

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-GNV-J4 – NHC Healthcare – Greenville, 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, 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 – GREENVILLE, LLC
GREENVILLE, SOUTH CAROLINA**

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

August 6, 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 – Greenville, LLC, 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 – Greenville, LLC 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 NHC Healthcare – Greenville, 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 NHC Healthcare – Greenville, LLC 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 6, 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 – GREENVILLE, LLC
Computation of Rate Change
For the Contract Period
Beginning October 1, 2005
AC# 3-GNV-J4

	10/01/05- <u>09/30/06</u>
Interim Reimbursement Rate (1)	\$137.41
Adjusted Reimbursement Rate	<u>137.21</u>
Decrease in Reimbursement Rate	\$ <u><u>.20</u></u>

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

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

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 74.96	\$ 69.87	
Dietary		13.61	12.63	
Laundry/Housekeeping/Maintenance		<u>8.44</u>	<u>10.97</u>	
Subtotal	\$ <u>-</u>	97.01	93.47	\$ 93.47
Administration & Medical Records	\$ <u>-</u>	<u>20.16</u>	<u>16.13</u>	<u>16.13</u>
Subtotal		117.17	<u>\$109.60</u>	109.60
<u>Costs Not Subject to Standards:</u>				
Utilities		2.75		2.75
Special Services		-		-
Medical Supplies & Oxygen		5.06		5.06
Taxes and Insurance		7.02		7.02
Legal Fees		<u>-</u>		<u>-</u>
TOTAL		<u>\$132.00</u>		124.43
Inflation Factor (4.70%)				5.85
Cost of Capital				6.93
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>\$137.21</u>

NHC HEALTHCARE – GREENVILLE, LLC
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2004
 AC# 3-GNV-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	\$4,670,364	\$ -	\$ -	\$4,670,364
Dietary	848,067	-	-	848,067
Laundry	117,077	-	-	117,077
Housekeeping	225,943	-	-	225,943
Maintenance	182,709	-	-	182,709
Administration & Medical Records	1,255,818	-	-	1,255,818
Utilities	176,275	-	4,934 (2)	171,341
Special Services	-	-	-	-
Medical Supplies & Oxygen	315,327	-	-	315,327
Taxes and Insurance	437,297	-	-	437,297
Legal Fees	-	-	-	-
Cost of Capital	439,222	15,549 (4)	12,786 (1)	439,225
	<u> </u>	<u> </u>	<u>2,760 (3)</u>	<u> </u>
Subtotal	8,668,099	15,549	20,480	8,663,168

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

<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>	
Ancillary	-	-	-	-
Nonallowable	1,025,047	12,786 (1) 4,934 (2) <u>2,760 (3)</u>	15,549 (4)	1,029,978
Total Operating Expenses	<u>\$9,693,146</u>	<u>\$36,029</u>	<u>\$36,029</u>	<u>\$9,693,146</u>
Total Patient Days	<u>62,301</u>	<u>-</u>	<u>-</u>	<u>62,301</u>
Cost of Capital Patient Days	* <u>63,392</u>			

*Adjusted to 96% occupancy

Total Beds 176

NHC HEALTHCARE – GREENVILLE, LLC
Adjustment Report
Cost Report Period Ended September 30, 2004
AC# 3-GNV-J4

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Other Equity	\$294,968	
	Nonallowable	12,786	
	Accumulated Depreciation	139,381	
	Fixed Assets		\$434,349
	Cost of Capital - Depreciation Expense		12,786
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304		
2	Nonallowable - Rev Beauty/Barber	4,934	
	Utilities		4,934
	To offset proper account HIM-15-1, Section 2102.3 State Plan, Attachment 4.19D		
3	Nonallowable	2,760	
	Cost of Capital		2,760
	To adjust capital return State Plan, Attachment 4.19D		
4	Cost of Capital	15,549	
	Nonallowable		15,549
	To adjust deemed asset value limitation State Plan, Attachment 4.19D		
		\$470,378	\$470,378
	TOTAL ADJUSTMENTS		

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 – GREENVILLE, LLC
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2004
 AC# 3-GNV-J4

Original Asset Cost (Per Bed)	\$ 15,618	\$ 15,618	
Inflation Adjustment	<u>2.7149</u>	<u>2.7149</u>	
Deemed Asset Value (Per Bed)	42,402	42,402	
Number of Beds	<u>132</u>	<u>44</u>	
Deemed Asset Value	5,597,064	1,865,688	
Improvements Since 1981	597,305	195,436	
Accumulated Depreciation at 9/30/04	<u>(2,250,948)</u>	<u>(752,195)</u>	
Deemed Depreciated Value	3,943,421	1,308,929	
Market Rate of Return	<u>.0516</u>	<u>.0516</u>	
Total Annual Return	203,481	67,541	
Return Applicable to Non-Reimbursable Cost Centers	-	-	
Allocation of Rent and Interest to Non-reimbursable Cost Centers	<u>-</u>	<u>-</u>	
Allowable Annual Return	203,481	67,541	
Depreciation Expense	123,039	52,211	
Amortization Expense	-	-	
Capital Related Income Offsets	(5,285)	(1,762)	
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	<u>Total</u>
Allowable Cost of Capital Expense	321,235	117,990	\$439,225
Total Patient Days (Minimum 96% Occupancy)	<u>47,932</u>	<u>15,460</u>	<u>63,392</u>
Cost of Capital Per Diem	\$ <u>6.70</u>	\$ <u>7.63</u>	\$ <u>6.93</u>

NHC HEALTHCARE – GREENVILLE, LLC
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2004
AC# 3-GNV-J4

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$N/A	\$N/A
Adjustment for Maximum Increase	<u>N/A</u>	<u>N/A</u>
Maximum Cost of Capital Per Diem	<u>\$6.70</u>	<u>\$7.63</u>
Reimbursable Cost of Capital Per Diem		\$6.93
Cost of Capital Per Diem		<u>6.93</u>
Cost of Capital Per Diem Limitation		\$ <u>-</u>

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