APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

TAHOE FOREST HOSPITAL
TRUCKEE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1538265780

FISCAL PERIOD ENDED
JUNE 30, 2009

Audits Section – Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Steven Gary
Audit Supervisor: Kelly Ostrom
Auditor: Janice L. Varrone

State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

December 4, 2012

Crystal Betts, Controller
Tahoe Forest Hospital District
P.O. Box 759
Truckee, CA 96160

In the Matter of:

TAHOE FOREST HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1538265780
FISCAL PERIOD ENDED JUNE 30, 2009
CASE NUMBER HA11-0609-903A-PW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated February 8, 2012, the following revisions are made to the Medi-Cal audit report dated April 20, 2011.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)		
Audited Amount Due Provider (State)	$	(270,687)
Revision		26,180
Revised Amount Due Provider (State)	$	(244,507)

DISTINCT PART NURSING FACILITY (DPNF SCH. 1)		
Audited Cost Per Day	$	457.44
Revision		6.47
Revised Cost Per Day	$	463.91

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

Original Signed By

Steven Gary, Chief
Audits Section—Sacramento
Financial Audits Branch

SUMMARY OF FINDINGS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1538265780		
	Audited	$ (270,687)	
	Net Change	$ 26,180	
	Revised Amount Due Provider (State)	$ (244,507)	
2.	**Subprovider I (SCHEDULE 1-1)**		
	Provider NPI:		
	Provider NPI:	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider NPI:		
	Audited		$ 0
	Net Change		$ 0
	Revised Cost		$ 0
	Revised Amount Due Provider (State)	$ 0	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	Provider NPI: 1295897395		
	Audited		$ 457.44
	Net Change		$ 6.47
	Revised Cost Per Day		$ 463.91
	Revised Amount Due Provider (State)	$ 0	
6.	**Distinct Part Nursing Facility (DPNF SCH 1-1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
7.	**Adult Subacute (ADULT SUBACUTE SCH 1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

8.	**Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)**	$ (244,507)	
9.	**Total Medi-Cal Cost**		$ 0

SUMMARY OF FINDINGS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
11.	**Rural Health Clinic (RHC SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

16.	**Total Other Settlement Due Provider - (Lines 10 through 15)**	$ 0
17.	**Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)**	$ (244,507)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider NPI:
1538265780

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	$ 3,399,706	$ 3,426,729
2.	Excess Reasonable Cost Over Charges (Schedule 2)	$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	$ 0	$ N/A
4.		$ 0	$ 0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	$ 3,399,706	$ 3,426,729
6.	Interim Payments (Rev)	$ (3,562,401)	$ (3,562,401)
7.	Balance Due Provider (State)	$ (162,695)	$ (135,672)
8.	Duplicate Payments (Rev)	$ 0	$ 0
9.	Total Noncontract AB 5 and AB 1183 Reduction	$ (106,576)	$ (107,419)
10.	Medi-Cal Overpayments	$ (1,416)	$ (1,416)
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	$ (270,687)	$ (244,507)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE A
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider NPI:
1538265780

1.	10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	$ 0
2.	Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	0
3.	10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	0
4.	10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	0
5.	10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	107,419
6.	10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	0
7.	Total Noncontract AB 5 AND AB 1183 Reductions	$ 107,419

(To Schedule 1, Line 9)

STATE OF CALIFORNIA

SCHEDULE A-5 (RURAL HEALTH)
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008 - SMALL RURAL HOSPITALS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider NPI:
1538265780

Revised Medi-Cal Cost Per Day

1.	Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	$	3,441,975
2.	Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)		
3.	Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)		
4.	Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	$	3,441,975
5.	Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)		1,208
6.	Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	$	2,849.32

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 10/31/08

7.	Revised Medi-Cal Days of Service from 07/1/08 Through 10/31/08(exclude Administrative Days)		377
8.	Revised Medi-Cal Cost Per Day For 07/01/08 Through 10/31/08 (Line 6 * Line 7)	$	1,074,193
9.	AB 5 - 10% Cost Reduction for 07/01/08 Through 10/31/08 (Line 8 * 10%)	$	107,419

(To Schedule A, Line 5)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
1538265780

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 3,414,952	$ 3,441,975
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	$ 1,600,665	$ 1,600,665
3. Inpatient Ancillary Service Charges (Rev)	$ 4,663,312	$ 4,663,312
4. Total Charges - Medi-Cal Inpatient Services	$ 6,263,977	$ 6,263,977
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 2,849,025	$ 2,822,002
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1)

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
1538265780

		AUDITED	REVISED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	$ 1,820,187	$ 1,828,774
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	$ 1,594,765	$ 1,613,201
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	$ 0	$ 0
4.		$ 0	$ 0
5.		$ 0	$ 0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 3,414,952	$ 3,441,975
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	$ (See Schedule 1)	$ 0
8.	SUBTOTAL	$ 3,414,952	$ 3,441,975
		(To Schedule 2)	
9.	Coinsurance (Rev)	$ (15,246)	$ (15,246)
10.	Patient and Third Party Liability (Rev)	$ 0	$ 0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 3,399,706	$ 3,426,729
		(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
1538265780

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	AUDITED	REVISED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Rev)	4,444	4,444
2. Inpatient Days (include private, exclude swing-bed)	4,291	4,291
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	4,280	4,280
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	78	78
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	75	75
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	802	802
SWING-BED ADJUSTMENT		
17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	$ 1,540.77	$ 1,540.77
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	$ 1,540.77	$ 1,540.77
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	$ 154.40	$ 154.40
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	$ 154.40	$ 154.40
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	$ 6,903,575	$ 6,993,502
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	$ 120,180	$ 120,180
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	$ 115,558	$ 115,558
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	$ 0	$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	$ 0	$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	$ 235,738	$ 235,738
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	$ 6,667,837	$ 6,757,764
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 6,861,248	$ 6,861,248
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 6,861,248	$ 6,861,248
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	$ 0.971811	$ 0.984918
32. Average Private Room Per Diem Charge (L 29 / L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	$ 1,603.10	$ 1,603.10
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 6,667,837	$ 6,757,764
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	$ 1,553.91	$ 1,574.87
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 1,246,236	$ 1,263,046
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 348,529	$ 350,155
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 1,594,765	$ 1,613,201

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
1538265780

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 549,208	$ 550,896
2. Total Inpatient Days (Rev)	884	884
3. Average Per Diem Cost	$ 621.28	$ 623.19
4. Medi-Cal Inpatient Days (Rev)	354	354
5. Cost Applicable to Medi-Cal	$ 219,933	$ 220,609
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	$ 2,858,784	$ 2,879,899
7. Total Inpatient Days (Rev)	1,156	1,156
8. Average Per Diem Cost	$ 2,473.00	$ 2,491.26
9. Medi-Cal Inpatient Days (Rev)	52	52
10. Cost Applicable to Medi-Cal	$ 128,596	$ 129,546
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	$ 0	$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	$ 0.00	$ 0.00
14. Medi-Cal Inpatient Days (Rev)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	$ 0	$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	$ 0.00	$ 0.00
19. Medi-Cal Inpatient Days (Rev)	0	0
20. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Rev)	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Rev)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Rev)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Rev)	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 348,529	$ 350,155

