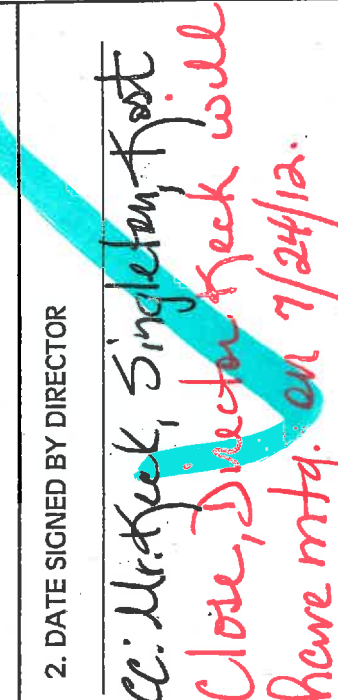


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Hess</b>	DATE <b>7-11-12</b>
-------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED
1. LOG NUMBER <b>100016</b>	 <b>cc: Mr. Geek, Singleton, Foot Close, Director Geek will have mtg. on 7/24/12.</b>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <b>7-19-12</b>
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
		<input type="checkbox"/> FOIA DATE DUE _____
		<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<b>Brenda - Close log 16 - TK mtg w/ Gen Magill.</b>
2.			
3.			
4.			

J. YANCEY MCGILL  
SENATOR, WILLIAMSBURG  
FLORENCE, GEORGETOWN  
AND HORRY COUNTIES  
SENATORIAL DISTRICT NO. 32

HOME ADDRESS:  
P.O. BOX 759  
KINGSTREE, SC 29556  
(843) 355-7217

SENATE ADDRESS:  
P.O. BOX 142  
COLUMBIA, SC 29202  
(803) 212-6132



COMMITTEES:  
AGRICULTURE  
FINANCE  
MEMBER, EXECUTIVE COMMITTEE  
CHAIRMAN, NATURAL RESOURCES &  
REGULATORY SUBCOMMITTEE  
ETHICS  
FISH, GAME AND FORESTRY  
INVITATIONS  
TRANSPORTATION

SOUTHERN GROWTH POLICIES BOARD

July 9, 2012

Mr. Tony Keck, Director  
Dept. of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Dear Mr. Keck:


It has come to my attention that Williamsburg Regional Hospital is in a position to add 4 to 5 new doctors as affiliates with this facility. This is exciting news for our area, but we need a one-time infusion of \$250,000 for equipment that will completely change the face and operation of this rural hospital.

The equipment needed is as follows:

- 1) anesthesia machine (\$40,000 - \$50,000)
- 2) monitors which will allow reopening of ICU (\$40,000 - \$50,000 each)
- 3) vascular equipment (special ultrasounds and dopplers) (\$40,000-\$50,000 each)
- 4) I-stat lab equipment to increase histology capabilities

Your help in securing this funding so that we can accommodate these new doctors, and better serve our area, would be greatly appreciated. I look forward to hearing from you at your earliest convenience.

Sincerely,

  
Yancey McGill, Member  
South Carolina Senate

YM/mw

cc: Ms. Sharon Poston, Administrator  
Williamsburg Regional Hospital

RECEIVED

JUL 11 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR



J. YANCEY MCGILL  
SENATOR, WILLIAMSBURG, FLORENCE,  
GEORGETOWN AND Horry COUNTIES.

P. O. BOX 759  
KINGSTREE, SC 29556

**RECEIVED**

JUL 11 2012

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

Mr. Tony Keck, Director  
Dept. of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

Hasler

07/09/2012

**US POSTAGE**

FIRST-CLASS MAIL

**\$00.45<sup>0</sup>**



ZIP 29202  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess Campbell / James Bradland	7-11-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000016	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 7-19-12
2. DATE SIGNED BY DIRECTOR cc: Mr. Guek, Singleton, Post	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<del>closed 7/24/12 TK Mg 7/24/12</del>
2.			
3.			
4.			

J. YANCEY MCGILL  
SENATOR, WILLIAMSBURG,  
FLORENCE, GEORGETOWN  
AND HORRY COUNTIES,  
SENATORIAL DISTRICT NO. 32

HOME ADDRESS:  
P. O. BOX 759  
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ETHICS  
FISH, GAME AND FORESTRY  
INVITATIONS  
TRANSPORTATION  
SOUTHERN GROWTH POLICIES BOARD

July 9, 2012

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Dept. of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

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- 4) I-stat lab equipment to increase histology capabilities

Your help in securing this funding so that we can accommodate these new doctors, and better serve our area, would be greatly appreciated. I look forward to hearing from you at your earliest convenience.

Sincerely,

  
Yancey McGill, Member  
South Carolina Senate

YM/mw

cc: Ms. Sharon Poston, Administrator  
Williamsburg Regional Hospital

RECEIVED

JUL 11 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

July 20, 2012

The Honorable J. Yancey McGill  
Post Office Box 759  
Kingstree, SC 29556

Dear Senator McGill:

Thank you for your request for assistance in securing funding for Williamsburg Regional Hospital. I appreciate you bringing this matter to my attention.

As you know, I exempted certain small and rural hospitals from the July 2011 Medicaid rate cuts in an attempt to soften the fiscal impact on those facilities. I am keenly aware of the plight of our rural hospitals across the state and their financial challenges. I have been in multiple talks with health care officials and lawmakers about the issues facing rural hospitals and we are still working towards a solution that benefits them all.

While we are limited in state dollars within our current budget, I have instructed my staff to look into possible funding alternatives to assist Williamsburg Regional Hospital in their endeavor. They may be in contact with the hospital regarding more specifics as to the individual funding requests.

