Key Findings as of 5/26/15:

1. Nearly 70 percent (68.9%) of all inpatient stays (by volume) in hospitals in Florida during CY2013 were covered from government sources (Medicare, Medicaid, KidCare, VA, TriCare, etc.).

2. Hospital facilities that earned at least 4% profit tend to provide significantly less charity care services than hospitals that have negative profit margins. Similarly, hospitals with an operating loss of one percent or more had higher levels of bad debt, charity and Medicaid utilization than hospitals that had a profit of four percent or more.

3. Facilities with the least acuity had some of the highest expenses as well as being the least profitable.[1]

4. Hospitals with lower occupancy percentages are more likely to be less profitable than hospitals with higher occupancy percentages.

5. Facilities that are profitable without LIP funding remain profitable with LIP funds; and facilities that have not been profitable without LIP funding remain unprofitable with LIP funding. (Exceptions include: *Bert Fish[2], Jackson Hospital[3], Madison[2], Jackson Memorial[2], Sarasota Memorial[3])*

6. Hospital profits have trended upward over the past 10 years, with the exception of Government owned hospitals.

7. Case mix index (a measure of patient complexity/acuity) is an important factor for analysis purposes as a variable to "level the playing field".

[1] If rural hospital facilities are excluded from the analysis, there are no significant differences in cost between profitable hospitals and those that are not profitable.

[2] Total Margin

[3] Operating Margin and Total Margin