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No.
1538265780

	SPECIAL CARE UNITS	AUDITED	REVISED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
2.	Total Inpatient Days (Rev)	0	0
3.	Average Per Diem Cost	$ 0.00	$ 0.00
4.	Medi-Cal Inpatient Days (Rev)	0	0
5.	Cost Applicable to Medi-Cal	$ 0	$ 0
6.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
7.	Total Inpatient Days (Rev)	0	0
8.	Average Per Diem Cost	$ 0.00	$ 0.00
9.	Medi-Cal Inpatient Days (Rev)	0	0
10.	Cost Applicable to Medi-Cal	$ 0	$ 0
11.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
12.	Total Inpatient Days (Rev)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Rev)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
17.	Total Inpatient Days (Rev)	0	0
18.	Average Per Diem Cost	$ 0.00	$ 0.00
19.	Medi-Cal Inpatient Days (Rev)	0	0
20.	Cost Applicable to Medi-Cal	$ 0	$ 0
21.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
22.	Total Inpatient Days (Rev)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Rev)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Rev)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Rev)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 5
PROGRAM: NONCONTRACT

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1538265780

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	$ 8,299,100	$ 16,583,648	0.500439	$ 795,707	$ 398,203
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	1,346,128	1,309,444	1.028015	237,988	244,655
40.00	Anesthesiology	297,630	5,493,694	0.054177	297,951	16,142
41.00	Radiology - Diagnostic	8,647,738	21,621,233	0.399965	217,485	86,986
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	4,281,086	10,374,711	0.412646	377,484	155,767
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	319,284	327,529	0.974825	17,682	17,237
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	1,003,088	5,905,455	0.169858	102,592	17,426
50.00	Physical Therapy	2,416,404	2,668,660	0.905475	12,012	10,877
51.00	Occupational Therapy	392,275	619,467	0.633247	10,099	6,395
52.00	Speech Pathology	48,272	58,532	0.824716	933	769
53.00	Electrocardiology	264,998	742,746	0.356781	6,208	2,215
54.00	Electroencephalography	551	56,021	0.009827	0	0
55.00	Medical Supplies Charged to Patients	4,796,868	12,167,131	0.394248	1,380,207	544,144
56.00	Drugs Charged to Patients	5,188,921	21,100,516	0.245914	1,117,285	274,757
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.05	Occupational Health Clinic	532,856	299,014	1.782042	0	0
60.06	Tahoe Forest Clinic	5,298,573	6,520,231	0.812636	0	0
60.07	Diabetic Center	253,003	48,968	5.166698	0	0
61.00	Emergency	4,189,162	7,061,555	0.593235	89,679	53,201
71.00	Home Health Agency	2,043,897	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
	TOTAL	$ 49,619,833	$ 112,958,555		$ 4,663,312	$ 1,828,774

(To Schedule 3)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1538265780

	ANCILLARY CHARGES	AUDITED	REVISIONS (Rev)	REVISED
37.00	Operating Room	$ 795,707	$	$ 795,707
38.00	Recovery Room	0		0
39.00	Delivery Room and Labor Room	237,988		237,988
40.00	Anesthesiology	297,951		297,951
41.00	Radiology - Diagnostic	217,485		217,485
41.01		0		0
41.02		0		0
42.00	Radiology - Therapeutic	0		0
43.00	Radioisotope	0		0
44.00	Laboratory	377,484		377,484
44.01	Pathological Lab	0		0
46.00	Whole Blood	0		0
47.00	Blood Storing and Processing	17,682		17,682
48.00	Intravenous Therapy	0		0
49.00	Respiratory Therapy	102,592		102,592
50.00	Physical Therapy	12,012		12,012
51.00	Occupational Therapy	10,099		10,099
52.00	Speech Pathology	933		933
53.00	Electrocardiology	6,208		6,208
54.00	Electroencephalography	0		0
55.00	Medical Supplies Charged to Patients	1,380,207		1,380,207
56.00	Drugs Charged to Patients	1,117,285		1,117,285
57.00	Renal Dialysis	0		0
58.00	ASC (Non-Distinct Part)	0		0
59.00		0		0
59.01		0		0
59.02		0		0
59.03		0		0
60.00	Clinic	0		0
60.05	Occupational Health Clinic	0		0
60.06	Tahoe Forest Clinic	0		0
60.07	Diabetic Center	0		0
61.00	Emergency	89,679		89,679
71.00	Home Health Agency	0		0
83.00		0		0
84.00		0		0
85.00		0		0
86.00		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 4,663,312	$ 0	$ 4,663,312

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1538265780

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Rev)	TOTAL CHARGES TO ALL PATIENTS (Rev)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Rev)	MEDI-CAL COST
40.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1295897395

	AUDITED	REVISED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	$ 0	$ 0	$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	$ 5,679,551	$ 5,759,875	$ 80,324
3. Total Distinct Part Facility Cost (Lines 1 & 2)	$ 5,679,551	$ 5,759,875	$ 80,324
4. Total Distinct Part Patient Days (Rev)	12,416	12,416	
5. Average DP Per Diem Cost (Line 3 / Line 4)	$ 457.44	$ 463.91	$ 6.47
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Rev)	$ 0	$ 0	$
7. Medi-Cal Credit Balances (Rev)	$ 0	$ 0	$
8. MEDI-CAL SETTLEMENT Due Provider (State)	$ 0	$ 0	$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	37	37	
10. Total Licensed Capacity (All levels) (Rev)	72	72	
11. Total Medi-Cal DP Patient Days (Rev)	10,247	10,247	
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	$ 483,684	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	$ 483,684	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	$ 1,936,631	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	$ 973,983	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	$ 2,910,614	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1295897395

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	AUDITED *	REVISED *	DIFFERENCE
0.00	Distinct Part	$ 2,692,910	$ 2,692,910	$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures	0	0	0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	187,926	218,675	30,749
4.00	New Cap Rel Costs-Movable Equipment	68,303	83,203	14,900
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	0	0	0
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	760,096	764,729	4,633
7.00	Maintenance and Repairs	144,494	147,852	3,358
8.00	Operation of Plant	211,606	222,809	11,203
9.00	Laundry and Linen Service	89,759	89,589	(170)
10.00	Housekeeping	202,677	203,363	686
11.00	Dietary	807,972	821,205	13,233
12.00	Cafeteria	101,102	102,758	1,656
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	371,212	371,102	(109)
15.00	Central Services & Supply	0	0	0
16.00	Pharmacy	0	0	0
17.00	Medical Records and Library	41,492	41,678	187
18.00	Social Service	0	0	0
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	$ 5,679,551	$ 5,759,875	$ 80,324

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34 plus line 35.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1295897395

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
ANCILLARY COST CENTERS					**(From DPNF Sch 4)**	
49.00	Respiratory Therapy	$	$	0.000000	$ 0	$ 0
55.00	Med Supply Charged to Patients			0.000000	0	0
56.00	Drugs Charged to Patients			0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	$ 0	$ 0		$ 0	$ 0

(To DPNF Sch 1)

* From Schedule 8, Column 27.
** Total Distinct Part Ancillary Charges included in the rate.
*** Total Distinct Part Ancillary Costs included in the rate.

