



# Bulletin

Michigan Department of Community Health

**Distribution:** Hospital 01-03  
Health Maintenance Organizations 01-03

**Issued:** April 1, 2001

**Subject:** Required Hospital Service Provision; DRG and Per Diem  
Equivalent Payments; Outpatient Services; Prompt Payment;  
Binding Arbitration; Policy Clarification

**Effective Date:** May 1, 2001

**Programs Affected:** Medicaid, Children's Special Health Care Services

The Medical Services Administration (MSA) desires to have hospitals and Health Maintenance Organizations (HMOs) work together cooperatively to provide hospital services to Medicaid beneficiaries. Each hospital and HMO must enter into one of the three following relationships: 1) the preferred arrangement is for the HMO and hospital to reach a contractual agreement regarding the provision and payment of services, 2) in the absence of a contractual agreement, the HMO may elect to pay the hospital Medicaid's DRG payment schedule for medically necessary, authorized non-emergent inpatient services and Medicaid fee-for-service rates for outpatient services, or 3) alternatively, in the absence of a contractual agreement, the HMO may pay the hospital using Medicaid calculated per diem equivalents to the Medicaid DRG payments for medically necessary, authorized non-emergent inpatient services and Medicaid's fee-for-service rates for outpatient services.

In order to receive graduate medical education funds or any funds from the fiscal year '01 Outpatient Hospital Adjustor Pools, a hospital must comply with the policies outlined in this bulletin.

## **Required Hospital Service Provision**

Under the Medicaid program, the following applies to all hospitals enrolled and participating in the Medicaid program. A hospital must admit and treat Medicaid beneficiaries to its: 1) inpatient units/services, and 2) outpatient emergency units/services and clinics.

These requirements apply regardless of the Medicaid payment source. The requirements apply to Medicaid participating hospitals whether payment to the hospital is made by Medicaid fee-for-service directly or through one of its contracted HMOs.

A hospital may not selectively choose to admit Medicaid fee-for-service patients, but not Medicaid HMO patients. Nor may a hospital choose to admit patients from certain Medicaid HMOs, but not others. When a hospital enrolls in the Medicaid program, it agrees to admit and treat Medicaid beneficiaries for appropriately authorized, medically necessary care arranged by a physician with admitting privileges to its facilities. This policy supersedes the *Rendering Services Section* (page 17) of Chapter I in the Hospital Manual.

The non-emergent admission of a HMO beneficiary must be authorized by the beneficiary's HMO. The length of stay authorized by the HMO must be appropriate to the patient's condition, the admitting diagnosis and the patient's scheduled treatment program (it must take into account anticipated diagnostic and operative procedures) while in the hospital. The HMO's authorization for admission becomes its contractual obligation to pay the hospital for the admission and services provided.

Should a hospital refuse to admit a Medicaid beneficiary whose physician has admitting privileges to it, the beneficiary's HMO must notify MSA's Office of Medical Affairs (OMA) within 24 hours of the denied admission. Both the hospital and the HMO will be given an opportunity to explain the reasons the beneficiary should or should not be admitted to the hospital. If after review of the case OMA decides the beneficiary should be admitted, it will notify both the hospital and the HMO of its decision. If the hospital refuses to comply with the decision of OMA, the hospital will be disenrolled from the Medicaid program for a period of two years. If the hospital complies with the decision of OMA, but continues to demonstrate a pattern of non-compliance with the intent of this policy by having three negative decisions by OMA against it during a twelve-month period, the hospital will be automatically removed from the Medicaid Interim Payment (MIP) program for a year. If a hospital continues to have negative decisions by OMA after it is removed from the MIP program, the hospital will be disenrolled by the Medicaid program for a period of two years.

### **DRG and Per Diem Payments**

In the absence of a contract or agreement between a Medicaid enrolled hospital and a HMO, the HMO must pay, and the hospital must accept as payment in full, Medicaid's DRG payment or the Medicaid calculated per diem equivalent for any Medicaid HMO beneficiary admitted to the hospital for either an emergent or non-emergent admission. The hospital may not balance bill either the Medicaid beneficiary or the Department of Community Health (DCH) for any difference between its original charge and the HMO payment.

Medicaid makes separate payments to acute care hospitals for operating and capital costs. The combination of the operating and capital payments represents payment in full to the hospital for the admission of a Medicaid beneficiary.

HMOs must notify out-of-network hospitals at the first admission on or after April 1<sup>st</sup> how they intend to pay the hospital for the HMO's Medicaid beneficiaries for the remainder of the year (current admission to March 31<sup>st</sup>). The HMO must reimburse the out-of-network hospital either by Medicaid DRG payment or the Medicaid calculated per diem equivalent. Once the HMO has notified the hospital of the payment method it will use, it must continue to use the same method for that hospital for the remainder of the year (for the purpose of HMOs paying out-of-network hospitals, the year runs from April 1<sup>st</sup> to March 31<sup>st</sup>). HMOs may use either reimbursement

methodology (i.e. DRG or Per Diem) for different hospitals as long as they use the same methodology for each hospital for the entire billing year (April 1<sup>st</sup> to March 31<sup>st</sup>).

Instructions for calculating DRG payments appear in Chapter VIII of the Hospital Manual. The DRG relative weights and outlier thresholds are included as an appendix to the manual. Hospital DRG prices, inpatient cost to charge ratios, and capital per diems are attached to this bulletin. DRG payments made to hospitals use DRG relative weights, outlier thresholds, DRG prices, inpatient cost to charge ratios, and capital per diems in effect on the patient date of admission.

Listed below are the Medicaid calculated inpatient hospital statewide average per diem equivalents by service category:

Service Category	Payment Method	Statewide Average
Medical	Per Diem	\$ 889
Alternate Weight Neonates	Per Diem	1,065
Surgical	Per Diem	1,614
Rehabilitation	Per Diem	875
Maternity		
Vaginal Delivery	Per Admission	1,733
C-Section	Per Admission	3,424
Other Maternity	Per Diem	736
Normal Newborn	Per Diem	287

Other hospital specific information (i.e., Conversion Factors, capital per diems, etc.) needed to calculate hospital specific per diem equivalent payments is attached to this bulletin. Health plans choosing to pay the per diem equivalents must use the following methodology to calculate the per diem payments.

A hospital's per diem equivalent is the product of the total number of hospital days for the patient admission *times* the statewide service category per diem multiplied by the hospital specific Conversion Factor plus the hospital's capital per diem. All Other Insurance payments are deducted from the calculated payment.

Per Diem equivalent payments for medical/surgical, maternity (other than vaginal and C-section deliveries) and normal newborn admissions are calculated as follows:

$$\text{Total days for Admission} \times [(\text{Service Category Per Diem} \times \text{Hospital's Conversion Factor}) + \text{Hospital's Capital Per Diem}] - \text{Other Insurance Payments}$$

Vaginal and C-section deliveries are paid by admission for operating costs. In order to calculate payments for deliveries, the statewide per admission equivalent is multiplied by the hospital specific Conversion Factor. A capital payment is added to the hospital's operating per diem payment. It is the total number of hospital days covered by the patient admission multiplied by the hospital specific capital per diem. All Other Insurance payments are deducted from the calculated payment.

Per Admission equivalent payments for vaginal and C-section deliveries are calculated as follows:

Vaginal Deliveries:

$[(\text{Statewide Payment for Vaginal Deliveries} \times \text{Hospital's Conversion Factor}) + (\text{Total Days for Admission} \times \text{Hospital's Capital Per Diem})] - \text{Other Insurance Payments}$

C-Sections:

$[(\text{Statewide Payment for C-Sections} \times \text{Hospital's Conversion Factor}) + (\text{Total Days for Admission} \times \text{Hospital's Capital Per Diem})] - \text{Other Insurance Payments}$

Claims paid by the percent of charge method (typically organ transplants) using the hospital's inpatient cost to charge ratio will continue to be paid using this ratio even for those hospitals paid per diem equivalents. A capital payment is added to this payment. It is the total number of hospital days covered by the patient admission multiplied by the hospital specific capital per diem. All Other Insurance payments are deducted from the calculated payment. Payment for claims paid using the hospital's inpatient cost to charge ratio is calculated as follows:

$(\text{Hospital's Charges} \times \text{Hospital's Inpatient Cost to Charge Ratio}) + (\text{Total Days} \times \text{Hospital's Capital Per Diem}) - \text{Other Insurance Payments}$

An admission is a cost outlier when costs (charges *times* the hospital's inpatient cost to charge ratio) exceed the computed cost threshold. A claim paid using a hospital's inpatient cost to charge ratio cannot be cost outlier.

Payment for Per Diem cost outliers is calculated as follows:

$(\text{Total Days for Admission} \times \text{Service Category Per Diem} \times \text{Hospital's Conversion Factor}) + ((\text{Charges} \times \text{Hospital's Inpatient Cost to Charge Ratio}) - (\text{Cost Threshold})) \times 85\% + (\text{Total Days for Admission} \times \text{Hospital's Capital Per Diem}) - \text{Other Insurance Payments}$

The cost threshold is the larger of:

- $2 \times (\text{Total Days for Admission} \times \text{Service Category Per Diem} \times \text{Hospital's Conversion Factor})$ , or
- \$50,000

Under the per diem methodology, the per diem payment made is based on the patient's admitting diagnosis and condition. However, if the patient condition changes during the hospital stay, the per diem payment should be adjusted to reflect the appropriate service category of care rendered. (For example, if the patient is admitted for treatment of a medical condition, but surgery becomes necessary during the hospital admission, the hospital should be paid under a medical per diem for those days prior to the surgery and the surgery per diem for those days on and after the surgery.)

Payments by HMOs to out-of-network distinct part rehabilitation units and freestanding rehabilitation hospitals continue to be made using Medicaid calculated unit and hospital specific operating and capital per diems. All Other Insurance payments are deducted from the calculated payment.