Sincerely,

Anthony E. Keck  
Director



cc: Ms. Sharon Poston, Administrator  
Williamsburg Regional Hospital

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Hess Campbell / James	7-11-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000016	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE 7-19-12
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
cc: Mr. Guek, Singleton, Post	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action DATE DUE _____

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

J. YANCEY MCGILL  
SENATOR, WILLIAMSBURG,  
FLORENCE, GEORGETOWN  
AND Horry COUNTIES  
SENATORIAL DISTRICT NO. 32

HOME ADDRESS:  
P. O. BOX 759  
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COMMITTEES  
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REGULATORY SUBCOMMITTEE  
ETHICS  
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INVITATIONS  
TRANSPORTATION  
SOUTHERN GROWTH POLICIES BOARD

July 9, 2012

Mr. Tony Keck, Director  
Dept. of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

RECEIVED

JUL 11 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear Mr. Keck:

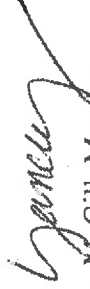
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Yancey McGill, Member  
South Carolina Senate

YM/mw

cc: Ms. Sharon Poston, Administrator  
Williamsburg Regional Hospital





South Carolina Department of  
Health & Human Services

Anthony E. Keck, Director  
Nikki R. Haley, Governor

July 20, 2012

The Honorable J. Yancey McGill  
Post Office Box 759  
Kingstree, SC 29556

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Sincerely,

Anthony E. Keck  
Director

cc: Ms. Sharon Poston, Administrator  
Williamsburg Regional Hospital

---

Medical and Managed Care Services  
P. O. Box 8206 Columbia South Carolina 29202-8206  
(803) 598-0178 Fax (803) 255-8235

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Williamsbury Regional Hospital  
Calculation of 2011 Base Medicaid DSH Allocation**

	Inpatient					
	Charge	Ratio	Cost	Trend	Cost	Trended
	1	2	3	4	5	6
	(Per Survey)	(Col 1 X Col 2)	(Col 3 X Col 4)	(Per Survey)	(Col 5 Less Col 6)	8
Medicaid Managed Care	\$101,115	68.4953%	\$69,259	1.0180	\$70,506	\$40,285
Uninsured	\$383,681	68.4953%	\$262,803	1.0090	\$265,168	\$17,667
Medicaid Commercial	\$0	68.4953%	\$0	1.0090	\$0	\$0
Medicare/Medicaid	\$1,862,908	71.5971%	\$1,333,788	1.0090	\$1,345,792	\$1,206,636
Total I/P	\$2,347,704		\$1,665,850		\$1,681,466	\$1,264,588
						\$416,878

	Outpatient					
	Charge	Ratio	Cost	Trend	Cost	Trended
	1	2	3	4	5	6
	(Per Survey)	(Col 1 X Col 2)	(Col 3 X Col 4)	(Per Survey)	(Col 5 Less Col 6)	8
Medicaid Managed Care	\$945,936	45.3141%	\$428,642	1.0180	\$436,358	\$460,788
Uninsured	\$2,630,944	45.3141%	\$1,192,189	1.0090	\$1,202,919	\$405,407
Medicaid Commercial	\$97,634	45.3141%	\$44,242	1.0090	\$44,640	\$48,259
Medicare/Medicaid	\$2,334,227	44.7970%	\$1,045,664	1.0090	\$1,055,075	\$1,168,387
Total O/P	\$6,008,741		\$2,710,737		\$2,738,992	\$2,082,841
						\$656,151

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

File: I:\reim\ds2011\DSH Williamsbury  
Prepared: WCH 4/15/11  
Reviewed: Morris 4/27/11

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Williamsburg Regional Hospital  
Calculation of 2011 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge		Trend	Cost	Trended	Payment	DSH UPL
	Charge	Ratio					
	1	2		3	4	5	6
	(Per Survey)	(Col 1 X Col 2)		(Col 3 X Col 4)	(Per Survey)	(Col 5 Less Col 6)	8
Medicaid Managed Care	\$101,115	68.4953%	1.0180	\$69,259	\$70,506	\$40,285	\$30,221
Uninsured	\$383,681	68.4953%	1.0090	\$262,803	\$265,168	\$17,667	\$247,501
Medicaid Commercial	\$0	68.4953%	1.0090	\$0	\$0	\$0	\$0
Medicare/Medicaid	\$1,862,908	71.5971%	1.0090	\$1,333,788	\$1,345,792	\$1,206,636	\$139,156
Total I/P	\$2,347,704			\$1,665,850	\$1,681,466	\$1,264,588	\$416,878

Outpatient	Cost/Charge		Trend	Cost	Trended	Payment	DSH UPL
	Charge	Ratio					
	1	2		3	4	5	6
	(Per Survey)	(Col 1 X Col 2)		(Col 3 X Col 4)	(Per Survey)	(Col 5 Less Col 6)	8
Medicaid Managed Care	\$945,936	45.3141%	1.0180	\$428,642	\$436,358	\$460,788	(\$24,430)
Uninsured	\$2,630,944	45.3141%	1.0090	\$1,192,189	\$1,202,919	\$405,407	\$797,512
Medicaid Commercial	\$97,634	45.3141%	1.0090	\$44,242	\$44,640	\$48,259	(\$3,619)
Medicare/Medicaid	\$2,334,227	44.7970%	1.0090	\$1,045,664	\$1,055,075	\$1,168,387	(\$113,312)
Total O/P	\$6,008,741			\$2,710,737	\$2,738,992	\$2,082,841	\$656,151

Grand Total	\$1,073,029
Estimated Allotment Percentage	61.000000%
Estimated DSH	\$654,548
Allowable Percentage (1)	98%
Estimated Allowable DSH	\$641,457
Payments to Date	\$581,368
Balance	\$60,089

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

File: I:\veim\ds2011\DSH williamsburg  
Prepared: WCH 4/15/11  
Updated: Weathers 6/30/11 payments to date  
Reviewed: Morris 7/7/11

