

Unqualified Facilities

Provider ID	Hospital Name	1 State Estimated Hospital Specific DSH Limit	2 Medicaid IP Utilization Rate	3 Low- Income Utilization Rate	4 State-Defined DSH Qualification Criteria	5 Regular IP/OP Medicaid FFS Basic Rate Payments	6 IP/OP Medicaid MCO Payments	7 Supplemental/ Enhanced IP/OP Medicaid Payments	8 Total Medicaid IP/OP Payments	9 Total Cost of Care - Medicaid IP/OP Services	10 Total Medicaid Uncompensated Care	11 Uninsured IP/OP Revenue	12 Total Applicable Section 1011 Payments	13 Total cost of IP/OP Care for the Uninsured	14 Total Uninsured IP/OP Uncompensated Care Cost	15 Total Annual Uncompensated Care Costs	16 Disproportionate Share Hospital Payments
23-4041	Forensic Facility	\$ 52,764,786	0.00%	N/A	Note 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36,464,081
23-0264	Southeast Michigan Surgical Hospital	\$ 6,873,021	0.00%	N/A	Note 2	\$ 18,606	\$ -	\$ 110,599	\$ 129,205	\$ 49,298	\$ (79,907)	\$ -	\$ -	\$ -	\$ -	\$ (79,907)	\$ 30,510
23-0034	Cheboygan Memorial Hospital	\$ 1,981,244	0.00%	N/A	Note 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 409,006
23-0244	Garden City Osteopathic Hospital	\$ 9,993,434	0.00%	N/A	Note 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 546,122

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Legend

Note 1 Hospital without MIUR of at least one percent and did not met the OB/GYN requirement
 Note 2 Hospital without MIUR of at least one percent

Note: The state of Michigan did not make any payments to Out of State providers during MSP 2009.