

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <u>Day</u>	DATE <u>5-6-14</u>
------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <u>000373</u>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <u>Close, e-mail response went out on 5/15/14</u>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5-16-14</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

RECEIVED

Brenda James

MAY 06 2014

From: Mitch Clary <mclary@pruitthealth.com>
Sent: Tuesday, May 06, 2014 1:42 PM
To: Brenda James
Cc: Rick Hepfer
Subject: current Medicaid rate calculation for Ridgeland Nursing Center Inc

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Hi,
I am trying to obtain a copy of the current Medicaid rate calculation for Ridgeland Nursing Center Inc. If you could email me the copy, that would be great; otherwise I can arrange for someone to come by and pick it up.

Thank you,
Mitch

Mitch Clary
Executive Director of Reimbursement Programs
PruittHealth

Phone: (706) 827-2123
Cell: (706) 391-3300
Email: mclary@pruitthealth.com



pruitthealth.com

Please consider the environment before printing this email message.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Close ✓
RECEIVED

MAY 07 2014

SCDHHS
Office of General Counsel

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APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			Email response sent out on 5-13-14
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Office of General Counsel

Mitch Clary
Executive Director of Reimbursement Programs
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Jeff Saxon

From: Jeff Saxon
Sent: Thursday, May 15, 2014 8:03 AM
To: 'mclary@pruitthealth.com'
Subject: Ridgeland Nursing Center's October 1, 2013 SC Medicaid Reimbursement Rate
Attachments: Ridgeland NF 10-1-13 Medicaid Rate.pdf

Mitch:

Per your May 6, 2014 email request, I have attached the subject rate. Please let me know if you have any questions.

Jeff

Jeff Saxon
Program Manager II
Saxon@scdhhs.gov
803.898.1023
www.scdhhs.gov



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PROVIDER NAME:	RIDGELAND NURSING CENTER				
PROVIDER NUMBER:	0653NH				
REPORTING PERIOD:	10/01/11	through	09/30/12	DATE EFF.	10/01/13
RATE PERIOD:	10/01/13	through	09/30/14		

PATIENT DAYS USED:	29,631	MAXIMUM BED DAYS:	32,208
TOTAL PROVIDER BEDS:	88	PATIENT DAYS INCURRED:	27,969
% LEVEL A	0.293	1 ACTUAL OCCUPANCY %:	86.84
		PATIENT DAYS @	0.92
			29,631

SUMMARY OF ALLOWABLE COST AND PER PATIENT DAY COST

OPERATING EXPENSES	AS FILED	DEBITS	CREDITS	ADJUSTED	PER DIEM
NURSING & RESTORATIVE	1,909,947	0	0	1,909,947	64.46
DIETARY	495,331	0	0	495,331	16.72
LAUNDRY	99,857	0	0	99,857	
HOUSEKEEPING	240,763	0	0	240,763	
MAINTENANCE	114,229	0	0	114,229	15.35
ADMIN & MED RECORDS	577,199	1,269	185	578,283	19.52
LEGAL COST	1,464	0	618	846	0.03
UTILITIES	114,630	0	0	114,630	3.87
TAXES & INSURANCE	84,983	0	0	84,983	2.87
MEDICAL SUPPLIES & OXYG	126,912	0	9,070	117,842	3.98
THERAPY	0	0	0	0	0.00
COST OF CAPITAL	40,724	137,055	0	177,779	6.00
SUBTOTAL	3,808,039	138,324	9,873	3,934,490	132.78
ANCILLARY	86,391	0	0	86,391	2.92
NON-ALLOWABLE	528,985	9,873	138,324	400,534	13.52
CNA Training and Testing	1,638	0	0	1,638	0.06
TOTAL EXPENSES	\$4,423,053	\$148,197	\$148,197	\$4,423,053	149.27

PROVIDER NAME:	RIDGELAND NURSING CENTER			
PROVIDER NUMBER:	0553NH			
REPORTING PERIOD:	10/01/11	through	09/30/12	DATE EFF. 10/01/13

PATIENT DAYS USED:	29631	MAXIMUM BED DAYS:	32208
TOTAL PROVIDER BEDS:	88	PATIENT DAYS INCURRED:	27969
% LEVEL A	0.293	ACTUAL OCCUPANCY %:	86.84
		PATIENT DAYS @	0.92 29631

COMPUTATION OF REIMBURSEMENT RATE - PERCENT SKILLED METHODOLOGY

	PROFIT INCENTIVE	TOTAL ALLOW COST	COST STANDARD	COMPUTED RATE
COSTS SUBJECT TO STANDARDS:				
GENERAL SERVICE		64.46	81.96	
DIETARY		16.72	17.41	
LAUNDRY/HOUSEKEEPING/MAINT.		15.35	16.17	
SUBTOTAL	8.09	96.53	115.54	96.53
ADMIN & MED REC	4.19	19.52	23.71	19.52
SUBTOTAL	12.28	116.05	139.25	116.05
COSTS NOT SUBJECT TO STANDARDS:				
UTILITIES		3.87		3.87
SPECIAL SERVICES		0.00		0.00
MEDICAL SUPPLIES AND OXYGEN		3.98		3.98
TAXES AND INSURANCE		2.87		2.87
LEGAL COST		0.03		0.03
SUBTOTAL		10.75		10.75
GRAND TOTAL		126.80		126.80
 INFLATION FACTOR	 3.60%			 4.56
 COST OF CAPITAL				 6.00
 PROFIT INCENTIVE (MAX 3.5% OF ALLOWABLE COST)			3.50%	 4.19
 COST INCENTIVE - FOR GENERAL SERVICE, DIETARY, LHM				 8.09
 EFFECT OF \$1.75 CAP ON COST/PROFIT INCENTIVES			\$1.75	 (10.63)
SUBTOTAL				139.11
BUDGET NEUTRALITY ADJUSTMENT	2.9241%			(4.07)
REIMBURSEMENT RATE				135.04

PROVIDER NAME:	RIDGELAND NURSING CENTER				
PROVIDER NUMBER:	0553NH				
REPORTING PERIOD:	10/01/11	through	09/30/12	DATE EFF.	10/01/13

PATIENT DAYS USED:	29631	MAXIMUM BED DAYS:		32,208
TOTAL PROVIDER BEDS:	88	PATIENT DAYS INCURRED:		27,969
% LEVEL A	0.293	ACTUAL OCCUPANCY %:	86.84	
		PATIENT DAYS @	0.92	29631

COMPUTED RATE	126.80		
PROFIT INCENTIVE	4.19		
COST INCENTIVE	8.09		
EFFECT OF CAP	(10.53)	126.55	
ALLOWABLE COST		126.80	
REIMBURSEMENT OVER (UNDER) ALLOWABLE COST		1.75	