



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N
"Touching Lives Everyday"

January 31, 2007

B-07-006

The Honorable Colleen Hanabusa
Senate President
The Senate
Hawaii State Capitol, Room 003
Honolulu, Hawaii 96813

Dear Madame 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 December 31, 2006.

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

Sincerely,


Kelley C. Roberson, COO & CFO
THOMAS M. DRISKILL, Jr.
President and Chief Executive Officer

Attachments



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C O R P O R A T I O N

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January 31, 2007

B-07-006


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 December 31, 2006.

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

Sincerely,

for 
Kelley C. Roberson, 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 Every Day"

January 30, 2007

COO/CFO-07-010

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

SUBJECT: Certification of HHSC Medicaid Losses for the Quarter Ended December 31, 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 \$5,091,070 for the quarter ended December 31, 2006 are true and correct. The \$2,539,294 loss reported last quarter was subtracted from the cumulative losses for FY 2007 of \$7,630,364 to compute this quarter's reported loss of \$5,091,070.

The losses were calculated using the latest information available for the period claimed. The funds/contributions are expended as necessary for federal matching funds pursuant to the requirement of 42CFR 433.51. 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,

Kelley C. Roberson
Chief Operating Officer & Chief Financial Officer

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM MEDICAID PROGRAM EXCLUDING CRITICAL ACCESS HOSPITAL
 FY 2007 2nd QUARTER ENDED DECEMBER 31, 2006

FACILITY	MEDICAID ACUTE SERVICES (7/1/06-12/31/06 SVC DATES)				MEDICAID LTC ROUTINE SERVICES (7/1/06-12/31/06 SVC DATES)				TOTAL MEDICAID FFS (7/1/06-12/31/06)				
	(1) CHARGES	(2) COST	(3) REIMB	(4) YTD LOSS	(5) PRIOR LOSS	(6) CURRENT LOSS	(7) CHARGES	(8) COST	(9) REIMB	(10) YTD LOSS	(11) PRIOR LOSS	(12) CURRENT LOSS	(13) CURRENT LOSS
HAMAKUA (10)	5,345,355	2,552,407	1,213,221	(1,339,186)	(960,333)	(778,853)	-	-	3,786,516	(586,992)	(324,753)	(262,239)	(1,926,178)
HILO (CAH)	-	-	-	-	-	-	-	-	-	-	-	-	-
KAUAI (CAH)	-	-	-	-	-	-	-	-	-	-	-	-	-
KOHAHA (CAH)	-	-	-	-	-	-	-	-	-	-	-	-	-
KONA	1,894,523	1,113,641	445,687	(667,754)	(251,357)	(418,397)	1,527,515	1,481,823	759,225	(722,598)	(301,702)	(420,898)	(1,390,352)
KULA (10)	-	-	-	-	-	-	-	-	-	-	-	-	-
LANAI (CAH)	-	-	-	-	-	-	-	-	-	-	-	-	-
LEAHI	-	-	-	-	-	-	7,788,854	7,551,464	6,396,991	(1,184,473)	(333,323)	(631,150)	(1,164,473)
MALUHIA	-	-	-	-	-	-	5,423,113	5,298,178	4,628,951	(669,227)	-	(669,227)	(669,227)
MAUI	6,181,160	3,301,976	1,045,956	(2,256,020)	(747,180)	(1,508,840)	132,939	329,722	105,807	(224,115)	(20,647)	(203,468)	(2,480,135)
SMMH (10)	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL HHSC	13,221,038	6,968,023	2,705,064	(4,262,959)	(1,558,869)	(2,704,090)	20,126,808	19,034,695	15,667,290	(3,367,405)	(980,425)	(2,386,980)	(7,630,364)

- (1) Per HHSC Accounts Receivable for Medicaid Acute incl acute waitlisted as of 12/31/06, reimbursement does not include capital pass thru payments
- (2) Applied Medicaid acute cost to change ratio from the FY 06 Medicaid Cost Report As Filed
- (3) Per HHSC Management Statistic Report for 7/1/06 - 12/31/06 for Medicaid
- (4) FY 06 Medicaid LTC routine cost per day x Medicaid days
- (5) Medicaid Days x PPS rates for 7/1/06-6/30/07 period
- (6) Reimb - Cost
- (7) Loss reported in previous report
- (8) Current Loss - Previous Reported Loss

Date Completed: 1/29/2007



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

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January 30, 2007

COO/CFO-07-011

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 December 31, 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 \$6,163,586 for the quarter ended December 31, 2006 are true and correct. The \$6,630,443 loss reported last quarter was subtracted from the cumulative losses for FY 2007 of \$12,794,029 to compute this quarter's reported loss of \$6,163,586.

