



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

"Touching Lives Everyday"

April 25, 2006

B-06-025

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

Dear Mr. President:

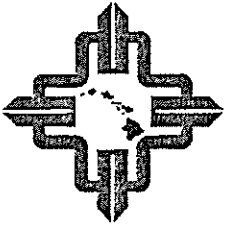
In accordance to Act 178, SLH 2005, Section 160, the Hawaii Health Systems Corporation submits the reports on the certification of losses under the state plan amendment for the quarter ending March 31, 2006.

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



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

"Touching Lives Everyday"

April 25, 2006

B-06-025

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, 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



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

"Touching Lives Everyday"

April 24, 2006

COO/CFO-06-052

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 Quarter Ended March 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 \$2,680,009 for the quarter ended March 31, 2006 are true and correct. The cumulative losses for FY 2006 for the period ended March 31, 2006 amounts to \$10,664,963 less amount reported last quarter of \$7,984,954 resulted in this quarterly loss. 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,

KELLEY C. ROBERSON
Chief Operating Officer and Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

HAWAII HEALTH SYSTEMS CORPORATION
 LOSSES FROM MEDICAID PROGRAM EXCLUDING CRITICAL ACCESS HOSPITAL
 FY 2006 FTD 3RD QUARTER ENDED MARCH 31, 2006

FACILITY	MEDICAID ACUTE SERVICES (7/1/05-6/30/06 SVC DATES)				MEDICAID LTC ROUTINE SERVICES (7/1/05-6/30/06 SVC DATES)				TOTAL LOSS				
	(1) # ACCT	(2) DAYS	(3) CHARGES	(4) COST	(5) DAYS	(6) CHARGES	(7) COST	(8) DIFF	(9) REIMB	(10) LOSS	(11) PRIOR LOSS	(12) DIFF	(13) PRIOR LOSS
HAWAII (ID)	510	4,121	9,411,080	4,541,691	2,387,817	12,178,694	(1,245,481)	(828,263)	1,745,481	(1,245,481)	(828,263)	(1,245,481)	(828,263)
KOHAHA (CAH)													
KOHAHA (CAH)													
KONA (ID)	181	1,087	2,896,102	1,418,431	877,345	(441,146)	(261,120)	(62,025)	(261,120)	(441,146)	(62,025)	(441,146)	(62,025)
KULA (ID)													
LEAHU (CAH)													
MAALII	506	3,642	10,785,187	5,077,529	2,482,852	(2,894,471)	(1,753,392)	(801,083)	(2,894,471)	(1,753,392)	(801,083)	(2,894,471)	(801,083)
SMITH (ID)	16	106	200,589	221,568	119,541	(101,878)	(24,459)	(8,390)	(101,878)	(24,459)	(8,390)	(101,878)	(8,390)
TOTAL HHS-C	1,303	9,028	22,057,248	11,297,988	5,947,855	(5,314,134)	(1,612,462)	(1,697,672)	(5,314,134)	(1,612,462)	(1,697,672)	(5,314,134)	(1,697,672)

(1) Per HHS-C Accounts Receivable for Medicaid Acute bed acute utilization as of 03/31/06, reimbursement does not include capital pass thru payments
 (2) Added Medicaid acute cost to charge rates from the FY 05 Medicaid Cost Report (As Filed)
 (3) Per HHS-C Census Report for 7/1/05 - 03/31/06 for Medicaid, except for the 3 new CAH, reflects the non-CAH period 7/05-12/05 only
 (4) Applied 7/05 - 03/06 LTC RRB Advance charges per Management Statistics x Medicaid Dmt. 3 newly designated CAHs: Hamakua, Kula and SMITH, shows loss for the non-CAH period only. 7/05-12/05.
 (5) FY 05 Medicaid LTC routine cost per day x Medicaid days
 (6) FY 05 Medicaid LTC routine cost per day x PPS rates for 7/1/05-6/30/06
 (7) Reimb - Cost
 (8) Loss reported in previous report
 (9) Current Loss - Previous Reported Loss
 (10) These three HHS-C facilities have been designated as Critical Access Hospital effective 12/22/05, therefore, effective 1/1/06, Medicaid losses will not be reported and will be settled on the Medicaid cost report.
 Date Completed: 04/21/2006



