



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Everyday"

January 24, 2006

B-06-003

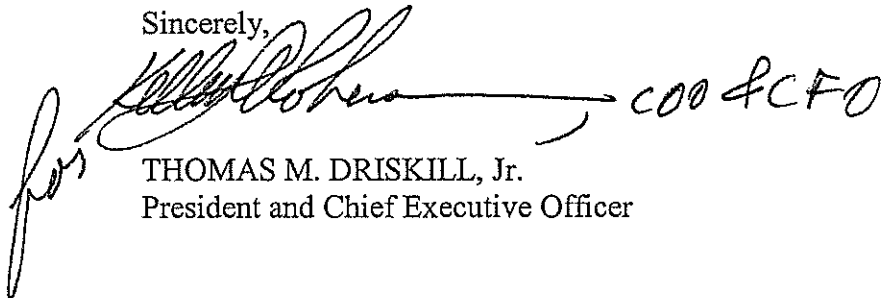
The Honorable Robert Bunda
Senate President
The Senate
Hawaii State Capitol, Room 003
Honolulu, Hawaii 96813

Dear Mr. President:

In accordance to Act 178, SLH 2005, Section 160, the Hawaii Health Systems Corporation submits the reports on the certification of losses under the state plan amendment for the quarter ending September 30, 2005.

Should you have any questions, please call Kelley C. Roberson, Chief Operating Officer and Chief Financial Officer, at 733-4171.

Sincerely,



THOMAS M. DRISKILL, Jr.
President and Chief Executive Officer

Attachments



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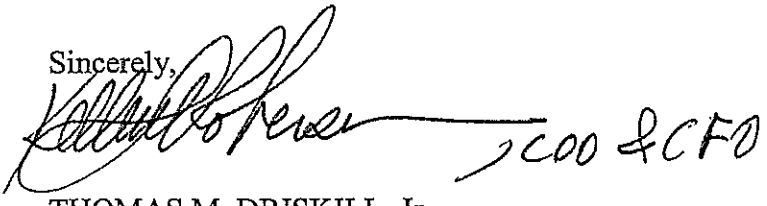
The Honorable Calvin Say
Speaker
House of Representatives
Hawaii State Capitol, Room 431
Honolulu, Hawaii 96813

Dear Mr. Speaker :

In accordance to Act 178, SLH 2005, Section 160, the Hawaii Health Systems Corporation submits the reports on the certification of losses under the state plan amendment for the quarter ending September 30, 2005.

Should you have any questions, please call Kelley C. Roberson, Chief Operating Officer and Chief Financial Officer, at 733-4171.

Sincerely,

for  COO & CFO

THOMAS M. DRISKILL, Jr.
President and Chief Executive Officer

Attachments



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Touching Lives Everyday"

October 28, 2005

COO/CFO-05-103

Mr. Brian Pang
State of Hawaii, Dept. of Health
Med-Quest Division
601 Kamokila Blvd, Rm 518
Kapolei, Hi 96707

SUBJECT: Certification of HHSC Medicaid Losses for the Quarter Ended September 30, 2005

Dear Brian:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from the Medicaid program of \$2,954,976 for the quarter ended September 30, 2005 are true and correct. The losses were calculated using the latest information available for the period claimed, and the funds/contributions are expended as necessary for federal matching funds pursuant to the requirement of 42CFR 433.51, and these claimed expenditures have not previously been and shall not subsequently be used for federal match in this or any other program. I am aware that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Sincerely,

KELLEY C. ROBERSON
Chief Operating Officer and Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM MEDICAID PROGRAM EXCLUDING CRITICAL ACCESS HOSPITAL
 FY 2006 QUARTER ENDED SEPTEMBER 30, 2005