REVISIONS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1295897395

	ANCILLARY CHARGES	AUDITED	REVISIONS (Rev)	REVISED
49.00	Respiratory Therapy	$ 0	$	$ 0
55.00	Med Supply Charged to Patients	0		0
56.00	Drugs Charged to Patients	0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
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		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
TOTAL DP ANCILLARY CHARGES		$ 0	$ 0	$ 0

(To DPNF Sch 3)

ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

Provider No:
1295897395

COL.	COST CENTER	REVISED CAP RELATED * (COL 1)	REVISED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	$ 0	$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	218,675	N/A
4.00	New Cap Rel Costs-Movable Equipment	83,203	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	0	0
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	2,537	77,705
7.00	Maintenance and Repairs	19,233	75,382
8.00	Operation of Plant	61,278	18,378
9.00	Laundry and Linen Service	60	1,852
10.00	Housekeeping	5,770	121,871
11.00	Dietary	78,323	411,379
12.00	Cafeteria	9,801	51,476
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	3,378	194,248
15.00	Central Services & Supply	0	0
16.00	Pharmacy	0	0
17.00	Medical Records and Library	1,426	21,692
18.00	Social Service	0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	$ 483,684	$ 973,983

* These amounts include both Skilled Nursing Facility expenses line 34 and Nursing Facility expenses, line 35

(To DPNF SCH 1)

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures	0											
2.00	Old Cap Rel Costs-Movable Equipment	0	0										
3.00	New Cap Rel Costs-Bldg & Fixtures	2,519,240	0	0									
4.00	New Cap Rel Costs-Movable Equipment	958,540	0	0	0								
4.01		0	0	0	0	0							
4.02		0	0	0	0	0	0						
4.03		0	0	0	0	0	0	0					
4.04		0	0	0	0	0	0	0	0				
4.05		0	0	0	0	0	0	0	0	0			
4.06		0	0	0	0	0	0	0	0	0	0		
4.07		0	0	0	0	0	0	0	0	0	0	0	
4.08		0	0	0	0	0	0	0	0	0	0	0	0
5.00	Employee Benefits	0	0	0	0	0	0	0	0	0	0	0	0
6.01	Non-Patient Telephones	0	0	0	0	0	0	0	0	0	0	0	0
6.02	Data Processing	0	0	0	0	0	0	0	0	0	0	0	0
6.03	Purchasing/Receiving	0	0	0	0	0	0	0	0	0	0	0	0
6.04	Patient Admitting	0	0	0	0	0	0	0	0	0	0	0	0
6.05	Patient Business Office	0	0	0	0	0	0	0	0	0	0	0	0
6.06		0	0	0	0	0	0	0	0	0	0	0	0
6.07		0	0	0	0	0	0	0	0	0	0	0	0
6.08		0	0	0	0	0	0	0	0	0	0	0	0
6.00	Administrative and General	13,566,105	0	0	32,715	12,448	0	0	0	0	0	0	0
7.00	Maintenance and Repairs	1,054,819	0	0	148,203	56,389	0	0	0	0	0	0	0
8.00	Operation of Plant	876,487	0	0	374,042	142,319	0	0	0	0	0	0	0
9.00	Laundry and Linen Service	202,749	0	0	0	0	0	0	0	0	0	0	0
10.00	Housekeeping	1,112,563	0	0	23,410	8,907	0	0	0	0	0	0	0
11.00	Dietary	1,684,149	0	0	143,048	54,428	0	0	0	0	0	0	0
12.00	Cafeteria	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	1,169,570	0	0	5,825	2,216	0	0	0	0	0	0	0
15.00	Central Services & Supply	583,909	0	0	0	0	0	0	0	0	0	0	0
16.00	Pharmacy	1,228,436	0	0	13,175	5,013	0	0	0	0	0	0	0
17.00	Medical Records and Library	832,867	0	0	20,451	7,781	0	0	0	0	0	0	0
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	3,864,912	0	0	274,205	104,332	0	0	0	0	0	0	0
26.00	Intensive Care Unit	1,809,461	0	0	71,980	27,387	0	0	0	0	0	0	0
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	384,346	0	0	7,462	2,839	0	0	0	0	0	0	0
34.00	Medicare Certified Nursing Facility	2,692,910	0	0	218,675	83,203	0	0	0	0	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	ANCILLARY COST CENTERS												
37.00	Operating Room	5,087,458	0	0	311,683	118,592	0	0	0	0	0	0	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	772,919	0	0	64,239	24,442	0	0	0	0	0	0	0
40.00	Anesthesiology	197,318	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	5,932,270	0	0	190,017	72,299	0	0	0	0	0	0	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	3,048,644	0	0	67,588	25,716	0	0	0	0	0	0	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	250,245	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	714,758	0	0	11,966	4,553	0	0	0	0	0	0	0
50.00	Physical Therapy	1,534,471	0	0	119,954	45,641	0	0	0	0	0	0	0
51.00	Occupational Therapy	290,720	0	0	6,327	2,407	0	0	0	0	0	0	0
52.00	Speech Pathology	33,710	0	0	1,582	602	0	0	0	0	0	0	0
53.00	Electrocardiology	132,249	0	0	20,172	7,675	0	0	0	0	0	0	0
54.00	Electroencephalography	33	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	3,134,867	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	2,688,737	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05	Occupational Health Clinic	365,390	0	0	17,269	6,571	0	0	0	0	0	0	0
60.06	Tahoe Forest Clinic	3,562,682	0	0	176,991	67,343	0	0	0	0	0	0	0
60.07	Diabetic Center	193,845	0	0	1,117	425	0	0	0	0	0	0	0
61.00	Emergency	2,646,658	0	0	88,505	33,675	0	0	0	0	0	0	0
71.00	Home Health Agency	1,382,818	0	0	59,717	22,721	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Other Non Reimbursable	77,380	0	0	48,923	18,615	0	0	0	0	0	0	0
100.02	Medical Post Grad Education	90,623	0	0	0	0	0	0	0	0	0	0	0
100.04	Ski Aid	236,081	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	66,914,939	0	0	2,519,240	958,540	0	0	0	0	0	0	0

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits	0											
6.01	Non-Patient Telephones	0	0										
6.02	Data Processing	0	0	0									
6.03	Purchasing/Receiving	0	0	0	0								
6.04	Patient Admitting	0	0	0	0	0							
6.05	Patient Business Office	0	0	0	0	0	0						
6.06		0	0	0	0	0	0	0					
6.07		0	0	0	0	0	0	0	0				
6.08		0	0	0	0	0	0	0	0	0			
6.00	Administrative and General	0	0	0	0	0	0	0	0	0	0	13,611,267	
7.00	Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	1,259,411	321,595
8.00	Operation of Plant	0	0	0	0	0	0	0	0	0	0	1,392,848	355,668
9.00	Laundry and Linen Service	0	0	0	0	0	0	0	0	0	0	202,749	51,773
10.00	Housekeeping	0	0	0	0	0	0	0	0	0	0	1,144,881	292,349
11.00	Dietary	0	0	0	0	0	0	0	0	0	0	1,881,625	480,479
12.00	Cafeteria	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	0	0	0	0	0	0	0	0	0	0	1,177,611	300,707
15.00	Central Services & Supply	0	0	0	0	0	0	0	0	0	0	583,909	149,103
16.00	Pharmacy	0	0	0	0	0	0	0	0	0	0	1,246,624	318,330
17.00	Medical Records and Library	0	0	0	0	0	0	0	0	0	0	861,100	219,885
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	0	0	0	0	0	0	0	0	0	0	4,243,448	1,083,578
26.00	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	1,908,828	487,426
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	0	0	0	0	0	0	0	0	0	0	394,648	100,775
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	2,994,788	764,729
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.1

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	0	0	0	0	0	0	0	0	0	0	5,517,733	1,408,971
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	861,599	220,012
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	197,318	50,386
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	0	0	6,194,586	1,581,808
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	3,141,949	802,307
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	250,245	63,901
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	731,276	186,734
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,700,066	434,117
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	299,454	76,467
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	35,894	9,166
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	160,097	40,881
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	33	8
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,134,867	800,499
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,688,737	686,578
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05	Occupational Health Clinic	0	0	0	0	0	0	0	0	0	0	389,230	99,391
60.06	Tahoe Forest Clinic	0	0	0	0	0	0	0	0	0	0	3,807,016	972,134
60.07	Diabetic Center	0	0	0	0	0	0	0	0	0	0	195,386	49,893
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	2,768,838	707,032
71.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	1,465,256	374,158
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTEF												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Other Non Reimbursable	0	0	0	0	0	0	0	0	0	0	144,918	37,005
100.02	Medical Post Grad Education	0	0	0	0	0	0	0	0	0	0	90,623	23,141
100.04	Ski Aid	0	0	0	0	0	0	0	0	0	0	236,081	60,284
0.00		0	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0	66,914,939	13,611,267

