

HOSPITAL INDUSTRY REPORT



State of Michigan

Region: Upper Peninsula

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Provided by Michigan Health Purchasers Coalition

mihpc.org

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EXECUTIVE SUMMARY

This report evaluates the quality, patient safety, financial performance, pricing, and overall value of hospitals in the Upper Peninsula Region using nationally recognized data from the Centers for Medicare & Medicaid Services (CMS), Leapfrog, RAND Corporation, the National Academy for State Health Policy (NASHP), and other publicly available sources. The analysis examines whether hospitals are delivering high-quality care while charging prices that reflect their underlying costs. The analysis utilizes 2024 data. An overall State of Michigan landscape is provided for additional comparison between state and reported regions.

Quality performance in the Upper Peninsula is mixed and very limited, with no five-star CMS hospitals and only two hospitals receiving four stars, suggesting limited access to highly rated care.

Financially, hospitals were profitable overall in 2024, generating about \$262 million in operating profit and an aggregate operating margin of 11.5%, though individual margins ranged from -33.2% to 30.9%. Commercial prices were comparatively moderate, averaging 193% of Medicare, although four hospitals exceeded 200%. Three of seven hospitals with comparable data also had commercial prices more than 100 percentage points above their estimated breakeven.

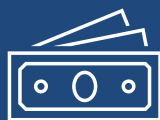
Overall, the region faces a difficult value tradeoff: lower-priced hospitals tend to have lower quality ratings, while the highest-rated hospital charges above 200% of Medicare. Improving value will require balancing affordability, quality, and the financial realities of maintaining hospital access across the Upper Peninsula.



Upper Peninsula hospitals rank well below the nation on quality. Only four hospitals received a CMS star rating, and only two earned a 4-star CMS Overall Hospital Quality Rating, compared with 41% of hospitals nationwide.



Hospitals are overall profitable despite quality concerns. Upper Peninsula hospitals generated an aggregate 11% operating margin in 2024, approximately \$11.50 in operating profit for every \$100 of patient care revenue.



Many hospitals charge well above what is needed to cover their costs. No hospitals required commercial payments above 200% of Medicare to break even, yet three out of 7 hospitals in the region hospitals charged commercial insurers more than 200% of Medicare rates.

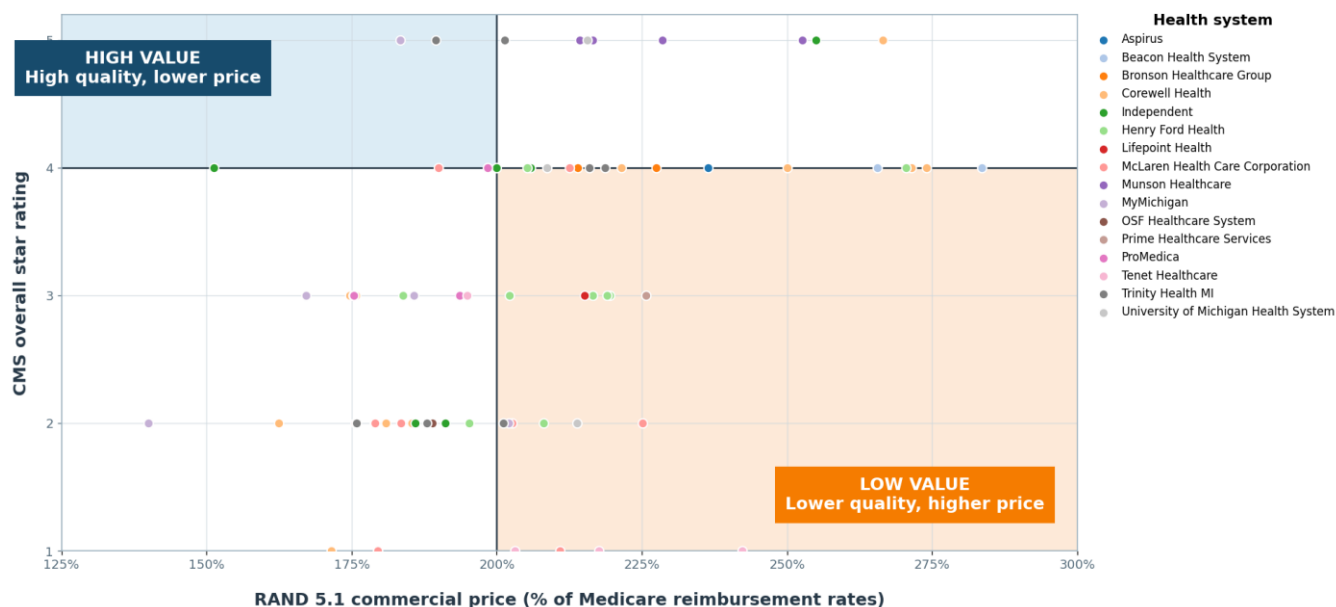
LANDSCAPE OF MICHIGAN HOSPITALS

Michigan hospitals showed uneven performance across quality, safety, and affordability measures in 2024. Of the 84 hospitals receiving CMS Overall Star Ratings, 48% earned four or five stars, while nearly one-third received only one or two stars. Leapfrog Hospital Safety Grades were somewhat stronger, with 71% of graded hospitals earning an A or B, although 29% received a C. These results demonstrate that hospital quality and patient safety vary meaningfully across the state and reinforce the importance of evaluating performance at the individual hospital level.

At the same time, Michigan hospitals remained financially strong overall, with an average operating profit margin of 17%. The average commercial breakeven was 96% of Medicare, while the average commercial price paid by private insurers was 209% of Medicare. This 113-percentage-point gap indicates that commercial purchasers, including employers and privately insured families, are often paying substantially more than the estimated amount hospitals need to cover their overall costs.

2024 CMS Overall Star Rating and RAND 5.1 Commercial Price

Michigan hospitals with both CMS star rating and RAND 5.1 pricing data



Together, quality and price metrics provide important insight into hospital value. Among the 73 Michigan hospitals with both quality and commercial pricing data, 16 fall into the lower-quality, higher-price quadrant; 26 fall into the lower-quality, lower-price quadrant; 25 fall into the higher-quality, higher-price quadrant; and only 6 fall into the higher-quality, lower-price quadrant.

Taken together, these statewide findings underscore the need to evaluate hospital price and quality together. Higher commercial prices should not be assumed to represent higher-quality care or greater financial need. Greater transparency, stronger purchaser engagement, and reimbursement strategies that reward both quality and reasonable pricing can help ensure that Michigan employers and families receive better value for their healthcare spending.