FACILITY	MEDICAID ACUTE SERVICES (7/1/04-09/30/05 SVC DATES)				MEDICAID LTC ROUTINE SERVICES (7/1/04-09/30/05 SVC DATES)				TOTAL LOSSES	PRIOR LOSSES	DIFF	
	# ASCT	DATE	(1) CHARGE	(2) COST	(3) REIMP	(4) REIMP %	(5) DATE	(6) REIMP				(7) LOSSES
HAWAIIA	188	1,446	2,001,810	1,434,573	47.85%	758,853	25.30%	617,420	-	617,420	(233,514)	(233,514)
KAUAI (CAH)											(203,940)	(203,940)
KOHAHALA (CAH)											-	-
KONA	74	284	713,772	413,131	57.89%	231,403	32.47%	(181,728)	-	(181,728)	(412,744)	(412,744)
KAUNAOA (CAH)											-	-
LEAHA											-	-
MAUI	142	1,052	3,202,813	1,274,081	42.89%	702,210	20.98%	(567,771)	-	(567,771)	(200,781)	(200,781)
MAUI (CAH)	12	154	159,010	128,485	80.81%	107,448	82.89%	(26,717)	-	(26,717)	(5,723)	(5,723)
MAUI (CAH)	288	2,838	6,187,214	3,250,470	47.41%	3,197,234	58.22%	(1,453,182)	-	(1,453,182)	(97,771)	(97,771)
TOTAL HHSO											(1,183,968)	(1,183,968)
											(1,291,140)	(1,291,140)

(1) Per HHSO Accounts Receivable for Medicaid Acute and acute Medicaid as of 09/30/05, reimbursement does not include capital press thru payments.

(2) Applied Medicaid acute cost to charge ratio from the FY 04 Medicaid Cost Report As Filed

(3) Per HHSO Claims Report for 7/1/05 - 09/30/05 for Medicaid.

(4) Applied 700 - 0905 LTC RAB Average charges per Management Statistics v. Medicaid Data

(5) FY 04 Medicaid LTC routine cost per day x Medicaid days

(6) Medicaid Claims at PPS rates for 7/1/05-09/30/05

(7) Losses included in previous report

(8) Current Loss - Previous Reported Loss

Date Completed: 10/24/2005



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

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October 28, 2005

COO/CFO-05-104

Mr. Brian Pang
State of Hawaii, Dept. of Health
Med-Quest Division
601 Kamokila Blvd, Rm 518
Kapolei, Hi 96707

SUBJECT: Uncompensated Costs of HHSC Quest, Uninsured and Medicaid Outpatient for the Quarter ended September 30, 2005

Dear Brian:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from participation in the Quest program, provision of services to uninsured patients and provision of Medicaid outpatient services of \$4,046,188 for the quarter ended September 30, 2005 are true and correct. The losses were calculated using the latest information available for the period claimed; and the funds/contributions were expended as necessary for federal matching funds pursuant to the requirement of 42CFR 433.51. These claimed expenditures have not previously been and shall not subsequently be used for federal match in this or any other program. I am aware that this information is to be used for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Sincerely,

KELLEY C. ROBERSON
Chief Operating Officer and Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM QUEST & UNINSURED PROGRAM
 FY 2006 QUARTER ENDED SEPTEMBER 30, 2005

QUEST FACILITY	QUEST ACUTE SERVICES				QUEST OUTPATIENT SERVICES				TOTAL LOSS
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R	
HAWAIIA	425	1,088	2,781,647	1,250,859	1,918	2,055	1,844,697	32.85%	(443,815)
HILO	0	0	0	0	0	0	0	0.00%	0
KAUAI	44	117	197,574	201,298	647	60,012	54,445	74.85%	(53,605)
KONA	217	872	1,849,659	764,896	89	45,258	148,540	37.02%	(61,454)
KULA	0	0	0	0	1,005	950,418	322,874	33.58%	(628,544)
LANAI	2	2	2,792	3,101	35	4,653	2,460	49.84%	(440)
LEAHI	0	0	0	0	48	26,303	25,832	98.35%	(471)
MALIHUA	0	0	0	0	0	0	0	0.00%	0
MAUI	48	1,410	4,077,985	1,671,911	1,028	1,159,058	390,081	33.69%	(1,370,701)
SMITH	8	8	87,181	84,121	10	5,508	7,525	43.37%	(64,006)
TOTAL PHSC	743	3,272	9,873,828	4,078,478	5,068	4,444,892	1,854,933	31.71%	(1,231,211)