The losses were calculated using the latest information available for the period claimed. 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 & Chief Financial Officer

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM GUEST & UNINSURED PROGRAM
 FISCAL YEAR 2007 QUARTER ENDED DECEMBER 31, 2006

FACILITY	GUEST ACUTE & LTC SERVICES				GUEST OUTPATIENT SERVICES				TOTAL LOSS		
	(1) CHARGES	(2) COST	(3) YTD LOSS	(4) PRIOR LOSS	(5) CURRENT LOSS	(6) CHARGES	(7) COST	(8) YTD LOSS	(9) PRIOR LOSS	(10) CURRENT LOSS	(11) TOTAL LOSS
HAMAKUA	251,944	261,156	210,342	210,342	210,342	210,342	210,342	210,342	210,342	210,342	420,684
HILO	2,216,528	2,281,554	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	2,061,612
KAUAI	309,097	235,958	130,152	130,152	130,152	130,152	130,152	130,152	130,152	130,152	260,304
KOHALA	245,069	190,546	64,203	64,203	64,203	64,203	64,203	64,203	64,203	64,203	128,406
KONA	53,984	55,035	13,032	13,032	13,032	13,032	13,032	13,032	13,032	13,032	26,064
KUIA	1,934,647	1,171,567	1,944,970	660,496	384,474	1,357,745	514,344	1,944,970	660,496	384,474	3,209,934
LANAI	347,424	385,331	248,474	136,657	111,817	100,523	44,339	248,474	136,657	111,817	385,331
LEAHI	851,823	824,178	771,326	62,852	27,499	41,155	55,442	771,326	62,852	27,499	824,178
MALUHIA	1,018,303	958,985	792,036	166,949	64,361	1,028,988	214,851	1,018,303	166,949	64,361	1,149,613
MAUI	7,005,103	2,878,053	2,747,754	2,603,299	1,177,210	1,426,089	117,137	2,747,754	2,603,299	1,177,210	3,925,014
SMITH	342,656	347,637	203,409	62,089	144,228	117,137	169,206	203,409	62,089	144,228	347,637
TOTAL HHSC	14,430,534	8,442,066	3,027,413	6,414,643	2,758,547	6,431,698	2,619,945	3,027,413	6,414,643	2,758,547	9,192,960

FACILITY	UNINSURED ACUTE & LTC SERVICES				UNINSURED OUTPATIENT SERVICES				TOTAL LOSS		
	(1) CHARGES	(2) COST	(3) YTD LOSS	(4) PRIOR LOSS	(5) CURRENT LOSS	(6) CHARGES	(7) COST	(8) YTD LOSS	(9) PRIOR LOSS	(10) CURRENT LOSS	(11) TOTAL LOSS
HAMAKUA	251,944	261,156	210,342	210,342	210,342	210,342	210,342	210,342	210,342	210,342	420,684
HILO	2,216,528	2,281,554	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	2,061,612
KAUAI	309,097	235,958	130,152	130,152	130,152	130,152	130,152	130,152	130,152	130,152	260,304
KOHALA	245,069	190,546	64,203	64,203	64,203	64,203	64,203	64,203	64,203	64,203	128,406
KONA	53,984	55,035	13,032	13,032	13,032	13,032	13,032	13,032	13,032	13,032	26,064
KUIA	1,934,647	1,171,567	1,944,970	660,496	384,474	1,357,745	514,344	1,944,970	660,496	384,474	3,209,934
LANAI	347,424	385,331	248,474	136,657	111,817	100,523	44,339	248,474	136,657	111,817	385,331
LEAHI	851,823	824,178	771,326	62,852	27,499	41,155	55,442	771,326	62,852	27,499	824,178
MALUHIA	1,018,303	958,985	792,036	166,949	64,361	1,028,988	214,851	1,018,303	166,949	64,361	1,149,613
MAUI	7,005,103	2,878,053	2,747,754	2,603,299	1,177,210	1,426,089	117,137	2,747,754	2,603,299	1,177,210	3,925,014
SMITH	342,656	347,637	203,409	62,089	144,228	117,137	169,206	203,409	62,089	144,228	347,637
TOTAL HHSC	14,430,534	8,442,066	3,027,413	6,414,643	2,758,547	6,431,698	2,619,945	3,027,413	6,414,643	2,758,547	9,192,960