QUALITY & PATIENT SAFETY



HOSPITAL INDUSTRY REPORT

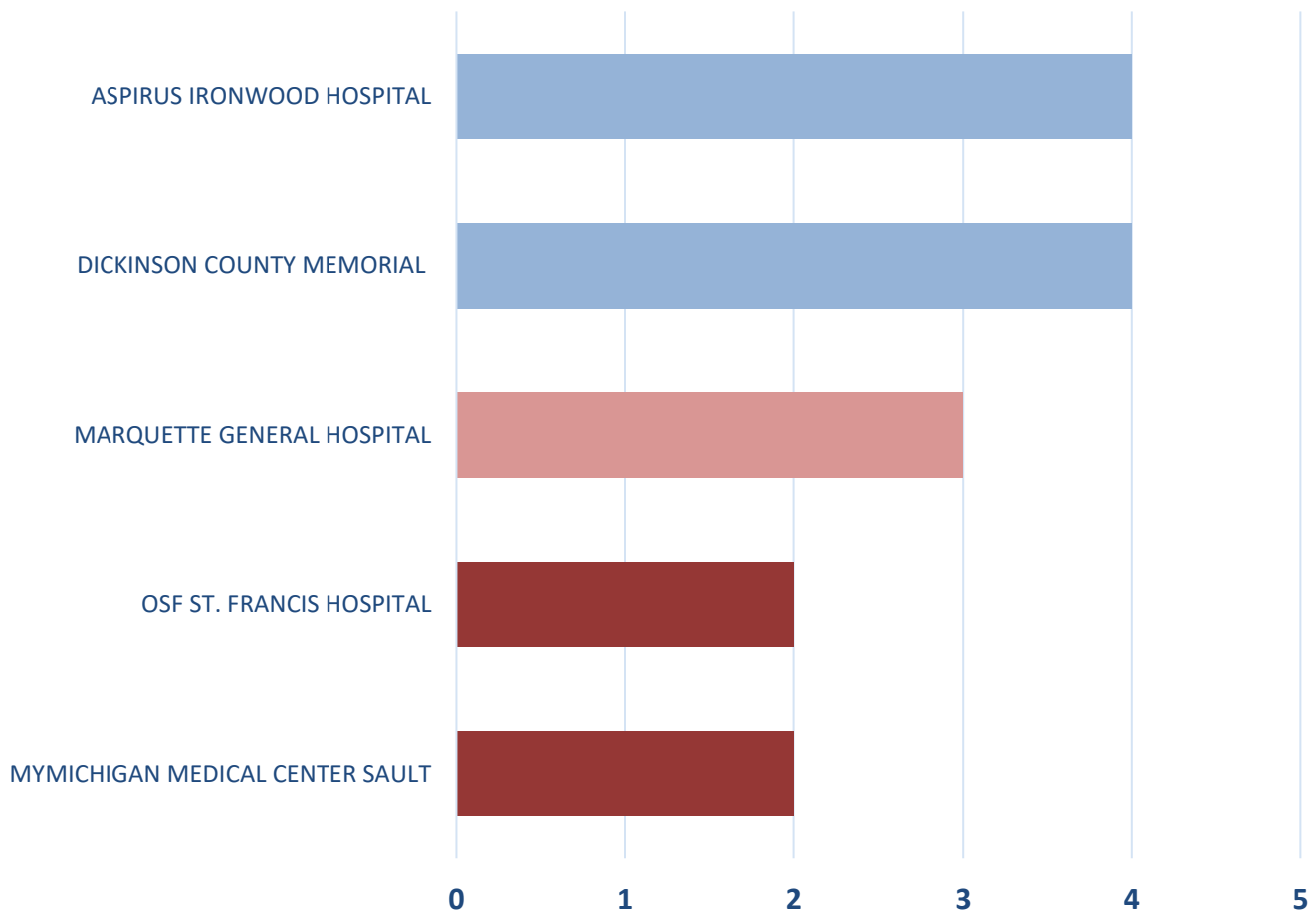


Hospital safety is a critical component of the healthcare system, helping to prevent avoidable harm, improve the quality of care, reduce costs, and create a safer environment for patients. The use of standardized quality measures is essential to ensuring that patients receive high-quality care and to promoting transparency and accountability among hospitals.

CMS OVERALL STAR RATINGS

The Centers for Medicare & Medicaid Services (CMS) Overall Hospital Quality Star Rating provides a consumer-friendly summary of the quality of care delivered by general acute care hospitals. Hospitals report data directly to CMS on 47 quality measures that are grouped into five domains: Mortality, Safety of Care, Readmission, Patient Experience, and Timely and Effective Care. These measures are used to calculate each hospital's Overall Star Rating, which ranges from 1 star (lowest performance) to 5 stars (highest performance).

CMS Overall Star Ratings, 2024
Upper Peninsula



In 2024 41% of hospitals nationwide received a 4 or 5-star Overall Star Rating. In the UP, two hospitals with CMS scores received a 4-star rating. No hospital with CMS scores in this region received a 5-star rating during this period.



HOSPITAL FINANCES



HOSPITAL INDUSTRY REPORT



Healthcare spending in the United States has grown faster than the overall economy for many years, consuming a larger share of economic activity than in other developed countries. This trend is driven largely by higher healthcare prices rather than greater use of healthcare services. Michigan reflects this same pattern, with hospital revenue increasing faster than wages, inflation, and employer health insurance costs. Together, these trends suggest that rising hospital prices have become a significant factor driving higher healthcare costs for employers, workers, and families.

HOSPITAL FINANCES MICHIGAN

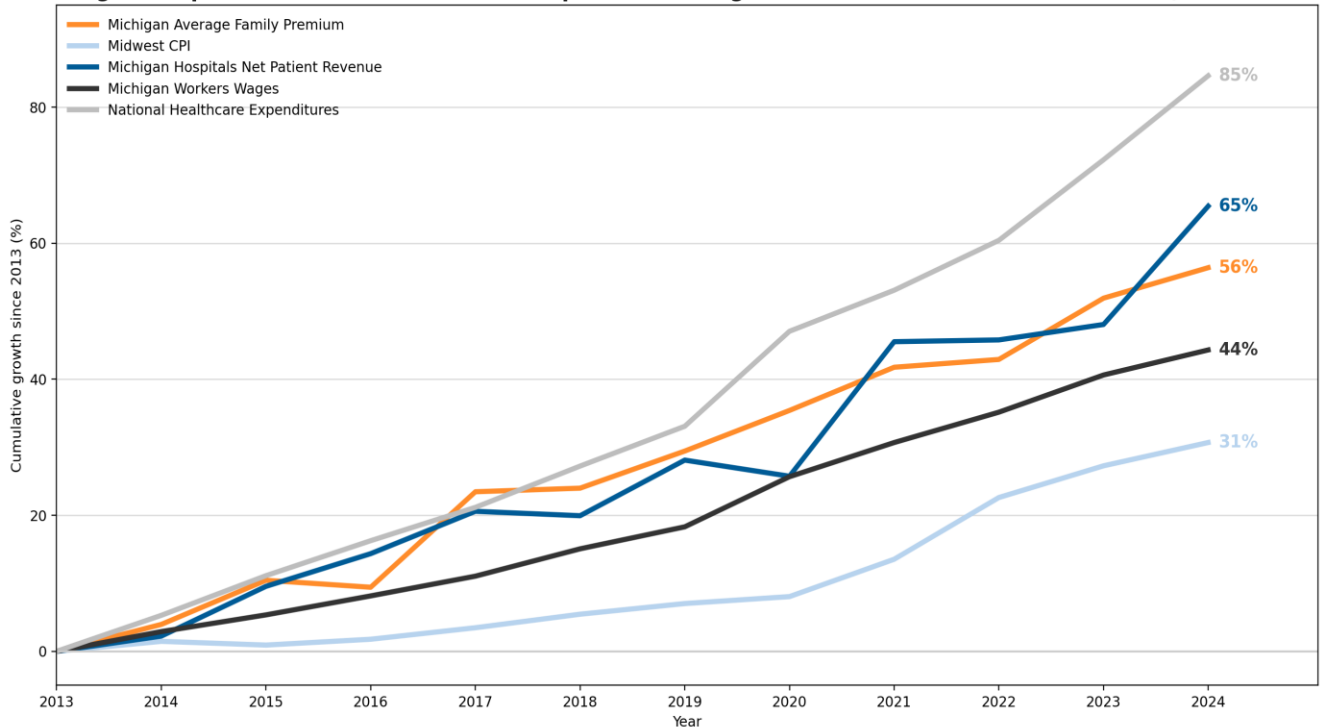
While gross domestic product (GDP) has grown steadily, healthcare expenditures have risen at an even faster pace, widening the gap between healthcare costs and overall economic growth. In 2024, health care expenditures represented approximately 18% of the United States GDP. This is substantially higher than other comparable countries, with an average 11% of GDP on health care spending.

This gap is driven by higher prices, not necessary substantially greater use of healthcare services. Health consumption expenditures per person in the U.S. was \$14,775 in 2024, compared to an average of \$7,860 in similar countries.

In Michigan, hospitals' net patient revenue grew about 65% from 2013 to 2024, outpacing nearly every major economic indicator, including Michigan workers' wages by 20%, Midwest-area CPI by 35%, and average Michigan family premiums by 6%. Only national healthcare expenditures increased at a faster rate. The fact that hospital revenue growth substantially outpaced inflation and wage growth suggests that rising healthcare prices, and not broader economic conditions alone, have been a major contributor to increasing healthcare spending.

Michigan Hospitals Net Patient Revenue Cumulative Growth Compared to Local and National Economic Indicators

Michigan Hospitals Net Patient Revenue Compared to Michigan and National Economic Indicators, 2013 to 2024



HOSPITAL FINANCES UPPER PENINSULA

HOSPITAL INDUSTRY REPORT



Hospitals in this region generated \$1.30 billion in net patient revenue in 2024, compared with \$1.04 billion in operating costs. This resulted in approximately \$262 million in operating profit and an aggregate operating margin of 11.5%, or about \$11.50 in profit for every \$100 of patient care revenue. However, profitability varied widely across hospitals, with operating margins ranging from -33.2% to 30.9%.