**Williamsburg Regional Hospital**  
**Calculation of 2011 Base Medical DSH Allocation**

Reviewed: Weathers 8/17/11

Outpatient	Cost/Charge Ratio		Trended Cost	Trended Payment	DSH UPL FY 2011		
	Charge	Ratio					
	1	2					
		3	4	5	6	8	
	(Col 1 X Col 2)		(Col 3 X Col 4)		(Col 5 Less Col 6)		
	(Per Survey)		(Per Survey)		(Per Survey)		
Medical Managed Care	\$945,936	45.3141%	\$428,642	1.0180	\$436,358	\$460,788	(\$24,430)
Uninsured	\$2,630,944	45.3141%	\$1,192,189	1.0090	\$1,202,919	\$405,407	\$797,512
Medicaid Commercial	\$97,634	45.3141%	\$44,242	1.0090	\$44,640	\$48,259	(\$3,619)
Medicare/Medicaid	\$2,334,227	44.7970%	\$1,045,664	1.0090	\$1,055,075	\$1,168,387	(\$113,312)
Total O/P	\$6,008,741		\$2,710,737		\$2,738,992	\$2,082,841	\$656,151

Grand Total	\$1,073,029
Allotment Percentage	61.408221%
Allowable DSH	\$658,928
Payments to Date	\$641,457
Balance	\$17,471

**SOUTH CAROLINA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Williamsburg Regional Hospital  
Calculation of 2012 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge		Ratio	Reduced		DSH	Trend	Trended	Reduced	Net	FY 2012
	Charge	Ratio		Cost	Cost						
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Managed Care	(Per Survey)	(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)	(Col 5 X Col 6)	(Per Survey)	(Col 7 Less Col 10)				
	\$402,854	55.1560%	\$222,198	\$222,198	1.005250	\$223,365	\$248,212	(\$7,446)	\$240,766	(\$17,401)	
	\$820,336	55.1560%	\$452,465	\$452,465	1.005250	\$454,840	\$12,090		\$12,090	\$442,750	
	\$12,877	55.1560%	\$7,102	\$7,102	1.005250	\$7,139	\$5,957		\$5,957	\$1,182	
	\$2,709,958	54.0191%	\$1,463,895	\$1,463,895	1.005250	\$1,471,580	\$1,747,482		\$1,747,482	(\$275,902)	
Medicaid Fee	\$504,269	55.1560%	\$278,135	\$269,791	\$8,344	1.005250	\$8,388		\$0	\$8,388	
Total I/P											
\$4,450,294											
\$2,423,795											
\$269,791											
\$2,154,004											
\$2,165,312											
\$2,013,741											
(\$7,446)											
\$2,006,295											
\$159,017											

Outpatient	Cost/Charge		Ratio	Reduced		DSH	Trend	Trended	Cost	Payment	FY 2012
	Charge	Ratio		Cost	Cost						
	1	2	3	4	5	6	7	8	9	10	11
Medicaid Managed Care	(Per Survey)	(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)	(Col 5 X Col 6)	(Per Survey)	(Col 7 Less Col 10)				
	\$1,745,590	44.9179%	\$784,082	\$784,082	1.005250	\$788,198	\$687,288	(\$20,619)	\$666,669	\$121,529	
	\$2,852,303	44.9179%	\$1,281,195	\$1,281,195	1.005250	\$1,287,921	\$368,070		\$368,070	\$919,851	
	\$54,509	44.9179%	\$24,484	\$24,484	1.005250	\$24,613	\$23,027		\$23,027	\$1,586	
	\$2,213,297	42.1369%	\$932,615	\$932,615	1.005250	\$937,511	\$749,693		\$749,693	\$187,818	
Medicaid Fee	\$1,271,918	44.9179%	\$571,319	\$554,179	\$17,140	1.005250	\$17,230		\$0	\$17,230	
Medicaid Clinical Lab	\$0	41.3450%	\$0	\$0	1.005250	\$0	\$0		\$0	\$0	
Total O/P											
\$8,137,617											
\$3,593,695											
\$554,179											
\$3,039,516											
\$3,055,473											
\$1,828,078											
(\$20,619)											
\$1,807,459											
\$1,248,014											

Path: L:\vml\DS2012\Calculations  
File: DSH Cal Williamsburg  
Prepared: Weathers 4/11/12  
Reviewed: WCH 4/11/12

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

Grand Total	\$1,407,031
Allotment Percentage	56.750000%
Allowable DSH	\$798,490
DSH Reduction (\$ 8.7 M)	\$0
Reduced Allowable DSH	\$798,490
Allowable Percentage (1)	95%
Reduced Allowable Amount	\$758,566
Payments to Date	\$329,464
Balance	\$429,102
Payment Percentage	50%
Payment	\$214,551

**Williamsburg Regional Hospital**  
**Calculation of 2012 Base Medicaid DSH Allocation**

Outpatient	Cost/Charge Ratio						DSH Trended Cost	Trended Cost	Payment	DSH UPL FY 2012
	1	2	3	4	5	6				
	(Per Survey)	(Col 1 X Col 2) (Col 3 X Reduction %)	(Col 3 - Col 4)	(Col 5 X Col 6) (Per Survey)	(Col 7 Less Col 10)					
Medicaid Managed Care	\$1,745,590	44.9179%	\$784,082	\$784,082	1.005250	\$788,198	\$687,288	(\$20,619)	\$666,669	\$121,529
Uninsured	\$2,852,303	44.9179%	\$1,281,195	\$1,281,195	1.005250	\$1,287,921	\$368,070		\$368,070	\$919,851
Medicaid Commercial	\$54,509	44.9179%	\$24,484	\$932,615	1.005250	\$24,613	\$23,027		\$23,027	\$1,586
Medicare/Medicaid	\$2,213,297	44.1369%	\$932,615	\$932,615	1.005250	\$937,511	\$749,693		\$749,693	\$187,818
Medicaid Fee	\$1,271,918	44.9179%	\$571,319	\$554,179	1.005250	\$17,230	\$0		\$0	\$17,230
Medicaid Clinical Lab	\$0	41.3450%	\$0	\$0	1.005250	\$0	\$0		\$0	\$0
Total O/P	\$8,137,617		\$3,593,695	\$554,179	\$3,039,516	\$3,055,473	\$1,828,078	(\$20,619)	\$1,807,459	\$1,248,014