Rehabilitation per diem payments are calculated as follows:

*[Total Days for Admission x (Operating Per Diem + Capital Per Diem)] – Other Insurance Payments*

Hospital specific information is updated according to schedules included in the Hospital Manual. Capital data is taken from the same time period used to establish the DRG payments. The above per diem equivalents will be updated in response to changes in the hospital specific information and updates to the DRG rates. In the future, when the per diem equivalents are updated, they will be sent out under separate cover.

### **Outpatient Services**

In the absence of a contract or agreement between a HMO and a Medicaid enrolled hospital, the HMO must pay and the hospital must accept Medicaid's fee-for-service payment rate as payment in full for any Medicaid HMO beneficiary receiving emergent services in the hospital's emergency room or any other authorized outpatient services.

### **Prompt Payment**

Hospitals and HMOs should be aware of the prompt payment requirements specified in P.A. 187 of 2000.

A clean claim is a claim that provides the HMO with sufficient information and in a form such that the HMO can make payment to the hospital without need for further information from it. The HMO must provide sufficiently detailed instructions and examples to the hospital such that a person following those instructions can create a clean claim without further assistance or instruction.

Failure to pay out-of-network hospitals for authorized services at the Medicaid fee-for-service equivalent as indicated above or to make prompt payments to out-of-network hospitals may lead to a HMO's termination from participation in the Medicaid program or other appropriate sanctions less than termination as determined by the Department. In addition, DCH reserves the right to withhold funds from a HMO's monthly capitation to assure that monies owed by the HMO to out-of-network providers are paid.

Hospitals and HMOs should be aware of the interest charges specified in P.A. 187 of 2000.

### **Binding Arbitration**

When arbitration is requested by a hospital or HMO to resolve claims processing and payment disputes, the other party is required to participate in the binding arbitration process.

DCH will provide a list of neutral arbitrators that can be made available to resolve billing disputes. These arbitrators will be organizations with the appropriate expertise to analyze medical claims and supporting documentation available from medical record reviews and capable of determining whether a claim is complete, appropriately coded, and should or should not be paid. A model agreement will be developed by DCH that both parties to the dispute will be required to sign. This agreement will specify the name of the arbitrator, the dispute resolution process, a time frame for the arbitrator's decision, and the method of payment for the arbitrator's fee.

The party found at fault will be assessed the cost of the arbitrator. If both parties are at fault, the cost of arbitration will be apportioned.

### **Policy Clarification**

This bulletin clarifies policy language in the Hospital Manual regarding the definition of an HMO as "Other Insurance". Medicaid HMO coverage, which is identified by a level of care code "7" or "11" on a beneficiary's Medicaid card, is not defined as other insurance. References to "other insurance" payments in Appendix C, by definition, do not include payments made by Medicaid HMOs. The Medicaid fee-for-service equivalent payment made by a Medicaid HMO is considered payment in full.


### **Manual Update**

Retain this bulletin for future reference.

### **Questions**

Questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979. Providers may also phone toll free: 1-800-292-2550.

Approved  
  
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**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	1	Craniotomy Age >17 Except For Trauma
S	2	Craniotomy For Trauma Age >17
S	3	Craniotomy Age 0-17
S	4	Spinal Procedures
S	5	Extracranial Vascular Procedures
S	6	Carpal Tunnel Release
S	7	Periph & Cranial Nerve & Other Nerv Syst Proc W Cc
S	8	Periph & Cranial Nerve & Other Nerv Syst Proc W/O Cc
M	9	Spinal Disorders & Injuries
M	10	Nervous System Neoplasms W Cc
M	11	Nervous System Neoplasms W/O Cc
M	12	Degenerative Nervous System Disorders
M	13	Multiple Sclerosis & Cerebellar Ataxia
M	14	Specific Cerebrovascular Disorders Except Tia
M	15	Transient Ischemic Attack & Precerebral Occlusions
M	16	Nonspecific Cerebrovascular Disorders W Cc
M	17	Nonspecific Cerebrovascular Disorders W/O Cc
M	18	Cranial & Peripheral Nerve Disorders W Cc
M	19	Cranial & Peripheral Nerve Disorders W/O Cc
M	20	Nervous System Infection Except Viral Meningitis
M	21	Viral Meningitis
M	22	Hypertensive Encephalopathy
M	23	Nontraumatic Stupor & Coma
M	24	Seizure & Headache Age >17 W Cc
M	25	Seizure & Headache Age >17 W/O Cc
M	26	Seizure & Headache Age 0-17
M	27	Traumatic Stupor & Coma, Coma >1 Hr
M	28	Traumatic Stupor & Coma, Coma <1 Hr Age >17 W Cc
M	29	Traumatic Stupor & Coma, Coma <1 Hr Age >17 W/O Cc
M	30	Traumatic Stupor & Coma, Coma <1 Hr Age 0-17
M	31	Concussion Age >17 W Cc
M	32	Concussion Age >17 W/O Cc
M	33	Concussion Age 0-17
M	34	Other Disorders Of Nervous System W Cc
M	35	Other Disorders Of Nervous System W/O Cc
S	36	Retinal Procedures
S	37	Orbital Procedures
S	38	Primary Iris Procedures
S	39	Lens Procedures With Or Without Vitrectomy

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	40	Extraocular Procedures Except Orbit Age >17
S	41	Extraocular Procedures Except Orbit Age 0-17
S	42	Intraocular Procedures Except Retina, Iris & Lens
M	43	Hyphema
M	44	Acute Major Eye Infections
M	45	Neurological Eye Disorders
M	46	Other Disorders Of The Eye Age >17 W Cc
M	47	Other Disorders Of The Eye Age >17 W/O Cc
M	48	Other Disorders Of The Eye Age 0-17
S	49	Major Head & Neck Procedures
S	50	Sialoadenectomy
S	51	Salivary Gland Procedures Except Sialoadenectomy
S	52	Cleft Lip & Palate Repair
S	53	Sinus & Mastoid Procedures Age >17
S	54	Sinus & Mastoid Procedures Age 0-17
S	55	Miscellaneous Ear, Nose, Mouth & Throat Procedures
S	56	Rhinoplasty
S	57	T&A Proc, Except Tonsillectomy &/Or Adenoidectomy Only, Age >17
S	58	T&A Proc, Except Tonsillectomy &/Or Adenoidectomy Only, Age 0-17
S	59	Tonsillectomy &/Or Adenoidectomy Only, Age >17
S	60	Tonsillectomy &/Or Adenoidectomy Only, Age 0-17
S	61	Myringotomy W Tube Insertion Age >17
S	62	Myringotomy W Tube Insertion Age 0-17
S	63	Other Ear, Nose, Mouth & Throat O.R. Procedures
M	64	Ear, Nose, Mouth & Throat Malignancy
M	65	Dysequilibrium
M	66	Epistaxis
M	67	Epiglottitis
M	68	Otitis Media & Uri Age >17 W Cc
M	69	Otitis Media & Uri Age >17 W/O Cc
M	70	Otitis Media & Uri Age 0-17
M	71	Laryngotracheitis
M	72	Nasal Trauma & Deformity
M	73	Other Ear, Nose, Mouth & Throat Diagnoses Age >17
M	74	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17
S	75	Major Chest Procedures
S	76	Other Resp System O.R. Procedures W Cc
S	77	Other Resp System O.R. Procedures W/O Cc
M	78	Pulmonary Embolism



**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
M	79	Respiratory Infections & Inflammations Age >17 W Cc
M	80	Respiratory Infections & Inflammations Age >17 W/O Cc
M	81	Respiratory Infections & Inflammations Age 0-17
M	82	Respiratory Neoplasms
M	83	Major Chest Trauma W Cc
M	84	Major Chest Trauma W/O Cc
M	85	Pleural Effusion W Cc
M	86	Pleural Effusion W/O Cc
M	87	Pulmonary Edema & Respiratory Failure
M	88	Chronic Obstructive Pulmonary Disease
M	89	Simple Pneumonia & Pleurisy Age >17 W Cc
M	90	Simple Pneumonia & Pleurisy Age >17 W/O Cc
M	91	Simple Pneumonia & Pleurisy Age 0-17
M	92	Interstitial Lung Disease W Cc
M	93	Interstitial Lung Disease W/O Cc
M	94	Pneumothorax W Cc
M	95	Pneumothorax W/O Cc
M	96	Bronchitis & Asthma Age >17 W Cc
M	97	Bronchitis & Asthma Age >17 W/O Cc
M	98	Bronchitis & Asthma Age 0-17
M	99	Respiratory Signs & Symptoms W Cc
M	100	Respiratory Signs & Symptoms W/O Cc
M	101	Other Respiratory System Diagnoses W Cc
M	102	Other Respiratory System Diagnoses W/O Cc
P	103	Heart Transplant
S	104	Cardiac Valve and Other Major Cardiothoracic Procedures W Cardiac Cath
S	105	Cardiac Valve and Other Major Cardiothoracic Procedures W/O Cardiac Cath
S	106	Coronary Bypass W PTCA
S	107	Coronary Bypass W Cardiac Cath
S	108	Other Cardiothoracic Procedures
S	109	Coronary Bypass W/O Cardiac Cath
S	110	Major Cardiovascular Procedures W Cc
S	111	Major Cardiovascular Procedures W/O Cc
S	112	Percutaneous Cardiovascular Procedures
S	113	Amputation For Circ System Disorders Except Upper Limb & Toe
S	114	Upper Limb & Toe Amputation For Circ System Disorders
S	115	Perm Cardiac Pacemaker Implant W Ami, Heart Failure Or Shock
S	116	Perm Cardiac Pacemaker Implant W/O Ami, Heart Failure Or Shock
S	117	Cardiac Pacemaker Revision Except Device Replacement