	Net Patient Revenue (\$)	Hospital Operating Costs	Operating Profit (Loss) (\$)	Operating Profit Margin
ASPIRUS IRON RIVER HOSPITAL & CLINIC	\$36,831,071	\$36,166,395	\$664,676	1.8%
ASPIRUS IRONWOOD HOSPITAL	\$72,522,675	\$58,193,881	\$14,328,794	19.8%
ASPIRUS KEWEENAW HOSPITAL	\$59,828,326	\$53,352,770	\$6,475,556	10.8%
ASPIRUS ONTONAGON HOSPITAL	\$7,773,138	\$10,355,741	-\$2,582,603	-33.2%
Aspirus Network Total	\$176,955,210	\$158,068,787	\$18,886,423	-0.2%
BELL MEMORIAL HOSPITAL	\$63,274,997	\$37,127,116	\$26,147,881	41.3%
MARQUETTE GENERAL HOSPITAL	\$381,693,513	\$263,928,694	\$117,764,819	30.9%
PORTAGE HEALTH SYSTEM	\$83,245,225	\$58,362,418	\$24,882,807	29.9%
Lifepoint Health Network Total	\$528,213,735	\$359,418,228	\$168,795,507	34.0%
BARAGA COUNTY MEMORIAL HOSPITAL	\$29,558,018	\$28,869,192	\$688,826	2.3%
HELEN NEWBERRY JOY HOSPITAL	\$39,236,420	\$35,934,661	\$3,301,759	8.4%
MUNISING MEMORIAL HOSPITAL	\$11,958,327	\$12,351,140	-\$392,813	-3.3%
SCHOOLCRAFT MEMORIAL HOSPITAL	\$60,908,934	\$55,414,646	\$5,494,288	9.0%
Upper Peninsula Health Care Solutions Network Total	\$141,661,699	\$132,569,639	\$9,092,060	4.1%
DICKINSON COUNTY HEALTHCARE SYSTEM	\$136,081,989	\$105,364,012	\$30,717,977	22.6%
MYMICHIGAN MEDICAL CENTER SAULT	\$122,131,239	\$112,313,941	\$9,817,298	8.0%
OSF ST. FRANCIS HOSPITAL	\$123,037,725	\$106,177,378	\$16,860,347	13.7%
MACKINAC STRAITS HEALTH SYSTEM INC	\$68,589,606	\$61,163,704	\$7,425,902	10.8%
Aggregate	\$1,296,671,203	\$1,035,075,689	\$261,595,514	11.5%

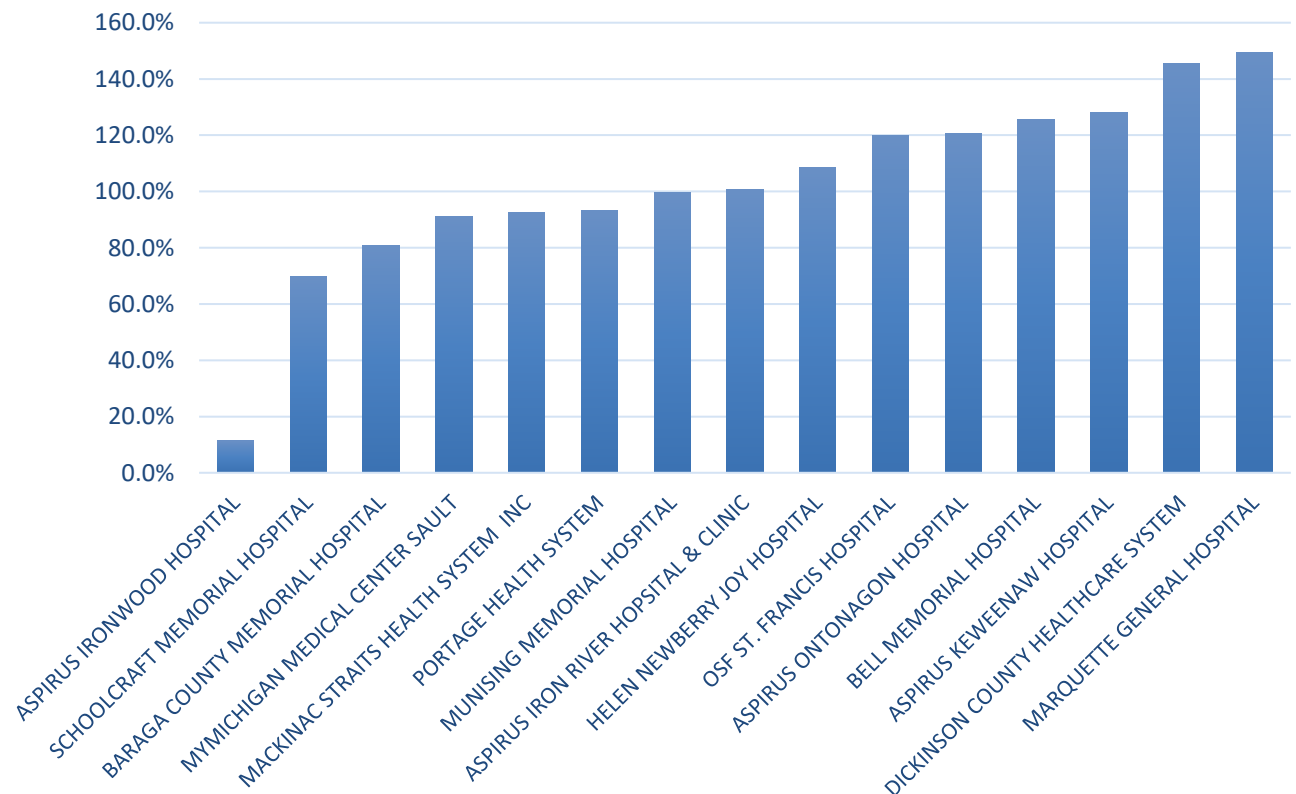
How Much Could Hospitals Charge Commercial Payers to Break Even?

The National Academy for State Health Policy (NASHP) utilizes the Medicare Cost Report (MCR) data submitted annually by hospitals to calculate a suite of financial metrics, including a commercial break-even calculation. Commercial breakeven is the percentage of the hospital's Medicare payment rate that, if paid by commercial insurers, would allow the hospital to break even across all payer types, covering all expenses for hospital inpatient and outpatient services, without profit.

Commercial breakeven levels are influenced by several factors, including a hospital's cost structure, payer mix, and non-patient-care revenue. Hospitals that receive substantial income from sources such as charitable donations, research funding, investment gains, federal relief payments, or 340B program profits may have lower commercial breakeven levels. Higher Medicare reimbursement rates can also reduce commercial breakeven by increasing overall hospital revenue.

Six hospitals (out of fifteen) in the UP Region had commercial breakevens above the national median of 112% in 2024.

2024 Commercial Breakeven, as a Percent of Medicare Reimbursement Rates



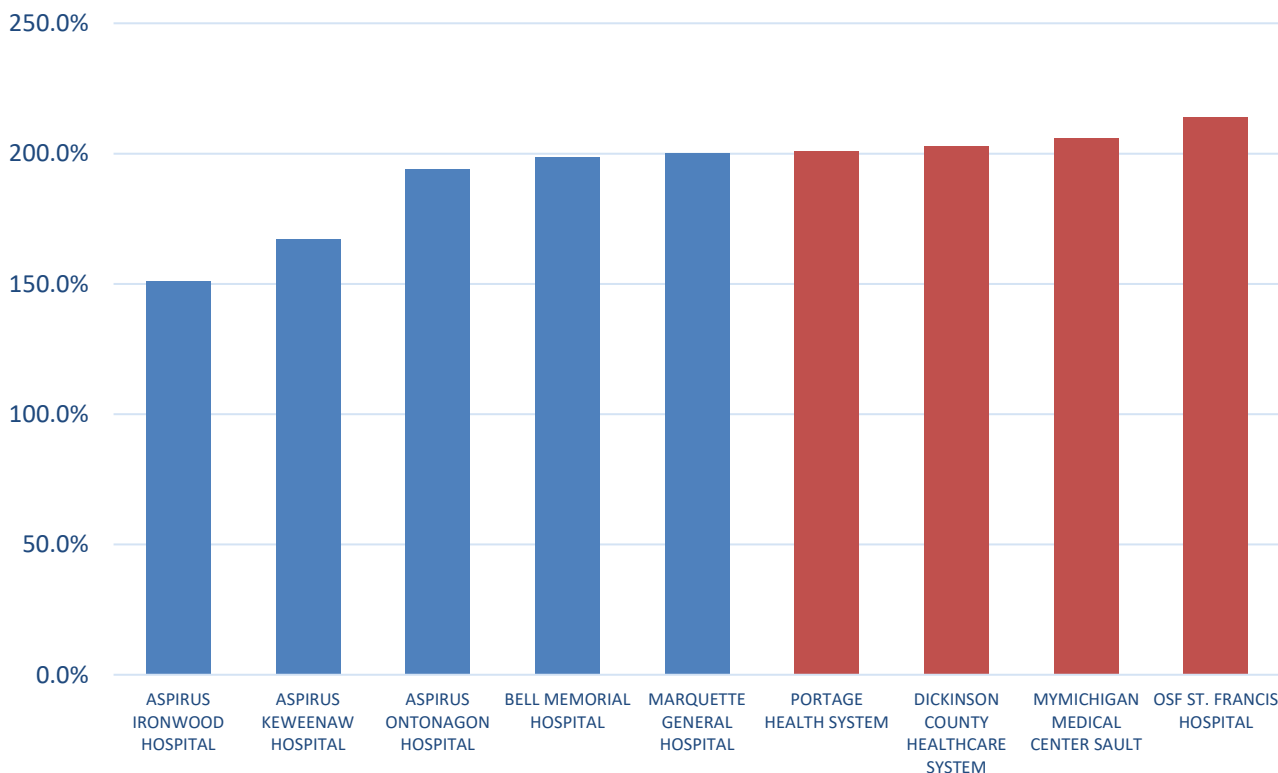
Are Hospitals Charging Commercial Payers a Fair Price?

