

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-GAC-J4 – NHC Healthcare – Garden City

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, 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

**NHC HEALTHCARE – GARDEN CITY
MURRELLS INLET, SOUTH CAROLINA**

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

**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 27, 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 NHC Healthcare – Garden City, 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 NHC Healthcare – Garden City 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 NHC Healthcare – Garden City, 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 NHC Healthcare – Garden City 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
August 27, 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

NHC HEALTHCARE – GARDEN CITY
Computation of Rate Change
For the Contract Period
Beginning October 1, 2005
AC# 3-GAC-J4

	10/01/05- <u>09/30/06</u>
Interim Reimbursement Rate (1)	\$141.02
Adjusted Reimbursement Rate (2)	<u>136.25</u>
Decrease in Reimbursement Rate	\$ <u>4.77</u>

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

- (2) As provided under Article IV, Section E of the Provider's contract dated October 1, 2001 as amended, "The Provider agrees that the rate charged to SCDH&HS for services to an eligible Medicaid recipient under this contract will not be greater than that charged for a similar service to a private pay patient." Accordingly, the reimbursement rate is limited to the customary charges to private pay clients.

NHC HEALTHCARE – GARDEN CITY
 Computation of Adjusted Reimbursement Rate
 For the Contract Period October 1, 2005 Through September 30, 2006
 AC# 3-GAC-J4

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 69.02	\$ 69.43	
Dietary		14.36	13.22	
Laundry/Housekeeping/Maintenance		<u>11.63</u>	<u>11.64</u>	
Subtotal	\$ <u>-</u>	95.01	94.29	\$ 94.29
Administration & Medical Records	\$ <u>-</u>	<u>24.59</u>	<u>16.31</u>	<u>16.31</u>
Subtotal		119.60	<u>\$110.60</u>	110.60
<u>Costs Not Subject to Standards:</u>				
Utilities		4.12		4.12
Special Services		.01		.01
Medical Supplies & Oxygen		5.72		5.72
Taxes and Insurance		6.82		6.82
Legal Fees		<u>-</u>		<u>-</u>
TOTAL		<u>\$136.27</u>		127.27
Inflation Factor (4.70%)				5.98
Cost of Capital				6.84
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				-
Cost Incentive				-
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>-</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$140.09</u>

NHC HEALTHCARE – GARDEN CITY
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2004
 AC# 3-GAC-J4

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	<u>Debit</u>	Adjustments <u>Credit</u>	<u>Adjusted Totals</u>
General Services	\$2,172,890	\$ -	\$ -	\$2,172,890
Dietary	452,233	-	-	452,233
Laundry	67,394	-	-	67,394
Housekeeping	153,135	-	-	153,135
Maintenance	145,725	-	-	145,725
Administration & Medical Records	774,134	-	-	774,134
Utilities	130,915	-	1,304 (3)	129,611
Special Services	292	-	-	292
Medical Supplies & Oxygen	179,924	-	-	179,924
Taxes and Insurance	220,772	-	5,945 (2)	214,827
Legal Fees	-	-	-	-
Cost of Capital	237,058	23,052 (5)	21,018 (1)	215,380
	<u> </u>	<u> </u>	<u>23,712 (4)</u>	<u> </u>
Subtotal	4,534,472	23,052	51,979	4,505,545

NHC HEALTHCARE – GARDEN CITY
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2004
AC# 3-GAC-J4

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments <u>Debit</u>	<u>Credit</u>	<u>Adjusted Totals</u>
Ancillary	-	-	-	-
Nonallowable	874,267	21,018 (1) 5,945 (2) 1,304 (3) <u>23,712 (4)</u>	23,052 (5)	903,194
Total Operating Expenses	<u>\$5,408,739</u>	<u>\$75,031</u>	<u>\$75,031</u>	<u>\$5,408,739</u>
Total Patient Days	<u>31,482</u>	<u>-</u>	<u>-</u>	<u>31,482</u>
Total Beds	<u>88</u>			

NHC HEALTHCARE – GARDEN CITY
Adjustment Report
Cost Report Period Ended September 30, 2004
AC# 3-GAC-J4

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Other Equity	\$594,240	
	Nonallowable	21,018	
	Accumulated Depreciation	298,725	
	Fixed Assets		\$892,965
	Cost of Capital - Depreciation		
	Expense		21,018
	To adjust fixed assets and related depreciation		
	HIM-15-1, Section 2304		
	State Plan, Attachment 4.19D		
2	Nonallowable	5,945	
	Taxes and Insurance		5,945
	To adjust liability insurance expense		
	HIM-15-1, Section 2162		
	State Plan, Attachment 4.19D		
3	Nonallowable	1,304	
	Utilities		1,304
	To offset to proper account		
	HIM-15-1, Section 2102.3		
	State Plan, Attachment 4.19D		
4	Nonallowable	23,712	
	Cost of Capital		23,712
	To adjust capital return		
	State Plan, Attachment 4.19D		

NHC HEALTHCARE – GARDEN CITY
Adjustment Report
Cost Report Period Ended September 30, 2004
AC# 3-GAC-J4

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
5	Cost of Capital - Depreciation Nonallowable	23,052	23,052
	To adjust deemed asset value limitation State Plan, Attachment 4.19D		
		_____	_____
	TOTAL ADJUSTMENTS	\$ <u>967,996</u>	\$ <u>967,996</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.

NHC HEALTHCARE – GARDEN CITY
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2004
 AC# 3-GAC-J4

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.7149</u>
Deemed Asset Value (Per Bed)	42,402
Number of Beds	<u>88</u>
Deemed Asset Value	3,731,376
Improvements Since 1981	293,816
Accumulated Depreciation at 9/30/04	(<u>1,179,568</u>)
Deemed Depreciated Value	2,845,624
Market Rate of Return	<u>.0516</u>
Total Annual Return	146,834
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	146,834
Depreciation Expense	74,026
Amortization Expense	-
Capital Related Income Offsets	(5,480)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	215,380
Total Patient Days	<u>31,482</u>
Cost of Capital Per Diem	\$ <u><u>6.84</u></u>

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