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	118	Cardiac Pacemaker Device Replacement
S	119	Vein Ligation & Stripping
S	120	Other Circulatory System O.R. Procedures
M	121	Circulatory Disorders W Ami & C.V. Comp Disch Alive
M	122	Circulatory Disorders W Ami W/O C.V. Comp Disch Alive
M	123	Circulatory Disorders W Ami, Expired
M	124	Circulatory Disorders Except Ami, W Card Cath & Complex Diag
M	125	Circulatory Disorders Except Ami, W Card Cath W/O Complex Diag
M	126	Acute & Subacute Endocarditis
M	127	Heart Failure & Shock
M	128	Deep Vein Thrombophlebitis
M	129	Cardiac Arrest, Unexplained
M	130	Peripheral Vascular Disorders W Cc
M	131	Peripheral Vascular Disorders W/O Cc
M	132	Atherosclerosis W Cc
M	133	Atherosclerosis W/O Cc
M	134	Hypertension
M	135	Cardiac Congenital & Valvular Disorders Age >17 W Cc
M	136	Cardiac Congenital & Valvular Disorders Age >17 W/O Cc
M	137	Cardiac Congenital & Valvular Disorders Age 0-17
M	138	Cardiac Arrhythmia & Conduction Disorders W Cc
M	139	Cardiac Arrhythmia & Conduction Disorders W/O Cc
M	140	Angina Pectoris
M	141	Syncope & Collapse W Cc
M	142	Syncope & Collapse W/O Cc
M	143	Chest Pain
M	144	Other Circulatory System Diagnoses W Cc
M	145	Other Circulatory System Diagnoses W/O Cc
S	146	Rectal Resection W Cc
S	147	Rectal Resection W/O Cc
S	148	Major Small & Large Bowel Procedures W Cc
S	149	Major Small & Large Bowel Procedures W/O Cc
S	150	Peritoneal Adhesiolysis W Cc
S	151	Peritoneal Adhesiolysis W/O Cc
S	152	Minor Small & Large Bowel Procedures W Cc
S	153	Minor Small & Large Bowel Procedures W/O Cc
S	154	Stomach, Esophageal & Duodenal Procedures Age >17 W Cc
S	155	Stomach, Esophageal & Duodenal Procedures Age >17 W/O Cc
S	156	Stomach, Esophageal & Duodenal Procedures Age 0-17

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	157	Anal & Stomal Procedures W Cc
S	158	Anal & Stomal Procedures W/O Cc
S	159	Hernia Procedures Except Inguinal & Femoral Age >17 W Cc
S	160	Hernia Procedures Except Inguinal & Femoral Age >17 W/O Cc
S	161	Inguinal & Femoral Hernia Procedures Age >17 W Cc
S	162	Inguinal & Femoral Hernia Procedures Age >17 W/O Cc
S	163	Hernia Procedures Age 0-17
S	164	Appendectomy W Complicated Principal Diag W Cc
S	165	Appendectomy W Complicated Principal Diag W/O Cc
S	166	Appendectomy W/O Complicated Principal Diag W Cc
S	167	Appendectomy W/O Complicated Principal Diag W/O Cc
S	168	Mouth Procedures W Cc
S	169	Mouth Procedures W/O Cc
S	170	Other Digestive System O.R. Procedures W Cc
S	171	Other Digestive System O.R. Procedures W/O Cc
M	172	Digestive Malignancy W Cc
M	173	Digestive Malignancy W/O Cc
M	174	G.I. Hemorrhage W Cc
M	175	G.I. Hemorrhage W/O Cc
M	176	Complicated Peptic Ulcer
M	177	Uncomplicated Peptic Ulcer W Cc
M	178	Uncomplicated Peptic Ulcer W/O Cc
M	179	Inflammatory Bowel Disease
M	180	G.I. Obstruction W Cc
M	181	G.I. Obstruction W/O Cc
M	182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W Cc
M	183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 W/O Cc
M	184	Esophagitis, Gastroent & Misc Digest Disorders Age 0-17
M	185	Dental & Oral Dis Except Extractions & Restorations, Age >17
M	186	Dental & Oral Dis Except Extractions & Restorations, Age 0-17
M	187	Dental Extractions & Restorations
M	188	Other Digestive System Diagnoses Age >17 W Cc
M	189	Other Digestive System Diagnoses Age >17 W/O Cc
M	190	Other Digestive System Diagnoses Age 0-17
S	191	Pancreas, Liver & Shunt Procedures W Cc
S	192	Pancreas, Liver & Shunt Procedures W/O Cc
S	193	Biliary Tract Proc Except Only Tot Cholecyst W Or W/O C.D.E. W Cc
S	194	Biliary Tract Proc Except Only Tot Cholecyst W Or W/O C.D.E. W/O Cc
S	195	Total Cholecystectomy W C.D.E. W Cc

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	196	Total Cholecystectomy W C.D.E. W/O Cc
S	197	Total Cholecystectomy W/O C.D.E. W Cc
S	198	Total Cholecystectomy W/O C.D.E. W/O Cc
S	199	Hepatobiliary Diagnostic Procedure For Malignancy
S	200	Hepatobiliary Diagnostic Procedure For Non-Malignancy
S	201	Other Hepatobiliary Or Pancreas O.R. Procedures
M	202	Cirrhosis & Alcoholic Hepatitis
M	203	Malignancy Of Hepatobiliary System Or Pancreas
M	204	Disorders Of Pancreas Except Malignancy
M	205	Disorders Of Liver Except Malig,Cirr,Alc Hepa W Cc
M	206	Disorders Of Liver Except Malig,Cirr,Alc Hepa W/O Cc
M	207	Disorders Of The Biliary Tract W Cc
M	208	Disorders Of The Biliary Tract W/O Cc
S	209	Major Joint & Limb Reattachment Procedures
S	210	Hip & Femur Procedures Except Major Joint Age >17 W Cc
S	211	Hip & Femur Procedures Except Major Joint Age >17 W/O Cc
S	212	Hip & Femur Procedures Except Major Joint Age 0-17
S	213	Amputation For Musculoskeletal System & Conn Tissue Disorders
S	216	Biopsies Of Musculoskeletal System & Connective Tissue
S	217	Wnd Debrid & Skn Grft Except Hand, For Muscskelet & Conn Tiss Dis
S	218	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age >17 W Cc
S	219	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age >17 W/O Cc
S	220	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age 0-17
S	223	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc W Cc
S	224	Shoulder, Elbow Or Forearm Proc, Exc Major Joint Proc, W/O Cc
S	225	Foot Procedures
S	226	Soft Tissue Procedures W Cc
S	227	Soft Tissue Procedures W/O Cc
S	228	Major Thumb Or Joint Proc, Or Oth Hand Or Wrist Proc W Cc
S	229	Hand Or Wrist Proc, Except Major Joint Proc, W/O Cc
S	230	Local Excision & Removal Of Int Fix Devices Of Hip & Femur
S	231	Local Excision & Removal Of Int Fix Devices Except Hip & Femur
S	232	Arthroscopy
S	233	Other Musculoskelet Sys & Conn Tiss O.R. Proc W Cc
S	234	Other Musculoskelet Sys & Conn Tiss O.R. Proc W/O Cc
M	235	Fractures Of Femur
M	236	Fractures Of Hip & Pelvis
M	237	Sprains, Strains, & Dislocations Of Hip, Pelvis & Thigh
M	238	Osteomyelitis

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
M	239	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy
M	240	Connective Tissue Disorders W Cc
M	241	Connective Tissue Disorders W/O Cc
M	242	Septic Arthritis
M	243	Medical Back Problems
M	244	Bone Diseases & Specific Arthropathies W Cc
M	245	Bone Diseases & Specific Arthropathies W/O Cc
M	246	Non-Specific Arthropathies
M	247	Signs & Symptoms Of Musculoskeletal System & Conn Tissue
M	248	Tendonitis, Myositis & Bursitis
M	249	Aftercare, Musculoskeletal System & Connective Tissue
M	250	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot Age >17 W Cc
M	251	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot Age >17 W/O Cc
M	252	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot Age 0-17
M	253	Fx, Sprn, Strn & Disl Of Uparm,Lowleg Ex Foot Age >17 W Cc
M	254	Fx, Sprn, Strn & Disl Of Uparm,Lowleg Ex Foot Age >17 W/O Cc
M	255	Fx, Sprn, Strn & Disl Of Uparm,Lowleg Ex Foot Age 0-17
M	256	Other Musculoskeletal System & Connective Tissue Diagnoses
S	257	Total Mastectomy For Malignancy W Cc
S	258	Total Mastectomy For Malignancy W/O Cc
S	259	Subtotal Mastectomy For Malignancy W Cc
S	260	Subtotal Mastectomy For Malignancy W/O Cc
S	261	Breast Proc For Non-Malignancy Except Biopsy & Local Excision
S	262	Breast Biopsy & Local Excision For Non-Malignancy
S	263	Skin Graft &/Or Debrid For Skn Ulcer Or Cellulitis W Cc
S	264	Skin Graft &/Or Debrid For Skn Ulcer Or Cellulitis W/O Cc
S	265	Skin Graft &/Or Debrid Except For Skin Ulcer Or Cellulitis W Cc
S	266	Skin Graft &/Or Debrid Except For Skin Ulcer Or Cellulitis W/O Cc
S	267	Perianal & Pilonidal Procedures
S	268	Skin, Subcutaneous Tissue & Breast Plastic Procedures
S	269	Other Skin, Subcut Tiss & Breast Proc W Cc
S	270	Other Skin, Subcut Tiss & Breast Proc W/O Cc
M	271	Skin Ulcers
M	272	Major Skin Disorders W Cc
M	273	Major Skin Disorders W/O Cc
M	274	Malignant Breast Disorders W Cc
M	275	Malignant Breast Disorders W/O Cc
M	276	Non-Maligant Breast Disorders
M	277	Cellulitis Age >17 W Cc