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

"Touching Lives Everyday"

April 24, 2006

COO/CFO-06-053

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 March 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 \$3,901,396 for the quarter ended March 31, 2006 are true and correct. The cumulative losses for FY 2006 for the period ended March 31, 2006 amounted to \$12,191,704 less amount reported previous quarters of \$8,290,307 resulted in this quarter's reported loss. 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 YTD QUARTER ENDED MARCH 31, 2006

QUEST FACILITY	QUEST ACUTE SERVICES					QUEST OUTPATIENT SERVICES					TOTAL LOSS					
	# ACCT	DAYS	CHARGES	COST	REIMB	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	DIFF	
HAMAUKUA	1,304	3,842	9,129,708	4,465,799	2,926,628	6,092	41,410	6,660,468	2,874,987	1,853,599	15,459	41,899	2,820,446	18,905	(26,240)	(18,905)
HILO	140	408	870,344	683,311	430,707	908	255,158	1,538,971	416,784	173,626	81,947	1,020,446	375,439	(1,714,597)	(1,714,597)	(644,822)
KAMU	155	534	892,692	879,980	508,692	3,212	6,071	(252,694)	155,059	(97,545)	207,331	(209,451)	(139,069)	(91,679)	(55,659)	(36,023)
KOHALA	885	1,940	5,323,726	2,205,920	1,583,732	4,468	234,159	3,212,774	321,590	73,003	202,275	3,091,620	247,650	(759,863)	(482,390)	(277,460)
KONA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	(66,248)
KULA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	(66,248)
LANAI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	(16,739)
LEAHI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	(16,739)
MALUHIA	1,316	3,843	11,916,623	4,844,659	2,936,693	3,337	3,898,930	1,315,242	990,521	15,459	41,899	2,820,446	18,905	(22,230,576)	(22,230,576)	(1,463,322)
MAUI	19	208	216,307	208,092	132,169	74	39,462	59,338	14,202	(20,987)	14,202	(116,174)	(28,502)	(116,199)	(67,700)	(49,499)
SMNH	3,336	9,983	28,062,433	11,972,437	7,992,724	14,171	14,138,212	5,950,347	4,007,457	1,382,134	5,314,459	(3,790,269)	(6,923,324)	(3,937,984)	(1,985,339)	(1,985,339)

UNINSURED FACILITY	UNINSURED ACUTE SERVICES					UNINSURED OUTPATIENT SERVICES					TOTAL LOSS					
	# ACCT	DAYS	CHARGES	COST	REIMB	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	DIFF	
HAMAUKUA	84	587	1,390,606	650,866	84,145	1,186	10,163	1,015,032	10,224	119	10,163	10,163	(4,179)	(5,926)	(4,179)	
HILO	1	8	2,835	2,649	2,835	37	53,459	68,623	1,005	1,005	82,608	82,608	(174,514)	(174,514)	(91,906)	
KAMU	1	8	192,338	196,693	78,135	21	84,247	18,461	16,763	16,763	96,700	96,700	(34,298)	(34,298)	(18,318)	
KOHALA	3	9	3,462	3,462	3,462	3	6,429	4,159	4,159	4,159	4,159	4,159	(29,951)	(29,951)	(13,465)	
KONA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	
KULA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	
LANAI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	
LEAHI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	
MALUHIA	429	1,424	5,979,988	2,410,117	232,322	2,457	3,241,909	1,091,972	289,934	15,459	41,899	2,820,446	18,905	(2,980,433)	(2,980,433)	(787,331)
MAUI	12	42	42,719	41,745	41,745	63	26,488	36,155	984	984	134,521	134,521	(76,526)	(76,526)	(16,351)	
SMNH	664	2,456	8,536,456	3,755,240	410,753	5,607	6,394,800	2,516,875	546,503	1,382,134	5,314,459	(3,790,269)	(6,923,324)	(3,937,984)	(1,985,339)	

