

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

"Touching Lives Everyday"

January 20, 2010

B-10-007

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 revised reports on the certification of losses under the state plan amendment for the fiscal year ending June 30, 2009.

Should you have any questions, please call Edward N. Chu, Interim Chief Financial Officer, at 733-4171.

Sincerely,

for ALICE M. HALL
Interim President and Chief Executive Officer

Attachments



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January 20, 2010

B-10-007

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 revised reports on the certification of losses under the state plan amendment for the fiscal year ending June 30, 2009.

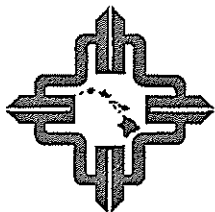
Should you have any questions, please call Edward N. Chu, Interim Chief Financial Officer, at 733-4171.

Sincerely,


for ALICE M. HALL

Interim President and Chief Executive Officer

Attachments



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

"Touching Lives Every Day"

January 14, 2010

ICFO-10-08

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

SUBJECT: Revision to the Certification of HHSC Medicaid Losses for FYE 6/30/09 Medicaid Cost Report as Filed

Dear Ann:

Enclosed is the revised HHSC Medicaid certified losses of \$17,036,943 for fiscal year ended June 30, 2009 based on the Medicaid cost report excluding Quest Expanded Access services. The losses represent an increase of \$2,443,007 from the preliminary reported losses of \$14,593,936 on July 17, 2009. Please replace this report with one dated December 9, 2009 showing HHSC Medicaid certified losses of \$17,731,377.

Please note that we are not including the Critical Access Hospital's Long Term Care losses where costs exceeded the Peer Group Average for FY 2009. The funds/contributions expended, as necessary for federal matching funds pursuant to the requirement of 42 CFR 433.51. These claimed expenditures have not previously been nor shall 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,

Edward Chu
Interim Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

cc: Marvin Teufel, Myers and Stauffer LC

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

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HHSC Medicaid Certification FYE 6/30/09 Reconciled to the Cost Report As Filed Revised on 1/14/2010

ACUTE SERVICES							WAITLISTED SERVICES					
FACILITY	CHARGES	COST	REIMB	TTL LOSS	PRIOR REPORTED LOSS (1)	DIFF	CHARGES	COST	REIMB	TTL LOSS	PRIOR REPORTED LOSS (1)	DIFF
HAMAKUA							-	-	-	-	-	-
HILO	8,537,148	4,624,972	2,199,312	(2,425,660)	(2,790,792)	365,132	1,506,658	1,093,182	286,862	(806,320)	-	(806,320)
KAU (CAH)							-	-	-	-	-	-
KVMH (CAH)							-	-	-	-	-	-
KOHALA (CAH)												
KONA	5,095,566	3,125,043	1,506,583	(1,618,460)	(1,321,585)	(296,875)	113,436	106,600	22,935	(83,665)	-	(83,665)
KULA										0	0	
LANAI (CAH)												
LEAH												
MALUHIA												
MAUI	9,253,901	4,846,908	2,252,773	(2,594,135)	(3,705,756)	1,111,621	1,172,933	1,112,076	240,832	(871,244)	-	(871,244)
SMMH	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL HHSC	22,886,615	12,596,923	5,958,668	(6,638,255)	(7,818,132)	1,179,877	2,793,027	2,311,858	550,629	(1,761,229)	-	(1,761,229)

