \$6.9 million per hospital (4.2 percent of total expenditures). In fiscal year 2015, which included 12 months of post-HMP experience for all hospitals, mean uncompensated care fell to \$4.2 million (or 2.4 percent of total expenditures). For the 139 hospitals reporting data for that year the total amount was \$579.8 million in uncompensated care. Hospital uncompensated care continued to decline in the next two years, though much more gradually. In 2017, the cost of uncompensated care provided by the average Michigan hospital represented 2.0 percent of total expenditures, or roughly half of what was provided as a share of expenditures in 2013. In dollar terms, the mean cost of uncompensated care was \$3.7 million.

Just as the percent uninsured increased between 2017 and 2018, so too did the two measures of hospital uncompensated care. As a share of total hospital expenditures, uncompensated care increased from 2.0 percent to 2.5 percent, a statistically significant change. The mean amount in dollars increased by just under \$1 million to \$4.6 million, a difference that is large but not statistically significant. Although the 2018 data are for a subset of hospitals, the increase in uncompensated care between 2017 and 2018 cannot be explained by the difference in the samples for the two years. If we restrict the analysis to the 85 hospitals reporting data in both years (hospitals with fiscal years ending in the first three quarters of the year), mean uncompensated care in 2017 was \$3.6 million and 1.9 percent of total expenditures.

To provide a sense of how the distribution of uncompensated costs has changed over time, Table 3 presents data from 2013, 2017 and 2018 on the 25th, 50th and 75th percentiles for

³ The data in Appendix Table A1 are for fiscal years 2013, 2017, and 2018. Previous reports provide the same detailed information for the intervening years.

uncompensated care measured in dollars and as a percent of total hospital expenditures. Measured in dollars, the distribution of uncompensated care is quite skewed, especially in 2013. That year, the median amount of uncompensated care was \$3.0 million, which is well below the mean of \$8.4 million. This is a less of an issue when uncompensated care is measured as a share of total expenditures. For this outcome, the 2013 median (5.0 percent), is close to the mean (5.1 percent).

Between 2013 and 2017, the entire distribution of each outcome shifted down. The median amount of uncompensated care as a percentage of total expenditures fell to 2.2 percent and the 75th percentile declined from 7 percent to 3 percent. These three quantiles changed in the opposite direction between 2017 and 2018, though all remain below their pre-ACA levels. In dollar terms, the median was \$2.1 million in 2018, compared to \$3 million in 2013. The 75th percentile was \$5.3 million in 2018, compared to \$9.2 million in 2013. As with the mean results, if we restrict the sample to hospitals reporting data in both 2017 and 2018, we obtain similar results.

Comparing Michigan to Other States

To put these results in perspective, it is useful to compare the changes in Michigan to changes in other states. Such a comparison was done as part of an evaluation of HMP by the University of Michigan's Institute for Health Policy & Innovation for the Centers for Medicare & Medicaid Services (CMS).⁴ That analysis was based on data from hospital cost reports submitted to the Medicare program. Table 4 presents selected results on uncompensated care as a percentage of total hospital expenditures for two periods: three years immediately before the ACA coverage expansions went into effect (fiscal years 2011 to 2013) and three years after (fiscal years 2015-2017). Data from fiscal year 2014 are excluded because for most hospitals that year represents a mix of pre- and post-ACA experience.

Because of differences between the two cost reports and the sample of hospitals reporting, the results for Michigan hospitals based on Medicare cost reports do not match up exactly with those in Table 2. However, the general pattern is the same. According to the Medicare cost report data, uncompensated care provided by Michigan hospitals declined from 3.7 to 2.3 percent of total expenditures. This 1.4 point decline was slightly less than the average decline among hospitals in states that expanded in January 2014 (1.7 percentage points), but larger than the decline in states that expanded later (-0.7 percentage points).

Over the same period, uncompensated care *increased* slightly in states that did not expand Medicaid, from 6.4 percent of total hospital expenditures to 6.9 percent. To the extent that non-expansion states represent a reasonable "control group," this contrast suggests that the decline in uncompensated care observed in Michigan understates the effect of HMP.

