



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

"Touching Lives Everyday"

July 23, 2008

B-08-017

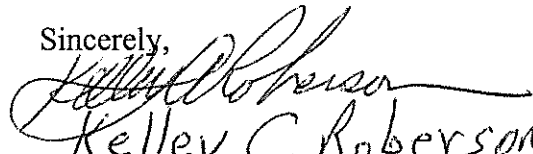
The Honorable Calvin Say
Speaker
House of Representatives
Hawaii State Capitol, Room 431
Honolulu, Hawaii 96813

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 year ended June 30, 2008.

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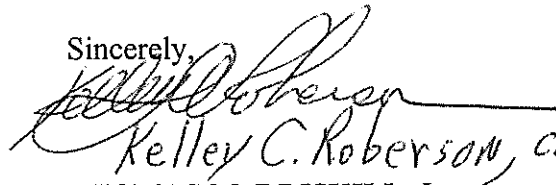
The Honorable Colleen Hanabusa
Senate President
The Senate
Hawaii State Capitol, Room 003
Honolulu, Hawaii 96813

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 year ended June 30, 2008.

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

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President and Chief Executive Officer

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HAWAII HEALTH SYSTEMS
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July 22, 2008

COO/CFO-08-055

Ms. Ann H. Kinningham
State of Hawaii, Dept. of Health
Med-Quest Division
601 Kamokila Boulevard, Room 518
Kapolei, HI 96707


SUBJECT: Uncompensated Costs of HHSC Quest, Uninsured and Medicaid Outpatient for
the Year Ended June 30, 2008

Dear Ann:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from participation in the Quest program, uninsured patients and Medicaid outpatient services of \$6,308,136 for the quarter ended June 30, 2008 are true and correct. The cumulative loss for year ended June 30, 2008 totaled \$23,430,425.

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 & Chief Financial Officer

Attachment



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

"Touching Lives Every Day"

July 22, 2008

COO/CFO-08-054

Ms. Ann H. Kinningham
State of Hawaii, Dept. of Health
Med-Quest Division
601 Kamokila Boulevard, Room 518
Kapolei, HI 96707

SUBJECT: Certification of HHSC Medicaid Losses for the Quarter Ended June 30, 2008

Dear Ann:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from the Medicaid program of \$4,595,446 for the 4th quarter ended June 30, 2008 are true and correct. The cumulative losses for the year ended June 30, 2008 totaled \$20,876,606.

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 2008 QUARTER ENDED JUNE 30, 2008

FACILITY	MEDICAID ACUTE SERVICES (7/1/07-06/30/08 SVC DATES)				MEDICAID LTC ROUTINE SERVICES (7/1/07-06/30/08 SVC DATES)				Medicaid Acute & LTC Routine				
	(1) CHARGES	(2) COST	(3) REIMB	(4) LOSS	(5) CHARGES	(6) COST	(7) REIMB	(8) LOSS	(9) TOTAL LOSS	(10) PRIOR LOSS	(11) DIFF	(12) TOTAL LOSS	(13) DIFF
HAWAIIA (CAH)	12,837,342	8,595,751	3,010,618	(3,586,113)	(2,892,892)	(893,221)	9,843,594	3,436,544	7,084,430	(2,072,114)	(1,591,730)	(480,384)	(4,484,822)
HILO (CAH)													
KAU (CAH)													
KAMAH (CAH)													
KOHALA (CAH)													
KONA	4,258,777	2,998,179	1,224,823	(1,773,356)	(1,395,519)	(376,837)	2,999,125	3,153,637	1,455,405	(1,698,232)	(1,203,501)	(494,731)	(2,600,029)
KULA (CAH)													
LANAI (CAH)													
LEAHI													
MALUHIA													
MAUI	19,668,552	9,631,640	3,718,009	(5,913,631)	(4,781,273)	(1,152,357)	11,694,846	12,519,338	10,437,767	(2,081,571)	(1,561,873)	(4,761,273)	(519,698)
SMIH (CAH)													
TOTAL HHSC	36,884,671	19,228,569	7,853,470	(11,273,099)	(9,650,664)	(2,222,415)	39,731,482	40,516,100	30,912,593	(9,603,507)	(2,230,476)	(2,373,031)	(16,281,160)

(1) Per HHSC Accounts Receivable for Medicaid Acute incl acute waitlisted as of 06/30/08, reimbursement does not include capital pass thru payments

(2) Applied Medicaid acute cost to charge ratio from the FY 07 Medicaid Cost Report As Filed

(3) Per HHSC Management Statistics Report for 7/1/07 - 06/30/08 for Medicaid Long Term Care Routine Services Only

(4) FY 07 Medicaid LTC routine cost per day x Medicaid days

(5) Medicare Days x PPS rates for 7/1/07-06/30/08 period

(6) Reimb - Cost

Date Completed: 7/20/2008