LTC ROUTINE SERVICES							TOTAL MEDICAID LOSS		
FACILITY	CHARGES	COST	REIMB	TTL LOSS	PRIOR REPORTED LOSS (1)	DIFF	"	PRIOR REPORTED LOSS (1)	DIFF
HAMAKUA (CAH)							-	-	-
HILO	5,577,591	5,190,975	3,551,845	(1,639,130)	(1,736,891)	97,761	(4,871,110)	(4,527,683)	(343,427)
KAU (CAH)				-			-	-	-
KVMH (CAH)				-			-	-	-
KOHALA (CAH)				-			-	-	-
KONA	1,938,456	1,940,153	788,701	(1,151,452)	(957,116)	(194,336)	(2,853,577)	(2,278,701)	(574,876)
KULA ICF MR	1,599,430	1,721,610	972,229	(749,381)	-	(749,381)	(749,381)	-	(749,381)
LANAI (CAH)				-			-	-	-
LEAH	9,843,200	9,709,446	6,593,389	(3,116,057)	(2,834,198)	(281,859)	(3,116,057)	(2,834,198)	(281,859)
MALUHIA	8,070,615	8,235,535	6,254,096	(1,981,439)	(1,247,599)	(733,840)	(1,981,439)	(1,247,599)	(733,840)
MAUI	-	-	-	-	-	-	(3,465,379)	(3,705,756)	240,377
SMMH (CAH)	-	-	-	-	-	-	-	-	-
TOTAL HHSC	27,029,292	26,797,719	18,160,260	(8,637,459)	(6,775,804)	(1,861,655)	(17,036,943)	(14,593,936)	(2,443,007)

All information per FY 2009 Medicaid Cost Report As Filed and reflects Medicaid Fee for service only (excludes QEXA services). Did not include , CAH LTC costs exceeding the Peer Group Average

(1) Prior reported loss based on 4th quarter ended June 30, 2009, originally reported on 7/17/2009

Revised 1/15/2010, replaces report dated 12/10/09

**MEDICAID COST REPORT ACUTE INPATIENT FFS
CERTIFICATION ADDENDUM**

Provider Name:	Hilo Medical Center
Medicaid Provider Number:	251745
Cost Reporting Period:	July 1, 2008 - June 30, 2009 Revised 1/15/2010

SUMMARY OF MEDICAID ACUTE FEE-FOR-SERVICE INPATIENT COST

IN LIEU OF WORKSHEET D-1

9 Total FFS Inpatient days including private room days applicable to the Program (A&P days excluding swing-bed days and days reported on lines 42 to 47 below)	1	1,718	9
38 Adjusted general inpatient routine service cost per diem (From Cost Report)		826.29	38
41 Total Program general inpatient routine FFS service cost (line 9 * line 38)		1,419,566	41

	Average Per Diem (From As Filed C/R)	FFS Program Days	FFS Program Cost (col. 3 x col. 4)	
	3	4	5	
42 Nursery	426.67	182	77,654	42
43 Intensive Care Unit	3,838.22	277	1,063,187	43
44 Coronary Care Unit	1,086.40	151	164,046	44
45 Burn Intensive Care Unit			-	45
46 Surgical Intensive Care Unit			-	46
47 Other Special Care Unit (specify)			-	47
48 Program inpatient FFS ancillary service cost (From Wkst. D-4, col. 3, line 101 See next page)			1,900,519	48
49 Total FFS Program inpatient costs (sum of lines 41 through 48) (Transfer to E-3 Part III Line 1 bc		2,328	4,624,972	49

CALCULATION OF FEE-FOR-SERVICE REIMBURSEMENT SETTLEMENT

IN LIEU OF WORKSHEET E-3, Part III

	TITLE XIX SERVICES	
	1	
1 Inpatient FFS hospital services	4,624,972	1
COMPUTATION OF LESSER OF COST OR CHARGES		
10 Routine FFS charges	3,079,459	10
11 Ancillary FFS charges	5,457,689	11
20 Total FFS customary charges (sum of lines 10 and 11)	8,537,148	20
22 Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 20)	-	22
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
33 Deductibles (exclude professional component)	-	33
36 Coinsurance	-	36
55 Total FFS amount payable to the provider (Line 1 less lines 22, 33 and 36)	4,624,972	55
57 FFS Reimbursement Amount	2,199,312	57
57.01 Tentative settlement		57.01
58 Uncompensated Cost for Servicing Medicaid-eligible Patient (line 55 minus the sum of lines 57 and 57.01)	2,425,660	58
59 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		59

**MEDICAID COST REPORT ACUTE INPATIENT FFS
CERTIFICATION ADDENDUM**

Provider Name:	Hilo Medical Center
Medicaid Provider Number:	251745
Cost Reporting Period:	July 1, 2008 - June 30, 2009 Resubmitted 1/15/2010