Grand Total	\$1,407,031
Allotment Percentage	57.463563%
Allowable DSH	\$808,530
DSH Reduction (\$ 8.7 M)	\$0
Reduced Allowable DSH	<b>\$808,530</b>
Payments to Date	\$544,016
Balance Due	\$264,515
Fourth Payment	\$214,551
Estimated Final Payment	\$49,964

**Lake City Community Hospital**  
**Various Financial and Statistical Analysis**  
**Based Upon HFY 2008, 2009, and 2010 Medicare/Medicaid Cost Reports**

**Statistical Information - Excludes Swing Bed Days and Observation Bed Days (Source Worksheet S-3 Part I)**

Hospital	Number	Total Days	Total Days	Medicaid	Medicare	Other Payor	Occupancy	Medicaid	Medicare
Fiscal Year	of Beds	Available	Incurred	Days	Days	Days	Rate	Occupancy Rate	Occupancy Rate
June 30, 2008	30	10,980	4,008	676	2,117	1,215	36.50%	16.87%	52.82%
June 30, 2009	30	10,950	3,873	781	1,936	1,156	35.37%	20.17%	49.99%
June 30, 2010	30	10,950	2,397	453	1,276	668	21.89%	18.90%	53.23%

**Percentage of Hospital Services Overhead Costs to Total Hospital Expenditures (Source Worksheet B Part I)**

Hospital	Revenue Producing	OverHead	Total	Percentage of		
Fiscal Year	Cost Center	Cost Center	Hospital	Overhead Costs to		
	Expenditures	Expenditures	Expenditures	Total Costs		
June 30, 2008	\$8,103,298	\$5,579,137	\$13,682,435	40.78%		
June 30, 2009	\$7,211,041	\$5,314,516	\$12,525,557	42.43%		
June 30, 2010	\$6,719,433	\$5,734,186	\$12,453,619	46.04%		

Overhead costs used in this analysis include capital, emg general, operation of plant, laundry and linen, housek administration, central services and supplies, pharmacy, costs.

Note: Revenue producing and overhead cost center expenditures have been adjusted to remove the costs associated with the operation of the provider based RHC:

**Profit and Loss**

**FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I)**

Hospital	Profit/(Loss)	Hospital	Number of Adj.	Avg. # of FTEs per
Fiscal Year	Per W/S G-3	Fiscal Year	Number of Hosp. FTEs	Occupied Beds
June 30, 2008	(\$2,857,139)	June 30, 2008	181.21	10.95
June 30, 2009	(\$1,069,589)	June 30, 2009	169.51	10.61
June 30, 2010 (1)	\$561,434	June 30, 2010	171.38	6.57

Note: The profit/(loss) reported includes both hospital and non-hospital operations (i.e. provider based RHCs and swing beds). (1) - Also reported "Debt Forgiveness" as miscellaneous income in the amount of \$1,848,030 which appears to overstate income by the same amount.

**Inpatient Hospital Discharges (Source Worksheet S-3 Part I)**

Hospital	Total	Medicaid	Medicare	Other Payor	% of Medicaid	% of Medicare	% of Other Payor
Fiscal Year	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges
June 30, 2008	1,318	201	622	495	15.25%	47.19%	37.56%
June 30, 2009	1,269	181	575	513	14.26%	45.31%	40.43%
June 30, 2010	804	95	395	314	11.82%	49.13%	39.05%

**Labor Costs/Total Costs (Source Worksheet A After Reclass but Prior to Adjustments)**

Hospital	Hospital & Non Hosp.	Hospital & Non Hosp.	Total Hospital and	Percentage of Labor
Fiscal Year	Services Salary Costs	Fringe Benefits	Non- Hospital Costs	Costs to Total Costs
June 30, 2008	\$13,260,965	\$2,445,847	\$27,426,231	57.27%
June 30, 2009	\$9,826,634	\$1,516,074	\$20,519,456	55.28%
June 30, 2010	\$9,486,670	\$1,709,982	\$19,395,517	57.73%

Note: This analysis includes both hospital and non-hospital operations (i.e. provider based RHCs and swing beds)

	Lake City Community Hospital								
Statistical Information - Includes Swing Bed Days (Source Worksheet S-3 Part I)									
Hospital	Number	Total Days	Total Days	Medicaid	Medicare	Other Payor	Occupancy	Medicaid	Medicare
Fiscal Year	of Beds	Available	Incurred	Days	Days	Days	Rate	Occupancy Rate	Occupancy Rate
June 30, 2008	30	10,980	4,099	676	2,188	1,235	37.33%	16.49%	53.38%
June 30, 2009	30	10,950	3,929	781	1,967	1,181	35.88%	19.88%	50.06%
June 30, 2010	30	10,950	2,439	453	1,280	706	22.27%	18.57%	52.48%
Note: Total Medicaid days include Medicaid FFS and Medicaid MCO days. There were no Medicaid swing bed days reported. Total swing beds days incurred = 91 (HFY 2008); 56 (HFY 2009); 42									
				FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I)					
				Hospital		Number of Adj.	Avg. # of FTEs per		
				Fiscal Year	Number of Hosp. FTEs	Occupied Beds	Adj. Occupied Bed		
				June 30, 2008	181.21	11.20	16.18		
				June 30, 2009	169.51	10.76	15.75		
				June 30, 2010	171.38	6.68	25.66		