MEDICAID FACILITY	MEDICAID ACUTE SERVICES REPORTED UNDER CERTIFICATION REPORT					MEDICAID OUTPATIENT SERVICES					TOTAL LOSS					
	# ACCT	DAYS	CHARGES	COST	REIMB	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	DIFF	
HAMAUKUA	1,398	4,399	10,160,314	5,116,666	2,991,273	4,070	13,337	10,888	2,349	2,349	10,888	10,888	(8,983)	(8,983)	(6,280)	
HILO	1	8	2,835	2,649	2,835	1,929	3,559,577	1,538,932	50,107	50,107	50,107	50,107	(27,637)	(27,637)	(27,637)	
KAMU	1	8	192,338	196,693	78,135	21	84,247	18,461	16,763	16,763	96,700	96,700	(34,298)	(34,298)	(18,318)	
KOHALA	3	9	3,462	3,462	3,462	3	6,429	4,159	4,159	4,159	4,159	4,159	(29,951)	(29,951)	(13,465)	
KONA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	
KULA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)	
LANAI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	
LEAHI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)	
MALUHIA	1,745	5,267	17,696,611	7,255,376	3,189,126	1,269	1,846,981	622,118	527,184	15,459	41,899	2,820,446	18,905	(94,924)	(94,924)	(20,470)
MAUI	31	250	259,026	249,907	132,169	28	41,956	57,318	19,727	19,727	45,951	45,951	(19,788)	(45,951)	(25,803)	
SMNH	4,022	12,419	34,818,891	15,727,697	8,402,977	4,489	6,974,872	2,906,542	1,562,621	1,382,134	5,314,459	(3,790,269)	(6,923,324)	(562,037)	(391,864)	

TOTAL FACILITY	TOTAL ACUTE					TOTAL OUTPATIENT SERVICES					TOTAL LOSS				
	# ACCT	DAYS	CHARGES	COST	REIMB	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	DIFF
HAMAUKUA	0	0	0	0	0	226	64,708	65,160	17,927	17,927	17,927	17,927	(33,244)	(33,244)	(33,244)
HILO	1,398	4,399	10,160,314	5,116,666	2,991,273	9,217	11,799,877	5,091,638	2,898,403	2,898,403	2,898,403	2,898,403	(1,368,137)	(1,368,137)	(1,368,137)
KAMU	1	8	192,338	196,693	78,135	668	422,294	207,356	123,068	123,068	123,068	123,068	(104,431)	(104,431)	(104,431)
KOHALA	155	534	892,692	879,980	508,692	1,362	870,323	601,620	302,275	302,275	302,275	302,275	(247,650)	(247,650)	(247,650)
KONA	885	1,940	5,323,726	2,205,920	1,583,732	4,468	4,791,475	1,561,041	1,211,503	1,211,503	1,211,503	1,211,503	(71,578)	(71,578)	(71,578)
KULA	110	285	1,071,889	444,084	291,784	1,088	153,772	1,117,109	376,884	316,104	20,199	41,942	(37,950)	(23,619)	(14,171)
LANAI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)
LEAHI	4	6	7,616	8,460	11,769	439	88,032	43,699	24,725	1,211,503	24,725	1,211,503	(18,974)	(3,432)	(16,542)
MALUHIA	1,745	5,267	17,696,611	7,255,376	3,189,126	7,063	9,987,720	3,027,332	1,807,649	15,459	41,899	2,820,446	18,905	(3,765,886)	(3,765,886)
MAUI	31	250	259,026	249,907	132,169	165	107,906	147,145	26,973	26,973	26,973	26,973	(31,617)	(31,617)	(31,617)
SMNH	4,022	12,419	34,818,891	15,727,697	8,402,977	24,277	27,505,889	11,373,964	6,506,981	1,382,134	5,314,459	(3,790,269)	(6,923,324)	(1,985,339)	(1,985,339)

(1) Per HHSC Accounts Receivable @ 03/31/06 for 705-03/06 discharges, for accts w/balance, applied a zero balance reimb % to acct balance to compute expected reimb
 (2) Applied inpatient and outpatient cost to charges ratios from the most recently available audited Medicaid cost report
 (3) Reimb - Cost
 Date Completed: 4/21/06 AY, Revised 4/27/06