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
M	278	Cellulitis Age >17 W/O Cc
M	279	Cellulitis Age 0-17
M	280	Trauma To The Skin, Subcut Tiss & Breast Age >17 W Cc
M	281	Trauma To The Skin, Subcut Tiss & Breast Age >17 W/O Cc
M	282	Trauma To The Skin, Subcut Tiss & Breast Age 0-17
M	283	Minor Skin Disorders W Cc
M	284	Minor Skin Disorders W/O Cc
S	285	Amputat Of Lower Limb For Endocrine,Nutrit,& Metabol Disorders
S	286	Adrenal & Pituitary Procedures
S	287	Skin Grafts & Wound Debrid For Endoc, Nutrit & Metab Disorders
S	288	O.R. Procedures For Obesity
S	289	Parathyroid Procedures
S	290	Thyroid Procedures
S	291	Thyroglossal Procedures
S	292	Other Endocrine, Nutrit & Metab O.R. Proc W Cc
S	293	Other Endocrine, Nutrit & Metab O.R. Proc W/O Cc
M	294	Diabetes Age >35
M	295	Diabetes Age 0-35
M	296	Nutritional & Misc Metabolic Disorders Age >17 W Cc
M	297	Nutritional & Misc Metabolic Disorders Age >17 W/O Cc
M	298	Nutritional & Misc Metabolic Disorders Age 0-17
M	299	Inborn Errors Of Metabolism
M	300	Endocrine Disorders W Cc
M	301	Endocrine Disorders W/O Cc
S	302	Kidney Transplant
S	303	Kidney,Ureter & Major Bladder Procedures For Neoplasm
S	304	Kidney,Ureter & Major Bladder Proc For Non-Neopl W Cc
S	305	Kidney,Ureter & Major Bladder Proc For Non-Neopl W/O Cc
S	306	Prostatectomy W Cc
S	308	Minor Bladder Procedures W Cc
S	309	Minor Bladder Procedures W/O Cc
S	310	Transurethral Procedures W Cc
S	311	Transurethral Procedures W/O Cc
S	312	Urethral Procedures, Age >17 W Cc
S	313	Urethral Procedures, Age >17 W/O Cc
S	314	Urethral Procedures, Age 0-17
S	315	Other Kidney & Urinary Tract O.R. Procedures
M	316	Renal Failure
M	317	Admit For Renal Dialysis

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
M	318	Kidney & Urinary Tract Neoplasms W Cc
M	319	Kidney & Urinary Tract Neoplasms w/o Cc
M	320	Kidney & Urinary Tract Infections Age >17 W Cc
M	321	Kidney & Urinary Tract Infections Age >17 W/O Cc
M	322	Kidney & Urinary Tract Infections Age 0-17
M	323	Urinary Stones W Cc, &/Or Esw Lithotripsy
M	324	Urinary Stones W/O Cc
M	325	Kidney & Urinary Tract Signs & Symptoms Age >17 W Cc
M	326	Kidney & Urinary Tract Signs & Symptoms Age >17 W/O Cc
M	327	Kidney & Urinary Tract Signs & Symptoms Age 0-17
M	328	Urethral Stricture Age >17 W Cc
M	329	Urethral Stricture Age > 17 w/o Cc
M	330	Urethral Stricture Age > 17
M	331	Other Kidney & Urinary Tract Diagnoses Age >17 W Cc
M	332	Other Kidney & Urinary Tract Diagnoses Age >17 W/O Cc
M	333	Other Kidney & Urinary Tract Diagnoses Age 0-17
S	334	Major Male Pelvic Procedures W Cc
S	335	Major Male Pelvic Procedures W/O Cc
S	336	Transurethral Prostatectomy W Cc
S	337	Transurethral Prostatectomy W/O Cc
S	338	Testes Procedures, For Malignancy
S	339	Testes Procedures, Non-Malignancy Age >17
S	340	Testes Procedures, Non-Malignancy Age 0-17
S	341	Penis Procedures
S	342	Circumcision Age >17
S	343	Circumcision Age 0-17
S	344	Other Male Reproductive System O.R. Procedures For Malignancy
S	345	Other Male Reproductive System O.R. Proc Except For Malignancy
M	346	Malignancy, Male Reproductive System, W Cc
M	347	Malignancy, Male Reproductive System, W/O Cc
M	348	Benign Prostatic Hypertrophy W Cc
M	349	Benign Prostatic Hypertrophy W/O Cc
M	350	Inflammation Of The Male Reproductive System
M	351	Sterilization, Male
M	352	Other Male Reproductive System Diagnoses
S	353	Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy
S	354	Uterine,Adnexa Proc For Non-Ovarian/Adnexal Malig W Cc
S	355	Uterine,Adnexa Proc For Non-Ovarian/Adnexal Malig W/O Cc
S	356	Female Reproductive System Reconstructive Procedures

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	357	Uterine & Adnexa Proc For Ovarian Or Adnexal Malignancy
S	358	Uterine & Adnexa Proc For Non-Malignancy W Cc
S	359	Uterine & Adnexa Proc For Non-Malignancy W/O Cc
S	360	Vagina, Cervix & Vulva Procedures
S	361	Laparoscopy & Incisional Tubal Interruption
S	362	Endoscopic Tubal Interruption
S	363	D&C, Conization & Radio-Implant, For Malignancy
S	364	D&C, Conization Except For Malignancy
S	365	Other Female Reproductive System O.R. Procedures
M	366	Malignancy, Female Reproductive System W Cc
M	367	Malignancy, Female Reproductive System W/O Cc
M	368	Infections, Female Reproductive System
M	369	Menstrual & Other Female Reproductive System Disorders
C	370	Cesarean Section W Cc
C	371	Cesarean Section W/O Cc
V	372	Vaginal Delivery W Complicating Diagnoses
V	373	Vaginal Delivery W/O Complicating Diagnoses
V	374	Vaginal Delivery W Sterilization &/Or D&C
V	375	Vaginal Delivery W O.R. Proc Except Steril &/Or D&C
M	376	Postpartum & Post Abortion Diagnoses W/O O.R. Procedure
S	377	Postpartum & Post Abortion Diagnoses W O.R. Procedure
O	378	Ectopic Pregnancy
O	379	Threatened Abortion
O	380	Abortion W/O D&C
O	381	Abortion W D&C, Aspiration Curettage Or Hysterotomy
O	382	False Labor
O	383	Other Antepartum Diagnoses W Medical Complications
O	384	Other Antepartum Diagnoses W/O Medical Complications
M	385	Neonates, Died Or Transferred To Another Acute Care Facility
A	385.1	Neonates, Died Or Transferred To Another Acute Care Facility
M	386	Extreme Immaturity Or Respiratory Distress Syndrome, Neonate
A	386.1	Extreme Immaturity Or Respiratory Distress Syndrome, Neonate
M	387	Prematurity W Major Problems
A	387.1	Prematurity W Major Problems
M	388	Prematurity W/O Major Problems
A	388.1	Prematurity W/O Major Problems
M	389	Full Term Neonate W Major Problems
A	389.1	Full Term Neonate W Major Problems
M	390	Neonate W Other Significant Problems



**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
A	390.1	Neonate W Other Significant Problems
N	391	Normal Newborn
S	392	Splenectomy Age >17
S	393	Splenectomy Age 0-17
S	394	Other O.R. Procedures Of The Blood And Blood Forming Organs
M	395	Red Blood Cell Disorders Age >17
M	396	Red Blood Cell Disorders Age 0-17
M	397	Coagulation Disorders
M	398	Reticuloendothelial & Immunity Disorders W Cc
M	399	Reticuloendothelial & Immunity Disorders W/O Cc
S	400	Lymphoma & Leukemia W Major O.R. Procedure
S	401	Lymphoma & Non-Acute Leukemia W Other O.R. Proc W Cc
S	402	Lymphoma & Non-Acute Leukemia W Other O.R. Proc W/O Cc
M	403	Lymphoma & Non-Acute Leukemia W Cc
M	404	Lymphoma & Non-Acute Leukemia W/O Cc
M	405	Acute Leukemia W/O Major O.R. Procedure Age 0-17
S	406	Myeloprolif Disord Or Poorly Diff Neopl W Maj O.R.Proc W Cc
S	407	Myeloprolif Disord Or Poorly Diff Neopl W Maj O.R.Proc W/O Cc
S	408	Myeloprolif Disord Or Poorly Diff Neopl W Other O.R.Proc
M	409	Radiotherapy
M	410	Chemotherapy
M	411	History of Malignancy w/o Endoscopy
M	412	History of Malignancy w/Endoscopy
M	413	Other Myeloprolif Dis Or Poorly Diff Neopl Diag W Cc
M	414	Other Myeloprolif Dis Or Poorly Diff Neopl Diag W/O Cc
S	415	O.R. Procedure For Infectious & Parasitic Diseases
M	416	Septicemia Age >17
M	417	Septicemia Age 0-17
M	418	Postoperative & Post-Traumatic Infections
M	419	Fever Of Unknown Origin Age >17 W Cc
M	420	Fever Of Unknown Origin Age >17 W/O Cc
M	421	Viral Illness Age >17
M	422	Viral Illness & Fever Of Unknown Origin Age 0-17
M	423	Other Infectious & Parasitic Diseases Diagnoses
S	424	O.R. Procedure W Principal Diagnoses Of Mental Illness
D	433	Alcohol/Drug Abuse Or Dependence, Left Ama
D	434	Alc/Drug Abuse Or Depend, Detox Or Oth Sympt Treat w/Cc
D	435	Alc/Drug Abuse Or Depend, Detox Or Oth Sympt Treat w/o Cc
S	439	Skin Grafts For Injuries