The RAND 5.1 Hospital Price Transparency studies Michigan’s all-payer claims database and data from large self-funded purchasers to calculate the commercial price, an average commercial reimbursement rates relative to Medicare for all hospitals in the state from 2020-2022. The commercial price for hospitals can be evaluated with two key questions.

Question 1: Is the commercial price within the “fair price” range?

The National Alliance of Healthcare Purchaser Coalitions found that a “fair price” for hospital rates for privately insured patients is 140% - 200% of Medicare rates for the same services, which allows for a “reasonable markup from verifiable costs.” A commercial price outside of the fair price range (greater than 200%) can indicate inefficiency, adverse payer mix, or excess profits. The average commercial price across hospitals in this region was 193% in 2024. Four hospitals (those with red bars in the graph above) had a commercial price over 200% of Medicare. Commercial payers paid these hospitals over double what Medicare would reimburse them for the same services and procedures.

Commercial Price, as a Percent of Medicare Reimbursement Rates



PRICE VS BREAK EVEN

Commercial Prices Higher Than Needed to Cover Hospital Costs

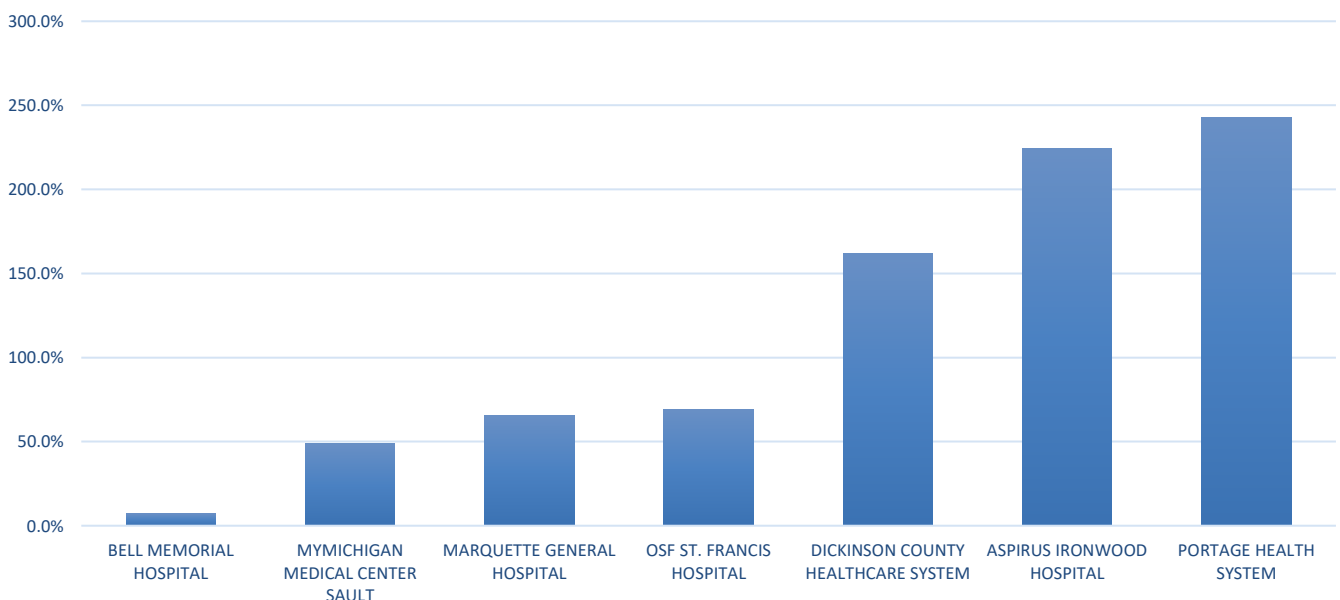
Question 2: How does the commercial price compare to the commercial breakeven?

If the commercial price exceeds the fair price range, is it because the commercial breakeven (the lowest price that the hospital could have charged its commercial payers and achieved break-even across all payer types) was also outside of the fair price range? A large difference between commercial price and commercial breakeven indicates that a hospital could accept lower prices from commercial payers and still cover all of their expenses across all payer types and business lines.

No hospitals in this region had a 2024 commercial breakeven higher than 200%. This means most hospitals would have been able to cover all 2024 expenses by charging commercial payers less than 200% of Medicare, even with the loss on patients with Medicare and/or Medicaid. Four hospitals had commercial prices over 200% of their Medicare rates.

Three out of 7 hospitals with data on both metrics had a difference of over 100% between their commercial price and their commercial breakeven. The largest gaps occurred at Portage Health System, Aspirus Ironwood Hospital, and Dickinson County Healthcare System, indicating that their commercial payments substantially exceeded the estimated amount needed to cover overall expenses. Other hospitals in the region had narrower gaps, demonstrating that the relationship between commercial price and financial need varies considerably by hospital.

Difference Between Commercial Price and 2024 Commercial Breakeven, as a Percent of Medicare Reimbursement Rates



VALUE UPPER PENINSULA

Together, quality and price metrics provide insight into hospital value. In the graph below, the x-axis represents commercial price, increasing from left to right. The y-axis represents CMS Overall Star Rating, increasing in quality from bottom to top. Value increases towards the upper left corner of the graph, as price decreases and quality of care increases. Value decreases towards the bottom right corner.

Hospitals in this region are split between higher-quality, higher-price facilities and lower-quality, lower-price facilities. Aspirus Ironwood Hospital and Dickinson County have a CMS star rating of 4, but both also have commercial prices above 200% of Medicare. MyMichigan Medical Center Sault and OSF St. Francis Hospital have commercial prices below 200% of Medicare but received 2-star ratings. As a result, no hospital in the region falls within the high-value quadrant of higher quality and lower commercial price. There is a clear tradeoff in this region. In order to receive high quality care, it is necessary to select a high-cost hospital.

2024 CMS Overall Star Rating and RAND 5.1 Commercial Price

Michigan Region 8 hospitals with both CMS star rating and RAND 5.1 pricing data



CONCLUSION

The Upper Peninsula hospital market presents a distinct healthcare value challenge. Commercial prices are, on average, lower than in many higher-priced markets and remain within the report's stated fair-price range. However, quality performance is also comparatively limited, with only two hospitals receiving a four-star CMS rating and no hospitals receiving five stars.

Financial performance across the region is uneven. While Upper Peninsula hospitals collectively generated an 11.5% operating margin in 2024, individual hospital margins varied widely. This variation is important in a region where smaller and rural hospitals may face different cost structures and financial pressures than larger facilities.

At the same time, the financial data suggest that higher commercial prices are not always necessary to cover hospital costs. No hospital had an estimated commercial breakeven above 200% of Medicare, and several hospitals received commercial payments substantially above their estimated breakeven levels. This indicates that opportunities for more efficient commercial pricing may exist at certain hospitals, even while the broader region requires careful consideration of hospital financial sustainability.

The greatest challenge is the lack of a clear high-value option among hospitals with both pricing and quality data. Lower-priced hospitals in the analysis received lower CMS quality ratings, while the region's four-star hospital had a commercial price above 200% of Medicare. Employers, health plans, policymakers, and consumers are therefore often faced with a tradeoff between lower cost and higher measured quality.