⁴ Buchmueller, T., Levy, H. Nikpay, S. and Rhodes, J. "Healthy Michigan Plan Evaluation Domain I – Hospital Uncompensated Care," January 7, 2018.

Conclusion

This is the sixth in a series of annual reports analyzing changes in uncompensated care following the implementation of the Healthy Michigan Plan. Prior reports showed that uncompensated care provided by Michigan declined substantially between 2013 and 2015 and fell again, by a smaller amount, in 2016 and 2017. The most recent data indicate an increase in hospital uncompensated care, coinciding with an increase in the uninsured rate.

Table 1. Healthy Michigan Enrollment and Percent of Uninsured Patients by Year

Year	Year-End HMP Enrollment	Percent Uninsured, All civilian non- institutionalized	Percent Uninsured, Adult Inpatients, 19- 64
2013	N/A	11.0%	4.0%
2014	507,618	8.5%	2.0%
2015	606,490	6.1%	1.0%
2016	635,374	5.4%	1.0%
2017	683,447	5.2%	0.9%
2018	684,445	5.4%	1.1%

Notes: Healthy Michigan Plan enrollment is taken from weekly progress reports published by the Michigan Department of Health & Human Services (http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_66797---,00.html)

The percent of uninsured adults ages 19 and older are taken from Census Bureau reports based on the American Community Survey. Data for 2013 through 2016 are from Table 6 in Barnett, Jessica C. and Edward R. Berchick, Current Population Reports, P60-260, [Health Insurance Coverage in the United States: 2016](#), U.S. Government Printing Office, Washington, DC, 2017. Data for 2017 and 2018 are from Table 6 in Berchick, Edward R., Jessica C. Barnett, and Rachel D. Upton, Current Population Reports, P60-67(RV), [Health Insurance Coverage in the United States: 2018](#), U.S. Government Printing Office, Washington, DC, 2019.

The percent of uninsured adult inpatients is calculated using data from the HCUP Fast Stats program (<https://www.hcup-us.ahrq.gov/faststats/landing.jsp>). The Fast Stats program reports quarterly data on the percentage of adult inpatients by the following payer source categories: Medicaid, age 19-64; Uninsured, age 19-64; Private, age 19-64; Medicare, age 65+.

Table 2. The Cost of Uncompensated Care Provided by Michigan Hospitals, 2013 to 2018

Fiscal Year	Uncompensated Care Costs		Number of Hospitals
	Mean (millions)	As a % of Total Expenditures	
2013	\$8.4	5.1%	141
2014	\$6.9	4.2%	140
2015	\$4.2	2.4%	139
2016	\$4.0	2.2%	138
2017	\$3.7	2.0%	140 ^a
2018	\$4.6	2.5%	85

Notes: Calculations based on hospital cost reports submitted to the Michigan Department of Health and Human Services. In a given year, hospitals with fiscal years ending in the first three quarters (i.e., before September 30), report data from the prior year. Hospitals with fiscal years ending in the fourth quarter report data with a one-year lag. Thus, data for fiscal year 2017 were submitted in 2018 for some hospitals and in 2019 for others. The 2018 data are for hospitals with fiscal years ending in the first three quarters of the year.

^a In 2017, because information on total hospital expenditures was missing for one hospital, the sample size for uncompensated care as a percent of total expenditures is 139.

Table 3. The Distribution of Hospital Uncompensated Care, 2013, 2017 and 2018

	2013	2017	2018
	(141 hospitals)	(140 hospitals)	(85 hospitals)
Uncompensated Care (millions)			
25 th percentile	\$1.4	\$0.7	\$1.1
50 th percentile	\$3.0	\$1.6	\$2.1
75 th percentile	\$9.2	\$4.6	\$5.3
	2013	2017	2018
	(141 hospitals)	(139 hospitals)	(85 hospitals)
As a Share of Total Expenditures (%)			
25 th percentile	3.2%	1.6%	2.1%
50 th percentile	5.0%	2.2%	3.3%
75 th percentile	7.0%	3.2%	4.3%

Notes: Calculations based on hospital cost reports submitted to the Michigan Department of Health and Human Services. In a given year, hospitals with fiscal years ending in the first three quarters (i.e., before September 30), report data from the prior year. Hospitals with fiscal years ending in the fourth quarter report data with a one-year lag. Thus, data for fiscal year 2017 were submitted in 2018 for some hospitals and in 2019 for others. The 2018 data are for hospitals with fiscal years ending in the first three quarters of the year.