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits												
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant	252,901											
9.00	Laundry and Linen Service	0	0										
10.00	Housekeeping	15,828	23,853	0									
11.00	Dietary	96,719	145,752	0	49,616								
12.00	Cafeteria	0	0	0	0	800,696							
13.00	Maintenance of Personnel	0	0	0	0	0	0						
14.00	Nursing Administration	3,938	5,935	0	5,417	2,251	23,912	0					
15.00	Central Services & Supply	0	0	0	0	0	17,916	0	0				
16.00	Pharmacy	8,908	13,424	0	12,253	0	22,308	0	0	0			
17.00	Medical Records and Library	13,828	20,838	0	19,019	708	28,548	0	0	0	0		
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	185,397	279,389	59,813	255,004	453,131	94,950	0	275,379	0	0	63,411	0
26.00	Intensive Care Unit	48,668	73,341	18,256	66,940	64,848	40,713	0	144,082	0	0	26,799	0
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	5,045	7,603	2,029	6,940	0	8,331	0	20,045	0	0	5,481	0
34.00	Medicare Certified Nursing Facility	147,852	222,809	89,589	203,363	821,205	102,758	0	371,102	0	0	41,678	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	210,738	317,576	30,969	289,858	30,378	89,931	0	252,236	0	0	150,711	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	43,433	65,453	10,930	59,740	0	20,391	0	52,668	0	0	11,900	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	49,926	0
41.00	Radiology - Diagnostic	128,476	193,610	14,504	142,359	48,022	111,821	0	36,061	0	0	196,492	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	45,698	68,866	0	62,855	677	64,450	0	0	0	0	94,284	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	2,161	0	0	0	0	2,977	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	8,090	12,192	0	11,128	0	0	0	0	0	0	53,668	0
50.00	Physical Therapy	81,104	122,222	1,382	53,008	252	0	0	0	0	0	24,253	0
51.00	Occupational Therapy	4,278	6,447	0	0	0	0	0	0	0	0	5,630	0
52.00	Speech Pathology	1,069	1,612	0	0	0	0	0	0	0	0	532	0
53.00	Electrocardiology	13,639	20,554	0	18,760	110	2,614	0	1,594	0	0	6,750	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	509	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	750,928	0	110,574	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,621,847	191,759	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05	Occupational Health Clinic	11,676	17,596	0	0	6,076	6,170	0	0	0	0	2,717	0
60.06	Tahoe Forest Clinic	119,668	180,337	0	91,808	0	68,354	0	0	0	0	59,255	0
60.07	Diabetic Center	755	1,138	0	1,038	1,905	2,126	0	317	0	0	445	0
61.00	Emergency	59,841	90,178	27,049	82,307	38,106	56,921	0	294,716	0	0	64,175	0
71.00	Home Health Agency	40,376	60,845	0	0	1,716	29,977	0	71,569	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTEF												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Other Non Reimbursable	33,078	49,848	0	45,497	383,577	0	0	0	0	0	0	0
100.02	Medical Post Grad Education	0	0	0	0	0	1,011	0	0	0	0	0	0
100.04	Ski Aid	0	0	0	0	535	5,333	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
0.00		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	1,581,006	2,001,417	254,522	1,476,911	2,654,191	800,696	0	1,519,770	750,928	1,621,847	1,163,926	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.3

Provider Name: TAHOE FOREST HOSPITAL

Fiscal Period Ended: JUNE 30, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
	GENERAL SERVICE COST CENTER											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg & Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Non-Patient Telephones											
6.02	Data Processing											
6.03	Purchasing/Receiving											
6.04	Patient Admitting											
6.05	Patient Business Office											
6.06												
6.07												
6.08												
6.00	Administrative and General											
7.00	Maintenance and Repairs											
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	Housekeeping											
11.00	Dietary											
12.00	Cafeteria											
13.00	Maintenance of Personnel											
14.00	Nursing Administration											
15.00	Central Services & Supply											
16.00	Pharmacy											
17.00	Medical Records and Library											
18.00	Social Service											
19.00												
19.02		0										
19.03		0	0									
20.00		0	0	0								
21.00	Nursing School	0	0	0	0							
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0						
23.00	Intern & Res Other Program	0	0	0	0	0	0					
24.00	Paramedical Ed Program	0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults & Pediatrics (Gen Routine)	0	0	0	0	0	0	0	0	6,993,502		6,993,502
26.00	Intensive Care Unit	0	0	0	0	0	0	0	0	2,879,899		2,879,899
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0		0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0		0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0		0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0		0
32.00		0	0	0	0	0	0	0	0	0		0
33.00	Nursery	0	0	0	0	0	0	0	0	550,896		550,896
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	5,759,875		5,759,875
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0		0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0		0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0		0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0		0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.3

Provider Name: TAHOE FOREST HOSPITAL

Fiscal Period Ended: JUNE 30, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
	ANCILLARY COST CENTERS											
37.00	Operating Room	0	0	0	0	0	0	0	0	8,299,100		8,299,100
38.00	Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,346,128		1,346,128
40.00	Anesthesiology	0	0	0	0	0	0	0	0	297,630		297,630
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	8,647,738		8,647,738
41.01		0	0	0	0	0	0	0	0	0		0
41.02		0	0	0	0	0	0	0	0	0		0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0		0
44.00	Laboratory	0	0	0	0	0	0	0	0	4,281,086		4,281,086
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	319,284		319,284
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	1,003,088		1,003,088
50.00	Physical Therapy	0	0	0	0	0	0	0	0	2,416,404		2,416,404
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	392,275		392,275
52.00	Speech Pathology	0	0	0	0	0	0	0	0	48,272		48,272
53.00	Electrocardiology	0	0	0	0	0	0	0	0	264,998		264,998
54.00	Electroencephalography	0	0	0	0	0	0	0	0	551		551
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	4,796,868		4,796,868
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	5,188,921		5,188,921
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0		0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00		0	0	0	0	0	0	0	0	0		0
59.01		0	0	0	0	0	0	0	0	0		0
59.02		0	0	0	0	0	0	0	0	0		0
59.03		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	0		0
60.05	Occupational Health Clinic	0	0	0	0	0	0	0	0	532,856		532,856
60.06	Tahoe Forest Clinic	0	0	0	0	0	0	0	0	5,298,573		5,298,573
60.07	Diabetic Center	0	0	0	0	0	0	0	0	253,003		253,003
61.00	Emergency	0	0	0	0	0	0	0	0	4,189,162		4,189,162
71.00	Home Health Agency	0	0	0	0	0	0	0	0	2,043,897		2,043,897
83.00		0	0	0	0	0	0	0	0	0		0
84.00		0	0	0	0	0	0	0	0	0		0
85.00		0	0	0	0	0	0	0	0	0		0
86.00		0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTEF											
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0		0
97.00	Research	0	0	0	0	0	0	0	0	0		0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01		0	0	0	0	0	0	0	0	0		0
99.02		0	0	0	0	0	0	0	0	0		0
99.03		0	0	0	0	0	0	0	0	0		0
99.04		0	0	0	0	0	0	0	0	0		0
99.05		0	0	0	0	0	0	0	0	0		0
100.00	Other Non Reimbursable	0	0	0	0	0	0	0	0	693,925		693,925
100.02	Medical Post Grad Education	0	0	0	0	0	0	0	0	114,775		114,775
100.04	Ski Aid	0	0	0	0	0	0	0	0	302,233		302,233
0.00		0	0	0	0	0	0	0	0	0		0
0.00		0	0	0	0	0	0	0	0	0		0
	TOTAL	0	0	0	0	0	0	0	0	66,914,939	0	66,914,939