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	440	Wound Debridements For Injuries
S	441	Hand Procedures For Injuries
S	442	Other O.R. Procedures For Injuries W Cc
S	443	Other O.R. Procedures For Injuries W/O Cc
M	444	Traumatic Injury Age >17 W Cc
M	445	Traumatic Injury Age >17 W/O Cc
M	446	Traumatic Injury Age 0-17
M	447	Allergic Reactions Age >17
M	448	Allergic Reactions Age 0-17
M	449	Poisoning & Toxic Effects Of Drugs Age >17 W Cc
M	450	Poisoning & Toxic Effects Of Drugs Age >17 W/O Cc
M	451	Poisoning & Toxic Effects Of Drugs Age 0-17
M	452	Complications Of Treatment W Cc
M	453	Complications Of Treatment W/O Cc
M	454	Other Injury, Poisoning & Toxic Effect Diag W Cc
M	455	Other Injury, Poisoning & Toxic Effect Diag W/O Cc
S	461	O.R. Proc W Diagnoses Of Other Contact W Health Services
R	462	Rehabilitation
M	463	Signs & Symptoms W Cc
M	464	Signs & Symptoms W/O Cc
M	465	Aftercare W History Of Malignancy As Secondary Diagnosis
M	466	Aftercare W/O History Of Malignancy As Secondary Diagnosis
M	467	Other Factors Influencing Health Status
P	468	Extensive O.R. Procedure Unrelated To Principal Diagnosis
S	471	Bilateral Or Multiple Major Joint Procs Of Lower Extremity
M	473	Acute Leukemia W/O Major O.R. Procedure Age >17
M	475	Respiratory System Diagnosis With Ventilator Support
S	476	Prostatic O.R. Procedure Unrelated To Principal Diagnosis
S	477	Non-Extensive O.R. Procedure Unrelated To Principal Diagnosis
S	478	Other Vascular Procedures W Cc
S	479	Other Vascular Procedures W/O Cc
P	480	Liver Transplant
P	481	Bone Marrow Transplant
S	482	Tracheostomy W Mouth, Larynx Or Pharynx Disorder
S	483	Tracheostomy Except For Mouth, Larynx Or Pharynx Disorder
S	484	Craniotomy For Multiple Significant Trauma
S	485	Limb Reattachment, Hip and Femur Proc For Multiple Significant Trauma
S	486	Other O.R. Procedures For Multiple Significant Trauma
M	487	Other Multiple Significant Trauma

**Michigan Department of Community Health  
By Category and DRG**

<b>Category</b>	<b>DRG</b>	<b>Description</b>
S	488	Hiv W Extensive O.R. Procedure
M	489	Hiv W Major Related Condition
M	490	Hiv W Or W/O Other Related Condition
S	491	Major Joint And Limb Reattachment Procedures - Upper Extremity
M	492	Chemotherapy With Acute Leukemia As Secondary Dagnosis
S	493	Laparoscopic Cholecystectomy w/o C.D.E. w/CC
S	494	Laparoscopic Cholecystectomy w/o C.D.E. w/oCC
P	495	Lung Transplant
S	496	Combined Anterior/Posterior Spinal Fusion
S	497	Spinal Fusion w/Cc
S	498	Spinal Fusion w/oCc
S	499	Back and Neck Procedures Except Spinal Fusion w Cc
S	500	Back and Neck Procedures Except Spinal Fusion w/o Cc
S	501	Knee Procedures w. Principal Diagnosis of Infection w/CC
S	502	Knee Procedures w. Principal Diagnosis of Infection w/o CC
S	503	Knee Procedures w/o Principal Diagnosis of Infection
S	504	Extensive 3rd Degree Burns with Skin Graft
S	505	Extensive 3rd Degree Burns without Skin Graft
S	506	Full Thickness Burn with Skin Graft or Inhalation Injury with CC
S	507	Full Thickness Burn with Skin Graft or Inhalation Injury without CC
S	508	Full Thickness Burn without Skin Graft or Inhalation Injury with CC
M	509	Full Thickness Burn without Skin Graft or Inhalation Injury without CC
S	510	Nonextensive Burns with CC
M	511	Nonextensive Burns without CC

## Acute Hospital – Effective October 1, 2000

Medicare Number	Medicaid Number	Hospital Name	Hospital DRG Price	DRG to Per Diem Conversion Factor	Capital Cost Per Day	DRG CATEGORY PAYMENT PER DAY/ADMISSION								
						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0042	1558020	ALLEGAN GENERAL HOSPITAL	\$ 3,257	0.96	\$ 52	\$ 905	\$ -	\$ 1,601	\$ 892	1,664	3,287	\$ 759	\$ 328	77.0
23-0036	1555314	ALPENA GENERAL HOSPITAL	\$ 3,352	0.99	\$ 67	\$ 947	\$ -	\$ 1,665	\$ 933	1,716	3,390	\$ 796	\$ 351	56.7
23-0056	1555305	BARAGA COUNTY MEMORIAL HOSPITAL	\$ 2,587	0.77	\$ 101	\$ 786	\$ -	\$ 1,344	\$ 775	1,334	2,636	\$ 668	\$ 322	65.6
23-0075	1905520	BATTLE CREEK HEALTH SYSTEM	\$ 3,175	0.94	\$ 31	\$ 867	\$ -	\$ 1,548	\$ 854	1,629	3,219	\$ 723	\$ 301	59.0
23-0041	1556302	BAY MEDICAL CENTER	\$ 2,735	0.81	\$ 55	\$ 775	\$ -	\$ 1,362	\$ 764	1,404	2,773	\$ 651	\$ 287	50.3
23-0204	1557918	BI-COUNTY COMMUNITY HOSPITAL	\$ 3,249	0.96	\$ 52	\$ 905	\$ -	\$ 1,601	\$ 892	1,664	3,287	\$ 759	\$ 328	40.2
23-0089	1558076	BON SECOURS	\$ 3,365	1.00	\$ 81	\$ 970	\$ -	\$ 1,695	\$ 956	1,733	3,424	\$ 817	\$ 368	38.0
23-0117	1557337	BORGESS HOSPITAL	\$ 3,166	0.94	\$ 107	\$ 943	\$ -	\$ 1,624	\$ 930	1,629	3,219	\$ 799	\$ 377	44.9
23-0151	1555350	BOTSFORD GENERAL OSTEOPATHIC HOSPITAL	\$ 3,471	1.03	\$ 56	\$ 972	\$ -	\$ 1,718	\$ 957	1,785	3,527	\$ 814	\$ 352	45.0
23-0017	1557963	BRONSON METHODIST HOSPITAL	\$ 3,405	1.01	\$ 50	\$ 948	\$ 1,126	\$ 1,680	\$ 934	1,750	3,458	\$ 793	\$ 340	57.8
23-0190	1764299	BRONSON VICKSBURG HOSPITAL	\$ 1,866	0.55	\$ 10	\$ 499	\$ -	\$ 898	\$ 491	953	1,883	\$ 415	\$ 168	45.0
23-0235	1557936	CARO COMMUNITY HOSPITAL	\$ 2,716	0.80	\$ 12	\$ 723	\$ -	\$ 1,303	\$ 712	1,386	2,739	\$ 601	\$ 242	67.3
23-0208	1557678	CARSON CITY OSTEOPATHIC HOSPITAL	\$ 2,918	0.86	\$ 51	\$ 816	\$ -	\$ 1,439	\$ 804	1,490	2,945	\$ 684	\$ 298	49.2
23-0080	1558030	CENTRAL MICHIGAN COMMUNITY HOSPITAL	\$ 2,720	0.81	\$ 26	\$ 746	\$ -	\$ 1,333	\$ 735	1,404	2,773	\$ 622	\$ 258	59.8
23-0124	1557598	CHARLEVOIX AREA HOSPITAL	\$ 3,182	0.94	\$ 35	\$ 871	\$ -	\$ 1,552	\$ 858	1,629	3,219	\$ 727	\$ 305	80.0
23-0259	1558129	CHELSEA COMMUNITY HOSPITAL	\$ 3,437	1.02	\$ 83	\$ 990	\$ -	\$ 1,729	\$ 976	1,768	3,492	\$ 834	\$ 376	72.3
23-3300	1557810	CHILDREN'S HOSPITAL OF MICHIGAN	\$ 3,593	1.06	\$ 133	\$ 1,075	\$ 1,262	\$ 1,844	\$ 1,061	1,837	3,629	\$ 913	\$ 437	33.4
23-0239	1776852	CHIPPEWA WAR MEMORIAL HOSPITAL	\$ 3,010	0.89	\$ 114	\$ 905	\$ -	\$ 1,550	\$ 893	1,542	3,047	\$ 769	\$ 369	51.8
23-0103	1557702	CLINTON MEMORIAL HOSPITAL	\$ 3,196	0.95	\$ 91	\$ 936	\$ -	\$ 1,624	\$ 922	1,646	3,253	\$ 790	\$ 364	59.3
23-0022	1557972	COMMUNITY HEALTH CENTER	\$ 2,743	0.81	\$ 40	\$ 760	\$ -	\$ 1,347	\$ 749	1,404	2,773	\$ 636	\$ 272	44.5
23-0078	1556886	COMMUNITY HOSPITAL, WATERVLIET	\$ 2,983	0.88	\$ 17	\$ 799	\$ -	\$ 1,437	\$ 787	1,525	3,013	\$ 665	\$ 270	60.1
23-0034	1557767	COMMUNITY MEMORIAL HOSPITAL	\$ 2,369	0.70	\$ 45	\$ 667	\$ -	\$ 1,175	\$ 658	1,213	2,397	\$ 560	\$ 246	59.3
23-0135	1557838	COTTAGE HOSPITAL OF GROSSE POINTE	\$ 3,599	1.07	\$ 58	\$ 1,009	\$ -	\$ 1,785	\$ 994	1,854	3,664	\$ 846	\$ 365	47.4
23-0070	1555860	COVENANT MEDICAL CENTER, INC	\$ 2,985	0.88	\$ 56	\$ 838	\$ 993	\$ 1,476	\$ 826	1,525	3,013	\$ 704	\$ 309	38.4
23-0254	1558094	CRITTENTON HOSPITAL	\$ 3,493	1.03	\$ 53	\$ 969	\$ -	\$ 1,715	\$ 954	1,785	3,527	\$ 811	\$ 349	45.9
23-0154	1557570	DECKERVILLE COMMUNITY HOSPITAL	\$ 2,486	0.74	\$ 14	\$ 672	\$ -	\$ 1,208	\$ 662	1,282	2,534	\$ 559	\$ 226	81.3
23-0273	1557720	DETROIT RECEIVING HOSPITAL	\$ 3,653	1.08	\$ 140	\$ 1,100	\$ -	\$ 1,883	\$ 1,085	1,872	3,698	\$ 935	\$ 450	33.7