Table 3. Uncompensated Care as a Percent of Total Hospital Expenditures, Michigan and Other States, Before and After the Affordable Care act

	Pre-ACA (2011-2013)	Post-ACA (2015-2017)	Change (Post-Pre)
Michigan (136 hospitals)	3.7%	2.3%	-1.4
Expanded Jan. 2014 (2,024 hospitals)	4.9%	3.1%	-1.8
Expanded after Jan. 2014 (522 hospitals)	5.3%	4.6%	-0.7
Have Not Expanded (2,121 hospitals)	6.4%	6.9%	0.5

Notes: Results are taken from Tables 5 and 6 of Buchmueller, T., Levy, H. Nikpay, S. and Rhodes, J. “Healthy Michigan Plan Evaluation Domain I – Hospital Uncompensated Care,” January 7, 2018.

Appendix

Table A1. Uncompensated Care Expenses by Individual Hospital, FY 2013, FY 2017 and FY 2018

Hospital Name—CMS ID	2013		2017		2018	
	\$M	As a % of Total Expend.	\$M	As a % of Total Expend.	\$M	As a % of Total Expend.
Allegan General Hospital - 1328	1.8	4.6%	1.7	4.5%		
Aspirus Keeweenaw Hospital - 1319	1.4	5.3%	0.7	1.8%	0.8	2.9%
Aspirus Ontonagon Hospital - 1309	0.2	1.9%	0.2	2.0%	0.4	4.4%
Aspirus Iron River Hospital & Clinics - 1318	1.5	4.9%	0.8	2.2%	1.4	4.3%
Aspirus Ironwood Hospital - 1333	2.2	5.5%	1.6	3.8%	2.1	7.1%
Baraga Co. Memorial Hospital - 1307	1.0	6.4%	0.3	1.8%	0.6	4.0%
Bay Regional Medical Center - 41	9.5	4.3%	4.0	1.6%	3.4	1.3%
BCA of Detroit, - 4038	0.1	0.8%	1.5	6.8%		
Borgess Lee Memorial Hospital - 1315	5.4	18.2%	2.3	8.9%	1.9	8.7%
Borgess Medical Center - 117	30.8	8.4%	12.1	3.0%	6.9	2.0%
Bronson Battle Creek Hospital - 75	16.5	9.0%	7.9	4.2%		
Bronson Methodist Hospital - 17	53.5	10.9%	17.9	3.4%		
Bronson South Haven Hospital - 85	2.2	7.2%	1.6	6.1%		
Barbara Ann Karmanos Cancer Hospital - 297	2.2	1.0%	1.2	0.6%	1.2	0.6%
Beaumont Hospital Grosse Pointe - 89	10.3	6.2%	4.4	2.2%		
Beaumont Hospital-Dearborn - 20	21.5	4.2%	5.5	1.0%		
Beaumont Hospital-Taylor - 270	7.3	6.2%	1.8	1.4%		
Beaumont Hospital-Trenton - 176	3.8	3.2%	1.2	0.8%		
Beaumont Hospital-Wayne - 142	9.2	7.8%	3.0	2.2%		
Behavioral Center of Michigan - 4042	0.1	0.9%	0.1	0.7%		
Bell Hospital - 1321	3.3	10.3%	0.2	0.7%	0.5	1.7%
Botsford Hospital - 151	16.8	7.0%	3.9	1.3%		
Bronson LakeView Hospital - 1332	4.3	9.5%	2.7	6.8%		
Caro Community Hospital - 1329	0.5	5.1%	0.6	4.7%		
Charlevoix Area Hospital - 1322	0.9	3.3%	0.5	1.4%	1.3	3.2%
Chippewa Co. War Mem. Hospital - 239	2.8	3.9%	1.3	1.4%		
Community Health Center – Branch Co. - 22	4.9	7.9%	2.6	5.3%		
Community Hospital - 78	2.6	12.1%	0.9	3.1%	1.3	4.6%