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits												
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General			1,758	1,758								
7.00	Maintenance and Repairs			7,964	7,964								
8.00	Operation of Plant			20,100	20,100								
9.00	Laundry and Linen Service												
10.00	Housekeeping			1,258	1,258								
11.00	Dietary			7,687	7,687								
12.00	Cafeteria												
13.00	Maintenance of Personnel												
14.00	Nursing Administration			313	313								
15.00	Central Services & Supply												
16.00	Pharmacy			708	708								
17.00	Medical Records and Library			1,099	1,099								
18.00	Social Service												
19.00													
19.02													
19.03													
20.00													
21.00	Nursing School												
22.00	Intern & Res Service-Salary & Fringes												
23.00	Intern & Res Other Program												
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)			14,735	14,735								
26.00	Intensive Care Unit			3,868	3,868								
27.00	Coronary Care Unit												
28.00	Neonatal Intensive Care Unit												
29.00	Surgical Intensive Care												
30.00	Subprovider I												
31.00	Subprovider II												
32.00													
33.00	Nursery			401	401								
34.00	Medicare Certified Nursing Facility			11,751	11,751								
35.00	Distinct Part Nursing Facility												
36.00	Adult Subacute Care Unit												
36.01	Subacute Care Unit II												
36.02	Transitional Care Unit												

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		OLD BLDG & FIXTURES (SQ FT) 1.00 (Rev) (Rev)	OLD MOVBLE EQUIP (SQ FT) 2.00 (Rev) (Rev)	NEW BLDG & FIXTURES (SQ FT) 3.00 (Rev) (Rev)	NEW MOVBLE EQUIP (SQ FT) 4.00 (Rev) (Rev)	STAT 4.01 (Rev) (Rev)	STAT 4.02 (Rev) (Rev)	STAT 4.03 (Rev) (Rev)	STAT 4.04 (Rev) (Rev)	STAT 4.05 (Rev) (Rev)	STAT 4.06 (Rev) (Rev)	STAT 4.07 (Rev) (Rev)	STAT 4.08 (Rev) (Rev)
	ANCILLARY COST CENTERS												
37.00	Operating Room			16,749	16,749								
38.00	Recovery Room												
39.00	Delivery Room and Labor Room			3,452	3,452								
40.00	Anesthesiology												
41.00	Radiology - Diagnostic			10,211	10,211								
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope												
44.00	Laboratory			3,632	3,632								
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy			643	643								
50.00	Physical Therapy			6,446	6,446								
51.00	Occupational Therapy			340	340								
52.00	Speech Pathology			85	85								
53.00	Electrocardiology			1,084	1,084								
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients												
56.00	Drugs Charged to Patients												
57.00	Renal Dialysis												
58.00	ASC (Non-Distinct Part)												
59.00													
59.01													
59.02													
59.03													
60.00	Clinic												
60.05	Occupational Health Clinic			928	928								
60.06	Tahoe Forest Clinic			9,511	9,511								
60.07	Diabetic Center			60	60								
61.00	Emergency			4,756	4,756								
71.00	Home Health Agency			3,209	3,209								
83.00													
84.00													
85.00													
86.00													
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Other Non Reimbursable			2,629	2,629								
100.02	Medical Post Grad Education												
100.04	Ski Aid												
0.00													
0.00													
	TOTAL	0	0	135,377	135,377	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	2,519,240	958,540	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	18.609069	7.080523	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		EMP BENE (GROSS SALARIES) 5.00 (Rev) (Rev)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
	GENERAL SERVICE COST CENTERS											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg & Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Non-Patient Telephones											
6.02	Data Processing											
6.03	Purchasing/Receiving											
6.04	Patient Admitting											
6.05	Patient Business Office											
6.06												
6.07												
6.08												
6.00	Administrative and General	1,383,060										
7.00	Maintenance and Repairs	773,393									1,259,411	
8.00	Operation of Plant										1,392,848	20,100
9.00	Laundry and Linen Service										202,749	
10.00	Housekeeping	845,337									1,144,881	1,258
11.00	Dietary	1,189,715									1,881,625	7,687
12.00	Cafeteria										0	
13.00	Maintenance of Personnel										0	
14.00	Nursing Administration	746,097									1,177,611	313
15.00	Central Services & Supply	306,022									583,909	
16.00	Pharmacy	863,825									1,246,624	708
17.00	Medical Records and Library	548,624									861,100	1,099
18.00	Social Service										0	
19.00											0	
19.02											0	
19.03											0	
20.00											0	
21.00	Nursing School										0	
22.00	Intern & Res Service-Salary & Fringes										0	
23.00	Intern & Res Other Program										0	
24.00	Paramedical Ed Program										0	
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults & Pediatrics (Gen Routine)	2,898,606									4,243,448	14,735
26.00	Intensive Care Unit	1,405,567									1,908,828	3,868
27.00	Coronary Care Unit										0	
28.00	Neonatal Intensive Care Unit										0	
29.00	Surgical Intensive Care										0	
30.00	Subprovider I										0	
31.00	Subprovider II										0	
32.00											0	
33.00	Nursery	290,115									394,648	401
34.00	Medicare Certified Nursing Facility	1,936,631									2,994,788	11,751
35.00	Distinct Part Nursing Facility										0	
36.00	Adult Subacute Care Unit										0	
36.01	Subacute Care Unit II										0	
36.02	Transitional Care Unit										0	

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		EMP BENE (GROSS SALARIES) 5.00 (Rev) (Rev)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
	ANCILLARY COST CENTERS											
37.00	Operating Room	3,047,307									5,517,733	16,749
38.00	Recovery Room										0	
39.00	Delivery Room and Labor Room	568,600									861,599	3,452
40.00	Anesthesiology										197,318	
41.00	Radiology - Diagnostic	3,086,904									6,194,586	10,211
41.01											0	
41.02											0	
42.00	Radiology - Therapeutic										0	
43.00	Radioisotope										0	
44.00	Laboratory	1,684,858									3,141,949	3,632
44.01	Pathological Lab										0	
46.00	Whole Blood										0	
47.00	Blood Storing and Processing	41,623									250,245	
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy										731,276	643
50.00	Physical Therapy	12,578									1,700,066	6,446
51.00	Occupational Therapy	6,411									299,454	340
52.00	Speech Pathology	6,411									35,894	85
53.00	Electrocardiology	81,331									160,097	1,084
54.00	Electroencephalography										33	
55.00	Medical Supplies Charged to Patients										3,134,867	
56.00	Drugs Charged to Patients										2,688,737	
57.00	Renal Dialysis										0	
58.00	ASC (Non-Distinct Part)										0	
59.00											0	
59.01											0	
59.02											0	
59.03											0	
60.00	Clinic										0	
60.05	Occupational Health Clinic	181,859									389,230	928
60.06	Tahoe Forest Clinic	1,592,628									3,807,016	9,511
60.07	Diabetic Center	159,731									195,386	60
61.00	Emergency	1,987,025									2,768,838	4,756
71.00	Home Health Agency	953,574									1,465,256	3,209
83.00											0	
84.00											0	
85.00											0	
86.00											0	
	NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen										0	
97.00	Research										0	
98.00	Physicians' Private Office										0	
99.00	Nonpaid Workers										0	
99.01											0	
99.02											0	
99.03											0	
99.04											0	
99.05											0	
100.00	Other Non Reimbursable										144,918	2,629
100.02	Medical Post Grad Education	44,497									90,623	
100.04	Ski Aid	162,878									236,081	
0.00											0	
0.00											0	
	TOTAL	26,805,207	0	0	0	0	0	0	0	0	53,303,672	125,655
	COST TO BE ALLOCATED	0	0	0	0	0	0	0	0	0	13,611,267	1,581,006
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.255353	12.582115