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF WORKSHEET

COST CENTER DESCRIPTION		Ratio of Cost To Charges (From Cost Report)	Inpatient FFS Program Charges	Inpatient FFS Program Costs (col. 1 x col. 2)
		1	2	3
ANCILLARY SERVICE COST CENTERS				
37	Operating Room	0.892693	377,090	336,626
38	Recovery Room			-
39	Delivery Room and Labor Room	0.507973	23,546	11,961
40	Anesthesiology	0.106713	164,103	17,512
41	Radiology-Diagnostic	0.300653	779,754	234,435
41.01	Oncology	0.530355	14,315	7,592
42	Radiology-Therapeutic			-
43	Radioisotope			-
44	Laboratory	0.273315	1,424,961	389,463
45	PBP Clinic Laboratory Services-Program Only			-
46	Whole Blood and Packed Red Blood Cells			-
47	Blood Storing, Processing, & Transfusing	0.333064	88,458	29,462
48	Intravenous Therapy			-
49	Respiratory Therapy	0.334770	435,231	145,702
50	Physical Therapy	0.613213	56,957	34,927
51	Occupational Therapy	0.635449	47,437	30,144
52	Speech Pathology	0.232477	25,697	5,974
53	Electrocardiology			-
53.01	Angiocardiology	0.238124	220,247	52,446
54	Electroencephalography			-
55	Medical Supplies Charged to Patients	0.681116	149,520	101,840
56	Drugs Charged to Patients	0.297730	986,867	293,820
57	Renal Dialysis	0.459501	39,353	18,083
58	ASC (Non-Distinct Part)			-
59	Other Ancillary (specify)			-
OUTPATIENT SERVICE COST CENTERS				
60	Clinic			-
61	Emergency	0.305265	624,153	190,532
62	Observation Beds	0.435061	-	-
63	Other Outpatient Service (specify)			-
OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis			-
65	Ambulance			-
66	DME-Rented			-
67	DME-Sold			-
68	Other Reimbursable (specify)			-
101	Total (sum of lines 37-64 and 66-68)		5,457,689	1,900,519

**MEDICAID FEE-FOR-SERVICE COST
LONG TERM CARE SERVICES****TRANSITION PAYMENT ADDENDUM**
Revised 1/15/2010Provider Name: Hilo Medical Center Level of Care: LTProvider No: 0025174501Period: From 07/01/08 To 06/30/09**1. Prospective Payment Amounts (For Information Only)**

	Per Diem Rate (1)	Effective Dates From (2) To (3)	Patient Days (4)	Payment Amount (5)	(6)
a.	216.49	7/1/2008	12/31/2008	14,041	3,039,705
b.	218.85	1/1/2009	6/30/2009	2,340	512,140
c.					
d.					
e.			16,381	3,551,845	
f.	Total Prospective Payment Amounts (For Information Only)				3,551,845

Comparison of Payments and Costs

2.	Medicaid PPS Payment	3,551,845
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid Fee-for-service LTC PPS Payments (Lines 2 to 3)	3,551,845
5.	Routine Service Costs	5,190,975
	Freestanding, Form 2540-96, W/S D-1, Part I, Ln 16, multiplied by patient days on Ln 1	
	Hospital-based, Form 2552-96, W/S D-1, Part III, Ln 67, multiplied by patient days on Ln 1	
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	1,639,130

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.



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January 14, 2010

ICFO-10-07

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

SUBJECT: Revised Uncompensated Costs of HHSC Quest, Quest Expanded Access, Uninsured and Medicaid Outpatient for FY 2009, 12 months ending June 30, 2009

Dear Ann:

I certify under penalty of perjury that the information provided on the attached worksheet showing HHSC adjusted losses from participation in the Quest program, Quest Expanded Access, Uninsured patients and Medicaid outpatient services for FY 2009 ended June 30, 2009 was 36,062,770 are true and correct. We adjusted the Medicaid acute and long term care services losses under the QEXA plans to reconcile to the Medicaid cost report as filed. The revised cumulative loss for the twelve months period ending June 30, 2009 is \$1,530,871 less than the previously reported losses of \$37,593,641 on July 17, 2009.

