Effective Date: February 11, 2013

JAN 10 2013
PROVIDER
REIMBURSEMENT AND AUDITS

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 annually to participate under the County Poor Relief Program.

Name of Hospital: Lead/Deadwood Regional Hospital

Address: 61 Charles Street, Deadwood, South Dakota 57732

Period covered by statement: From July 1, 2011, to June 30, 2012

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 ROUTNE SEVICE	~~$812,515~~ 748,688	~~$1,280,852~~ 1,318,102	56.80% ✓
NURSING CARE	NA		
SPECIAL CARE			
Intensive Care Unit	With Routine		
Coronary Care Unit			
Intermediate Care Unit			
Acute Care Unit			
MACU	With Routine		
NURSERY CARE			
ANCILLARY SERVICE	~~$1,770,267~~ 1,823,116	~~$3,643,906~~ 3,733919	48. 83% ✓

☐ = Costs/Charges from 2011