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		OPER PLANT (SQ FT) 8.00 (Rev) (Rev)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Rev) (Rev)	HOUSE-KEEPING (SQ FT) 10.00 (Rev) (Rev)	DIETARY (MEALS SERVED) 11.00 (Rev) (Rev)	CAFETERIA (FTES) 12.00 (Rev) (Rev)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Rev) (Rev)	NURSING ADMIN (NURSE HR) 14.00 (Rev) (Rev)	CENT SERV & SUPPLY (CST REQ) 15.00 (Rev) (Rev)	PHARMACY (COSTS REQUIS) 16.00 (Rev) (Rev)	MED REC (GROSS REV) 17.00 (Rev) (Rev)	SOC SERV (TIME SPENT) 18.00 (Rev) (Rev)	STAT 19.00 (Rev) (Rev)
	GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits												
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant												
9.00	Laundry and Linen Service												
10.00	Housekeeping	1,258											
11.00	Dietary	7,687		2,867									
12.00	Cafeteria				50,871								
13.00	Maintenance of Personnel												
14.00	Nursing Administration	313		313	143	686							
15.00	Central Services & Supply					514							
16.00	Pharmacy	708		708		640							
17.00	Medical Records and Library	1,099		1,099	45	819							
18.00	Social Service												
19.00													
19.02													
19.03													
20.00													
21.00	Nursing School												
22.00	Intern & Res Service-Salary & Fringes												
23.00	Intern & Res Other Program												
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	14,735	65,193	14,735	28,789	2,724		37,327			6,977,575		
26.00	Intensive Care Unit	3,868	19,898	3,868	4,120	1,168		19,530			2,948,827		
27.00	Coronary Care Unit												
28.00	Neonatal Intensive Care Unit												
29.00	Surgical Intensive Care												
30.00	Subprovider I												
31.00	Subprovider II												
32.00													
33.00	Nursery	401	2,212	401		239		2,717			603,120		
34.00	Medicare Certified Nursing Facility	11,751	97,647	11,751	52,174	2,948		50,302			4,586,150		
35.00	Distinct Part Nursing Facility												
36.00	Adult Subacute Care Unit												
36.01	Subacute Care Unit II												
36.02	Transitional Care Unit												

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		OPER PLANT (SQ FT) 8.00 (Rev) (Rev)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Rev) (Rev)	HOUSE-KEEPING (SQ FT) 10.00 (Rev) (Rev)	DIETARY (MEALS SERVED) 11.00 (Rev) (Rev)	CAFETERIA (FTES) 12.00 (Rev) (Rev)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Rev) (Rev)	NURSING ADMIN (NURSE HR) 14.00 (Rev) (Rev)	CENT SERV & SUPPLY (CST REQ) 15.00 (Rev) (Rev)	PHARMACY (COSTS REQUIS) 16.00 (Rev) (Rev)	MED REC (GROSS REV) 17.00 (Rev) (Rev)	SOC SERV (TIME SPENT) 18.00 (Rev) (Rev)	STAT 19.00 (Rev) (Rev)
	ANCILLARY COST CENTERS												
37.00	Operating Room	16,749	33,754	16,749	1,930	2,580		34,190			16,583,648		
38.00	Recovery Room												
39.00	Delivery Room and Labor Room	3,452	11,913	3,452		585		7,139			1,309,444		
40.00	Anesthesiology										5,493,694		
41.00	Radiology - Diagnostic	10,211	15,808	8,226	3,051	3,208		4,888			21,621,233		
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope												
44.00	Laboratory	3,632		3,632	43	1,849					10,374,711		
44.01	Pathological Lab												
46.00	Whole Blood												
47.00	Blood Storing and Processing					62					327,529		
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	643		643							5,905,455		
50.00	Physical Therapy	6,446	1,506	3,063	16						2,668,660		
51.00	Occupational Therapy	340									619,467		
52.00	Speech Pathology	85									58,532		
53.00	Electrocardiology	1,084		1,084	7	75		216			742,746		
54.00	Electroencephalography										56,021		
55.00	Medical Supplies Charged to Patients								100		12,167,131		
56.00	Drugs Charged to Patients									100	21,100,516		
57.00	Renal Dialysis												
58.00	ASC (Non-Distinct Part)												
59.00													
59.01													
59.02													
59.03													
60.00	Clinic												
60.05	Occupational Health Clinic	928			386	177					299,014		
60.06	Tahoe Forest Clinic	9,511		5,305		1,961					6,520,231		
60.07	Diabetic Center	60		60	121	61		43			48,968		
61.00	Emergency	4,756	29,482	4,756	2,421	1,633		39,948			7,061,555		
71.00	Home Health Agency	3,209			109	860		9,701					
83.00													
84.00													
85.00													
86.00													
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Other Non Reimbursable	2,629		2,629	24,370								
100.02	Medical Post Grad Education					29							
100.04	Ski Aid				34	153							
0.00													
0.00													
	TOTAL	105,555	277,413	85,341	168,630	22,971	0	206,001	100	100	128,074,227	0	0
	COST TO BE ALLOCATED	2,001,417	254,522	1,476,911	2,654,191	800,696	0	1,519,770	750,928	1,621,847	1,163,926	0	0
	UNIT COST MULTIPLIER - SCH 8	18.960888	0.917483	17.305991	15.739734	34.856820	0.000000	7.377488	7509.284825	16218.472682	0.009088	0.000000	0.000000

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
		19.02	19.03	20.00	21.00	22.00	23.00	24.00
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	GENERAL SERVICE COST CENTERS							
1.00	Old Cap Rel Costs-Bldg & Fixtures							
2.00	Old Cap Rel Costs-Movable Equipment							
3.00	New Cap Rel Costs-Bldg & Fixtures							
4.00	New Cap Rel Costs-Movable Equipment							
4.01								
4.02								
4.03								
4.04								
4.05								
4.06								
4.07								
4.08								
5.00	Employee Benefits							
6.01	Non-Patient Telephones							
6.02	Data Processing							
6.03	Purchasing/Receiving							
6.04	Patient Admitting							
6.05	Patient Business Office							
6.06								
6.07								
6.08								
6.00	Administrative and General							
7.00	Maintenance and Repairs							
8.00	Operation of Plant							
9.00	Laundry and Linen Service							
10.00	Housekeeping							
11.00	Dietary							
12.00	Cafeteria							
13.00	Maintenance of Personnel							
14.00	Nursing Administration							
15.00	Central Services & Supply							
16.00	Pharmacy							
17.00	Medical Records and Library							
18.00	Social Service							
19.00								
19.02								
19.03								
20.00								
21.00	Nursing School							
22.00	Intern & Res Service-Salary & Fringes							
23.00	Intern & Res Other Program							
24.00	Paramedical Ed Program							
	INPATIENT ROUTINE COST CENTERS							
25.00	Adults & Pediatrics (Gen Routine)							
26.00	Intensive Care Unit							
27.00	Coronary Care Unit							
28.00	Neonatal Intensive Care Unit							
29.00	Surgical Intensive Care							
30.00	Subprovider I							
31.00	Subprovider II							
32.00								
33.00	Nursery							
34.00	Medicare Certified Nursing Facility							
35.00	Distinct Part Nursing Facility							
36.00	Adult Subacute Care Unit							
36.01	Subacute Care Unit II							
36.02	Transitional Care Unit							