Improving value in the Upper Peninsula will require addressing both sides of this equation. Purchasers should continue to use transparent price and cost data to identify opportunities for more reasonable commercial reimbursement, while hospitals should be encouraged to improve measurable quality and patient outcomes. Policymakers and purchasers should also recognize the importance of maintaining access to care in rural communities when evaluating hospital financial performance and pricing. Ultimately, the goal should be to create a healthcare market in which Upper Peninsula residents do not have to choose between affordability and quality, and where hospitals can provide sustainable access to high-quality care at prices that employers and families can reasonably afford.



3 out of 7 hospitals had a difference of more than 100 percentage points between their commercial price and their commercial breakeven level, weakening the claim that high commercial prices are necessary to sustain Michigan hospitals.



No hospitals analyzed fell into the high-value category, combining high quality ratings with lower commercial prices.



APPENDIX



HOSPITAL INDUSTRY REPORT

- Hospital Rate Cards: Upper Peninsula
- Definitions
- Sources

ABOUT THE REPORT

This report brings together public quality, patient safety, hospital finance, commercial price, and value metrics to support purchaser and policy discussions about hospital affordability and performance in the state of Michigan.

There are five regional reports, based on the Michigan Association for Local Public Health (MALPH) State Health Assessment regions. To account for the number of hospitals in each area and the availability of data, some regions were combined as follows:

Regions 1 and 5: Southwest and Central Lower Peninsula

Region 2S and 2N: Southeast Michigan - Metro Detroit

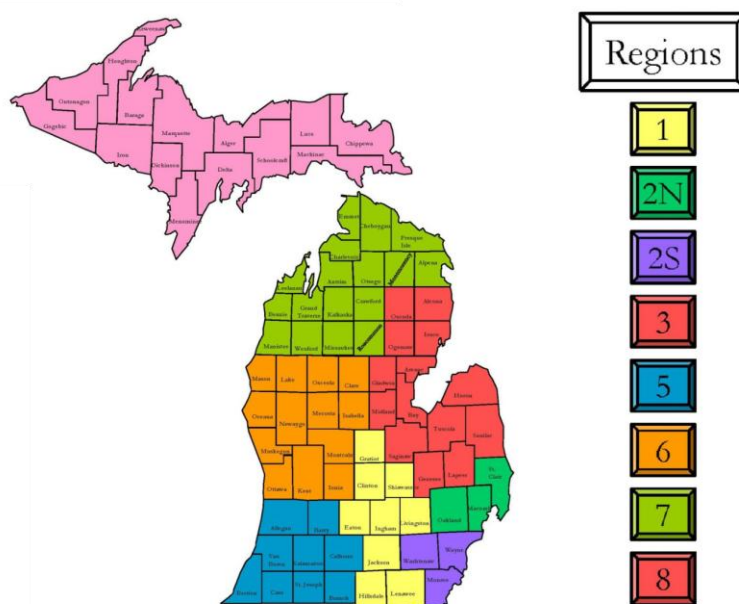
Region 3: Saginaw Valley-Flint-Thumb Region

Region 6 and 7: Grand Rapids-Traverse City-Northern Michigan

Region 8: Upper Peninsula

Hospitals within a region may not appear in every chart if data for a specific measure are missing or unavailable.

The appendix includes the complete list of hospitals assigned to each region, including hospitals that may not appear in every measure-specific chart. It also includes a QR code linking to a one-page snapshot for each Michigan hospital with available data.



MICHIGAN HOSPITAL RATE CARD

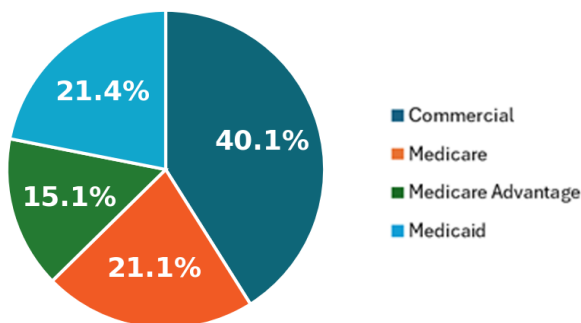
Key financial, quality and safety and market insights using 2024 data

ASPIRUS IRON RIVER HOSPITAL & CLINIC

HOSPITAL SNAPSHOT

SYSTEM:	Aspirus
COUNTY/CITY:	Iron / Iron River
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	17.0%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	109 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	76 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

1.8%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

100.7%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$36.8M
OPERATING EXPENSES	\$39.2M
HOSPITAL OPERATING COSTS	\$36.2M
OPERATING PROFIT (LOSS)	\$0.7M
NET INCOME (LOSS)	-\$0.6M
NET PROFIT MARGIN	-1.6%
COMMERCIAL OPERATING PROFIT MARGIN	14.6%
MEDICARE OPERATING PROFIT MARGIN	6.7%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-31.8%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

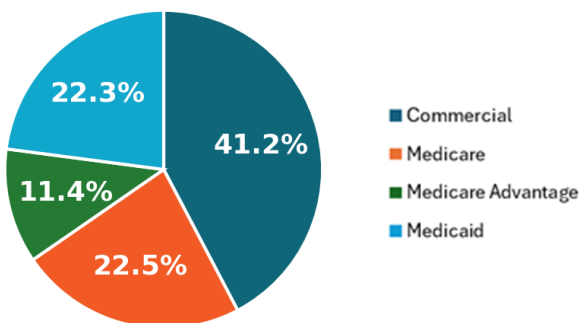
Key financial, quality and safety and market insights using 2024 data

ASPIRUS IRONWOOD

HOSPITAL SNAPSHOT

SYSTEM:	Aspirus
COUNTY/CITY:	Gogebic / Ironwood
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	38.9%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	57 out of 125
COMMERCIAL PRICE RANK	48 out of 61
COMMERICAL BREAKEVEN RANK	3 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

19.8%

COMMERCIAL PRICE
(ABOVE MEDICARE)

236.4%

COMMERCIAL
BREAKEVEN

11.5%

PRICE
BREAKEVEN GAP

224.5%

CMS STARS

★★★★☆

4

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$72.5M
OPERATING EXPENSES	\$71.5M
HOSPITAL OPERATING COSTS	\$58.2M
OPERATING PROFIT (LOSS)	\$14.3M
NET INCOME (LOSS)	\$5.4M
NET PROFIT MARGIN	7.5%
COMMERCIAL OPERATING PROFIT MARGIN	-57.7%
MEDICARE OPERATING PROFIT MARGIN	6.5%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	62.9%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	4
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

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MICHIGAN HOSPITAL RATE CARD

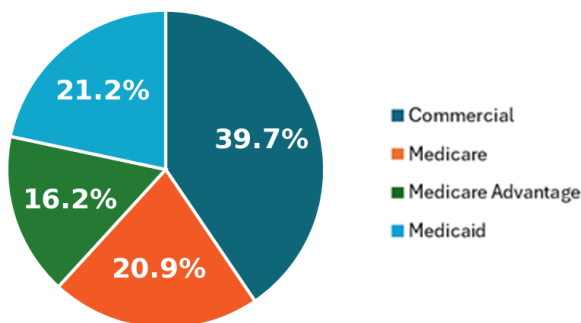
Key financial, quality and safety and market insights using 2024 data

ASPIRUS KEWEENAW

HOSPITAL SNAPSHOT

SYSTEM:	Aspirus
COUNTY/CITY:	Houghton / Laurium
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	40.3%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	91 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	107 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

10.8%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

127.9%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$59.8M
OPERATING EXPENSES	\$74.7M
HOSPITAL OPERATING COSTS	\$53.4M
OPERATING PROFIT (LOSS)	\$6.5M
NET INCOME (LOSS)	-\$1.6M
NET PROFIT MARGIN	-2.7%
COMMERCIAL OPERATING PROFIT MARGIN	29.3%
MEDICARE OPERATING PROFIT MARGIN	3.4%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-26.7%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

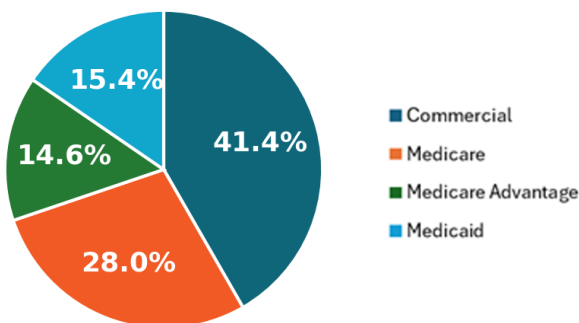
Key financial, quality and safety and market insights using 2024 data

