Effective date:
Jan, 21, 2014

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HOSPITAL STATEMENT OF COST
South Dakota Department of Social Services

This form is authorized by SDCL 28-13, and hospitals are required to file the completed form with the Department of Social Services at least

Name of Hospital: Avera Weskota Memorial Medical Center

Address: 604 1st Street NE, Wessington Springs, SD 57382

Period covered by statement: July 1, 2012 - June 30, 2013

NOTE: SDCL 28-13-28. A hospital may avail itself of the provisions of this chapter for purposes of determining payment for hospitalization of a medically indigent person only if the hospital has filed a detailed statement of costs with the secretary of social services in the form prescribed by the secretary. The statement of costs shall compute and set forth the ratios of costs to charges for the hospital's fiscal year covered by the statement of costs. The statement of costs shall be filed with the secretary at least annually, unless such period is extended or otherwise provided by the secretary, but a hospital may file a detailed statement of costs or amendments to such a statement once every six months.

NOTE: SDCL 28-13-31. No statement of costs, or amendment thereto, may take effect until approved by the secretary of social services and the expiration of thirty days from the filing thereof, and thereafter, for purposes of this chapter, shall remain in full force and effect until the next statement of costs, or amendment thereto , filed by the hospital pursuant to 28-13-28 is approved by the secretary. Any such statement of costs, or amendments thereto, shall be a public record and be available for inspection at any time in behalf of any board of county commissioners.

DEPARTMENTAL LISTING	Column A - Cost (Per Medicare Cost Report)	Column B - Charges (Per Medicare Cost Report)	Ratio of Cost to Charges Column A Divided by Column B
INPATIENT ROUTINE SERVICE	977,789	505,407	1.934657
NURSERY			
NURSING CARE			
Nursing Home			
Psych Unit			
Rehab Unit			
SPECIAL CARE			
Intensive Care Unit			
Coronary Care Unit			
Intermediate Care Unit			
Acute Care Unit			
Burn ICU			
Neonatal ICU			
NURSERY CARE			
ANCILLARY SERVICE	2,769,659	4,811,490	0.575634
HOME HEALTH AGENCY			
OBSERVATION BEDS	167,050	135,805	1.230073

Please complete the reverse side of this form.