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
		19.02	19.03	20.00	21.00	22.00	23.00	24.00
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	ANCILLARY COST CENTERS							
37.00	Operating Room							
38.00	Recovery Room							
39.00	Delivery Room and Labor Room							
40.00	Anesthesiology							
41.00	Radiology - Diagnostic							
41.01								
41.02								
42.00	Radiology - Therapeutic							
43.00	Radioisotope							
44.00	Laboratory							
44.01	Pathological Lab							
46.00	Whole Blood							
47.00	Blood Storing and Processing							
48.00	Intravenous Therapy							
49.00	Respiratory Therapy							
50.00	Physical Therapy							
51.00	Occupational Therapy							
52.00	Speech Pathology							
53.00	Electrocardiology							
54.00	Electroencephalography							
55.00	Medical Supplies Charged to Patients							
56.00	Drugs Charged to Patients							
57.00	Renal Dialysis							
58.00	ASC (Non-Distinct Part)							
59.00								
59.01								
59.02								
59.03								
60.00	Clinic							
60.05	Occupational Health Clinic							
60.06	Tahoe Forest Clinic							
60.07	Diabetic Center							
61.00	Emergency							
71.00	Home Health Agency							
83.00								
84.00								
85.00								
86.00								
	NONREIMBURSABLE COST CENTERS							
96.00	Gift, Flower, Coffee Shop & Canteen							
97.00	Research							
98.00	Physicians' Private Office							
99.00	Nonpaid Workers							
99.01								
99.02								
99.03								
99.04								
99.05								
100.00	Other Non Reimbursable							
100.02	Medical Post Grad Education							
100.04	Ski Aid							
0.00								
0.00								
	TOTAL	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: TAHOE FOREST HOSPITAL

Fiscal Period Ended: JUNE 30, 2009

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	$ 0	$ 0	$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	2,164,999	354,241	2,519,240
4.00	New Cap Rel Costs-Movable Equipment	786,887	171,653	958,540
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	0	0	0
6.01	Non-Patient Telephones	0	0	0
6.02	Data Processing	0	0	0
6.03	Purchasing/Receiving	0	0	0
6.04	Patient Admitting	0	0	0
6.05	Patient Business Office	0	0	0
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.00	Administrative and General	13,566,105	0	13,566,105
7.00	Maintenance and Repairs	1,054,819	0	1,054,819
8.00	Operation of Plant	876,487	0	876,487
9.00	Laundry and Linen Service	202,749	0	202,749
10.00	Housekeeping	1,112,563	0	1,112,563
11.00	Dietary	1,684,149	0	1,684,149
12.00	Cafeteria	0	0	0
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,169,570	0	1,169,570
15.00	Central Services & Supply	583,909	0	583,909
16.00	Pharmacy	1,228,436	0	1,228,436
17.00	Medical Records and Library	832,867	0	832,867
18.00	Social Service	0	0	0
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0
23.00	Intern & Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	3,864,912	0	3,864,912
26.00	Intensive Care Unit	1,809,461	0	1,809,461
27.00	Coronary Care Unit	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0
29.00	Surgical Intensive Care	0	0	0
30.00	Subprovider I	0	0	0
31.00	Subprovider II	0	0	0
32.00		0	0	0
33.00	Nursery	384,346	0	384,346
34.00	Medicare Certified Nursing Facility	2,692,910	0	2,692,910
35.00	Distinct Part Nursing Facility	0	0	0
36.00	Adult Subacute Care Unit	0	0	0
36.01	Subacute Care Unit II	0	0	0
36.02	Transitional Care Unit	0	0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: TAHOE FOREST HOSPITAL

Fiscal Period Ended: JUNE 30, 2009

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	$ 5,087,458	$ 0	$ 5,087,458
38.00	Recovery Room	0	0	0
39.00	Delivery Room and Labor Room	772,919	0	772,919
40.00	Anesthesiology	197,318	0	197,318
41.00	Radiology - Diagnostic	5,932,270	0	5,932,270
41.01		0	0	0
41.02		0	0	0
42.00	Radiology - Therapeutic	0	0	0
43.00	Radioisotope	0	0	0
44.00	Laboratory	3,048,644	0	3,048,644
44.01	Pathological Lab	0	0	0
46.00	Whole Blood	0	0	0
47.00	Blood Storing and Processing	250,245	0	250,245
48.00	Intravenous Therapy	0	0	0
49.00	Respiratory Therapy	714,758	0	714,758
50.00	Physical Therapy	1,534,471	0	1,534,471
51.00	Occupational Therapy	290,720	0	290,720
52.00	Speech Pathology	33,710	0	33,710
53.00	Electrocardiology	132,249	0	132,249
54.00	Electroencephalography	33	0	33
55.00	Medical Supplies Charged to Patients	3,134,867	0	3,134,867
56.00	Drugs Charged to Patients	2,688,737	0	2,688,737
57.00	Renal Dialysis	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0
59.00		0	0	0
59.01		0	0	0
59.02		0	0	0
59.03		0	0	0
60.00	Clinic	0	0	0
60.05	Occupational Health Clinic	365,390	0	365,390
60.06	Tahoe Forest Clinic	3,562,682	0	3,562,682
60.07	Diabetic Center	193,845	0	193,845
61.00	Emergency	2,646,658	0	2,646,658
71.00	Home Health Agency	1,382,818	0	1,382,818
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	SUBTOTAL	$ 65,984,961	$ 525,894	$ 66,510,855
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0
97.00	Research	0	0	0
98.00	Physicians' Private Office	0	0	0
99.00	Nonpaid Workers	0	0	0
99.01		0	0	0
99.02		0	0	0
99.03		0	0	0
99.04		0	0	0
99.05		0	0	0
100.00	Other Non Reimbursable	77,380	0	77,380
100.02	Medical Post Grad Education	90,623	0	90,623
100.04	Ski Aid	236,081	0	236,081
		0	0	0
		0	0	0
100.99	SUBTOTAL	$ 404,084	$ 0	$ 404,084
101	TOTAL	$ 66,389,045	$ 525,894	$ 66,914,939

(To Schedule 8)

STATE OF CALIFORNIA

REVISIONS TO AUDITED COSTS

SCHEDULE 10A
Page 1
Fiscal Period Ended:
JUNE 30, 2009

Provider Name:
TAHOE FOREST HOSPITAL

		TOTAL REV (Page 1 & 2)	AUDIT REV 1	AUDIT REV 2	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures	$0												
2.00	Old Cap Rel Costs-Movable Equipment	0												
3.00	New Cap Rel Costs-Bldg & Fixtures	354,241	338,091	16,150										
4.00	New Cap Rel Costs-Movable Equipment	171,653	110,820	60,833										
4.01		0												
4.02		0												
4.03		0												
4.04		0												
4.05		0												
4.06		0												
4.07		0												
4.08		0												
5.00	Employee Benefits	0												
6.01	Non-Patient Telephones	0												
6.02	Data Processing	0												
6.03	Purchasing/Receiving	0												
6.04	Patient Admitting	0												
6.05	Patient Business Office	0												
6.06		0												
6.07		0												
6.08		0												
6.00	Administrative and General	0												
7.00	Maintenance and Repairs	0												
8.00	Operation of Plant	0												
9.00	Laundry and Linen Service	0												
10.00	Housekeeping	0												
11.00	Dietary	0												
12.00	Cafeteria	0												
13.00	Maintenance of Personnel	0												
14.00	Nursing Administration	0												
15.00	Central Services & Supply	0												
16.00	Pharmacy	0												
17.00	Medical Records and Library	0												
18.00	Social Service	0												
19.00		0												
19.02		0												
19.03		0												
20.00		0												
21.00	Nursing School	0												
22.00	Intern & Res Service-Salary & Fringes	0												
23.00	Intern & Res Other Program	0												
24.00	Paramedical Ed Program	0												
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults & Pediatrics (Gen Routine)	0												
26.00	Intensive Care Unit	0												
27.00	Coronary Care Unit	0												
28.00	Neonatal Intensive Care Unit	0												
29.00	Surgical Intensive Care	0												
30.00	Subprovider I	0												
31.00	Subprovider II	0												
32.00		0												
33.00	Nursery	0												
34.00	Medicare Certified Nursing Facility	0												
35.00	Distinct Part Nursing Facility	0												
36.00	Adult Subacute Care Unit	0												
36.01	Subacute Care Unit II	0												
36.02	Transitional Care Unit	0												