Covenant Medical Center - 70	10.6	2.9%	4.3	1.0%	5.2	1.3%
Crittenton General Hospital - 254	4.9	2.4%	1.6	1.0%	5.4	3.0%
Children"s Hospital of Michigan - 3300	3.9	1.2%	4.2	1.3%		
Deckerville Community Hospital - 1311	0.3	4.5%	0.3	4.5%	0.5	7.2%
Dickinson Co. Memorial Hospital - 55	2.1	3.4%	1.0	1.4%		
Eaton Rapids Medical Center - 1324	1.5	9.4%	1.0	4.6%	1.4	7.2%
Edward W Sparrow Hospital - 230	23.8	3.4%	15.4	2.1%		
Emma L Bixby Medical Center - 5	1.3	1.9%	1.5	2.2%		
Foreset Health Medical Center - 144	0.4	1.2%	0.6	1.2%		
Forest View Hospital - 4030	0.2	1.4%	0.4	2.5%		
Genesys Regional Medical Center - 197	16.7	4.5%	6.7	1.8%	7.6	2.2%
Gratiot Medical Center - 30	3.4	4.2%	2.0	2.3%	2.4	2.4%
Garden City Hospital - 244	7.0	5.8%	4.6	4.0%		
Harbor Beach Community Hospital - 1313	0.1	0.8%	0.3	2.8%		
Hayes Green Beach Hospital - 1327	3.6	8.8%	1.9	4.8%	1.9	4.7%
Healthsource Saginaw - 275	0.2	0.9%	0.4	1.5%		
Helen Newberry Joy Hospital - 1304	2.5	9.9%	1.0	4.1%		
Henry Ford Health Systems - 53	95.8	8.3%	29.5	2.2%		
Henry Ford Macomb Hospital - 47	15.7	4.9%	7.9	2.2%		
Henry Ford Wyandotte Hospital - 146	23.4	9.8%	7.3	3.0%		
Herrick Memorial Hospital - 1334	0.6	1.9%	0.7	3.5%		
Hills & Dales General Hospital - 1316	0.7	3.7%	0.8	3.4%	1.0	4.4%
Hillsdale Community Health Center - 37	3.0	6.2%	2.4	5.3%	3.3	7.2%
Holland Hospital - 72	5.1	3.2%	7.3	3.7%	7.9	3.9%
Hurley Medical Center - 132	29.3	9.9%	5.4	1.5%	6.5	1.9%
Huron Memorial Hospital - 118	0.8	3.0%	0.4	1.3%	1.1	3.6%
Harbor Oaks Hospital - 4021	0.1	0.4%	0.2	0.9%	0.2	1.1%
Harper Hutzell Hospital - 104	8.8	2.2%	4.3	1.0%		
Havenwyck Hospital - 4023	0.2	0.9%	0.3	0.9%	0.4	1.1%
Henry Ford Allegiance Health - 92	34.1	9.2%	9.3	4.9%		
Henry Ford Health System W Bloomfield – 302	6.7	2.7%	6.6	2.5%		
Huron Valley Sinai Hospital - 277	8.4	5.5%	1.8	1.2%		
Kalkaska Memorial Health Center - 1301	2.1	9.8%	0.8	3.0%	1.5	3.3%