		Lake City Community Hospital							
Statistical Information - Includes Swing Bed Days (Source Worksheet S-3 Part I)									
Hospital	Number	Total Days	Total Days	Medicaid	Medicare	Other Payor	Occupancy	Medicaid	Medicare
Fiscal Year	of Beds	Available	Incurred	Days	Days	Days	Rate	Occupancy Rate	Occupancy Rate
June 30, 2009	30	10,950	3,929	781	1,967	1,181	35.88%	19.88%	50.06%
June 30, 2010	30	10,950	2,439	453	1,280	706	22.27%	18.57%	52.48%
June 30, 2011	28	10,220	3,048	436	1,720	892	29.82%	14.30%	56.43%
Note: Total Medicaid days include Medicaid FFS and Medicaid MCO days. There were no Medicaid swing bed days reported. Total swing beds days incurred = 56 (HFY 2009); 42 (HFY 2010); 0 (									
				FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I)					
				Hospital		Number of Adj.	Avg. # of FTEs per		
				Fiscal Year	Number of Hosp. FTEs	Occupied Beds	Adj. Occupied Bed		
				June 30, 2009	169.51	10.76	15.75		
				June 30, 2010	171.38	6.68	25.66		
				June 30, 2011	170.11	8.35	20.37		

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Lake City Community Hospital  
Calculation of 2011 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge			Trend	Trended		FY 2011 DSH UPL
	Charge	Ratio	Cost		Cost	Payment	
	1	2	3		5	6	
	(Per Survey)		(Col 1 X Col 2)		( Col 3 X Col 4 )	(Per Survey)	(Col 5 Less Col 6)
Medicaid Managed Care	\$301,780	39.5080%	\$119,227	1.0180	\$121,373	\$112,247	\$9,126
Uninsured	\$1,980,602	39.5080%	\$782,496	1.0180	\$796,581	\$18,489	\$778,092
Medicaid Commercial	\$47,708	39.5080%	\$18,848	1.0180	\$19,187	\$17,434	\$1,753
Medicare/Medicaid	\$2,918,846	39.0388%	\$1,139,482	1.0180	\$1,159,993	\$1,112,327	\$47,666
<b>Total I/P</b>	<b>\$5,248,936</b>		<b>\$2,060,053</b>		<b>\$2,097,134</b>	<b>\$1,260,497</b>	<b>\$836,637</b>

Outpatient	Cost/Charge			Trend	Trended		FY 2011 DSH UPL
	Charge	Ratio	Cost		Cost	Payment	
	1	2	3		5	6	
	(Per Survey)		(Col 1 X Col 2)		( Col 3 X Col 4 )	(Per Survey)	(Col 5 Less Col 6)
Medicaid Managed Care	\$1,707,362	23.1384%	\$395,056	1.0180	\$402,167	\$399,119	\$3,048
Uninsured	\$5,961,084	23.1384%	\$1,379,299	1.0180	\$1,404,126	\$542,020	\$862,106
Medicaid Commercial	\$321,072	23.1384%	\$74,291	1.0180	\$75,628	\$119,745	(\$44,117)
Medicare/Medicaid	\$3,882,160	22.6461%	\$879,158	1.0180	\$894,983	\$744,261	\$150,722
<b>Total O/P</b>	<b>\$11,871,678</b>		<b>\$2,727,804</b>		<b>\$2,776,904</b>	<b>\$1,805,145</b>	<b>\$971,759</b>

Grand Total	\$1,808,396
Estimated Allotment Percentage	61.450000%
Estimated DSH	<b>\$1,111,259</b>
Allowable Percentage (1)	95%
Estimated Allowable DSH	<b>\$1,055,696</b>
Payments to Date	\$606,708
Balance	\$448,988
Payment Percentage	50.00%
Payment	\$224,494

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

File: I:\reim\ds2011\DSH Cal lake city  
Prepared: WCH 4/12/11  
Reviewed: Morris 4/21/11

**DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Lake City Community Hospital - Amended  
Calculation of 2011 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge			Trend	Trended		FY 2011 DSH UPL
	Charge	Ratio	Cost		Cost	Payment	
	1	2	3		5	6	
	(Per Survey)		(Col 1 X Col 2)	4	( Col 3 X Col 4 )	(Per Survey)	(Col 5 Less Col 6)
Medicaid Managed Care	\$301,780	39.5080%	\$119,227	1.0180	\$121,373	\$112,247	\$9,126
Uninsured	\$1,980,602	39.5080%	\$782,496	1.0180	\$796,581	\$18,489	\$778,092
Medicaid Commercial	\$47,708	39.5080%	\$18,848	1.0180	\$19,187	\$17,434	\$1,753
Medicare/Medicaid	\$2,918,846	39.0388%	\$1,139,482	1.0180	\$1,159,993	\$1,112,327	\$47,666
<b>Total I/P</b>	<b>\$5,248,936</b>		<b>\$2,060,053</b>		<b>\$2,097,134</b>	<b>\$1,260,497</b>	<b>\$836,637</b>

Outpatient	Cost/Charge			Trend	Trended		FY 2011 DSH UPL
	Charge	Ratio	Cost		Cost	Payment	
	1	2	3		5	6	
	(Per Survey)		(Col 1 X Col 2)	4	( Col 3 X Col 4 )	(Per Survey)	(Col 5 Less Col 6)
Medicaid Managed Care	\$1,707,362	23.1384%	\$395,056	1.0180	\$402,167	\$399,119	\$3,048
Uninsured	\$5,897,193	23.1384%	\$1,364,516	1.0180	\$1,389,077	\$395,772	\$993,305
Medicaid Commercial	\$321,072	23.1384%	\$74,291	1.0180	\$75,628	\$119,745	(\$44,117)
Medicare/Medicaid	\$3,882,160	22.6461%	\$879,158	1.0180	\$894,983	\$744,261	\$150,722
<b>Total O/P</b>	<b>\$11,807,787</b>		<b>\$2,713,021</b>		<b>\$2,761,855</b>	<b>\$1,658,897</b>	<b>\$1,102,958</b>