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,

Edward Chu
Interim Chief Financial Officer
Hawaii Health Systems Corporation

Attachment

cc: Marvin Teufel, Myers and Stauffer LC

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Hawaii Health Systems Corporation, Revised Losses from Quest, QEXA, Uninsured for FY 2009

QUEST ACUTE SERVICES							QUEST LTC SERVICES						
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS(1)	URRENT LOS	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS(1)	URRENT LOS	
HAMAKUA						-						-	
HILO	15,961,474	6,704,764	5,209,825	(1,494,929)	(1,494,929)	-	88,674	75,316	38,928	(36,388)	(36,388)	-	
KAU	4,275	4,724	3,329	(1,395)	(1,395)	-	-	-	-	-	-	-	
KVMH	1,608,866	1,354,202	980,121	(374,081)	(374,081)	-	-	-	-	-	-	-	
KOHALA	9,112	7,998	5,556	(2,442)	(2,442)	-	-	-	-	-	-	-	
KONA	7,911,807	4,218,826	2,782,583	(1,436,243)	(1,436,243)	-	104,184	134,698	27,286	(107,412)	(107,412)	-	
KULA	4,040	5,538	2,020	(3,518)	(3,518)	-	-	-	-	-	-	-	
LANAI	-	-	0	-	-	-	0	0	0	0	0	-	
LEAHI	90,997	91,135	81,898	(9,237)	(9,237)	-	-	-	-	-	-	-	
MALUHIA	-	-	-	-	-	-	-	-	-	-	-	-	
MAUI	21,721,110	9,838,798	5,213,066	(4,625,732)	(4,625,732)	-	-	-	-	-	-	-	
SMMH	406,920	402,672	196,380	(206,292)	(206,292)	-	-	-	-	-	-	-	
TOTAL HHSC	47,718,601	22,628,647	14,474,778	(8,153,869)	(8,153,869)	-	192,859	210,014	66,214	(143,800)	(143,800)	-	
UNINSURED ACUTE SERVICES							UNINSURED LTC SERVICES						
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	
HAMAKUA	0	-	-	-	0	-	325,728	345,617	280,355	(65,262)	(65,262)	-	
HILO	3,295,473	1,384,292	80,219	(1,304,073)	(1,304,073)	-	1,420,458	1,206,478	579,270	(627,208)	(627,208)	-	
KAU	-	-	-	-	-	-	-	-	-	-	-	-	
KVMH	160,385	134,998	41,916	(93,082)	(93,082)	-	321,414	243,877	314,316	70,439	70,439	-	
KOHALA	19,195	16,849	10,032	(6,817)	(6,817)	-	172,555	181,888	138,040	(43,848)	(43,848)	-	
KONA	1,859,223	991,397	144,753	(846,644)	(846,644)	-	240,660	311,147	51,829	(259,318)	(259,318)	-	
KULA	19,179	26,290	10,699	(15,591)	(15,591)	-	1,219,266	1,189,645	1,037,482	(152,163)	(152,163)	-	
LANAI	0	0	0	0	0	0	-	-	-	-	0	-	
LEAHI	17,854	17,881	0	(17,881)	(17,881)	-	2,375,027	2,438,538	2,275,652	(162,886)	(162,886)	-	
MALUHIA	-	0	0	-	-	-	996,771	1,051,593	974,937	(76,656)	(76,656)	-	
MAUI	6,675,947	3,929,859	181,241	(3,748,618)	(3,748,618)	-	-	-	-	-	-	-	
SMMH	135,119	133,709	-	(133,709)	(133,709)	-	510,830	572,599	487,102	(85,497)	(85,497)	-	
TOTAL HHSC	14,182,376	6,635,275	468,860	(6,166,415)	(6,166,415)	-	7,582,709	7,541,382	6,138,983	(1,402,399)	(1,402,399)	-	