## Acute Hospital – Effective October 1, 2000

Medicare Number	Medicaid Number	Hospital Name	Hospital DRG Price	DRG to Per Diem Conversion Factor	Capital Cost Per Day	DRG CATEGORY PAYMENT PER DAY/ADMISSION								
						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0119	1557892	DETROIT RIVERVIEW HOSPITAL	\$ 3,776	1.12	\$ 131	\$ 1,127	\$ 1,324	\$ 1,939	\$ 1,111	1,941	3,835	\$ 955	\$ 452	50.4
23-0055	1556760	DICKINSON COUNTY MEMORIAL HOSPITAL	\$ 3,044	0.90	\$ 116	\$ 916	\$ -	\$ 1,569	\$ 904	1,560	3,082	\$ 778	\$ 374	65.3
23-0184	1556625	DOCTORS HOSPITAL OF JACKSON	\$ 3,067	0.91	\$ 57	\$ 866	\$ -	\$ 1,526	\$ 853	1,577	3,116	\$ 727	\$ 318	60.2
23-0153	1557800	EATON RAPIDS COMMUNITY HOSPITAL	\$ 2,631	0.78	\$ 15	\$ 708	\$ -	\$ 1,274	\$ 698	1,352	2,671	\$ 589	\$ 239	68.5
23-0230	1557293	EDWARD W. SPARROW HOSPITAL	\$ 3,597	1.07	\$ 36	\$ 987	\$ 1,176	\$ 1,763	\$ 972	1,854	3,664	\$ 824	\$ 343	43.9
23-0005	1945516	EMMA L. BIXBY HOSPITAL	\$ 3,161	0.94	\$ 32	\$ 868	\$ -	\$ 1,549	\$ 855	1,629	3,219	\$ 724	\$ 302	55.1
23-0001	1556545	FRANCIS BELL MEMORIAL HOSPITAL	\$ 3,206	0.95	\$ 40	\$ 885	\$ -	\$ 1,573	\$ 871	1,646	3,253	\$ 739	\$ 313	69.9
23-0244	1558100	GARDEN CITY OSTEOPATHIC HOSPITAL	\$ 3,491	1.03	\$ 37	\$ 953	\$ -	\$ 1,699	\$ 938	1,785	3,527	\$ 795	\$ 333	45.0
23-0197	2941988	GENESYS REGIONAL MEDICAL CENTER	\$ 3,415	1.01	\$ 146	\$ 1,044	\$ -	\$ 1,776	\$ 1,030	1,750	3,458	\$ 889	\$ 436	52.6
23-0106	1557097	GERBER MEMORIAL HOSPITAL	\$ 2,542	0.75	\$ 28	\$ 695	\$ -	\$ 1,239	\$ 684	1,300	2,568	\$ 580	\$ 243	68.4
23-0143	2668036	GRAND VIEW HOSPITAL	\$ 2,393	0.71	\$ 77	\$ 708	\$ -	\$ 1,223	\$ 698	1,230	2,431	\$ 600	\$ 281	62.4
23-0030	1556240	GRATIOT COMMUNITY HOSPITAL	\$ 2,557	0.76	\$ 45	\$ 721	\$ -	\$ 1,272	\$ 710	1,317	2,602	\$ 604	\$ 263	60.3
23-0066	1557275	HACKLEY HOSPITAL	\$ 2,883	0.85	\$ 46	\$ 802	\$ -	\$ 1,418	\$ 790	1,473	2,910	\$ 672	\$ 290	60.2
23-0213	1556465	HARBOR BEACH COMMUNITY HOSPITAL	\$ 2,522	0.75	\$ 15	\$ 682	\$ -	\$ 1,226	\$ 671	1,300	2,568	\$ 567	\$ 230	80.5
23-0104	2806132	HARPER UNIVERSITY HOSPITAL	\$ 3,765	1.12	\$ 90	\$ 1,086	\$ -	\$ 1,898	\$ 1,070	1,941	3,835	\$ 914	\$ 411	37.5
23-0006	1556400	HAYES-GREEN-BEACH MEMORIAL HOSPITAL	\$ 2,781	0.82	\$ 26	\$ 755	\$ -	\$ 1,349	\$ 744	1,421	2,808	\$ 630	\$ 261	68.5
23-0191	1557159	HELEN NEWBERRY JOY HOSPITAL	\$ 2,845	0.84	\$ 117	\$ 864	\$ -	\$ 1,473	\$ 852	1,456	2,876	\$ 735	\$ 358	64.4
23-0053	1558174	HENRY FORD HOSPITAL	\$ 4,025	1.19	\$ 72	\$ 1,130	\$ 1,339	\$ 1,993	\$ 1,113	2,062	4,075	\$ 948	\$ 414	45.8
23-0146	1892495	HENRY FORD WYANDOTTE HOSPITAL	\$ 3,126	0.93	\$ 31	\$ 858	\$ -	\$ 1,532	\$ 845	1,612	3,184	\$ 715	\$ 298	46.3
23-0120	1556080	HERRICK MEMORIAL HOSPITAL, INC.	\$ 3,164	0.94	\$ 29	\$ 865	\$ -	\$ 1,546	\$ 852	1,629	3,219	\$ 721	\$ 299	70.9
23-0188	1555806	HILLS & DALES GENERAL HOSPITAL	\$ 2,562	0.76	\$ 16	\$ 692	\$ -	\$ 1,243	\$ 681	1,317	2,602	\$ 575	\$ 234	73.5
23-0037	1556492	HILLSDALE COMMUNITY HEALTH CENTER	\$ 2,963	0.88	\$ 51	\$ 833	\$ -	\$ 1,471	\$ 821	1,525	3,013	\$ 699	\$ 304	57.6
23-0072	1898523	HOLLAND COMMUNITY HOSPITAL	\$ 3,333	0.99	\$ 43	\$ 923	\$ -	\$ 1,641	\$ 909	1,716	3,390	\$ 772	\$ 327	77.2
23-0132	1556536	HURLEY MEDICAL CENTER	\$ 3,547	1.05	\$ 59	\$ 992	\$ 1,177	\$ 1,754	\$ 978	1,820	3,595	\$ 832	\$ 360	44.1
23-0118	1555833	HURON MEMORIAL HOSPITAL	\$ 3,565	1.06	\$ 75	\$ 1,017	\$ -	\$ 1,786	\$ 1,003	1,837	3,629	\$ 855	\$ 379	68.1
23-0277	1736249	HURON VALLEY HOSPITAL	\$ 3,611	1.07	\$ 126	\$ 1,077	\$ -	\$ 1,853	\$ 1,062	1,854	3,664	\$ 914	\$ 433	38.6
23-0167	1555691	INGHAM REGIONAL MEDICAL CENTER	\$ 3,386	1.00	\$ 62	\$ 951	\$ -	\$ 1,676	\$ 937	1,733	3,424	\$ 798	\$ 349	49.2

## Acute Hospital – Effective October 1, 2000

Medicare Number	Medicaid Number	Hospital Name	Hospital DRG Price	DRG to Per Diem Conversion Factor	Capital Cost Per Day	DRG CATEGORY PAYMENT PER DAY/ADMISSION								
						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0027	1557758	IONIA COUNTY MEMORIAL HOSPITAL	\$ 3,001	0.89	\$ 14	\$ 805	\$ -	\$ 1,450	\$ 793	1,542	3,047	\$ 669	\$ 269	66.4
23-0149	1557220	IRON COUNTY GENERAL HOSPITAL	\$ 2,261	0.67	\$ 40	\$ 636	\$ -	\$ 1,121	\$ 626	1,161	2,294	\$ 533	\$ 232	68.4
23-0211	1556877	KALKASKA MEMORIAL HEALTH CENTER	\$ 2,670	0.79	\$ 24	\$ 726	\$ -	\$ 1,299	\$ 715	1,369	2,705	\$ 605	\$ 251	87.9
23-0155	1555673	KELSEY MEMORIAL HOSPITAL	\$ 2,622	0.78	\$ 32	\$ 725	\$ -	\$ 1,291	\$ 715	1,352	2,671	\$ 606	\$ 256	50.3
23-0145	1556607	KEWEENAW MEMORIAL MEDICAL CENTER	\$ 2,980	0.88	\$ 37	\$ 819	\$ -	\$ 1,457	\$ 807	1,525	3,013	\$ 685	\$ 290	67.8
23-0172	1555931	LAKE VIEW COMMUNITY HOSPITAL	\$ 3,304	0.98	\$ 62	\$ 933	\$ -	\$ 1,644	\$ 920	1,698	3,356	\$ 783	\$ 343	55.4
23-0021	1555548	LAKELAND MEDICAL CENTER, ST. JOSEPH	\$ 2,930	0.87	\$ 45	\$ 818	\$ -	\$ 1,449	\$ 806	1,508	2,979	\$ 685	\$ 295	63.0
23-0171	1696161	LAKESHORE COMMUNITY HOSPITAL	\$ 2,599	0.77	\$ 22	\$ 707	\$ -	\$ 1,265	\$ 696	1,334	2,636	\$ 589	\$ 243	74.9
23-0193	1774482	LAPEER REGIONAL HOSPITAL	\$ 3,170	0.94	\$ 82	\$ 918	\$ -	\$ 1,599	\$ 905	1,629	3,219	\$ 774	\$ 352	49.9
23-0199	1555987	LEE MEMORIAL HOSPITAL	\$ 2,954	0.88	\$ 29	\$ 811	\$ -	\$ 1,449	\$ 799	1,525	3,013	\$ 677	\$ 282	46.3
23-0107	1562631	LEELANAU MEMORIAL HOSPITAL	\$ 2,309	0.68	\$ 8	\$ 613	\$ -	\$ 1,106	\$ 603	1,178	2,328	\$ 508	\$ 203	100.0
23-0162	1555851	MACKINAC STRAITS HOSPITAL	\$ 2,683	0.79	\$ 2	\$ 704	\$ -	\$ 1,277	\$ 693	1,369	2,705	\$ 583	\$ 229	100.0
23-0195	1557524	MACOMB HOSPITAL CENTER	\$ 3,897	1.15	\$ 25	\$ 1,047	\$ -	\$ 1,881	\$ 1,031	1,993	3,938	\$ 871	\$ 355	59.2
23-0186	1557121	MADISON COMMUNITY HOSPITAL	\$ 1,936	0.57	\$ 54	\$ 561	\$ -	\$ 974	\$ 553	988	1,952	\$ 474	\$ 218	61.7
23-0082	1555735	MARLETTE COMMUNITY HOSPITAL	\$ 2,323	0.69	\$ 46	\$ 659	\$ -	\$ 1,160	\$ 650	1,196	2,363	\$ 554	\$ 244	48.8
23-0054	1556634	MARQUETTE GENERAL HOSPITAL	\$ 3,073	0.91	\$ 93	\$ 902	\$ 1,062	\$ 1,562	\$ 889	1,577	3,116	\$ 763	\$ 354	55.1
23-0253	1555717	MCKENZIE MEMORIAL HOSPITAL	\$ 3,301	0.98	\$ 23	\$ 894	\$ -	\$ 1,605	\$ 881	1,698	3,356	\$ 744	\$ 304	75.5
23-0141	1556189	MCLAREN GENERAL HOSPITAL	\$ 2,902	0.86	\$ 114	\$ 879	\$ -	\$ 1,502	\$ 867	1,490	2,945	\$ 747	\$ 361	45.6
23-0069	2661616	MCPHERSON HOSPITAL	\$ 3,470	1.03	\$ 38	\$ 954	\$ -	\$ 1,700	\$ 939	1,785	3,527	\$ 796	\$ 334	71.7
23-0093	1556071	MECOSTA COUNTY GENERAL HOSPITAL	\$ 3,009	0.89	\$ 52	\$ 843	\$ -	\$ 1,488	\$ 831	1,542	3,047	\$ 707	\$ 307	60.1
23-0121	1557687	MEMORIAL HOSPITAL, OWOSSO	\$ 3,293	0.98	\$ 70	\$ 941	\$ -	\$ 1,652	\$ 928	1,698	3,356	\$ 791	\$ 351	66.6
23-0110	1556026	MEMORIAL MEDICAL CENTER OF WEST MICHIGAN	\$ 2,292	0.68	\$ 57	\$ 662	\$ -	\$ 1,155	\$ 652	1,178	2,328	\$ 557	\$ 252	45.6
23-0004	1556053	MERCY GENERAL HEALTH PARTNERS	\$ 3,213	0.95	\$ 39	\$ 884	\$ -	\$ 1,572	\$ 870	1,646	3,253	\$ 738	\$ 312	64.6
23-0081	1558737	MERCY HOSPITAL, CADILLAC	\$ 2,961	0.88	\$ 65	\$ 847	\$ -	\$ 1,485	\$ 835	1,525	3,013	\$ 713	\$ 318	76.3
23-0058	1555753	MERCY HOSPITAL, GRAYLING	\$ 2,643	0.78	\$ 49	\$ 742	\$ -	\$ 1,308	\$ 732	1,352	2,671	\$ 623	\$ 273	61.3
23-0031	1557604	MERCY HOSPITAL, PORT HURON	\$ 2,450	0.73	\$ 94	\$ 743	\$ -	\$ 1,272	\$ 733	1,265	2,500	\$ 631	\$ 304	47.1
23-0099	1555600	MERCY-MEMORIAL HOSPITAL	\$ 3,053	0.90	\$ 61	\$ 861	\$ -	\$ 1,514	\$ 849	1,560	3,082	\$ 723	\$ 319	47.7

