

# State of South Carolina



## Office of the State Auditor

1401 MAIN STREET, SUITE 1200  
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA  
DEPUTY STATE AUDITOR

(803) 253-4160  
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April 24, 2007

Ms. Janice Blackwell, Administrator  
HP/Hopewell, Inc. d/b/a Hopewell Health Care Center  
1761 Pinewood Road  
Sumter, South Carolina 29151

Re: AC# 3-HPW-J4 – HP/Hopewell, Inc. d/b/a Hopewell Health Care Center

Dear Ms. Blackwell:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2003 through September 30, 2004. That report was used to set the rate covering the contract period beginning October 1, 2005.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976, as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Yours very truly,

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA  
Deputy State Auditor

RHGjr/cwc

cc: Ms. Brenda L. Hyleman  
Mr. Jeff Saxon  
Ms. Kathleen C. Snider  
Mr. David Culpepper

**HP/HOPEWELL, INC.  
D/B/A HOPEWELL HEALTH CARE CENTER  
SUMTER, SOUTH CAROLINA**

**CONTRACT PERIOD  
BEGINNING OCTOBER 1, 2005  
AC# 3-HPW-J4**

**AGREED-UPON PROCEDURES REPORT  
ON CONTRACT  
FOR  
PURCHASE OF NURSING CARE SERVICES  
WITH  
STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## CONTENTS

	<u>EXHIBIT OR SCHEDULE</u>	<u>PAGE</u>
INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES		1
COMPUTATION OF RATE CHANGE FOR THE CONTRACT PERIOD BEGINNING OCTOBER 1, 2005	A	3
COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIOD OCTOBER 1, 2005 THROUGH SEPTEMBER 30, 2006	B	4
SUMMARY OF COSTS AND TOTAL PATIENT DAYS FOR THE COST REPORT PERIOD ENDED SEPTEMBER 30, 2004	C	5
ADJUSTMENT REPORT	1	7
COST OF CAPITAL REIMBURSEMENT ANALYSIS	2	8

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### INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

March 15, 2007

Department of Health and Human Services  
State of South Carolina  
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with HP/Hopewell, Inc. d/b/a Hopewell Health Care Center, for the contract period beginning October 1, 2005, and for the twelve month cost report period ended September 30, 2004, as set forth in the accompanying schedules. The management of HP/Hopewell, Inc. d/b/a Hopewell Health Care Center is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

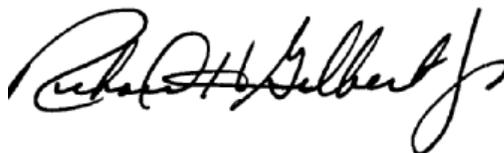
The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by HP/Hopewell, Inc. d/b/a Hopewell Health Care Center, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Summary of Costs and Total Patient Days, Adjustment Report, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and HP/Hopewell, Inc. d/b/a Hopewell Health Care Center dated as of October 1, 2001, as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services  
State of South Carolina  
March 15, 2007

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA  
Deputy State Auditor

**HOPEWELL HEALTH CARE CENTER**  
Computation of Rate Change  
For the Contract Period  
Beginning October 1, 2005  
AC# 3-HPW-J4

	10/01/05- <u>09/30/06</u>
Interim Reimbursement Rate (1)	\$104.64
Adjusted Reimbursement Rate	<u>103.71</u>
Decrease in Reimbursement Rate	\$ <u><u>.93</u></u>

- (1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated January 24, 2007.

**HOPEWELL HEALTH CARE CENTER**  
 Computation of Adjusted Reimbursement Rate  
 For the Contract Period October 1, 2005 Through September 30, 2006  
 AC# 3-HPW-J4

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$48.56	\$ 69.43	
Dietary		8.99	13.22	
Laundry/Housekeeping/Maintenance		<u>7.90</u>	<u>11.64</u>	
Subtotal	\$ <u>6.60</u>	65.45	94.29	\$ 65.45
Administration & Medical Records	\$ <u>.91</u>	<u>15.40</u>	<u>16.31</u>	<u>15.40</u>
Subtotal		80.85	<u>\$110.60</u>	80.85
<u>Costs Not Subject to Standards:</u>				
Utilities		2.77		2.77
Special Services		.14		.14
Medical Supplies & Oxygen		4.03		4.03
Taxes and Insurance		3.80		3.80
Legal Fees		<u>.04</u>		<u>.04</u>
<b>TOTAL</b>		<u>\$91.63</u>		91.63
Inflation Factor (4.70%)				4.31
Cost of Capital				9.15
Cost of Capital Limitation				(3.13)
Profit Incentive (Maximum 3.5% of Allowable Cost)				.91
Cost Incentive				6.60
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(5.76)</u>
<b>ADJUSTED REIMBURSEMENT RATE</b>				<u>\$103.71</u>

