



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

"Touching Lives Everyday"

October 27, 2006

B-06-036

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, 2006.

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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October 27, 2006

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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, 2006.

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

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HAWAII HEALTH SYSTEMS
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October 23, 2006

COO/CFO-06-129

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

SUBJECT: Certification of HHSC Medicaid Losses for the Quarter Ended September 30, 2006

Dear Brian:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from the Medicaid program of \$2,539,294 for the quarter ended September 30, 2006 are true and correct. The losses were calculated using the latest information available for the period claimed, and that the funds/contributions are expended as necessary for federal matching funds pursuant to the requirement of 42CFR 433.51, and that these claimed expenditures have not previously been nor 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 yours,

KELLEY ROBERSON
Chief Operating Officer & Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM MEDICAID PROGRAM EXCLUDING CRITICAL ACCESS HOSPITAL
 FY 2007 1st QUARTER ENDED SEPTEMBER 30, 2006

FACILITY	MEDICAID ACUTE SERVICES				MEDICAID LTC ROUTINE SERVICES				TOTAL LOSS
	(1) CHARGES	(2) COST	(1) REIMB	(6) LOSS	(3) CHARGES	(4) COST	(5) REIMB	(6) LOSS	
HAMAKUA (CAH)									
HILO	2,405,841	1,161,781	601,448	(560,333)	2,647,356	2,212,656	1,887,903	(324,753)	(885,086)
KAU (CAH)									
KVMH (CAH)									
KOHALA (CAH)									
KONA	973,436	513,293	261,936	(251,357)	780,811	686,478	384,776	(301,702)	(553,059)
KULA (CAH)									
LANAI (CAH)									
LEAHI									
MALUHIA									
MAUI	2,557,203	1,207,256	460,076	(747,180)	3,935,525	3,556,401	3,223,078	(333,323)	(333,323)
SMMH (CAH)					91,082	84,700	64,053	(20,647)	(767,827)
TOTAL HHSC	5,936,480	2,882,329	1,323,460	(1,558,869)	7,454,774	6,540,235	5,559,810	(980,425)	(2,539,294)

- (1) Per HHSC Accounts Receivable for Medicaid Acute incl acute waitlisted as of 09/30/06, reimbursement does not include capital pass thru payments
- (2) Applied Medicaid acute cost to charge ratio from the FY 05 Medicaid Cost Report As Filed
- (3) Per HHSC Management Statistic Report for 7/1/06 - 09/30/06 for Medicaid
- (4) FY 05 Medicaid LTC routine cost per day x Medicaid days
- (5) Medicaid Days x PPS rates for 7/1/06-6/30/07
- (6) Reimb - Cost

Date Completed: 10/21/2006



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

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October 23, 2006

COO/CFO-06-130

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

SUBJECT: Uncompensated Costs of HHSC Quest, Uninsured and Medicaid Outpatient for the Quarter ended September 30, 2006

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 \$6,630,443 for the quarter ended September 30, 2006 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 yours,

KELLEY ROBERSON
Chief Operating Officer & Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

HHSC Losses from Quest, Uninsured, incl Medicaid Outpatient for Quarter ended 9/30/2006

QUEST	ACUTE & LTC SERVICES				OUTPATIENT SERVICES				TOTAL LOSS
	(1) (4)	(2)	(1) (5)	(3)	(1)	(2)	(1)	(3)	(3)
FACILITY	CHARGES	COST	REIMB	LOSS	CHARGES	COST	REIMB	LOSS	CURRENT LOSS
HAMAKUA	0	0	0	0	34,414	32,783	11,834	(20,949)	(20,949)
HILO	4,511,151	2,056,951	1,394,297	(662,654)	2,441,282	914,787	593,225	(321,562)	(984,216)
KAU	-	-	-	-	163,749	127,599	42,795	(84,804)	(84,804)
KVMH	184,578	154,820	116,527	(38,293)	276,579	187,626	81,564	(108,062)	(144,355)
KOHALA	-	-	-	-	67,643	83,691	19,560	(64,131)	(64,131)
KONA	1,851,759	920,810	642,759	(278,051)	1,237,935	524,787	319,572	(205,215)	(483,266)
KULA	-	-	-	-	40,487	19,469	7,151	(12,318)	(12,318)
LANAI	-	-	-	-	25,907	34,399	4,903	(29,496)	(29,496)
LEAHI	-	-	-	-	-	-	-	-	-
MALUHIA	-	-	-	-	-	-	-	-	-
MAUI	3,593,541	1,453,744	974,131	(479,613)	1,532,896	503,816	336,815	(167,001)	(646,614)
SMMH	91,439	90,648	51,096	(39,552)	70,633	90,103	19,792	(70,311)	(109,863)
TOTAL HHSC	10,232,468	4,678,973	3,178,810	(1,498,163)	5,891,525	2,519,060	1,437,211	(1,081,849)	(2,580,012)