QEXA ACUTE & WAITLISTED EFF 2/1/2009 (2)							QEXA LTC SERVICES EFF 2/1/2009 (2)						
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	
HAMAKUA						-						-	
HILO	3,854,847	2,087,206	824,099	(1,263,107)	(1,187,942)	(75,165)	3,854,106	3,575,787	2,469,503	(1,106,284)	(909,941)	(196,343)	
KAU	-	0	-	-	-	-	-	-	-	-	-	-	
KVMH	-	-	-	-	-	-	-	-	-	-	-	-	
KOHALA	-	-	-	0	0	-	-	-	-	-	-	-	
KONA	842,660	526,118	269,881	(256,237)	(517,992)	261,755	983,052	983,372	415,147	(568,225)	(963,473)	395,248	
KULA	-	-	-	-	-	-	0	-	0	0	0	-	
LANAI	-	-	-	-	-	-	4,495,629	6,681,112	4,495,630	(2,185,482)	(2,469,087)	283,605	
LEAHI	-	-	-	-	-	-	5,586,400	5,699,260	4,325,105	(1,374,155)	(1,580,243)	206,088	
MALUHIA	-	-	-	-	-	-	-	-	-	-	-	-	
MAUI	3,163,662	1,917,673	710,970	(1,206,703)	(1,862,386)	655,683	-	-	-	-	-	-	
SMMH	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL HHSC	7,861,169	4,530,997	1,804,950	(2,726,047)	(3,568,320)	842,273	14,919,187	16,939,531	11,705,385	(5,234,146)	(5,922,744)	688,598	
TOTAL ACUTE SERVICES							TOTAL LTC SERVICES						
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	URRENT LOS	
HAMAKUA	-	-	-	-	-	-	325,728	345,617	280,355	(65,262)	(65,262)	-	
HILO	23,111,794	10,176,252	6,114,143	(4,062,109)	(3,986,944)	(75,165)	5,363,238	4,857,581	3,087,701	(1,769,880)	(1,573,537)	(196,343)	
KAU	4,275	4,724	3,329	(1,395)	(1,395)	-	-	-	-	-	-	-	
KVMH	1,769,251	1,489,200	1,022,037	(467,163)	(467,163)	-	321,414	243,877	314,316	70,439	70,439	-	
KOHALA	28,308	24,847	15,588	(9,259)	(9,259)	-	172,555	181,888	138,040	(43,848)	(43,848)	-	
KONA	10,613,690	5,736,341	3,197,217	(2,539,124)	(2,800,879)	261,755	1,327,896	1,429,217	494,262	(934,955)	(1,330,203)	395,248	
KULA	23,219	31,828	12,719	(19,109)	(19,109)	-	1,219,266	1,189,645	1,037,482	(152,163)	(152,163)	-	
LANAI	-	-	-	-	-	-	-	-	-	-	-	-	
LEAHI	108,851	109,016	81,898	(27,118)	(27,118)	-	6,870,666	9,119,650	6,771,282	(2,348,368)	(2,631,973)	283,605	
MALUHIA	-	-	-	-	-	-	6,583,171	6,750,853	5,300,042	(1,450,811)	(1,656,899)	206,088	
MAUI	33,560,719	15,696,330	6,105,277	(9,581,053)	(10,236,736)	655,683	-	-	-	-	-	-	
SMMH	542,039	536,381	196,380	(340,001)	(340,001)	-	510,830	572,599	487,102	(85,497)	(85,497)	-	
TOTAL HHSC	69,762,146	33,794,819	16,748,588	(17,046,331)	(17,888,604)	842,273	22,694,754	24,690,927	17,910,582	(6,780,345)	(7,468,943)	688,598	

(1) Prior Loss reflect FY 2009 YTD losses reported on 7/17/2009

(2) QEXA losses Effective 2/1/2009 reconciled to Medicaid cost report as filed for QEXA services under Ohana Health Plan and EverCare

Hawaii Health Systems Corporation, Revised Losses from Quest, QEXA, Uninsured for FY 2009

