

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

"Touching Lives Everyday"

January 24, 2006

B-06-003

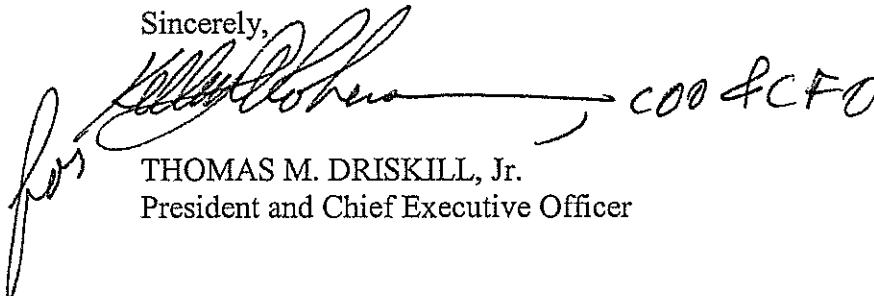
The Honorable Robert Bunda  
Senate President  
The Senate  
Hawaii State Capitol, Room 003  
Honolulu, Hawaii 96813

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



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

*"Touching Lives Everyday"*

January 24, 2006

B-06-003

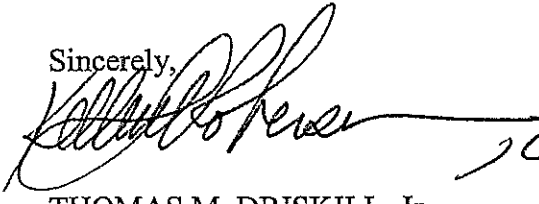
The Honorable Calvin Say  
Speaker  
House of Representatives  
Hawaii State Capitol, Room 431  
Honolulu, Hawaii 96813

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**  
C O R P O R A T I O N

*"Touching Lives Everyday"*

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		LOSS
HAWAIIA	425	1,088	2,781,647	1,250,859	1,818	2,055	2,059	100.70%	661	(1,408)
HILO	0	0	0	0	0	0	0	0.00%	0	0
KAUAI	44	117	197,574	201,208	647	60,012	54,445	68.05%	28,864	(25,761)
KONA	217	872	1,849,659	764,896	89	45,258	148,540	78.47%	69,209	(132,836)
KULA	0	0	0	0	0	0	0	0.00%	0	0
LANAI	2	2	2,792	3,101	1,005	950,418	322,874	32.98%	295,950	(118,158)
LEAHI	0	0	0	0	35	4,653	2,460	49.84%	1,960	(440)
MAUI	48	1,410	4,077,985	1,671,811	48	26,303	25,832	98.35%	2,068	(22,885)
SMITH	8	8	87,181	84,121	1,028	1,159,058	390,081	33.69%	259,360	(130,701)
TOTAL PHSC	743	3,272	9,873,828	4,078,478	5,068	4,444,892	1,854,933	41.74%	1,204,940	(849,963)
TOTAL PHSC	743	3,272	9,873,828	4,078,478	5,068	4,444,892	1,854,933	41.74%	1,204,940	(849,963)

UNINSURED FACILITY	UNINSURED ACUTE SERVICES				UNINSURED OUTPATIENT SERVICES				TOTAL LOSS	
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R		LOSS
HAWAIIA	40	143	399,514	195,422	285	293	285	100.70%	0	(285)
HILO	0	0	0	0	0	0	0	0.00%	0	0
KAUAI	1	3	2,635	2,849	359	385,730	186,442	43.15%	15,000	(153,412)
KONA	1	1	7,412	7,174	102	37,235	21,895	68.05%	2,505	(19,430)
KULA	22	8	2,338	3,708	60	37,011	29,483	78.47%	2,681	(26,822)
LANAI	0	0	0	0	32	17,688	24,292	137.24%	771	(25,921)
LEAHI	0	0	0	0	218	284,162	86,063	30.29%	678	(65,485)
MAUI	185	830	2,344,098	981,048	18	9,285	3,125	49.07%	3,028	(89)
SMITH	1	12	11,253	12,788	11	11,423	11,238	98.35%	0	(11,238)
TOTAL PHSC	239	977	2,882,064	1,209,344	1,740	1,994,936	727,184	38.96%	65,225	(1,893,662)
TOTAL PHSC	239	977	2,882,064	1,209,344	1,740	1,994,936	727,184	38.96%	65,225	(1,893,662)

MEDICAID FACILITY	MEDICAID ACUTE SERVICES REPORTED UNDER CERTIFICATION REPORT				MEDICAID OUTPATIENT SERVICES				TOTAL LOSS	
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R		LOSS
HAWAIIA	485	1,231	3,181,281	1,548,381	648	891,524	394,692	43.15%	288,357	(899)
HILO	0	0	0	0	0	0	0	0.00%	0	0
KAUAI	1	3	2,635	2,849	68	32,467	22,093	68.05%	6,392	(19,701)
KONA	53	182	287,868	273,170	71	55,288	43,971	78.47%	19,442	(24,479)
KULA	239	718	1,888,095	828,882	27	17,985	24,700	137.24%	7,830	(16,880)
LANAI	0	0	0	0	22	33,248	110,525	32.98%	90,198	(20,377)
LEAHI	0	0	0	0	11	7,832	7,704	96.39%	904	(16,000)
MAUI	214	2,040	6,422,861	2,632,861	373	850,388	195,181	22.82%	102,514	(82,897)
SMITH	7	85	100,444	98,008	7	5,222	7,132	136.61%	1,100	(6,032)
TOTAL PHSC	962	4,218	11,865,910	5,265,861	1,522	1,811,073	791,828	41.44%	820,706	(271,222)
TOTAL PHSC	962	4,218	11,865,910	5,265,861	1,522	1,811,073	791,828	41.44%	820,706	(271,222)

TOTAL FACILITY	TOTAL ACUTE				TOTAL OUTPATIENT SERVICES				TOTAL LOSS	
	# ACCT	DAYS	CHARGES	COST	# ACCT	CHARGES	COST	REIMBCHG R		LOSS
HAWAIIA	485	1,231	3,181,281	1,548,381	2,838	2,818,118	1,309,795	46.12%	743	(2,093)
HILO	0	0	0	0	0	0	0	0.00%	0	0
KAUAI	1	3	2,635	2,849	2,830	3,211,814	1,309,795	40.16%	840,873	(1,179,868)
KONA	53	182	287,868	273,170	182	270,280	227,240	83.70%	38,251	(58,972)
KULA	239	718	1,888,095	828,882	781	370,280	273,240	73.80%	130,613	(282,835)
LANAI	0	0	0	0	148	80,931	111,148	137.14%	3,215	(88,684)
LEAHI	0	0	0	0	134	1,857,828	519,282	27.94%	378,188	(285,944)
MAUI	214	2,040	6,422,861	2,632,861	75	48,918	44,871	91.74%	3,870	(10,847)
SMITH	7	85	100,444	98,008	20	11,068	15,168	136.61%	2,720	(13,420)
TOTAL PHSC	962	4,218	11,865,910	5,265,861	8,330	8,249,871	3,374,045	40.90%	1,790,871	(1,582,174)
TOTAL PHSC	962	4,218	11,865,910	5,265,861	8,330	8,249,871	3,374,045	40.90%	1,790,871	(1,582,174)

(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