FACILITY	MEDICAID ACUTE & LTC SERVICES REPORTED UNDER CERTIFICATION REPORT				MEDICAID OUTPATIENT SERVICES				TOTAL LOSS		
	(1) CHARGES	(2) COST	(3) YTD LOSS	(4) PRIOR LOSS	(5) CURRENT LOSS	(6) CHARGES	(7) COST	(8) YTD LOSS	(9) PRIOR LOSS	(10) CURRENT LOSS	(11) TOTAL LOSS
HAMAKUA	251,944	261,156	210,342	210,342	210,342	210,342	210,342	210,342	210,342	210,342	420,684
HILO	2,216,528	2,281,554	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	2,061,612
KAUAI	309,097	235,958	130,152	130,152	130,152	130,152	130,152	130,152	130,152	130,152	260,304
KOHALA	245,069	190,546	64,203	64,203	64,203	64,203	64,203	64,203	64,203	64,203	128,406
KONA	53,984	55,035	13,032	13,032	13,032	13,032	13,032	13,032	13,032	13,032	26,064
KUIA	1,934,647	1,171,567	1,944,970	660,496	384,474	1,357,745	514,344	1,944,970	660,496	384,474	3,209,934
LANAI	347,424	385,331	248,474	136,657	111,817	100,523	44,339	248,474	136,657	111,817	385,331
LEAHI	851,823	824,178	771,326	62,852	27,499	41,155	55,442	771,326	62,852	27,499	824,178
MALUHIA	1,018,303	958,985	792,036	166,949	64,361	1,028,988	214,851	1,018,303	166,949	64,361	1,149,613
MAUI	7,005,103	2,878,053	2,747,754	2,603,299	1,177,210	1,426,089	117,137	2,747,754	2,603,299	1,177,210	3,925,014
SMITH	342,656	347,637	203,409	62,089	144,228	117,137	169,206	203,409	62,089	144,228	347,637
TOTAL HHSC	14,430,534	8,442,066	3,027,413	6,414,643	2,758,547	6,431,698	2,619,945	3,027,413	6,414,643	2,758,547	9,192,960

FACILITY	TOTAL ACUTE & LTC SERVICES				TOTAL OUTPATIENT SERVICES				TOTAL LOSS		
	(1) CHARGES	(2) COST	(3) YTD LOSS	(4) PRIOR LOSS	(5) CURRENT LOSS	(6) CHARGES	(7) COST	(8) YTD LOSS	(9) PRIOR LOSS	(10) CURRENT LOSS	(11) TOTAL LOSS
HAMAKUA	251,944	261,156	210,342	210,342	210,342	210,342	210,342	210,342	210,342	210,342	420,684
HILO	2,216,528	2,281,554	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	1,030,806	2,061,612
KAUAI	309,097	235,958	130,152	130,152	130,152	130,152	130,152	130,152	130,152	130,152	260,304
KOHALA	245,069	190,546	64,203	64,203	64,203	64,203	64,203	64,203	64,203	64,203	128,406
KONA	53,984	55,035	13,032	13,032	13,032	13,032	13,032	13,032	13,032	13,032	26,064
KUIA	1,934,647	1,171,567	1,944,970	660,496	384,474	1,357,745	514,344	1,944,970	660,496	384,474	3,209,934
LANAI	347,424	385,331	248,474	136,657	111,817	100,523	44,339	248,474	136,657	111,817	385,331
LEAHI	851,823	824,178	771,326	62,852	27,499	41,155	55,442	771,326	62,852	27,499	824,178
MALUHIA	1,018,303	958,985	792,036	166,949	64,361	1,028,988	214,851	1,018,303	166,949	64,361	1,149,613
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SMITH	342,656	347,637	203,409	62,089	144,228	117,137	169,206	203,409	62,089	144,228	347,637
TOTAL HHSC	14,430,534	8,442,066	3,027,413	6,414,643	2,758,547	6,431,698	2,619,945	3,027,413	6,414,643	2,758,547	9,192,960

(1) Per HHSC Accounts Receivable @ 12/31/06 for 7/06-12/06 discharges, for acute discharges, applied a zero balance to compute expected reimb. for self pay, used actual payment, for LTC services, used night stat for the period
 (2) Applied inpatient and outpatient cost to charge ratios from the most recently available audited Medicaid cost report
 (3) Reimb - Cost
 (4) Loss reported from the previous quarter
 (5) YTD Loss less prior quarter loss
 Date Completed: 1/29/07 AT