Kingswood Hospital – 4011	0.2	1.0%	0.2	0.9%		
Lakeland Hospital – St Joseph - 21	13.6	5.1%	6.8	2.3%	9.5	3.1%
Lapeer Regional Hospital - 193	6.6	6.8%	2.4	2.6%	2.2	2.4%
Lake Huron Medical Center - 31	5.7	8.4%	2.0	3.2%		
Marlette Regional Hospital - 1330	0.9	3.8%	0.4	2.1%	0.9	5.0%
Mary Free Bed Hospital & Rehab Center - 3026	0.8	1.8%	0.9	1.3%	0.9	1.3%
McKenzie Memorial Hospital - 1314	0.6	4.7%	0.4	3.1%	1.0	8.0%
McLaren Central Michigan - 80	2.8	3.9%	1.4	2.1%	2.2	3.2%
McLaren Macomb - 227	15.6	6.8%	4.7	1.9%	7.5	2.9%
McLaren Northern Michigan - 105	5.3	3.0%	4.6	2.2%	4.5	2.2%
McLaren Oakland - 207	6.4	5.3%	3.6	2.5%	3.6	2.5%
McLaren Regional Medical Center - 141	14.8	3.9%	6.0	1.7%	5.9	1.7%
Memorial Healthcare Center - 121	2.7	3.4%	3.1	2.8%		
Mercy Memorial Hospital - 99	9.0	6.1%	2.6	2.2%		
Metropolitan Hospital - 236	15.4	7.0%	5.7	2.0%	7.7	2.6%
MHP - Lakeshore Campus - 1320	1.3	8.0%	1.2	6.1%	1.0	5.4%
Michigan Surgical Hospital - 264	0.0	0.3%	0.0	0.0%		
MidMichigan Medical Center - Midland - 222	8.4	3.5%	4.4	1.5%	5.3	1.8%
MidMichigan Medical Center - Alpena - 36	2.8	3.4%	1.4	1.3%	2.1	1.5%
MidMichigan Medical Center - Clare - 180	2.2	6.9%	1.1	2.9%	1.5	3.9%
MidMichigan Medical Center - Gladwin - 1325	1.0	4.6%	0.7	3.2%	1.0	4.1%
Munising Memorial Hospital - 1308	0.5	5.8%	0.3	3.6%	0.4	5.1%
Munson Medical Center - 97	25.6	5.5%	7.9	1.6%	7.6	1.6%
Mackinac Straits Hospital - 1306	2.6	12.8%	1.5	5.3%	1.8	6.0%
Marquette General Hospital - 54	3.8	2.5%	0.7	0.3%	0.7	0.4%
McLaren Greater Lansing - 167	8.2	3.1%	5.6	2.0%	8.1	3.0%
Mercy Health Muskegon - 66	11.6	7.1%	9.4	2.1%	9.2	2.0%
Mercy Health Partners - Mercy Campus - 4	7.5	5.1%				
Munson Healthcare Cadillac - 81	3.0	4.8%	1.0	1.3%	1.6	2.1%
Munson Healthcare Grayling - 58	3.3	5.4%	0.9	1.4%	1.2	1.7%
North Ottawa Community Hospital - 174	2.3	5.1%	1.2	2.1%	1.8	3.7%
Oakland Regional Hospital - 301	0.1	0.5%	0.4	1.6%		
Oaklawn Hospital - 217	4.6	5.3%	1.8	1.9%	3.8	3.9%

