



Hospital Review



Hospital Profile

Hospital Name: Homestead Hospital **License Number:** 4486
Address: 975 Baptist Way Homestead, FL 38540
Ownership Type: Proprietary Not-for-Profit Local Government Owned
Prepared by: Patricia Boylan, pursuant to Executive Order 15-99

Hospital Website: AHCA Florida HealthFinder.gov
Charge Master Website: N/A Hospitals don't have chargemaster websites
Initial Licensure Date: AHCA
Number of Hospital Facilities: 1

| | | | | |
|------------------------------|----------------------------|---|----------------------------|--|
| Total Licensed Beds: | | | | |
| <i>Acute Care</i> | <i>AHCA licensure list</i> | <i>Child Substance Abuse</i> | <i>AHCA licensure list</i> | |
| <i>Adult Psychiatric</i> | <i>AHCA licensure list</i> | <i>Comprehensive Medical Rehabilitation</i> | <i>AHCA licensure list</i> | |
| <i>Adult Substance Abuse</i> | <i>AHCA licensure list</i> | <i>Neonatal Intensive Care - Level II</i> | <i>AHCA licensure list</i> | |
| <i>Child Psychiatric</i> | <i>AHCA licensure list</i> | <i>Neonatal Intensive Care - Level III</i> | <i>AHCA licensure list</i> | |

| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|--|------|------|------|------|------|------|------|
| Financial Data: | | | | | | | | |
| Total Margin | AHCA FHURS C-2 line 25 | | | | | | | |
| Total Margin Percent | AHCA FHURS C-2 line 25, line 3 and line 14 | | | | | | | |
| Total Deductions from Gross Revenue | | | | | | | | |
| <i>Total Deductions for Bad Debt</i> | AHCA FHURS C-3a line 1 column 6 | | | | | | | |
| <i>Total Deductions for Charity Care</i> | AHCA FHURS C-3a line 3 and 4 column 6 | | | | | | | |
| <i>Total Deductions for Medicare</i> | AHCA FHURS C-3a line 5 column 6 and line 10, column 6 (Medicare Advantage) | | | | | | | |
| <i>Total Deductions for Medicaid</i> | AHCA FHURS C-3a line 6 column 6 and line 11, column 6 (Medicaid HMO) | | | | | | | |
| <i>Total Deductions for Commercial Insurance</i> | AHCA FHURS C-3a line 12, 13 & 14 column 6 | | | | | | | |
| Local Tax Revenue | AHCA FHURS C-4 line 32 | | | | | | | |
| Taxes | AHCA FHURS C-6 line 34, line 34a, C-2 line 18, X-1 line 2 | | | | | | | |
| Licensing Fees | AHCA FHURS C-6 line 34 | | | | | | | |
| Intergovernmental Transfers | AHCA Intergovernmental Transfers Letters of Agreement | | | | | | | |
| Total Low Income Pool (LIP) Funding Received | AHCA FMMIS data | | | | | | | |
| Foundation Contributions | Need instructions to ensure uniform reporting | | | | | | | |
| Marketing/Advertising Expenses | AHCA FHURS C-6 line 21, "hospital administration" or IRS 990, Part IX line 12 (NFPs) | | | | | | | |
| Average cost per patient per day | AHCA FHURS report (Note: AHCA uses "per adjusted patient day") | | | | | | | |
| Average cost per patient per admission | AHCA FHURS report (Note: AHCA uses "per adjusted admission") | | | | | | | |
| 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 | Need instructions to ensure uniform reporting | | | | | | | |

| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|---|------|------|------|------|------|------|------|
| Medicaid Managed Care Contracts: | | | | | | | | |
| Number of plans contracted with for inpatient and outpatient services | 6 | 6 | 5 | 5 | 5 | 5 | 4 | 4 |
| Number of enrollees in the plans | AHCA Florida Statewide Medicaid Enrollment Report | | | | | | | |
| Number of speciality plans | AHCA Florida Statewide Medicaid Enrollment Report | | | | | | | |
| 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 | | | | | | | |

| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|--|------|------|------|------|------|------|------|
| Employees | | | | | | | | |
| Number of Full Time Employees | AHCA FHURS C-6, line 41 column 4 | | | | | | | |
| Total Personnel Expense | AHCA FHURS C-6, line 41 column 1 and X-1 line 12 | | | | | | | |
| <i>Executive and Management Salaries</i> | AHCA FHURS C-6 line 21, column 1 | | | | | | | |
| <i>Administrative Salaries/Expense</i> | AHCA FHURS C-6 line 21, column 1 | | | | | | | |
| <i>Governmental Affairs/Lobbyist salaries (including legal counsel)</i> | AHCA FHURS C-6 line 21, column 1 | | | | | | | |
| <i>Other salaries and benefits expense</i> | AHCA FHURS C-6 line 41 column 1 minus line 21 column 1 | | | | | | | |
| Part Time/Seasonal Employees | | | | | | | | |
| <i>Governmental Affairs/Lobbyist salaries (including legal counsel)</i> | AHCA FHURS C-6 line 21, column 1 | | | | | | | |
| Highest salary | IRS 990 for NFP | | | | | | | |
| Executive Compensation Packages (total expense) | IRS 990 for NFP | | | | | | | |
| Number of Volunteer Hours | Need instructions to ensure uniform reporting | | | | | | | |

| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
|---|------------------------------------|------------------------------------|------|------|------|------|------|------|--|
| Hospital Services | | | | | | | | | |
| Total Number of In-Patient Admissions | AHCA data as required by FAC 59E-7 | | | | | | | | |
| Ten Most Common In-Patient Conditions and Procedures | | | | | | | | | |
| <i>Ten Leading Discharge Diagnoses and Prices</i> | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59E-7 | | | | | | | |
| | 2 | AHCA data as required by FAC 59E-7 | | | | | | | |



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| Hospital Name: | | Homestead Hospital | | | | License Number: 4486 | | | | |
| | 3 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 4 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 5 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 6 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 7 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 8 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 9 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| <i>Ten Leading Primary Procedures and Prices</i> | | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 2 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 3 | AHCA data as required by FAC 59E-7 | | | | | | | | |
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| | 9 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59E-7 | | | | | | | | |
| | | AHCA data as required by FAC 59E-7 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | |
| Total Number of Out-Patient Visits | | AHCA data as required by FAC 59B-9 | | | | | | | | |
| Ten Most Common Out-Patient Conditions and Procedures | | | | | | | | | | |
| <i>Ten Leading Discharge Diagnoses and Prices</i> | | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 2 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 3 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 4 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 5 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 6 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 7 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 8 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 9 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| <i>Ten Leading Primary (Out-Patient) Procedures and Prices</i> | | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 2 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 3 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 4 | AHCA data as required by FAC 59B-9 | | | | | | | | |
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| | 7 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 8 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 9 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | | AHCA data as required by FAC 59B-9 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| Total Number of Emergency Department Visits | | AHCA data as required by FAC 59B-9 | | | | | | | | |
| <i>Ten Leading Diagnoses on Admission and Prices</i> | | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 2 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 3 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 4 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 5 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 6 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 7 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 8 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 9 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| <i>Ten Leading Primary Procedures and Prices</i> | | | | | | | | | | |
| | 1 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 2 | AHCA data as required by FAC 59B-9 | | | | | | | | |
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| | 7 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 8 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 9 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | 10 | AHCA data as required by FAC 59B-9 | | | | | | | | |
| | | AHCA data as required by FAC 59B-9 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| Total Number of Observation Visits | | | | | | | | | | |
| Rate of In-Patient Readmissions | | AHCA FloridaHealthFinder website | | | | | | | | |
| Rate of In-Patient Complications | | AHCA FloridaHealthFinder website | | | | | | | | |
| Rate of Adverse Incidents (AHRQ Mortality Rating and Infection Reporting) | | AHCA FloridaHealthFinder website | | | | | | | | |
| Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) Star Ratings | | | | | | | | | | |
| <i>Communication with Nurses</i> | | | | | | | | | | |
| <i>Communication with Doctors</i> | | | | | | | | | | |
| <i>Responsiveness of Hospital Staff</i> | | | | | | | | | | |



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| Hospital Name: | Homestead Hospital | License Number: 4486 |
| <i>Pain Management</i> | N/A HCAHPS Star Ratings only became available in April 2015 | |
| <i>Communication about Medicines</i> | | |
| <i>Discharge Information</i> | | |
| <i>Care Transition</i> | | |
| <i>Cleanliness of Hospital Environment</i> | | |
| <i>Quietness of Hospital Environment</i> | | |
| <i>Overall Hospital Rating</i> | | |
| <i>Recommend the Hospital</i> | | |
| <i>Summary Star Rating</i> | | |
| Casemix | AHCA Florida HealthFinder website | |