ASPIRUS ONTONAGON

HOSPITAL SNAPSHOT

SYSTEM:	Aspirus
COUNTY/CITY:	Ontonagon / Ontonagon
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	18
INPATIENT OCCUPANCY:	10.8%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	124 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	98 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

-33.2%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

120.5%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$7.8M
OPERATING EXPENSES	\$11.3M
HOSPITAL OPERATING COSTS	\$10.4M
OPERATING PROFIT (LOSS)	-\$2.6M
NET INCOME (LOSS)	-\$3.2M
NET PROFIT MARGIN	-40.7%
COMMERCIAL OPERATING PROFIT MARGIN	-65.1%
MEDICARE OPERATING PROFIT MARGIN	2.8%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-178.9%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

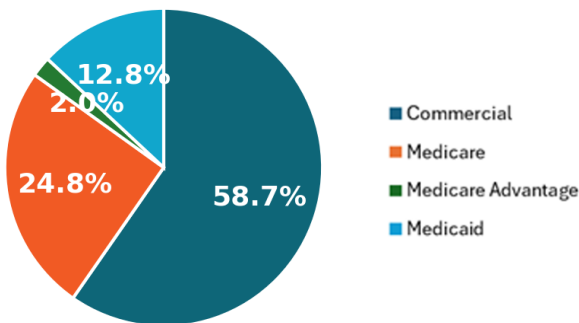
Key financial, quality and safety and market insights using 2024 data

BARAGA COUNTY MEMORIAL

HOSPITAL SNAPSHOT

SYSTEM:	Upper Peninsula Health Care Solutions
COUNTY/CITY:	Baraga / Lanse
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	24
INPATIENT OCCUPANCY:	21.9%
340B STATUS:	Active, start year 2010

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	107 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	41 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

2.3%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

80.9%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$29.6M
OPERATING EXPENSES	\$31.2M
HOSPITAL OPERATING COSTS	\$28.9M
OPERATING PROFIT (LOSS)	\$0.7M
NET INCOME (LOSS)	\$2.2M
NET PROFIT MARGIN	7.5%
COMMERCIAL OPERATING PROFIT MARGIN	0.9%
MEDICARE OPERATING PROFIT MARGIN	0.9%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	19.5%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

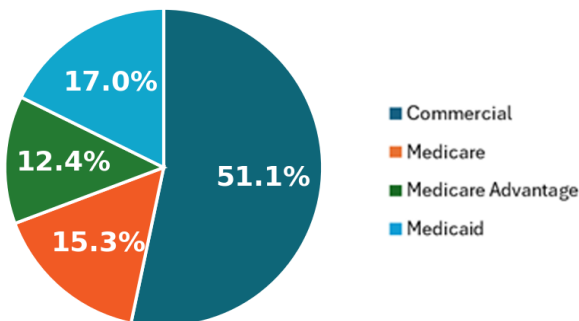
Key financial, quality and safety and market insights using 2024 data

BELL MEMORIAL

HOSPITAL SNAPSHOT

SYSTEM:	Lifepoint Health
COUNTY/CITY:	Marquette / Ishpeming
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	31.7%
340B STATUS:	Not Active

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	2 out of 125
COMMERCIAL PRICE RANK	2 out of 61
COMMERICAL BREAKEVEN RANK	106 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

41.3%

COMMERCIAL PRICE
(ABOVE MEDICARE)

133.3%

COMMERCIAL
BREAKEVEN

125.6%

PRICE
BREAKEVEN GAP

7.4%

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$63.3M
OPERATING EXPENSES	\$59.4M
HOSPITAL OPERATING COSTS	\$37.1M
OPERATING PROFIT (LOSS)	\$26.1M
NET INCOME (LOSS)	\$5.7M
NET PROFIT MARGIN	9.0%
COMMERCIAL OPERATING PROFIT MARGIN	58.8%
MEDICARE OPERATING PROFIT MARGIN	1.8%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	22.9%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	0.00
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

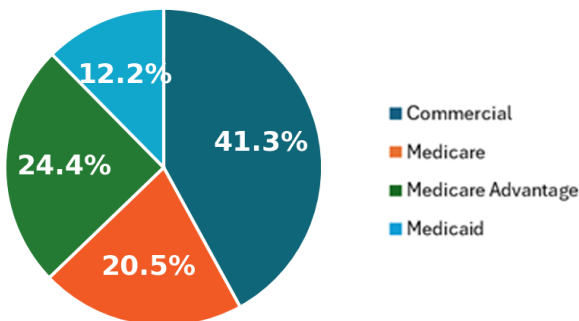
Key financial, quality and safety and market insights using 2024 data

DICKINSON COUNTY HEALTHCARE SYSTEM

HOSPITAL SNAPSHOT

SYSTEM:	Marshfield Clinic Health System
COUNTY/CITY:	Dickinson / Iron Mountain
TYPE:	General acute care
URBAN/RURAL:	Rural
BEDS:	49
INPATIENT OCCUPANCY:	47.6%
340B STATUS:	Not Active

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	44 out of 125
COMMERCIAL PRICE RANK	59 out of 61
COMMERICAL BREAKEVEN RANK	112 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

22.6%

COMMERCIAL PRICE
(ABOVE MEDICARE)

307.1%

COMMERCIAL
BREAKEVEN

145.4%

PRICE
BREAKEVEN GAP

161.6%

CMS STARS

4

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$136.1M
OPERATING EXPENSES	\$160.0M
HOSPITAL OPERATING COSTS	\$105.4M
OPERATING PROFIT (LOSS)	\$30.7M
NET INCOME (LOSS)	-\$10.5M
NET PROFIT MARGIN	-7.7%
COMMERCIAL OPERATING PROFIT MARGIN	44.5%
MEDICARE OPERATING PROFIT MARGIN	2.7%
MEDICARE ADV OPERATING PROFIT MARGIN	9.2%
MEDICAID OPERATING PROFIT MARGIN	-77.5%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	4
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	0.65
CAUTI (1.0 or lower is better)	0.00
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	6.13

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

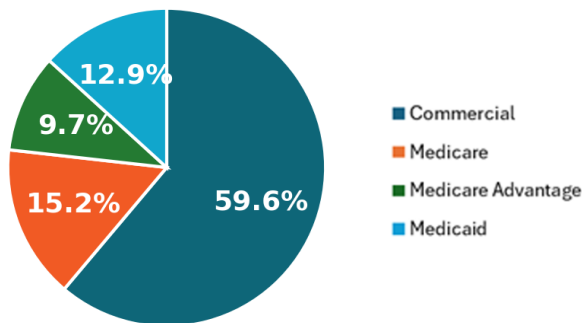
Key financial, quality and safety and market insights using 2024 data

HELEN NEWBERRY JOY

HOSPITAL SNAPSHOT

SYSTEM:	Upper Peninsula Health Care Solutions
COUNTY/CITY:	Luce / Newberry
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	18.4%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	96 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	90 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

8.4%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

108.5%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$39.2M
OPERATING EXPENSES	\$39.3M
HOSPITAL OPERATING COSTS	\$35.9M
OPERATING PROFIT (LOSS)	\$3.3M
NET INCOME (LOSS)	\$4.1M
NET PROFIT MARGIN	10.4%
COMMERCIAL OPERATING PROFIT MARGIN	26.7%
MEDICARE OPERATING PROFIT MARGIN	4.4%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	N/A

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

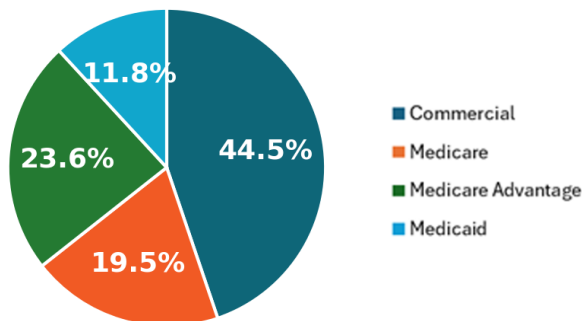
Key financial, quality and safety and market insights using 2024 data

MARQUETTE GENERAL

HOSPITAL SNAPSHOT

SYSTEM:	Lifepoint Health
COUNTY/CITY:	Marquette / Marquette
TYPE:	General acute care
URBAN/RURAL:	Rural
BEDS:	163
INPATIENT OCCUPANCY:	67.5%
340B STATUS:	Not Active

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	13 out of 125
COMMERCIAL PRICE RANK	37 out of 61
COMMERICAL BREAKEVEN RANK	114 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

30.9%

COMMERCIAL PRICE
(ABOVE MEDICARE)

