



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

"Touching Lives Everyday"

June 10, 2008

B-08-010

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 March 31, 2008.

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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June 10, 2008

B-08-010

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 March 31, 2008

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



HAWAII HEALTH SYSTEMS
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April 25, 2008

COO/CFO-08-027

Ms. Ann H. Kinningham
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 March 31, 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 \$6,278,967 for the 3rd quarter ended March 31, 2008 are true and correct. The cumulative losses for the quarter ended March 31, 2008 totaled \$16,281,160.

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 MARCH 31, 2008

	MEDICAID ACUTE SERVICES (7/1/07-03/31/08 SVC DATES)		MEDICAID LTC ROUTINE SERVICES (7/1/07-03/31/08 SVC DATES)		TOTAL LOSS	PRIOR LOSS	IDIFF
HAWAII (CAH)	10,436,464	5,321,553	2,428,681	(2,892,892)	(1,027,378)	(1,027,378)	-
HILO (CAH)			7,489,041	6,907,628	5,315,896	(1,591,730)	(1,047,049)
KAU (CAH)							(544,681)
KIWAH (CAH)							-
KOHALA (CAH)							-
KONA	3,228,035	2,272,537	876,018	(1,356,519)	(914,952)	(481,667)	(433,285)
KUIA (CAH)							(1,660,758)
LANAI (CAH)							-
LEAHI							-
MALOUHA	15,825,788	7,741,980	2,890,707	(4,761,273)	(2,455,541)	(2,305,733)	(949,295)
MAUI							(1,049,244)
SIEMPH (CAH)							(512,628)
TOTAL HHSC	29,490,297	15,335,070	6,285,386	(9,050,894)	(5,236,007)	(3,914,677)	(4,768,185)
			30,162,996	30,563,528	23,333,052	(7,230,476)	(4,768,185)
							(2,464,290)
							(10,002,193)
							(6,276,967)

- (1) Per HHSC Accounts Receivable for Medicaid Acute Inpatient Waiver as of 03/31/08, 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 Statistic Report for 7/1/07 - 03/31/08 for Medicaid Long Term Care Routine Services Only
- (4) FY 07 Medicaid LTC routine cost per day x Medicaid days
- (5) Medicaid Days x PPS rates for 7/1/07-03/31/08 period
- (6) Reimb - Cost

Date Completed: 4/24/2008



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

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April 25, 2008

COO/CFO-08-028

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

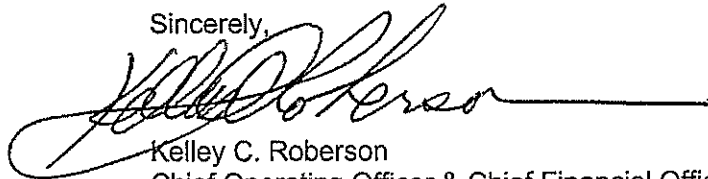
SUBJECT: Uncompensated Costs of HHSC Quest, Uninsured and Medicaid Outpatient for the 3rd Quarter ended March 31, 2008

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 \$4,099,528 for the quarter ended March 31, 2008 are true and correct. The cumulative loss for quarter ended March 31, 2008 totaled \$17,122,289.

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