## Acute Hospital – Effective October 1, 2000

Medicare Number	Medicaid Number	Hospital Name	Hospital DRG Price	DRG to Per Diem Conversion Factor	Capital Cost Per Day	DRG CATEGORY PAYMENT PER DAY/ADMISSION								
						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0236	1557201	METROPOLITAN HOSPITAL, GRAND RAPIDS	\$ 3,408	1.01	\$ 57	\$ 955	\$ -	\$ 1,687	\$ 941	1,750	3,458	\$ 800	\$ 347	60.6
23-0222	1555771	MIDMICHIGAN REG MED CNTR - MIDLAND	\$ 3,270	0.97	\$ 75	\$ 937	\$ -	\$ 1,641	\$ 924	1,681	3,321	\$ 789	\$ 353	46.7
23-0180	1557640	MIDMICHIGAN REG. MED. CNTR - CLARE	\$ 2,621	0.78	\$ 43	\$ 736	\$ -	\$ 1,302	\$ 726	1,352	2,671	\$ 617	\$ 267	60.8
23-0189	1557883	MIDMICHIGAN REG. MED. CNTR - GLADWIN	\$ 2,692	0.80	\$ 32	\$ 743	\$ -	\$ 1,323	\$ 732	1,386	2,739	\$ 621	\$ 262	52.7
23-0264	1555495	MSGR. CLEMENT KERN HOSPITAL	\$ 1,366	0.40	\$ 14	\$ 370	\$ -	\$ 660	\$ 364	693	1,370	\$ 308	\$ 129	46.7
23-0227	1556035	MT. CLEMENS GENERAL OSTEOPATHIC HOSPITAL	\$ 3,519	1.04	\$ 135	\$ 1,060	\$ -	\$ 1,814	\$ 1,045	1,802	3,561	\$ 900	\$ 433	38.2
23-0116	1555520	MUNISING MEMORIAL HOSPITAL	\$ 2,771	0.82	\$ 45	\$ 774	\$ -	\$ 1,368	\$ 763	1,421	2,808	\$ 649	\$ 280	72.9
23-0097	1555904	MUNSON MEDICAL CENTER	\$ 3,088	0.91	\$ 80	\$ 889	\$ 1,049	\$ 1,549	\$ 876	1,577	3,116	\$ 750	\$ 341	60.4
23-0013	1557622	NORTH OAKLAND MEDICAL CENTERS	\$ 3,401	1.01	\$ 60	\$ 958	\$ 1,136	\$ 1,690	\$ 944	1,750	3,458	\$ 803	\$ 350	48.9
23-0174	1557130	NORTH OTTAWA COMMUNITY HOSPITAL	\$ 3,390	1.00	\$ 65	\$ 954	\$ -	\$ 1,679	\$ 940	1,733	3,424	\$ 801	\$ 352	65.9
23-0105	1557088	NORTHERN MICHIGAN HOSPITALS, INC.	\$ 3,305	0.98	\$ 56	\$ 927	\$ 1,100	\$ 1,638	\$ 914	1,698	3,356	\$ 777	\$ 337	55.1
23-0223	1557945	OAKLAND GENERAL HOSPITAL	\$ 3,191	0.95	\$ 57	\$ 902	\$ -	\$ 1,590	\$ 888	1,646	3,253	\$ 756	\$ 330	43.9
23-0217	1557079	OAKLAWN HOSPITAL	\$ 3,057	0.91	\$ 27	\$ 836	\$ -	\$ 1,496	\$ 823	1,577	3,116	\$ 697	\$ 288	53.9
23-0020	1556803	OAKWOOD HOSPITAL AND MEDICAL CENTER	\$ 3,283	0.97	\$ 80	\$ 942	\$ 1,113	\$ 1,646	\$ 929	1,681	3,321	\$ 794	\$ 358	37.3
23-0142	1558236	OAKWOOD HOSPITAL ANNAPOLIS CENTER	\$ 3,323	0.98	\$ 42	\$ 913	\$ 1,086	\$ 1,624	\$ 900	1,698	3,356	\$ 763	\$ 323	48.9
23-0270	1555575	OAKWOOD HOSPITAL HERITAGE CENTER	\$ 3,298	0.98	\$ 84	\$ 955	\$ -	\$ 1,666	\$ 942	1,698	3,356	\$ 805	\$ 365	45.2
23-0176	1557364	OAKWOOD HOSPITAL SEAWAY CENTER	\$ 3,621	1.07	\$ 23	\$ 974	\$ -	\$ 1,750	\$ 959	1,854	3,664	\$ 811	\$ 330	62.5
23-0219	1557186	ONTONAGON MEMORIAL HOSPITAL	\$ 3,127	0.93	\$ 65	\$ 892	\$ -	\$ 1,566	\$ 879	1,612	3,184	\$ 749	\$ 332	80.7
23-0133	1557589	OTSEGO COUNTY MEMORIAL HOSPITAL	\$ 2,911	0.86	\$ 114	\$ 879	\$ -	\$ 1,502	\$ 867	1,490	2,945	\$ 747	\$ 361	69.2
23-0062	1557560	PAUL OLIVER MEMORIAL HOSPITAL	\$ 2,647	0.78	\$ 122	\$ 815	\$ -	\$ 1,381	\$ 805	1,352	2,671	\$ 696	\$ 346	79.9
23-0040	1557239	PENNOCK HOSPITAL	\$ 2,501	0.74	\$ 63	\$ 721	\$ -	\$ 1,257	\$ 711	1,282	2,534	\$ 608	\$ 275	44.7
23-0207	1557696	PONTIAC OSTEOPATHIC HOSPITAL	\$ 3,381	1.00	\$ 68	\$ 957	\$ -	\$ 1,682	\$ 943	1,733	3,424	\$ 804	\$ 355	40.7
23-0216	1557730	PORT HURON HOSPITAL	\$ 3,102	0.92	\$ 79	\$ 897	\$ 1,059	\$ 1,564	\$ 884	1,594	3,150	\$ 756	\$ 343	50.7
23-0108	1556948	PORTAGE HOSPITAL	\$ 2,869	0.85	\$ 75	\$ 831	\$ -	\$ 1,447	\$ 819	1,473	2,910	\$ 701	\$ 319	56.5
23-0019	1557829	PROVIDENCE HOSPITAL	\$ 3,427	1.02	\$ 50	\$ 957	\$ 1,136	\$ 1,696	\$ 943	1,768	3,492	\$ 801	\$ 343	40.2
23-0241	1557909	RIVER DISTRICT HOSPITAL	\$ 3,034	0.90	\$ 50	\$ 850	\$ -	\$ 1,503	\$ 838	1,560	3,082	\$ 712	\$ 308	57.6
23-0169	1556652	RIVERSIDE OSTEOPATHIC HOSPITAL	\$ 3,631	1.08	\$ 78	\$ 1,038	\$ -	\$ 1,821	\$ 1,023	1,872	3,698	\$ 873	\$ 388	50.0