215.2%

COMMERCIAL
BREAKEVEN

149.2%

PRICE
BREAKEVEN GAP

65.8%

CMS STARS

★★★★☆

3

LEAPFROG
GRADE

B

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$381.7M
OPERATING EXPENSES	\$410.6M
HOSPITAL OPERATING COSTS	\$263.9M
OPERATING PROFIT (LOSS)	\$117.8M
NET INCOME (LOSS)	-\$12.9M
NET PROFIT MARGIN	-3.4%
COMMERCIAL OPERATING PROFIT MARGIN	43.4%
MEDICARE OPERATING PROFIT MARGIN	11.7%
MEDICARE ADV OPERATING PROFIT MARGIN	18.8%
MEDICAID OPERATING PROFIT MARGIN	23.2%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	3
FALL 2024 LEAPFROG GRADE	B
MRSA (1.0 or lower is better)	0.27
C. DIFF (1.0 or lower is better)	0.39
CAUTI (1.0 or lower is better)	0.91
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	5.16

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

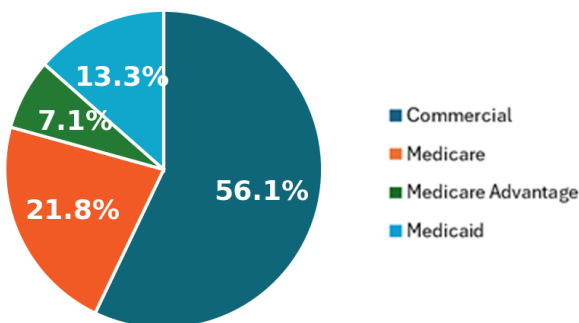
Key financial, quality and safety and market insights using 2024 data

MUNISING MEMORIAL

HOSPITAL SNAPSHOT

SYSTEM:	Upper Peninsula Health Care Solutions
COUNTY/CITY:	Alger / Munising
TYPE:	Critical Access
URBAN/RURAL:	Urban
BEDS:	11
INPATIENT OCCUPANCY:	24.3%
340B STATUS:	Active, start year 2012

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	116 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	72 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

-3.3%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

99.8%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$12.0M
OPERATING EXPENSES	\$13.3M
HOSPITAL OPERATING COSTS	\$12.4M
OPERATING PROFIT (LOSS)	-\$0.4M
NET INCOME (LOSS)	\$0.5M
NET PROFIT MARGIN	4.4%
COMMERCIAL OPERATING PROFIT MARGIN	14.0%
MEDICARE OPERATING PROFIT MARGIN	-0.5%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-214.0%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

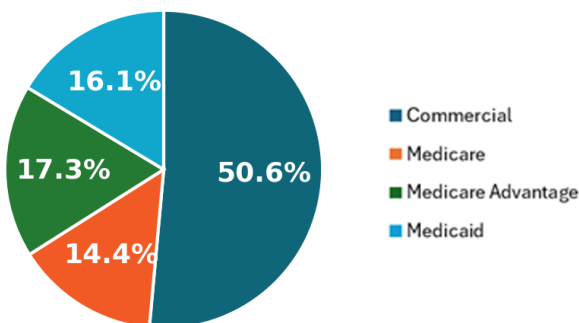
Key financial, quality and safety and market insights using 2024 data

MYMICHIGAN MEDICAL CENTER SAULT

HOSPITAL SNAPSHOT

SYSTEM:	MyMichigan
COUNTY/CITY:	Chippewa / Sault Ste. Marie
TYPE:	General acute care
URBAN/RURAL:	Rural
BEDS:	49
INPATIENT OCCUPANCY:	36.7%
340B STATUS:	Active, start year 2010

PAYER MIX

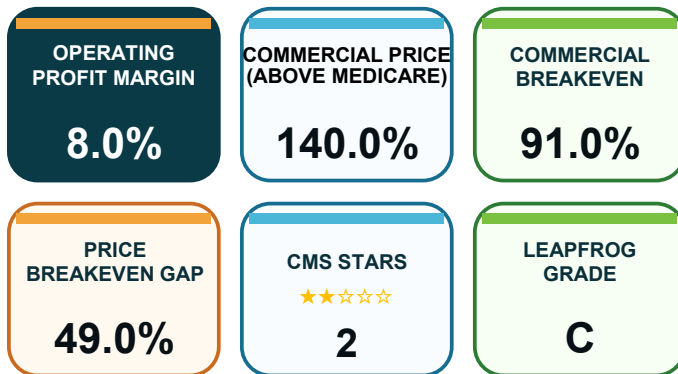


STATEWIDE RANKINGS

OPERATING MARGIN RANK	97 out of 125
COMMERCIAL PRICE RANK	3 out of 61
COMMERICAL BREAKEVEN RANK	53 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD



FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$122.1M
OPERATING EXPENSES	\$139.0M
HOSPITAL OPERATING COSTS	\$112.3M
OPERATING PROFIT (LOSS)	\$9.8M
NET INCOME (LOSS)	-\$4.4M
NET PROFIT MARGIN	-3.6%
COMMERCIAL OPERATING PROFIT MARGIN	17.0%
MEDICARE OPERATING PROFIT MARGIN	1.1%
MEDICARE ADV OPERATING PROFIT MARGIN	7.2%
MEDICAID OPERATING PROFIT MARGIN	-12.2%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	2
FALL 2024 LEAPFROG GRADE	C
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	2.22
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	6.35

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

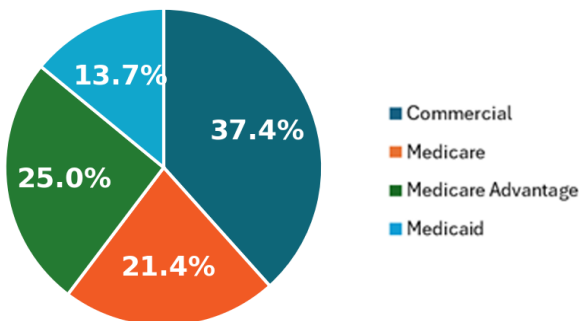
Key financial, quality and safety and market insights using 2024 data

OSF ST. FRANCIS

HOSPITAL SNAPSHOT

SYSTEM:	OSF Healthcare System
COUNTY/CITY:	Delta / Escanaba
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	25
INPATIENT OCCUPANCY:	55.0%
340B STATUS:	Active, start year 2013

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	81 out of 125
COMMERCIAL PRICE RANK	18 out of 61
COMMERICAL BREAKEVEN RANK	97 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING PROFIT MARGIN

13.7%

COMMERCIAL PRICE (ABOVE MEDICARE)

188.9%

COMMERCIAL BREAKEVEN

119.8%

PRICE BREAKEVEN GAP

69.2%

CMS STARS

★★★★☆

2

LEAPFROG GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$123.0M
OPERATING EXPENSES	\$118.9M
HOSPITAL OPERATING COSTS	\$106.2M
OPERATING PROFIT (LOSS)	\$16.9M
NET INCOME (LOSS)	\$9.4M
NET PROFIT MARGIN	7.7%
COMMERCIAL OPERATING PROFIT MARGIN	39.2%
MEDICARE OPERATING PROFIT MARGIN	3.4%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-135.1%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	2
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	0.34
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

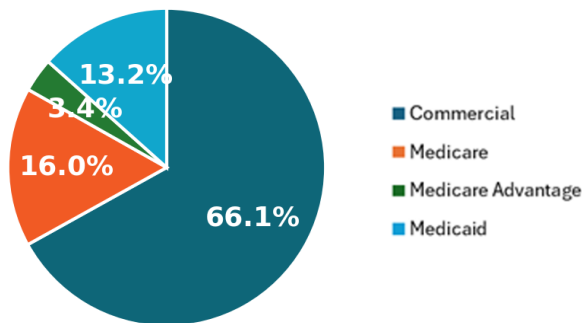
Key financial, quality and safety and market insights using 2024 data

PORTAGE HEALTH SYSTEM

HOSPITAL SNAPSHOT

SYSTEM:	Lifepoint Health
COUNTY/CITY:	Houghton / Hancock
TYPE:	General acute care
URBAN/RURAL:	Rural
BEDS:	36
INPATIENT OCCUPANCY:	38.6%
340B STATUS:	Not Active

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	15 out of 125
COMMERCIAL PRICE RANK	60 out of 61
COMMERICAL BREAKEVEN RANK	57 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

29.9%

COMMERCIAL PRICE
(ABOVE MEDICARE)

