

Hospital Name:

Hospital Review



Hospital Profile

South Miami Hospital

Address:	6200 SW 73rd St. Miami, FL 33143								
Ownership Type:	Proprietary X No	t-for-Profit		Local Gove	nment Own	ed			
Prepared by:	Patricia Boylan				nurcuant t	to Evecutive	Order 15-99		
repared by.	Tatricia Boyran				, pursuant t	O EXECUTIVE	Order 13-33		
lospital Website:	AHCA Florida HealthFinder.gov								
Charge Master Website:	N/A Hospitals don't have chargemaster websites								
nitial Licensure Date:	AHCA								
Number of Hospital Facilities:	1								
otal Licensed Beds:									
Acute Care	AHCA licensure list	Child Substance Abuse AHCA licensure list							
Adult Psychiatric	AHCA licensure list	Comprehensive Medical Rehabilitation AHCA licensure list							
Adult Substance Abuse	AHCA licensure list	Neonatal Intensive Care - Level II AHCA licensure list							
Child Psychiatric	AHCA licensure list	Neonatal Intensive Care - Level III AHCA licensure list							
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		2006	2007	2008	2009	2010	2011	2012	2013
inancial Data:									
otal Margin		AHCA FHUR	RS C-2 line25						
otal Margin Percent		AHCA FHUR	RS C-2 line 25	, line 3 and l	ine 14				
otal Deductions from Gross Revenue									
Total Deductions for Bad Debt		AHCA FHUR	RS C-3a line 1	column 6					
Total Deductions for Charity Care		AHCA FHUR	RS C-3a line 3	and 4 colum	n 6				
Total Deductions for Medicare				column 6 an		lumn 6 (Med	licare Advant	age)	
Total Deductions for Medicaid				column 6 an				luge,	
				.2. 13 & 14 co		iuiiiii o (ivied	Ilcaiu HiviO)		
Total Deductions for Commercial Insurance				,	numm 6				
ocal Tax Revenue			RS C-4 line 32						
axes				I, line 34a, C-	2 line 18, X-1	l line 2			
icensing Fees		AHCA FHUR	RS C-6 line 34						
ntergovernmental Transfers		AHCA Inter	governmenta	al Transfers L	etters of Agr	eement			
otal Low Income Pool (LIP) Funding Received		AHCA FMM	IIS data						
oundation Contributions		Need instru	ictions to en	sure uniform	reporting				
Marketing/Advertising Expenses		AHCA FHUR	RS C-6 line 21	, "hospital ad	dministration	n" or IRS 990	, Part IX line	12 (NFPs)	
		AHCA FHUR	RS report (No	te: AHCA use	s "per adius	ted patient d	lav"		
				te: AHCA use					
Average cost per patient per day Average cost per patient per admission Operating margin for next patient served				sure uniform		tea aannissio	1		
verage cost per patient per day verage cost per patient per admission perating margin for next patient served umber of patients referred to collections				sure uniform					
Number of lawsuits from patients referred to collections	ctions			sure uniform					
variber of lawsuits from patients referred to cone	20013	Need Illstro	ictions to en.	sure uninorm	reporting				
Medicaid Managed Care Contracts:			1				1		
Number of plans contracted with for inpatient and	outnatient services	5	5	. 4	4	Δ	. 4	3	3
Number of enrollees in the plans	outputient services	AHCA Florid	la Statewide	Medicaid En	rollment Rer	nort			
Number of speciality plans				Medicaid En					
Number of speciality plans Average volume-weighted inpatient rate for standa	ard plans (as % of Modicaid foo)		act confident		Tomment Nep	JUIT			
Average volume-weighted inpatient rate for special			act confident						
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			T .	1		1	ı		
Employees Number of Full Time Employees		AUCA FULIE	S C 6 line 4	1 column 4					
			RS C-6, line 4	1 column 1 a	ad V 1 lina 1	1			
otal Personnel Expense Executive and Management Salaries			RS C-6, line 4.		IIu x-1 IIIle 1.	<u> </u>			
Administrative Salaries/Expense			RS C-6 line 21						
Governmental Affairs/Lobbyist salaries (including leg	al councell								
Other salaries and benefits expense	urcounsely		RS C-6 line 21	column 1 m	inus lino 21 a	column 1			
Part Time/Seasonal Employees		ARCA FRUE	(5 C-6 line 41	Column 1 m	inus iine 21 (Joiumn 1			
		ALICA FILLIS	0.0.0.11 24						
Governmental Affairs/Lobbyist salaries (including leg	ui courisci/	IRS 990 for	RS C-6 line 21	, coluititi 1	-		1	-	-
dighest salary				-	-		-	-	
executive Compensation Packages (total expense)		IRS 990 for		curo unifor	roportina			 	
Number of Volunteer Hours				sure uniform		2010	2011	2012	2012
Jacobital Carviscos		2006	2007	2008	2009	2010	2011	2012	2013
Hospital Services		A11C4 -1-4	20 00 00 00 00 00 00 00 00 00 00 00 00 0		-		1	-	
otal Number of In-Patient Admissions		AHCA data	as required b	Jy FAC 59E-7	 		1	 	1
Fen Most Common In-Patient Conditions and Proc	eaures			1	-			-	-
Ten Leading Discharge Diagnoses and Prices		4 41104 1 1		[40 505 =	ļ			ļ	ļ
				by FAC 59E-7 by FAC 59E-7	-			-	-
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otal Number of Out-Patient Visits	А	AHCA data a	s required	by FAC 59E	i-9				
en Most Common Out-Patient Conditions and Procedures				1					
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Ten Leading Discharge Diagnoses and Prices	1 A	AHCA data a	c roquired	by EAC FOR	1	1			
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Ten Leading Primary (Out-Patient) Procedures and Prices									
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otal Number of Emergency Department Visits	А	AHCA data a	is required	by FAC 59E	1-9				
Ten Leading Diagnoses on Admission and Prices									
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Ten Leading Primary Procedures and Prices 1 Ten Leading Primary Procedures and Prices 1 Dotal Number of Observation Visits ate of In-Patient Readmissions ate of In-Patient Complications ate of Adverse Incidents (AHRQ Mortality Rating and Infection Reporting) cospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) Star Ratings	9 A 10 A 1 A 2 A 3 A 4 A 5 A 6 A 7 A 8 A 9 A 10 A	AHCA data a	is required in the req	by FAC 59E	9999999999	2010	2011	2012	2013



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Hospital Name:	South Miami Hospital		Licen	se Number:	4033	
Pain Management						
Communication about Medicines						
Discharge Information		N/A HCAHPS Star Ratings only	2015			
Care Transition		.,,	,			
Cleanliness of Hospital Environment						
Quietness of Hospital Environment						
Overall Hospital Rating						
Recommend the Hospital						
Summary Star Rating						
Casemix		AHCA Florida HealthFinder website				