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						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0212	2767938	SALINE COMMUNITY HOSPITAL	\$ 3,623	1.07	\$ 44	\$ 995	\$ -	\$ 1,771	\$ 980	1,854	3,664	\$ 832	\$ 351	96.1
23-0201	1557248	SCHEURER HOSPITAL	\$ 2,605	0.77	\$ 25	\$ 710	\$ -	\$ 1,268	\$ 699	1,334	2,636	\$ 592	\$ 246	53.8
23-0115	1556984	SCHOOLCRAFT MEMORIAL HOSPITAL	\$ 2,800	0.83	\$ 78	\$ 816	\$ -	\$ 1,418	\$ 804	1,438	2,842	\$ 689	\$ 316	84.7
23-2012	3444299	SELECT SPECIALTY HOSPITAL - FLINT	\$ 3,569	1.06	\$ 59	\$ 1,001	\$ -	\$ 1,770	\$ 987	1,837	3,629	\$ 839	\$ 363	50.2
23-2023	3445680	SELECT SPECIALTY HOSPITAL - MACOMB COUNTY	\$ 3,569	1.06	\$ 59	\$ 1,001	\$ -	\$ 1,770	\$ 987	1,837	3,629	\$ 839	\$ 363	50.2
23-2021	3360770	SELECT SPECIALTY HOSPITAL - WESTERN MICHIGAN	\$ 3,569	1.06	\$ 90	\$ 1,032	\$ -	\$ 1,801	\$ 1,018	1,837	3,629	\$ 870	\$ 394	50.2
23-0024	1557210	SINAI-GRACE HOSPITAL	\$ 4,099	1.21	\$ 75	\$ 1,151	\$ 1,364	\$ 2,028	\$ 1,134	2,097	4,143	\$ 966	\$ 422	39.1
23-0178	1557346	SHERIDAN COMMUNITY HOSPITAL	\$ 2,756	0.82	\$ 13	\$ 742	\$ -	\$ 1,336	\$ 731	1,421	2,808	\$ 617	\$ 248	76.5
23-0085	1556910	SOUTH HAVEN COMMUNITY HOSPITAL	\$ 2,413	0.71	\$ 23	\$ 654	\$ -	\$ 1,169	\$ 644	1,230	2,431	\$ 546	\$ 227	50.8
23-0038	1556993	SPECTRUM HEALTH - DOWNTOWN CAMPUS	\$ 3,638	1.08	\$ 86	\$ 1,046	\$ 1,236	\$ 1,829	\$ 1,031	1,872	3,698	\$ 881	\$ 396	49.9
23-0032	1558011	SPECTRUM HEALTH - EAST CAMPUS	\$ 3,194	0.95	\$ 90	\$ 935	\$ 1,102	\$ 1,623	\$ 921	1,646	3,253	\$ 789	\$ 363	46.6
23-0086	1936357	SPECTRUM HEALTH - REED CITY CAMPUS	\$ 2,391	0.71	\$ 23	\$ 654	\$ -	\$ 1,169	\$ 644	1,230	2,431	\$ 546	\$ 227	50.3
23-0101	1556895	ST. FRANCIS HOSPITAL	\$ 3,375	1.00	\$ 98	\$ 987	\$ -	\$ 1,712	\$ 973	1,733	3,424	\$ 834	\$ 385	67.7
23-0165	1556975	ST. JOHN HOSPITAL	\$ 3,769	1.12	\$ 142	\$ 1,138	\$ 1,335	\$ 1,950	\$ 1,122	1,941	3,835	\$ 966	\$ 463	38.8
23-0257	1557856	ST. JOHN HOSPITAL - MACOMB CENTER	\$ 3,335	0.99	\$ 4	\$ 884	\$ -	\$ 1,602	\$ 870	1,716	3,390	\$ 733	\$ 288	67.5
23-0065	1556250	ST. JOHN NORTHEAST COMMUNITY HOSPITAL	\$ 3,394	1.01	\$ 53	\$ 951	\$ -	\$ 1,683	\$ 937	1,750	3,458	\$ 796	\$ 343	41.4
23-0047	2688558	ST. JOSEPH HOSPITAL - EAST	\$ 3,376	1.00	\$ 41	\$ 930	\$ -	\$ 1,655	\$ 916	1,733	3,424	\$ 777	\$ 328	41.5
23-0156	1557023	ST. JOSEPH-MERCY HOSPITAL - ANN ARBOR	\$ 3,500	1.04	\$ 78	\$ 1,003	\$ 1,186	\$ 1,757	\$ 988	1,802	3,561	\$ 843	\$ 376	46.2
23-0029	1557506	ST. JOSEPH MERCY HOSPITAL - PONTIAC	\$ 3,461	1.03	\$ 49	\$ 965	\$ 1,146	\$ 1,711	\$ 950	1,785	3,527	\$ 807	\$ 345	40.6
23-0002	1556859	ST. MARY HOSPITAL - LIVONIA	\$ 3,603	1.07	\$ 67	\$ 1,018	\$ -	\$ 1,794	\$ 1,003	1,854	3,664	\$ 855	\$ 374	50.0
23-0059	1556518	ST. MARY'S HOSPITAL - GRAND RAPIDS	\$ 2,715	0.80	\$ 55	\$ 766	\$ 907	\$ 1,346	\$ 755	1,386	2,739	\$ 644	\$ 285	42.3
23-0077	1555889	ST. MARY'S MEDICAL CENTER - SAGINAW	\$ 2,747	0.81	\$ 68	\$ 788	\$ -	\$ 1,375	\$ 777	1,404	2,773	\$ 664	\$ 300	46.9
23-0205	1556090	STANDISH COMMUNITY HOSPITAL	\$ 2,623	0.78	\$ 42	\$ 735	\$ -	\$ 1,301	\$ 725	1,352	2,671	\$ 616	\$ 266	50.3
23-0071	1556447	STRAITH MEMORIAL HOSPITAL	\$ 3,121	0.92	\$ 17	\$ 835	\$ -	\$ 1,502	\$ 822	1,594	3,150	\$ 694	\$ 281	90.0
23-0096	1556410	STURGIS MEMORIAL HOSPITAL	\$ 3,517	1.04	\$ 33	\$ 958	\$ -	\$ 1,712	\$ 943	1,802	3,561	\$ 798	\$ 331	74.7
23-0100	1556133	TAWAS ST. JOSEPH HOSPITAL	\$ 2,304	0.68	\$ 156	\$ 761	\$ -	\$ 1,254	\$ 751	1,178	2,328	\$ 656	\$ 351	76.5



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						Medical	Alternate Weight Neonates	Surgical	Rehabilitation	Maternity - Vaginal Delivery (per admission) Capital Not Included	Maternity - C-Section (per admission) Capital Not Included	Maternity - Other Maternity	Maternity - Normal Newborn	Percent of Charge
						(M)	(A)	(S)	(R)	(V)	(C)	(O)	(N)	(P)
						\$889	\$1,065	\$1,614	\$875	\$1,733	\$3,424	\$736	\$287	
23-0015	1556456	THREE RIVERS HOSPITAL	\$ 2,680	0.79	\$ 60	\$ 762	\$ -	\$ 1,335	\$ 751	1,369	2,705	\$ 641	\$ 287	57.4
23-0087	1557847	TRILLIUM HOSPITAL	\$ 2,708	0.80	\$ 25	\$ 736	\$ -	\$ 1,316	\$ 725	1,386	2,739	\$ 614	\$ 255	44.5
23-0035	1556367	UNITED MEMORIAL HOSPITAL	\$ 2,243	0.66	\$ 60	\$ 647	\$ -	\$ 1,125	\$ 638	1,144	2,260	\$ 546	\$ 249	52.6
23-0046	1556483	UNIVERSITY HEALTH SYSTEM	\$ 4,205	1.25	\$ 209	\$ 1,320	\$ 1,540	\$ 2,227	\$ 1,303	2,166	4,280	\$ 1,129	\$ 568	43.7
23-2019	2715477	VENCOR HOSPITAL	\$ 3,569	1.06	\$ 28	\$ 970	\$ -	\$ 1,739	\$ 956	1,837	3,629	\$ 808	\$ 332	50.2
23-0283	3393322	VENCOR HOSPITAL - METRO DETROIT	\$ 3,415	1.01	\$ 6	\$ 904	\$ -	\$ 1,636	\$ 890	1,750	3,458	\$ 749	\$ 296	39.3
23-0092	1556349	W. A. FOOTE MEMORIAL HOSPITAL	\$ 2,973	0.88	\$ 55	\$ 837	\$ -	\$ 1,475	\$ 825	1,525	3,013	\$ 703	\$ 308	61.6
23-0095	1555870	WEST BRANCH REGIONAL MEDICAL CENTER	\$ 2,319	0.69	\$ 32	\$ 645	\$ -	\$ 1,146	\$ 636	1,196	2,363	\$ 540	\$ 230	58.4
23-0060	1556474	WEST SHORE COMMUNITY HOSPITAL	\$ 2,991	0.89	\$ 86	\$ 877	\$ -	\$ 1,522	\$ 865	1,542	3,047	\$ 741	\$ 341	89.4
23-0130	1556714	WILLIAM BEAUMONT HOSPITAL - ROYAL OAK	\$ 3,772	1.12	\$ 86	\$ 1,082	\$ 1,279	\$ 1,894	\$ 1,066	1,941	3,835	\$ 910	\$ 407	38.2
23-0269	1555379	WILLIAM BEAUMONT HOSPITAL - TROY	\$ 3,763	1.11	\$ 77	\$ 1,064	\$ -	\$ 1,869	\$ 1,048	1,924	3,801	\$ 894	\$ 396	46.5
23-0003	1556572	ZEELAND COMMUNITY HOSPITAL	\$ 3,575	1.06	\$ 48	\$ 990	\$ -	\$ 1,759	\$ 976	1,837	3,629	\$ 828	\$ 352	84.9