335.7%

COMMERCIAL
BREAKEVEN

93.1%

PRICE
BREAKEVEN GAP

242.9%

CMS STARS

N/A

LEAPFROG
GRADE

A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$83.2M
OPERATING EXPENSES	\$92.9M
HOSPITAL OPERATING COSTS	\$58.4M
OPERATING PROFIT (LOSS)	\$24.9M
NET INCOME (LOSS)	-\$0.1M
NET PROFIT MARGIN	-0.2%
COMMERCIAL OPERATING PROFIT MARGIN	40.2%
MEDICARE OPERATING PROFIT MARGIN	2.7%
MEDICARE ADV OPERATING PROFIT MARGIN	9.8%
MEDICAID OPERATING PROFIT MARGIN	-17.2%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	0.00
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

MICHIGAN HOSPITAL RATE CARD

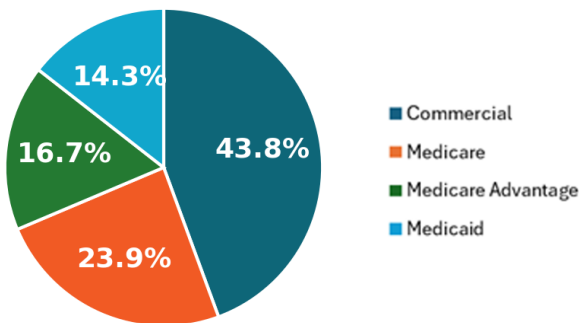
Key financial, quality and safety and market insights using 2024 data

SCHOOLCRAFT MEMORIAL

HOSPITAL SNAPSHOT

SYSTEM:	Upper Peninsula Health Care Solutions
COUNTY/CITY:	Schoolcraft / Manistique
TYPE:	Critical Access
URBAN/RURAL:	Rural
BEDS:	12
INPATIENT OCCUPANCY:	26.4%
340B STATUS:	Active, start year 2011

PAYER MIX



STATEWIDE RANKINGS

OPERATING MARGIN RANK	95 out of 125
COMMERCIAL PRICE RANK	N/A out of 61
COMMERICAL BREAKEVEN RANK	28 out of 122

Scan the QR code to access the full report, definitions, and data resource or go to mihpc.org.

EXECUTIVE SCORECARD

OPERATING
PROFIT MARGIN

9.0%

COMMERCIAL PRICE
(ABOVE MEDICARE)

N/A

COMMERCIAL
BREAKEVEN

69.6%

PRICE
BREAKEVEN GAP

N/A

CMS STARS

N/A

LEAPFROG
GRADE

N/A

FINANCIAL PERFORMANCE

NET PATIENT REVENUE	\$60.9M
OPERATING EXPENSES	\$66.0M
HOSPITAL OPERATING COSTS	\$55.4M
OPERATING PROFIT (LOSS)	\$5.5M
NET INCOME (LOSS)	\$6.0M
NET PROFIT MARGIN	9.9%
COMMERCIAL OPERATING PROFIT MARGIN	18.5%
MEDICARE OPERATING PROFIT MARGIN	4.1%
MEDICARE ADV OPERATING PROFIT MARGIN	6.6%
MEDICAID OPERATING PROFIT MARGIN	-7.6%

QUALITY & PATIENT SAFETY

CMS 2024 STAR RATING	N/A
FALL 2024 LEAPFROG GRADE	N/A
MRSA (1.0 or lower is better)	N/A
C. DIFF (1.0 or lower is better)	N/A
CAUTI (1.0 or lower is better)	N/A
POSTOPERATIVE SEPSIS RATE (4.18 or lower is better)	N/A

Commercial Breakeven is the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across payers and services, without profit.

Commercial Price (Above Medicare) is the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data.

Price-Breakeven Gap is RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

Operating Profit Margin (OPM) is Operating Profit (Loss) divided by Net Patient Revenue.

340B: U.S. federal program created in 1992 and managed by the Health Resources and Services Administration (HRSA). It requires pharmaceutical manufacturers to sell outpatient drugs at steep discounts (typically 20% to 50% off) to qualifying healthcare organizations and safety-net hospitals that care for low-income, uninsured, and vulnerable patient populations.

C.diff: short for *Clostridioides difficile*, a bacterium that can infect the large intestine and cause severe inflammation and diarrhea.

CAUTI: Catheter-Associated Urinary Tract Infection, an infection that happens when germs (like bacteria) enter the urinary tract through a tube—called a urinary catheter—that is put into the bladder to drain urine. It is one of the most common types of infections people can get in hospitals or care clinics.

Commercial OPM: Commercial Operating Profit divided by Commercial Net Patient Revenue.

CMS Stars: a 1-to-5 scale used by the Centers for Medicare & Medicaid Services to measure the quality, performance, and member satisfaction of Medicare Advantage (Part C) and Part D prescription drug plans, as well as nursing homes. Five stars represent excellent performance, while one star indicates poor quality

Commercial Breakeven: the percentage of Medicare payment that commercial payers would need to pay for the hospital to break even across.

Commercial Price (Above Medicare): the price average commercial reimbursement rate relative to Medicare from RAND 5.1 hospital price transparency data. Dictates how much more commercial plans are charged by hospitals compared to the Medicare rates.

Hospital Operating Costs: The portion of Hospital Expenses related only to Hospital Patient Care and eligible for reimbursement per Medicare federal regulations, sometimes referred to as Medicare Allowed Costs.

Leapfrog Grade: The Leapfrog Hospital Safety Grade are letter grades (A, B, C, D, or F) assigned to general hospitals across the United States based on patient safety measures. Uses up to 32 evidence-based measures of patient safety, relies on data from the Centers for Medicare & Medicaid Services (CMS) and volunteer transparency from hospitals. The rates are updated twice a year (in the spring and fall).

DEFINITIONS

Medicaid OPM: Medicaid Operating Profit divided by Medicaid Net Patient Revenue.

Medicare Adv OPM: Medicare Advantage Operating Profit divided by Medicare Advantage Net Patient Revenue.

Medicare OPM: Medicare Operating Profit divided by Medicare Net Patient Revenue.

MRSA: methicillin-resistant *Staphylococcus aureus*. It is a type of staph bacteria that does not respond to many common antibiotics like penicillin and methicillin.

Net Income (Loss): Net Patient Revenue, minus Operating Expenses, plus Other Income and Expense. Represents earnings retained by the hospital.

Net Patient Revenue: Gross patient charges, minus contractual discounts, bad debt and charity care allowances, and other deductions agreed to by the hospital. Numbers reported from hospital's accounting records.

Net Profit Margin: Net Income divided by Net Patient Revenue, representing the percentage of Net Patient Revenue retained by the hospital.

Operating Expenses: Hospital Operating Expenses, as recorded in hospital accounting records.

Operating Margin: Operating Profit (Loss) divided by Net Patient Revenue.

Operating Profit (Loss): Net Patient Revenue minus Hospital Operating Costs.

Payer Mix: Percentage of total hospital services provided to each payer type, as measured by hospital charges. Hospital charges are total inpatient and outpatient charges for services provided by the hospital, including charity care. Charges are the list prices set by the hospital, and similar to Manufacturer Suggested Retail Price in other markets.

Postoperative Sepsis Rate: measures the number of secondary sepsis cases that develop per 1,000 elective surgical hospital discharges for adult patients.

Price Gap: the RAND 5.1 Price minus Commercial Breakeven. Larger gaps suggest commercial prices are farther above the hospital's estimated break-even level.

RAND 5.1: an employer-led hospital price transparency initiative. It analyzes private health insurance and employer claims data to compare what commercial plans pay hospitals versus what Medicare pays for the same service.

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ABOUT MIHPC

The Michigan Health Purchasers Coalition (MIHPC) is a statewide, nonpartisan 501(c)(4) organization dedicated to improving the affordability, transparency, and accountability of healthcare in Michigan. The coalition's mission is to address the rising cost of employer-sponsored healthcare and to advocate for policies that create a more sustainable healthcare marketplace to ensure that employers can continue providing quality health benefits while protecting Michigan families from excessive healthcare costs.

MIHPC conducts independent research and data analysis to better understand the factors driving healthcare costs across the state. Through original studies, public reports, policy briefs, and educational resources, the coalition examines issues such as hospital pricing, market consolidation, facility fees, drug pricing, and price transparency. These research efforts help employers, policymakers, and the public make informed decisions based on objective data while encouraging meaningful reforms that improve affordability without compromising access to quality care.

By advancing evidence-based policy solutions and increasing public awareness of healthcare pricing practices, MIHPC is working toward a future where high-quality healthcare is both affordable and sustainable for Michigan employers, working families, and communities across the state. Learn more at mihpc.org.



www.mihpc.org