**HOPEWELL HEALTH CARE CENTER**  
Summary of Costs and Total Patient Days  
For the Cost Report Period Ended September 30, 2004  
AC# 3-HPW-J4

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$1,638,041	\$ -	\$ -	\$1,638,041
Dietary	303,254	-	-	303,254
Laundry	55,614	-	-	55,614
Housekeeping	144,833	-	-	144,833
Maintenance	66,138	-	-	66,138
Administration & Medical Records	554,524	-	35,000 (1)	519,524
Utilities	93,549	-	-	93,549
Special Services	3,922	35,000 (1)	34,363 (2)	4,559
Medical Supplies & Oxygen	135,981	-	-	135,981
Taxes and Insurance	128,283	-	-	128,283
Legal Fees	1,374	-	-	1,374
Cost of Capital	<u>203,060</u>	<u>105,678</u> (3)	<u>-</u>	<u>308,738</u>
Subtotal	3,328,573	140,678	69,363	3,399,888

**HOPEWELL HEALTH CARE CENTER**  
Summary of Costs and Total Patient Days  
For the Cost Report Period Ended September 30, 2004  
AC# 3-HPW-J4

<u>Expenses</u>	Totals (From Schedule SC 13) as Adjusted by DH&HS	Adjustments		Adjusted Totals
		<u>Debit</u>	<u>Credit</u>	
Ancillary	86,435	-	-	86,435
Nonallowable	<u>604,486</u>	<u>34,363</u> (2)	<u>105,678</u> (3)	<u>533,171</u>
Total Operating Expenses	<u>\$4,019,494</u>	<u>\$175,041</u>	<u>\$175,041</u>	<u>\$4,019,494</u>
Total Patient Days	<u>33,731</u>	<u>-</u>	<u>-</u>	<u>33,731</u>
Total Beds	<u>96</u>			

**HOPEWELL HEALTH CARE CENTER**  
Adjustment Report  
Cost Report Period Ended September 30, 2004  
AC# 3-HPW-J4

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Physical Therapy Speech Therapy Occupational Therapy Administration	\$ 10,897 7,163 16,940	\$ 35,000
	To properly classify the therapy management agreement DH&HS Expense Checklist		
2	Nonallowable Therapy	34,363	34,363
	To remove special (ancillary) services reimbursed by Medicare State Plan, Attachment 4.19D		
3	Cost of Capital Nonallowable	105,678	105,678
	To adjust capital return State Plan, Attachment 4.19D		
	TOTAL ADJUSTMENTS	\$ <u>175,041</u>	\$ <u>175,041</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

**HOPEWELL HEALTH CARE CENTER**  
 Cost of Capital Reimbursement Analysis  
 For the Cost Report Period Ended September 30, 2004  
 AC# 3-HPW-J4

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.71494</u>
Deemed Asset Value (Per Bed)	42,402
Number of Beds	<u>96</u>
Deemed Asset Value	4,070,592
Improvements Since 1981	1,681,457
Accumulated Depreciation at 9/30/04	<u>(1,102,194)</u>
Deemed Depreciated Value	4,649,855
Market Rate of Return	<u>.0516</u>
Total Annual Return	239,933
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	239,933
Depreciation Expense	94,709
Amortization Expense	-
Capital Related Income Offsets	(25,904)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	308,738
Total Patient Days (Minimum 96% Occupancy)	<u>33,731</u>
Cost of Capital Per Diem	\$ <u><u>9.15</u></u>

**HOPEWELL HEALTH CARE CENTER**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2004  
AC# 3-HPW-J4

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$ 2.03
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	\$ <u>6.02</u>
Reimbursable Cost of Capital Per Diem	\$ 6.02
Cost of Capital Per Diem	<u>9.15</u>
Cost of Capital Per Diem Limitation	\$ ( <u>3.13</u> )

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