Grand Total	\$1,939,595
Estimated Allotment Percentage	61.000000%
Estimated DSH	\$1,183,153
Allowable Percentage (1)	98%
Estimated Allowable DSH	\$1,159,490
Payments to Date	\$831,202
Balance	\$328,288

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

File: I:\reim\ds2011\DSH Cal lake city  
Subfile: amended  
Prepared: Morris 4/28/11  
Reviewed: CMP 4/28/11  
Updated: Weathers 6/30/11 (uninsured) & payments to date  
Reviewed: Morris 7/11/11

**SOUTH CAROLINA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Lake City Community Hospital - Amended  
Calculation of 2011 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge		Trended		FY 2011	
	Charge	Ratio	Cost	Trend	Cost	Payment
	1	2	3	4	5	6
	(Per Survey)		(Col 1 X Col 2)		( Col 3 X Col 4 )	(Per Survey)
						(Col 5 Less Col 6)
Medicaid Managed Care	\$301,780	39.5080%	\$119,227	1.0180	\$121,373	\$112,247
Uninsured	\$1,980,602	39.5080%	\$782,496	1.0180	\$796,581	\$18,489
Medicaid Commercial	\$47,708	39.5080%	\$18,848	1.0180	\$19,187	\$17,434
Medicare/Medicaid	\$2,918,846	39.0388%	\$1,139,482	1.0180	\$1,159,993	\$1,112,327
Total I/P	\$5,248,936		\$2,060,053		\$2,097,134	\$1,260,497

Outpatient	Cost/Charge		Trended		FY 2011	
	Charge	Ratio	Cost	Trend	Cost	Payment
	1	2	3	4	5	6
	(Per Survey)		(Col 1 X Col 2)		( Col 3 X Col 4 )	(Per Survey)
						(Col 5 Less Col 6)
Medicaid Managed Care	\$1,707,362	23.1384%	\$395,056	1.0180	\$402,167	\$399,119
Uninsured	\$5,897,193	23.1384%	\$1,364,516	1.0180	\$1,389,077	\$395,772
Medicaid Commercial	\$321,072	23.1384%	\$74,291	1.0180	\$75,628	\$119,745
Medicare/Medicaid	\$3,882,160	22.6461%	\$879,158	1.0180	\$894,983	\$744,261
Total O/P	\$11,807,787		\$2,713,021		\$2,761,855	\$1,658,897

Grand Total	\$1,939,595
Allotment Percentage	61.408221%
Allowable DSH	\$1,191,071
Payments to Date	\$1,159,490
Balance	\$31,581

File: I:\reim\ds2011\DSH Cal Lake City  
Prepared: WCH 8/15/11  
Reviewed: Weathers 8/17/11

**SOUTH CAROLINA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Lake City Community Hospital  
Calculation of 2012 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge		Reduced		DSH	Trend	Trended	Payment	Reduced	Net	FY 2012
	Charge	Ratio	Cost	Cost	Cost		Cost		MCO Payment	Payment	DSH UPL
	1	2	3	4	5	6	7	8	9	10	11
	(Per Survey)		(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)		(Col 5 X Col 6)	(Per Survey)		(Col 7 Less Col 10)	
Medicaid Managed Care	\$348,288	50.0236%	\$174,226		\$174,226	1.010500	\$176,055	\$74,499	(\$2,235)	\$72,264	\$103,791
Uninsured	\$1,033,915	50.0236%	\$517,202		\$517,202	1.010500	\$522,633	\$37,696		\$37,696	\$484,937
Medicaid Commercial	\$41,098	50.0236%	\$20,559		\$20,559	1.010500	\$20,775	\$19,529		\$19,529	\$1,246
Medicare/Medicaid	\$2,114,925	48.4964%	\$1,025,662		\$1,025,662	1.010500	\$1,036,431	\$1,010,821		\$1,010,821	\$25,610
Medicaid Fee	\$790,201	50.0236%	\$395,287	\$383,428	\$11,859	1.010500	\$11,984	\$0		\$0	\$11,984
<b>Total I/P</b>	<b>\$4,328,427</b>		<b>\$2,132,936</b>	<b>\$383,428</b>	<b>\$1,749,508</b>		<b>\$1,767,878</b>	<b>\$1,142,545</b>	<b>(\$2,235)</b>	<b>\$1,140,310</b>	<b>\$627,568</b>

Outpatient	Cost/Charge		Reduced		DSH	Trend	Trended	Payment			FY 2012
	Charge	Ratio	Cost	Cost	Cost		Cost				DSH UPL
	1	2	3	4	5	6	7	8	9	10	11
	(Per Survey)		(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)		(Col 5 X Col 6)	(Per Survey)		(Col 7 Less Col 10)	
Medicaid Managed Care	\$2,869,704	24.4091%	\$700,469		\$700,469	1.010500	\$707,824	\$573,368	(\$17,201)	\$556,167	\$151,657
Uninsured	\$5,693,535	24.4091%	\$1,389,741		\$1,389,741	1.010500	\$1,404,333	\$653,107		\$653,107	\$751,226
Medicaid Commercial	\$352,114	24.4091%	\$85,948		\$85,948	1.010500	\$86,850	\$87,690		\$87,690	(\$840)
Medicare/Medicaid	\$4,385,288	22.1434%	\$971,052		\$971,052	1.010500	\$981,248	\$771,880		\$771,880	\$209,368
Medicaid Fee	\$4,985,424	24.4091%	\$1,216,897	\$1,180,390	\$36,507	1.010500	\$36,890	\$0		\$0	\$36,890
Medicaid Clinical Lab	\$0	41.1909%	\$0		\$0	1.010500	\$0	\$0		\$0	\$0
<b>Total O/P</b>	<b>\$18,286,065</b>		<b>\$4,364,107</b>	<b>\$1,180,390</b>	<b>\$3,183,717</b>		<b>\$3,217,145</b>	<b>\$2,086,045</b>	<b>(\$17,201)</b>	<b>\$2,068,844</b>	<b>\$1,148,301</b>

Path: L:\reim\DS2012\Calculations  
File: DSH Cal Lake City  
Prepared: Weathers 4/11/12  
Reviewed: WCH 4/11/12

Grand Total	\$1,775,869
Allotment Percentage	56.750000%
Allowable DSH	\$1,007,806
DSH Reduction (\$ 8.7 M)	\$0
Reduced Allowable DSH	<b>\$1,007,806</b>
Allowable Percentage (1)	98%
Reduced Allowable Amount	<b>\$987,650</b>
Payments to Date	\$595,536
Balance	\$392,114
Payment Percentage	50%
Payment	\$196,057

(1) If the provider has claims that need to be tested, the allowable percentage will be 95%. If no claims need to be tested, the allowable percentage is 98%.