UNINSURED FACILITY	UNINSURED ACUTE SERVICES				UNINSURED OUTPATIENT SERVICES				TOTAL LOSS
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R	
HAWAIIA	40	143	399,514	195,422	285	293	186,442	2.14%	(186,880)
HILO	0	0	0	0	359	385,730	156,442	0.07%	(230)
KAUAI	1	3	2,635	2,649	102	37,235	21,693	68.05%	(15,542)
KONA	1	8	7,941	7,174	60	37,101	29,483	4.52%	(68,516)
KULA	22	8	2,338	3,708	32	17,688	24,292	62.50%	(17,244)
LANAI	0	0	0	0	218	254,162	86,063	0.00%	(161,094)
LEAHI	0	0	0	0	74	9,285	3,125	49.80%	(61)
MALIHUA	0	0	0	0	18	11,423	11,238	98.35%	(185)
MAUI	165	830	2,344,098	981,048	873	1,139,823	383,823	2.15%	(856,020)
SMITH	1	12	11,253	12,788	3	357	488	0.00%	(12,785)
TOTAL PHSC	239	977	2,882,664	1,209,344	1,740	1,984,936	727,184	2.60%	(1,231,703)

MEDICAID FACILITY	MEDICAID ACUTE SERVICES REPORTED UNDER CERTIFICATION REPORT				MEDICAID OUTPATIENT SERVICES				TOTAL LOSS
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R	
HAWAIIA	485	1,231	3,181,281	1,549,381	2,820	2,811,818	1,309,745	43.13%	(850,688)
HILO	0	0	0	0	648	691,524	22,093	68.05%	(2,549)
KAUAI	1	3	2,635	2,649	66	32,467	43,971	79.47%	(13,701)
KONA	53	182	287,868	273,170	71	35,288	27,020	58.40%	(122,023)
KULA	239	718	1,888,095	828,882	274	17,985	24,700	137.34%	(16,880)
LANAI	0	0	0	0	22	339,248	110,525	32.59%	(228,723)
LEAHI	0	0	0	0	11	7,832	7,704	96.39%	(128)
MALIHUA	0	0	0	0	373	850,389	195,181	59.88%	(655,208)
MAUI	0	0	0	0	7	5,222	7,132	136.61%	(1,910)
SMITH	0	0	0	0	1,522	1,811,073	791,828	41.44%	(1,019,245)
TOTAL PHSC	885	2,464	6,422,061	2,632,861	4,330	8,249,871	3,374,045	40.90%	(2,483,914)

TOTAL FACILITY	TOTAL ACUTE				TOTAL OUTPATIENT SERVICES				TOTAL LOSS
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R	
HAWAIIA	465	1,231	3,181,281	1,549,381	2,820	2,811,818	1,309,745	43.13%	(850,688)
HILO	0	0	0	0	648	691,524	22,093	68.05%	(2,549)
KAUAI	1	3	2,635	2,649	66	32,467	43,971	79.47%	(13,701)
KONA	53	182	287,868	273,170	71	35,288	27,020	58.40%	(122,023)
KULA	239	718	1,888,095	828,882	274	17,985	24,700	137.34%	(16,880)
LANAI	0	0	0	0	22	339,248	110,525	32.59%	(228,723)
LEAHI	0	0	0	0	11	7,832	7,704	96.39%	(128)
MALIHUA	0	0	0	0	373	850,389	195,181	59.88%	(655,208)
MAUI	0	0	0	0	7	5,222	7,132	136.61%	(1,910)
SMITH	0	0	0	0	1,522	1,811,073	791,828	41.44%	(1,019,245)
TOTAL PHSC	885	2,464	6,422,061	2,632,861	4,330	8,249,871	3,374,045	40.90%	(2,483,914)

(1) Per PHSC Accounts Receivable @ 80% for 705-905 discharges.
 (2) Applied Inpatient and outpatient cost to charge ratios from the most recently available audited Medicaid cost report.
 (3) Reimb - Cost
 Data Completed: 10/28/05 AY