

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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October 10, 2008

Mr. Harry Branton, Administrator
Grand Strand Healthcare, Inc.
Post Office Box 1175
Myrtle Beach, South Carolina 29588

Re: AC# 3-GRA-J6 – Grand Strand Healthcare, Inc.

Dear Mr. Branton:

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, 2005 through September 30, 2006. That report was used to set the rate covering the contract periods beginning October 1, 2007.

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/sag

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

**GRAND STRAND HEALTHCARE, INC.
MYRTLE BEACH, SOUTH CAROLINA**

**CONTRACT PERIODS
BEGINNING OCTOBER 1, 2007
AC# 3-GRA-J6**

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

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

July 24, 2008

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 Grand Strand Healthcare, Inc., for the contract periods beginning October 1, 2007, and for the twelve month cost report period ended September 30, 2006, as set forth in the accompanying schedules. The management of Grand Strand Healthcare, Inc. 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 Grand Strand Healthcare, Inc., 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 and Adjustment Report 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 Grand Strand Healthcare, Inc. dated as of October 1, 2006, 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
July 24, 2008

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

GRAND STRAND HEALTHCARE, INC.
Computation of Rate Change
For the Contract Periods
Beginning October 1, 2007
AC# 3-GRA-J6

	Beginning <u>10/01/07</u>
Interim Reimbursement Rate (1)	\$142.37
Adjusted Reimbursement Rate	<u>142.36</u>
Decrease in Reimbursement Rate	\$ <u><u>.01</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated February 13, 2008.

GRAND STRAND HEALTHCARE, INC.
 Computation of Adjusted Reimbursement Rate
 For the Contract Periods Beginning October 1, 2007
 AC# 3-GRA-J6

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 68.37	\$ 88.99	
Dietary		15.82	13.90	
Laundry/Housekeeping/Maintenance		<u>16.52</u>	<u>13.36</u>	
Subtotal	<u>\$8.14</u>	100.71	116.25	\$100.71
Administration & Medical Records	<u>\$4.31</u>	<u>12.76</u>	<u>17.07</u>	<u>12.76</u>
Subtotal		113.47	<u>\$133.32</u>	113.47
<u>Costs Not Subject to Standards:</u>				
Utilities		4.29		4.29
Special Services		-		-
Medical Supplies & Oxygen		5.21		5.21
Taxes and Insurance		4.54		4.54
Legal Fees		<u>.12</u>		<u>.12</u>
TOTAL		<u>\$127.63</u>		127.63
Inflation Factor (4.60%)				5.87
Cost of Capital				6.41
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				4.31
Cost Incentive				8.14
Effect of \$1.75 Cap on Cost/Profit Incentives				(10.70)
Transportation Escort Add-On				<u>.70</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$142.36</u>

GRAND STRAND HEALTHCARE, INC.
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2006
AC# 3-GRA-J6

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$2,148,952	\$ -	\$ -	\$2,148,952
Dietary	497,282	-	-	497,282
Laundry	96,518	-	-	96,518
Housekeeping	246,133	-	-	246,133
Maintenance	176,463	-	-	176,463
Administration & Medical Records	401,079	-	-	401,079
Utilities	134,905	-	-	134,905
Special Services	-	-	-	-
Medical Supplies & Oxygen	164,192	-	581 (1)	163,611
Taxes and Insurance	142,636	-	-	142,636
Legal Fees	3,892	-	-	3,892
Cost of Capital	<u>201,537</u>	<u>-</u>	<u>-</u>	<u>201,537</u>
Subtotal	4,213,589	-	581	4,213,008

GRAND STRAND HEALTHCARE, INC.
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2006
AC# 3-GRA-J6

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		Adjusted <u>Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Ancillary	143,030	-	-	143,030
Nonallowable	282,911	581 (1)	-	283,492
CNA Training and Testing	<u>375</u>	<u>-</u>	<u>-</u>	<u>375</u>
Total Operating Expenses	<u>\$4,639,905</u>	<u>\$581</u>	<u>\$581</u>	<u>\$4,639,905</u>
Total Patient Days	<u>31,429</u>	<u>-</u>	<u>-</u>	<u>31,429</u>
Total Beds	<u>88</u>			

GRAND STRAND HEALTHCARE, INC.
Adjustment Report
Cost Report Period Ended September 30, 2006
AC# 3-GRA-J6

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Nonallowable Medical Supplies	\$581	\$581
	To remove special (ancillary) services reimbursed by Medicare State Plan, Attachment 4.19D		
		—	—
	TOTAL ADJUSTMENTS	\$ <u>581</u>	\$ <u>581</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.

2 copies of this document were published at an estimated printing cost of \$1.29 each, and a total printing cost of \$2.58. Section 1-11-125 of the South Carolina Code of Laws, as amended requires this information on printing costs be added to the document.