**SOUTH CAROLINA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
BUREAU OF REIMBURSEMENT METHODOLOGY  
Division of Acute Care Reimbursement**

**Lake City Community Hospital  
Calculation of 2012 Base Medicaid DSH Allocation**

Inpatient	Cost/Charge		Cost	Reduced		Trend	Trended		Payment	Reduced		Net	FY 2012
	Charge	Ratio		Cost	Cost		Cost	Cost		MCO Payment	Payment		
	1	2	3	4	5	6	7	8	9	10	11		
	(Per Survey)		(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)		(Col 5 X Col 6)	(Per Survey)				(Col 7 Less Col 10)	
Medicaid Managed Care	\$348,288	50.0236%	\$174,226		\$174,226	1.010500	\$176,055	\$74,499	(\$2,235)	\$72,264		\$103,791	
Uninsured	\$1,033,915	50.0236%	\$517,202		\$517,202	1.010500	\$522,633	\$37,696		\$37,696		\$484,937	
Medicaid Commercial	\$41,098	50.0236%	\$20,559		\$20,559	1.010500	\$20,775	\$19,529		\$19,529		\$1,246	
Medicare/Medicaid	\$2,114,925	48.4964%	\$1,025,662		\$1,025,662	1.010500	\$1,036,431	\$1,010,821		\$1,010,821		\$25,610	
Medicaid Fee	\$790,201	50.0236%	\$395,287	\$383,428	\$11,859	1.010500	\$11,984	\$0		\$0		\$11,984	
<b>Total I/P</b>	<b>\$4,328,427</b>		<b>\$2,132,936</b>	<b>\$383,428</b>	<b>\$1,749,508</b>		<b>\$1,767,878</b>	<b>\$1,142,545</b>	<b>(\$2,235)</b>	<b>\$1,140,310</b>		<b>\$627,568</b>	

Outpatient	Cost/Charge		Cost	Reduced		Trend	Trended		Payment	Reduced		Net	FY 2012
	Charge	Ratio		Cost	Cost		Cost	Cost		MCO Payment	Payment		
	1	2	3	4	5	6	7	8	9	10	11		
	(Per Survey)		(Col 1 X Col 2)	(Col 3 X Reduction %)	(Col 3 - Col 4)		(Col 5 X Col 6)	(Per Survey)				(Col 7 Less Col 10)	
Medicaid Managed Care	\$2,869,704	24.4091%	\$700,469		\$700,469	1.010500	\$707,824	\$573,368	(\$17,201)	\$556,167		\$151,657	
Uninsured	\$5,693,535	24.4091%	\$1,389,741		\$1,389,741	1.010500	\$1,404,333	\$653,107		\$653,107		\$751,226	
Medicaid Commercial	\$352,114	24.4091%	\$85,948		\$85,948	1.010500	\$86,850	\$87,690		\$87,690		(\$840)	
Medicare/Medicaid	\$4,385,288	22.1434%	\$971,052		\$971,052	1.010500	\$981,248	\$771,880		\$771,880		\$209,368	
Medicaid Fee	\$4,985,424	24.4091%	\$1,216,897	\$1,180,390	\$36,507	1.010500	\$36,890	\$0		\$0		\$36,890	
Medicaid Clinical Lab	\$0	41.1909%	\$0		\$0	1.010500	\$0	\$0		\$0		\$0	
<b>Total O/P</b>	<b>\$18,286,065</b>		<b>\$4,364,107</b>	<b>\$1,180,390</b>	<b>\$3,183,717</b>		<b>\$3,217,145</b>	<b>\$2,086,045</b>	<b>(\$17,201)</b>	<b>\$2,068,844</b>		<b>\$1,148,301</b>	

Path: L:\reim\DS2012\Calculations  
File: DSH Cal Lake City  
Prepared: WCH  
Reviewed: Morris 7/17/12

Grand Total	\$1,775,869
Allotment Percentage	57.463563%
Allowable DSH	\$1,020,478
DSH Reduction (\$ 8.7 M)	\$0
Reduced Allowable DSH	<b>\$1,020,478</b>
Payments to Date	\$791,593
Balance Due	\$228,885
Fourth Payment	\$196,057
Estimated Final Payment	\$32,828

**Williamsburg Regional Medical Center**

**Various Financial and Statistical Analysis**

**Based Upon HFY 2008, 2009, and 2010 Medicare/Medicaid Cost Reports**

**Statistical Information - Excludes Swing Bed Days and Observation Bed Days (Source Worksheet S-3 Part I)**

Hospital	Number	Total Days	Total Days	Medicaid	Medicare	Other Payor	Occupancy	Medicaid	Medicare
Fiscal Year	of Beds	Available	Incurred	Days	Days	Days	Rate	Occupancy Rate	Occupancy Rat
Sept. 30, 2008	25	9,150	1,415	145	993	277	15.46%	10.25%	70.18%
Sept. 30, 2009	25	9,125	1,559	95	930	534	17.08%	6.09%	59.65%
Sept. 30, 2010	25	9,125	2,175	263	1,388	524	23.84%	12.09%	63.82%

**Note: Provider reported swing bed days in 2010 only and they are not included in above totals.**

**Percentage of Hospital Services Overhead Costs to Total Hospital Expenditures (Source Worksheet B Part I)**

Hospital	Revenue Producing	OverHead	Total	Percentage of
Fiscal Year	Cost Center	Cost Center	Hospital	Overhead Costs to
Sept. 30, 2008	\$5,087,425	\$5,504,236	\$10,591,661	51.97%
Sept. 30, 2009	\$4,666,747	\$5,193,403	\$9,860,150	52.67%
Sept. 30, 2010	\$5,795,600	\$5,662,144	\$11,457,744	49.42%

Overhead costs used in this analysis include capital, em  
general, operation of plant, laundry and linen, housek  
administration, central services and supplies, pharmacy,  
costs.