UNINSURED	ACUTE & LTC SERVICES				OUTPATIENT SERVICES				TOTAL LOSS
	CHARGES	COST	REIMB	LOSS	CHARGES	COST	REIMB	LOSS	CURRENT LOSS
HAMAKUA	111,076	115,185	91,125	(24,060)	16,225	15,456	1,192	(14,264)	(38,324)
HILO	1,291,705	781,246	129,422	(651,824)	656,827	246,123	19,358	(228,765)	(878,589)
KAU	35,420	24,721	22,616	(2,105)	38,522	30,018	1,650	(28,368)	(30,473)
KVMH	72,724	54,794	25,500	(29,294)	75,492	51,212	6,539	(44,673)	(73,967)
KOHALA	-	-	-	-	26,190	32,404	1,112	(31,292)	(31,292)
KONA	1,227,869	740,026	79,530	(660,496)	692,994	293,775	26,954	(266,821)	(927,317)
KULA	207,997	233,956	152,649	(81,307)	54,326	26,124	662	(25,462)	(106,769)
LANAI	-	-	-	-	15,520	20,607	819	(19,788)	(19,788)
LEAHI	408,619	395,358	370,005	(25,353)	-	-	-	-	(25,353)
MALUHIA	514,551	484,579	400,218	(84,361)	-	-	-	-	(84,361)
MAUI	3,077,719	1,238,244	61,034	(1,177,210)	1,563,509	513,878	76,219	(437,659)	(1,614,869)
SMMH	74,044	77,114	54,577	(22,537)	57,595	73,471	7,350	(66,121)	(88,658)
TOTAL HHSC	7,021,724	4,145,223	1,386,676	(2,758,547)	3,197,200	1,303,068	141,855	(1,161,213)	(3,919,760)

MEDICAID	ACUTE & LTC SERVICES				OUTPATIENT SERVICES				TOTAL LOSS
	CHARGES	COST	REIMB	LOSS	CHARGES	COST	REIMB	LOSS	CURRENT LOSS
HAMAKUA	-	-	-	-	5,276	5,026	2,136	(2,890)	(2,890)
HILO	-	-	-	-	1,032,860	387,029	361,217	(25,812)	(25,812)
KAU	-	-	-	-	31,618	24,638	14,490	(10,148)	(10,148)
KVMH	-	-	-	-	56,804	38,535	24,086	(14,449)	(14,449)
KOHALA	-	-	-	-	14,596	18,059	1,794	(16,265)	(16,265)
KONA	-	-	-	-	305,599	129,550	82,020	(47,530)	(47,530)
KULA	-	-	-	-	16,274	7,826	1,847	(5,979)	(5,979)
LANAI	-	-	-	-	7,797	10,353	904	(9,449)	(9,449)
LEAHI	-	-	-	-	-	-	-	-	-
MALUHIA	-	-	-	-	-	-	-	-	-
MAUI	-	-	-	-	859,216	282,398	301,481	19,083	19,083
SMMH	-	-	-	-	21,320	27,197	9,965	(17,232)	(17,232)
TOTAL HHSC	-	-	-	-	2,351,360	930,611	799,940	(130,671)	(130,671)

TOTAL	ACUTE & LTC SERVICES				OUTPATIENT SERVICES				TOTAL LOSS
	CHARGES	COST	REIMB	LOSS	CHARGES	COST	REIMB	LOSS	CURRENT LOSS
HAMAKUA	111,076	115,185	91,125	(24,060)	55,915	53,265	15,162	(38,103)	(62,163)
HILO	5,802,856	2,838,197	1,523,719	(1,314,478)	4,130,969	1,547,939	973,800	(574,139)	(1,888,617)
KAU	35,420	24,721	22,616	(2,105)	233,889	182,255	58,935	(123,320)	(125,425)
KVMH	257,302	209,614	142,027	(67,587)	408,875	277,373	112,189	(165,184)	(232,771)
KOHALA	-	-	-	-	108,429	134,154	22,466	(111,688)	(111,688)
KONA	3,079,628	1,660,836	722,289	(938,547)	2,236,528	948,112	428,546	(519,566)	(1,458,113)
KULA	207,997	233,956	152,649	(81,307)	111,087	53,419	9,660	(43,759)	(125,066)
LANAI	-	-	-	-	49,224	65,359	6,626	(58,733)	(58,733)
LEAHI	408,619	395,358	370,005	(25,353)	-	-	-	-	(25,353)
MALUHIA	514,551	484,579	400,218	(84,361)	-	-	-	-	(84,361)
MAUI	6,671,260	2,691,988	1,035,165	(1,656,823)	3,955,621	1,300,092	714,515	(585,577)	(2,242,400)
SMMH	165,483	167,762	105,673	(62,089)	149,548	190,771	37,107	(153,664)	(215,753)
TOTAL HHSC	17,254,192	8,822,196	4,565,486	(4,256,710)	11,440,085	4,752,739	2,379,006	(2,373,733)	(6,630,443)

- (1) Per HHSC Accounts Receivable @ 09/30/06 for 7/06-09/06 discharges, for accts w/balance, applied a zero balance reimb % to acct balance to compute expected reimb.
 - (2) Applied inpatient and outpatient cost to charge ratios from the most recently available audited Medicaid cost report
 - (3) Reimb - Cost
 - (4) For LTC days and charges, used HHSC Management Statistic Report for 7/1/06 - 09/30/06 for Quest and Self Pay
 - (5) For LTC self pay reimb, used 7/03-9/06 pymt to charge ratio x current charges to estimate payment amounts, for Quest, used 0 bal reimb % x charge
- Date Completed: 10/23/06 AY