

*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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July 28, 2009

Ms. Martha Hughey  
Assistant Vice President of Reimbursement  
National Healthcare Corporation  
100 East Vine Street  
Murfreesboro, Tennessee 37130

Re: AC# 3-CLN-J5 – National Healthcare Center of Clinton, LLC

Dear Ms. Hughey:

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, 2004 through September 30, 2005. That report was used to set the rate covering the contract period beginning October 1, 2006.

We are recommending that the Department of Health and Human Services certify an accounts payable for amounts underpaid as a result of the rate changes shown on Exhibit A. You will be notified of settlement 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

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC  
CLINTON, SOUTH CAROLINA**

**CONTRACT PERIOD  
BEGINNING OCTOBER 1, 2006  
AC# 3-CLN-J5**

**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

August 13, 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 National Healthcare Center of Clinton, LLC, for the contract period beginning October 1, 2006, and for the twelve month cost report period ended September 30, 2005, as set forth in the accompanying schedules. The management of National Healthcare Center of Clinton, LLC is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was performed 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 National Healthcare Center of Clinton, LLC, 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 National Healthcare Center of Clinton, LLC 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  
August 13, 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

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
Computation of Rate Change  
For the Contract Period  
Beginning October 1, 2006  
AC# 3-CLN-J5

	10/01/06- <u>09/30/07</u>
Adjusted Reimbursement Rate	\$137.68
Interim Reimbursement Rate (1)	<u>137.53</u>
Increase in Reimbursement Rate	\$ <u><u>.15</u></u>

- (1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated May 17, 2007.

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
 Computation of Adjusted Reimbursement Rate  
 For the Contract Period October 1, 2006 Through September 30, 2007  
 AC# 3-CLN-J5

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 66.23	\$ 68.64	
Dietary		13.17	13.46	
Laundry/Housekeeping/Maintenance		<u>10.13</u>	<u>12.03</u>	
Subtotal	\$ <u>4.60</u>	89.53	94.13	\$ 89.53
Administration & Medical Records	\$ <u>-</u>	<u>18.72</u>	<u>16.87</u>	<u>16.87</u>
Subtotal		108.25	<u>\$111.00</u>	106.40
<u>Costs Not Subject to Standards:</u>				
Utilities		5.12		5.12
Special Services		-		-
Medical Supplies & Oxygen		4.06		4.06
Taxes and Insurance		7.60		7.60
Legal Fees		<u>-</u>		<u>-</u>
<b>TOTAL</b>		<u>\$125.03</u>		123.18
Inflation Factor (4.60%)				5.67
Cost of Capital				7.52
Cost of Capital Limitation				(.44)
Profit Incentive (Maximum 3.5% of Allowable Cost)				-
Cost Incentive				4.60
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(2.85)</u>
<b>ADJUSTED REIMBURSEMENT RATE</b>				<u>\$137.68</u>

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
 Summary of Costs and Total Patient Days  
 For the Cost Report Period Ended September 30, 2005  
 AC# 3-CLN-J5

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments <u>Debit</u>	<u>Credit</u>	<u>Adjusted Totals</u>
General Services	\$3,115,731	\$ -	\$ -	\$3,115,731
Dietary	619,557	-	-	619,557
Laundry	70,317	-	-	70,317
Housekeeping	224,661	-	-	224,661
Maintenance	181,423	-	-	181,423
Administration & Medical Records	880,768	-	-	880,768
Utilities	242,088	-	1,077 (2)	241,011
Special Services	158	-	-	158
Medical Supplies & Oxygen	191,235	-	-	191,235
Taxes and Insurance	357,589	-	-	357,589
Legal Fees	-	-	-	-
Cost of Capital	324,576	61,933 (4)	29,678 (1)	353,659
	<u>                    </u>	<u>                    </u>	<u>3,172 (3)</u>	<u>                    </u>
Subtotal	6,208,103	61,933	33,927	6,236,109

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
Summary of Costs and Total Patient Days  
For the Cost Report Period Ended September 30, 2005  
AC# 3-CLN-J5

<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>	
Ancillary	-	-	-	-
Nonallowable	639,871	29,678 (1) 1,077 (2) 3,172 (3)	61,933 (4)	611,865
CNA Training and Testing	<u>18,363</u>	<u>-</u>	<u>-</u>	<u>18,363</u>
Total Operating Expenses	<u>\$6,866,337</u>	<u>\$95,860</u>	<u>\$95,860</u>	<u>\$6,866,337</u>
Total Patient Days	<u>47,047</u>	<u>-</u>	<u>-</u>	<u>47,047</u>
Total Beds	<u>131</u>			

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
Adjustment Report  
Cost Report Period Ended September 30, 2005  
AC# 3-CLN-J5

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Other Equity Nonallowable Accumulated Depreciation Cost of Capital Fixed Assets	\$480,959 29,678	  \$371,403 29,678 109,556
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
2	Nonallowable - Beauty/Barber Utilities	1,077	 1,077
	To offset to proper account HIM-15-1, Section 2102.3 State Plan, Attachment 4.19D		
3	Nonallowable Cost of Capital	3,172	 3,172
	To adjust deemed asset value limitation State Plan, Attachment 4.19D		
4	Cost of Capital Nonallowable	61,933	 61,933
	To adjust capital return State Plan, Attachment 4.19D		
	<b>TOTAL ADJUSTMENTS</b>	<b><u>\$576,819</u></b>	<b><u>\$576,819</u></b>

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.

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2005  
AC# 3-CLN-J5

Original Asset Cost (Per Bed)	\$ 15,618	\$ 15,618	
Inflation Adjustment	<u>2.77878</u>	<u>2.77878</u>	
Deemed Asset Value (Per Bed)	43,399	43,399	
Number of Beds	<u>43</u>	<u>88</u>	
Deemed Asset Value	1,866,157	3,819,112	
Improvements Since 1981	513,439	492,160	
Accumulated Depreciation at 9/30/05	<u>(934,257)</u>	<u>(1,695,548)</u>	
Deemed Depreciated Value	1,445,339	2,615,724	
Market Rate of Return	<u>.049</u>	<u>.049</u>	
Total Annual Return	70,822	128,170	
Return Applicable to Non-Reimbursable Cost Centers	-	-	
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	
Allowable Annual Return	70,822	128,170	
Depreciation Expense	50,906	117,878	
Amortization Expense	-	-	
Capital Related Income Offsets	(4,634)	(9,483)	
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	<u>Total</u>
Allowable Cost of Capital Expense	117,094	236,565	\$353,659
Total Patient Days (Actual)	<u>15,399</u>	<u>31,648</u>	<u>47,047</u>
Cost of Capital Per Diem	\$ <u>7.60</u>	\$ <u>7.47</u>	\$ <u>7.52</u>

**NATIONAL HEALTHCARE CENTER OF CLINTON, LLC**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2005  
AC# 3-CLN-J5

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$2.30	\$ N/A
Adjustment for Maximum Increase	<u>3.99</u>	<u>N/A</u>
Maximum Cost of Capital Per Diem	<u>\$6.29</u>	<u>\$7.47</u>
Reimbursable Cost of Capital Per Diem		\$7.08
Cost of Capital Per Diem		<u>7.52</u>
Cost of Capital Per Diem Limitation		<u>\$(.44)</u>

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