Otsego Co. Memorial Hospital - 133	1.8	3.5%	1.3	2.0%		
Oakland Physicians Medical Center L L C - 13	3.6	13.3%	0.2	0.9%		
Paul Oliver Memorial Hospital - 1300	1.4	10.0%	0.5	3.5%	0.6	3.9%
Pennock Hospital - 40	2.5	5.1%	1.7	3.1%	2.6	4.5%
Port Huron Hospital - 216	8.9	5.7%	4.4	2.6%	4.7	2.7%
Providence Hospital - 19	25.5	4.6%	15.3	2.6%	16.5	2.9%
Pine Rest Christian Mental Health Serv. - 4006	0.6	1.4%	0.9	1.9%	2.7	3.4%
Portage Health - 108	1.5	2.5%	0.6	1.5%		
Scheurer Hospital - 1310	1.7	6.5%	0.7	2.1%	0.9	2.8%
Schoolcraft Memorial Hospital - 1303	0.5	2.4%	0.4	1.3%		
Sheridan Community Hospital - 1312	1.0	7.8%	0.5	3.9%	0.6	4.7%
Sparrow Carson Hospital - 208	1.7	4.0%	0.9	2.3%		
Sparrow Clinton Hospital - 1326	0.8	3.4%	0.7	2.5%		
Spectrum Health Reed City - 1323	3.2	7.4%	1.2	2.4%	1.8	3.8%
Spectrum Health United Memorial - 35	3.2	5.3%	2.7	3.7%	3.6	4.7%
Spectrum Health Zeeland Community - 3	1.8	4.2%	1.9	3.5%	2.4	4.3%
Spectrum Health Butterworth - 38	33.7	2.9%	25.4	1.8%	44.6	3.2%
St Francis Hospital - 1337	4.2	7.5%	2.0	3.2%	2.6	4.0%
St John Hospital & Medical Center - 165	37.4	6.0%	15.3	2.4%	19.7	3.0%
St John Macomb Oakland Hospital - 195	23.1	6.7%	10.2	2.9%	11.2	3.4%
St John River District Hospital - 241	1.6	4.5%	0.8	2.2%	1.2	3.3%
St Joseph Mercy - Oakland - 29	14.2	4.9%	4.7	1.5%	8.0	2.4%
St Joseph Mercy Chelsea - 259	3.0	3.2%	1.3	1.3%	2.2	2.0%
St Joseph Mercy Hospital - 156	30.7	4.8%	7.8	1.3%	11.1	1.9%
St Joseph Mercy Livingston - 69	7.8	8.6%	2.3	2.6%	2.1	2.0%
St Mary Mercy Hospital - 2	10.1	4.9%	3.8	1.8%	6.9	3.1%
St Mary's Health Care - 59	19.7	5.8%	9.9	2.2%	15.5	3.4%
St Mary's Medical Center - 77	19.0	9.4%	5.0	2.7%	5.3	4.0%
Standish Community Hospital - 1305	1.0	4.9%	0.6	3.5%	1.0	5.8%
Straith Hospital for Special Surgery - 71	0.0	0.3%	0.1	0.6%		
Samaritan Behavioral Center - 4040	0.1	1.0%	0.0	0.4%		
Sinai-Grace Hospital - 24	26.7	8.5%	7.4	2.4%		
Southwest Regional Rehabilitation Hosp. - 3025	0.5	4.2%				

Sparrow Ionia Hospital - 1331	1.9	7.2%	1.6	4.2%		
Spectrum Health Big Rapids Hospital - 93	2.6	5.7%	2.1	3.7%	2.4	4.2%
Spectrum Health Gerber Memorial - 106	3.7	6.1%	3.5	4.7%	3.5	4.5%
Spectrum Health Ludington Hospital - 110	2.4	4.4%	1.9	2.7%	2.1	2.8%
Spectrum Health United Mem. - Kelsey- 1317	1.1	8.2%	0.9	7.3%		
Sturgis Hospital Inc - 96	2.3	7.0%	0.9	2.5%	1.7	5.5%
Tawas St Joseph Hospital - 100	2.8	7.2%	1.1	2.8%	1.5	4.2%
Three Rivers Health – 15	3.4	8.6%	1.6	4.2%		
University of Michigan Hospital - 46	54.6	2.5%	33.1	1.2%	45.5	1.7%
VHS Detroit Receiving Hospital - 273	32.4	14.6%	7.0	3.3%		
VHS Rehabilitation Institute of Michigan - 3027	1.6	2.0%	1.5	2.0%		
William Beaumont Hospital - 269	20.7	4.1%	8.3	1.3%		
William Beaumont Hospital - 130	43.9	3.9%	19.3	1.5%		
West Branch Regional Medical Center - 95	1.9	4.8%	0.9	2.2%	1.4	3.6%