**Note: Revenue producing and overhead cost center expenditures have been adjusted to remove the costs associated with the operation of Ambulance and misc. nonreimbursable cost center:**

**Profit and Loss**

**FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I)**

Hospital	Profit/(Loss)	Hospital	Number of Adj.	Avg. # of FTEs per
Fiscal Year	Per W/S G-3	Fiscal Year	Number of Hosp. FTEs	Occupied Beds
Sept. 30, 2008	(\$2,708,423)	Sept. 30, 2008	142.42	36.80
Sept. 30, 2009	(\$1,948,797)	Sept. 30, 2009	131.73	30.85
Sept. 30, 2010	\$2,278,691	Sept. 30, 2010	120.59	20.23

**Note: The profit/(loss) reported includes both hospital and non-hospital operations (i.e. Ambulance, swing beds, and non-reimbursable cost centers)**

**Inpatient Hospital Discharges (Source Worksheet S-3 Part I)**

Hospital	Total	Medicaid	Medicare	Other Payor	% of Medicaid	% of Medicare	% of Other Payor
Fiscal Year	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges	Discharges
Sept. 30, 2008	527	56	306	165	10.63%	58.06%	31.31%
Sept. 30, 2009	552	35	330	187	6.34%	59.78%	33.88%
Sept. 30, 2010	687	62	385	240	9.02%	56.04%	34.93%

**Labor Costs/Total Costs (Source Worksheet A After Reclass but Prior to Adjustments)**

Hospital	Hospital & Non Hosp.	Hospital & Non Hosp.	Total Hospital and	Percentage of Labor
Fiscal Year	Services Salary Costs	Fringe Benefits	Non- Hospital Costs	Costs to Total Costs
Sept. 30, 2008	\$6,267,243	\$2,008,203	\$14,631,682	56.56%
Sept. 30, 2009	\$5,767,721	\$1,458,044	\$13,258,615	54.50%
Sept. 30, 2010	\$5,312,678	\$1,733,818	\$13,866,240	50.82%

**Note: This analysis includes both hospital and non-hospital operations (i.e. Ambulance, swing beds and non-reimbursable cost centers)**



Williamsburg Regional Medical Center									
Statistical Information - Includes Swing Bed Days (Source Worksheet S-3 Part I)									
Hospital Fiscal Year	Number of Beds	Total Days Available	Total Days Incurred	Medicaid Days	Medicare Days	Other Payor Days	Occupancy Rate	Medicaid Occupancy Rate	Medicare Occupancy
Sept. 30, 2008	25	9,150	1,415	145	993	277	15.46%	10.25%	70.18%
Sept. 30, 2009	25	9,125	1,559	95	930	534	17.08%	6.09%	59.65%
Sept. 30, 2010	25	9,125	3,487	263	2,543	681	38.21%	7.54%	72.93%
FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I) Adj. For SB Days									
Hospital Fiscal Year				Number of Hosp. FTEs	Number of Adj. Occupied Beds	Avg. # of FTEs per Adj. Occupied Bed			
Sept. 30, 2008				142.42	3.87	36.80			
Sept. 30, 2009				131.73	4.27	30.85			
Sept. 30, 2010				120.59	9.55	12.63			

## Various Financial and Statistical Analysis

**Statistical Information - Excludes Swing Bed Days and Observation Bed Days (Source Worksheet S-3 Part I)**

Note: Provider reported swing bed days in 2010 only and they are not included in above totals.					
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**Percentage of Hospital Services Overhead Costs to Total Hospital Expenditures (Source Worksheet B Part I)**

Overhead costs used in this analysis include capital, general, operation of plant, laundry and linen, house administration, central services and supplies, pharmaceutical costs.

[illegible]**FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I)**[illegible]

### Inpatient Hospital Discharges (Source Worksheet S-3 Part I)

**Labor Costs/Total Costs (Source Worksheet A After Reclass but Prior to Adjustments)**

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Williamsburg Regional Medical Center										
Statistical Information - Includes Swing Bed Days (Source Worksheet S-3 Part I)										
Hospital Fiscal Year	Number of Beds	Total Days Available	Total Days Incurred	Medicaid Days	Medicare Days	Other Payor Days	Occupancy Rate	Medicaid Occupancy Rate	Medicare Occupancy Rate	
Sept. 30, 2009	25	9,125	1,559	95	930	534	17.08%	6.09%	59.65%	
Sept. 30, 2010	25	9,125	3,487	263	2,543	681	38.21%	7.54%	72.93%	
Sept. 30, 2011	25	9,125	4,377	111	3,223	1,043	47.97%	2.54%	73.63%	
			FTEs Per Adjusted Occupied Bed (Source Worksheet S-3 Part I) Adj. For SB Days							
			Hospital		Number of Adj.	Avg. # of FTEs per				
			Fiscal Year	Number of Hosp. FTEs	Occupied Beds	Adj. Occupied Bed				
			Sept. 30, 2009	131.73	4.27	30.85				
			Sept. 30, 2010	120.59	9.55	12.63				
			Sept. 30, 2011	Provider Did Not Report FTEs						