



Hospital Review



Hospital Profile

Hospital Name: All Children's Hospital, Inc. License Number: 4042
 Address: 501 6th Street S Saint Petersburg, FL 33701
 Ownership Type: Proprietary Not-for-Profit Local Government Owned
 Prepared by: _____, pursuant to Executive Order 15-99

Hospital Website: www.allkids.org
 Charge Master Website: n/a
 Initial Licensure Date: 1967
 Number of Hospital Facilities: 1

Total Licensed Beds:				
Acute Care	162	Child Substance Abuse		
Adult Psychiatric		Comprehensive Medical Rehabilitation		
Adult Substance Abuse		Neonatal Intensive Care - Level II	35	
Child Psychiatric		Neonatal Intensive Care - Level III	62	

* - 9 month fiscal year

	2006	2007	2008	2009	2010	2011 *	2012	2013	Comments
Financial Data:									
Total Margin	29,929,655	24,940,304	23,587,839	17,864,683	(8,781,952)	2,274,507	14,628,000	2,893,000	A
Total Margin Percent	9.9%	7.8%	7.0%	5.1%	-2.3%	0.7%	3.2%	0.6%	A
Total Deductions from Gross Revenue	323,879,510	371,197,430	424,654,857	504,657,718	593,156,252	521,224,434	741,677,344	762,260,371	
Total Deductions from Bad Debt	6,574,722	5,738,800	7,146,145	8,420,580	3,431,788	1,707,332	8,926,269	10,370,195	
Total Deductions from Charity Care	10,544,105	6,338,633	11,238,592	7,381,121	12,877,149	4,742,429	13,630,348	7,843,121	
Total Deductions from Medicare	8,068,451	6,405,856	2,611,914	5,023,079	7,195,265	7,825,257	5,495,054	4,167,833	
Total Deductions from Medicaid	180,851,313	217,741,399	259,969,769	314,637,253	392,606,272	338,014,485	492,287,139	517,867,265	
Total Deductions from Commercial Insurance	107,347,397	113,158,038	128,904,980	147,928,029	153,093,339	137,638,384	187,790,246	196,617,520	
Local Tax Revenue	-	-	-	-	-	-	-	-	
Taxes	3,234,194	3,079,028	3,540,975	3,676,656	3,715,929	2,982,636	4,752,603	4,803,825	
Licensing Fees									
Intergovernmental Transfers									
Total Low Income Pool (LIP) Funding Received		10,618,196	6,311,959	7,694,121	9,435,179	7,820,123	5,388,309	5,246,162	
Foundation Contributions	18,459,000	8,219,000	15,793,000	15,196,000	22,192,000	310,000	1,600,000	900,000	F
Marketing/Advertising Expenses	174,330	227,606	336,597	564,820	877,448	374,093	330,045	443,359	
Average cost per patient per day	Need instructions to ensure uniform reporting								
Average cost per patient per admission	Need instructions to ensure uniform reporting								
Operating margin for next patient served	Need instructions to ensure uniform reporting								
Number of patients referred to collections	Need instructions to ensure uniform reporting								
Number of lawsuits from patients referred to collections	0	0	0	0	0	0	0	0	
Medicaid Managed Care Contracts:									
Number of plans contracted with for inpatient and outpatient services	2	2	4	5	5	6	7	9	
Number of enrollees in the plans									
Number of speciality plans	0	0	0	0	0	0	0	2	
Average volume-weighted inpatient rate for standard plans (as % of Medicaid fee)	N/A--contract confidentiality clause								
Average volume-weighted inpatient rate for speciality plans (as % of Medicaid fee)	N/A--contract confidentiality clause								
Average volume-weighted outpatient rate standard plans (as % of Medicaid fee)	N/A--contract confidentiality clause								
Average volume-weighted outpatient rate speciality plans (as % of Medicaid fee)	N/A--contract confidentiality clause								
Employees									
Number of Full Time Employees	1,835	1,855	1,903	2,009	2,178	1,666	2,331	2,406	

