



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

April 30, 2007

B-07-014

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

Dear Madame President:

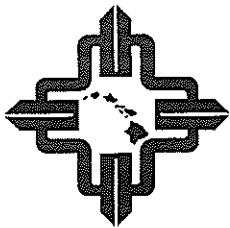
In accordance to Act 178, SLH 2005, Section 160, the Hawaii Health Systems Corporation submits the reports on the certification of losses under the state plan amendment for the quarter ending March 31, 2007.

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 30, 2007

B-07-014

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

Dear Mr. Speaker:

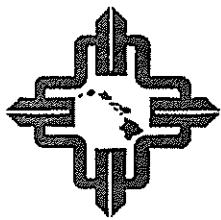
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Sincerely,


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 Every Day"

April 25, 2007

COO/CFO-07-036

Mr. Brian Pang
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 March 31, 2007

Dear Brian:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC losses from the Medicaid program of \$3,334,302 for the quarter ended March 31, 2007 are true and correct. The cumulative loss for FY 2007 for the period ended March 31, 2007 totaled \$10,964,666.

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 3RD QUARTER ENDED MARCH 31, 2007

FACILITY	MEDICAID ACUTE SERVICES (7/1/06-03/31/07 SVC DATES)					MEDICAID LTC ROUTINE SERVICES (7/1/06-03/31/07 SVC DATES)					TOTAL LOSS	PRIOR LOSS	DIFF
	CHARGES	COST	REIMB.	LOSS	PRIOR LOSS	CHARGES	COST	REIMB.	LOSS	PRIOR LOSS			
HANAKUA (CAH)													
HILO	8,205,242	3,816,003	3,927,109	(1,590,959)	(1,339,185)	(551,708)	7,832,714	6,516,450	5,652,070	(684,310)	(568,932)	(277,389)	(2,855,274)
KAU (CAH)													
KOHALA (CAH)													
KONA	2,628,934	1,911,751	1,900,036	(1,111,715)	(657,754)	(443,952)	2,285,755	2,216,762	1,137,449	(1,080,949)	(722,598)	(538,351)	(2,192,663)
KULI (CAH)													
LANAI (CAH)													
LEAHI													
MAUI (HA)	10,067,435	5,378,024	2,440,122	(2,831,903)	(2,256,020)	(681,882)	149,708	371,040	116,570	(251,470)	(224,115)	(27,355)	(1,169,372)
SMAKH (CAH)													
TOTAL HHS	21,181,811	11,207,778	5,167,267	(6,540,519)	(4,262,859)	(1,771,552)	29,850,376	28,206,190	23,282,035	(4,324,155)	(3,367,405)	(1,556,750)	(10,984,665)
													(7,630,354)
													(3,334,302)

(1) Par HHS Accounts Receivable for Medicaid Acute Inpatient Walkfied as of 03/31/07, reimbursement does not include capital pass thru payments

(2) Applied Medicaid acute cost to charge ratio from the FY 06 Medicaid Cost Report As Filed

(3) Per HHS Management Statistic Report for 7/1/06 - 03/31/07 for Medicaid Long Term Care Routine Services Only

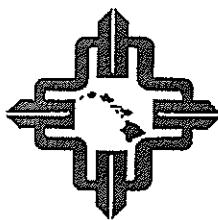
(4) FY 06 Medicaid LTC routine cost per day x Medicaid days

(5) Medicaid Days x PPS rates for 7/1/06-6/30/07 period

(6) Reimb - Cost

Date Completed:

4/24/2007



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

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April 25, 2007

COO/CFO-07-037

Mr. Brian Pang
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 Quarter ended March 31, 2007

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 \$4,754,207 for the quarter ended March 31, 2007 are true and correct. The cumulative reported losses for FY 2007 as of March 31, 2007 totaled \$17,548,236.

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

3675 KILAUEA AVENUE • HONOLULU, HAWAII 96816 • PHONE: (808) 733-4020 • FAX: (808) 733-4028

HILO • HONOKAA • KAU • KONA • KOHALA • WAIMEA • KAPAA • WAILUKU • KULA • LANAI • HONOLULU

**HAWAII HEALTH SYSTEMS CORPORATION
LOSSES FROM QUEST & UNINSURED PROGRAM
FISCAL YEAR 2007 QUARTER ENDED MARCH 31, 2007**