STATE OF CALIFORNIA

REVISIONS TO AUDITED COSTS

SCHEDULE 10A
Page 1
Fiscal Period Ended:
JUNE 30, 2009

Provider Name:
TAHOE FOREST HOSPITAL

		TOTAL REV (Page 1 & 2)	AUDIT REV 1	AUDIT REV 2	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	ANCILLARY COST CENTERS													
37.00	Operating Room	0												
38.00	Recovery Room	0												
39.00	Delivery Room and Labor Room	0												
40.00	Anesthesiology	0												
41.00	Radiology - Diagnostic	0												
41.01		0												
41.02		0												
42.00	Radiology - Therapeutic	0												
43.00	Radioisotope	0												
44.00	Laboratory	0												
44.01	Pathological Lab	0												
46.00	Whole Blood	0												
47.00	Blood Storing and Processing	0												
48.00	Intravenous Therapy	0												
49.00	Respiratory Therapy	0												
50.00	Physical Therapy	0												
51.00	Occupational Therapy	0												
52.00	Speech Pathology	0												
53.00	Electrocardiology	0												
54.00	Electroencephalography	0												
55.00	Medical Supplies Charged to Patients	0												
56.00	Drugs Charged to Patients	0												
57.00	Renal Dialysis	0												
58.00	ASC (Non-Distinct Part)	0												
59.00		0												
59.01		0												
59.02		0												
59.03		0												
60.00	Clinic	0												
60.05	Occupational Health Clinic	0												
60.06	Tahoe Forest Clinic	0												
60.07	Diabetic Center	0												
61.00	Emergency	0												
71.00	Home Health Agency	0												
83.00		0												
84.00		0												
85.00		0												
86.00		0												
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	0												
97.00	Research	0												
98.00	Physicians' Private Office	0												
99.00	Nonpaid Workers	0												
99.01		0												
99.02		0												
99.03		0												
99.04		0												
99.05		0												
100.00	Other Non Reimbursable	0												
100.02	Medical Post Grad Education	0												
100.04	Ski Aid	0												
0.00		0												
0.00		0												
101.00	TOTAL	$525,894	448,911	76,983	0	0	0	0	0	0	0	0	0	0
		(To Sch 10)												

STATE OF CALIFORNIA

REVISIONS TO AUDITED COSTS

SCHEDULE 10A
Page 2

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures													
2.00	Old Cap Rel Costs-Movable Equipment													
3.00	New Cap Rel Costs-Bldg & Fixtures													
4.00	New Cap Rel Costs-Movable Equipment													
4.01														
4.02														
4.03														
4.04														
4.05														
4.06														
4.07														
4.08														
5.00	Employee Benefits													
6.01	Non-Patient Telephones													
6.02	Data Processing													
6.03	Purchasing/Receiving													
6.04	Patient Admitting													
6.05	Patient Business Office													
6.06														
6.07														
6.08														
6.00	Administrative and General													
7.00	Maintenance and Repairs													
8.00	Operation of Plant													
9.00	Laundry and Linen Service													
10.00	Housekeeping													
11.00	Dietary													
12.00	Cafeteria													
13.00	Maintenance of Personnel													
14.00	Nursing Administration													
15.00	Central Services & Supply													
16.00	Pharmacy													
17.00	Medical Records and Library													
18.00	Social Service													
19.00														
19.02														
19.03														
20.00														
21.00	Nursing School													
22.00	Intern & Res Service-Salary & Fringes													
23.00	Intern & Res Other Program													
24.00	Paramedical Ed Program													
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults & Pediatrics (Gen Routine)													
26.00	Intensive Care Unit													
27.00	Coronary Care Unit													
28.00	Neonatal Intensive Care Unit													
29.00	Surgical Intensive Care													
30.00	Subprovider I													
31.00	Subprovider II													
32.00														
33.00	Nursery													
34.00	Medicare Certified Nursing Facility													
35.00	Distinct Part Nursing Facility													
36.00	Adult Subacute Care Unit													
36.01	Subacute Care Unit II													
36.02	Transitional Care Unit													

Provider Name:
TAHOE FOREST HOSPITAL

Fiscal Period Ended:
JUNE 30, 2009

		AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	ANCILLARY COST CENTERS													
37.00	Operating Room													
38.00	Recovery Room													
39.00	Delivery Room and Labor Room													
40.00	Anesthesiology													
41.00	Radiology - Diagnostic													
41.01														
41.02														
42.00	Radiology - Therapeutic													
43.00	Radioisotope													
44.00	Laboratory													
44.01	Pathological Lab													
46.00	Whole Blood													
47.00	Blood Storing and Processing													
48.00	Intravenous Therapy													
49.00	Respiratory Therapy													
50.00	Physical Therapy													
51.00	Occupational Therapy													
52.00	Speech Pathology													
53.00	Electrocardiology													
54.00	Electroencephalography													
55.00	Medical Supplies Charged to Patients													
56.00	Drugs Charged to Patients													
57.00	Renal Dialysis													
58.00	ASC (Non-Distinct Part)													
59.00														
59.01														
59.02														
59.03														
60.00	Clinic													
60.05	Occupational Health Clinic													
60.06	Tahoe Forest Clinic													
60.07	Diabetic Center													
61.00	Emergency													
71.00	Home Health Agency													
83.00														
84.00														
85.00														
86.00														
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen													
97.00	Research													
98.00	Physicians' Private Office													
99.00	Nonpaid Workers													
99.01														
99.02														
99.03														
99.04														
99.05														
100.00	Other Non Reimbursable													
100.02	Medical Post Grad Education													
100.04	Ski Aid													
0.00														
0.00														
101.00	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Revisions
TAHOE FOREST HOSPITAL	JULY 1, 2008 THROUGH JUNE 30, 2009	1538265780	2

Report References										
		Cost Report								
Rev No.	Revised Report	Work Sheet	Part	Title	Line	Col.	Explanation of Revisions		As Audited	Increase (Decrease)	As Revised
1	10	A			3.00	7	New Cap Rel Costs-Bldg & Fixtures		$2,164,999	$338,091	$2,503,090 *
	10	A			4.00	7	New Cap Rel Costs-Movable Equipment		786,887	110,820	897,707 *
							APPEAL FINDINGS - ISSUE 2				
2	10	A			3.00	7	New Cap Rel Costs-Bldg & Fixtures	*	$2,503,090	$16,150	$2,519,240
	10	A			4.00	7	New Cap Rel Costs-Movable Equipment	*	897,707	60,833	958,540
							APPEAL FINDINGS - ISSUE 3				