QUEST										
QUEST OUTPATIENT SERVICES										
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS(1)	CURRENT LOSS	YTD LOSS	PRIOR LOSS(1)	CURRENT LOSS	TOTAL LOSS
HAMAKUA	363,383	536,996	132,853	(404,143)	(404,143)	-	(404,143)	(404,143)	-	-
HILO	14,623,116	5,236,542	3,857,578	(1,378,964)	(1,378,964)	-	(2,910,281)	(2,910,281)	-	-
KAU	676,818	699,783	233,638	(466,145)	(466,145)	-	(467,540)	(467,540)	-	-
KVMH	1,773,931	1,206,538	538,033	(668,505)	(668,505)	-	(1,042,586)	(1,042,586)	-	-
KOHALA	549,470	437,499	163,247	(274,252)	(274,252)	-	(276,694)	(276,694)	-	-
KONA	7,846,354	3,513,872	2,012,590	(1,501,282)	(1,501,282)	-	(3,044,937)	(3,044,937)	-	-
KULA	289,076	359,795	65,418	(294,377)	(294,377)	-	(297,895)	(297,895)	-	-
LANAI	107,918	80,356	50,473	(29,883)	(29,883)	-	(29,883)	(29,883)	-	-
LEAHI	-	-	-	-	-	-	(9,237)	(9,237)	-	-
MALUHIA	-	-	-	-	-	-	-	-	-	-
MAUI	9,664,820	3,581,369	2,480,959	(1,100,410)	(1,100,410)	-	(5,726,142)	(5,726,142)	-	-
SMMH	921,890	901,772	359,537	(542,235)	(542,235)	-	(748,527)	(748,527)	-	-
TOTAL HHSC	36,816,776	16,554,522	9,894,326	(6,660,196)	(6,660,196)	-	(14,957,865)	(14,957,865)	-	-
UNINSURED										
UNINSURED OUTPATIENT SERVICES										
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	CURRENT LOSS	YTD LOSS	PRIOR LOSS	CURRENT LOSS	TOTAL LOSS
HAMAKUA	63,280	93,513	5,379	(88,134)	(88,134)	-	(153,396)	(153,396)	-	-
HILO	2,774,926	993,703	178,638	(815,065)	(815,065)	-	(2,746,346)	(2,746,346)	-	-
KAU	132,309	136,798	14,496	(122,302)	(122,302)	-	(122,302)	(122,302)	-	-
KVMH	309,904	210,101	38,321	(171,780)	(171,780)	-	(194,423)	(194,423)	-	-
KOHALA	119,975	95,527	13,799	(81,728)	(81,728)	-	(132,393)	(132,393)	-	-
KONA	1,952,933	874,592	232,645	(641,947)	(641,947)	-	(1,747,909)	(1,747,909)	-	-
KULA	261,035	324,894	24,598	(300,296)	(300,296)	-	(468,050)	(468,050)	-	-
LANAI	62,492	46,532	11,403	(35,129)	(35,129)	-	(35,129)	(35,129)	-	-
LEAHI	-	-	-	-	-	-	(180,767)	(180,767)	-	-
MALUHIA	13,467	15,701	13,474	(2,227)	(2,227)	-	(78,883)	(78,883)	-	-
MAUI	4,602,383	1,705,446	447,527	(1,257,919)	(1,257,919)	-	(5,006,537)	(5,006,537)	-	-
SMMH	346,848	339,279	46,851	(292,428)	(292,428)	-	(511,634)	(511,634)	-	-
TOTAL HHSC	10,638,554	4,835,085	1,027,131	(3,808,955)	(3,808,955)	-	(11,377,769)	(11,377,769)	-	-
MEDICAID										
MEDICAID OUTPATIENT SERVICES										
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	CURRENT LOSS	YTD LOSS	PRIOR LOSS	CURRENT LOSS	TOTAL LOSS
HAMAKUA	60,275	89,072	24,291	(64,781)	(64,781)	-	(64,781)	(64,781)	-	-
HILO	6,767,616	2,423,485	2,305,727	(117,758)	(117,758)	-	(2,487,149)	(2,215,641)	(271,508)	-
KAU	197,191	203,882	82,741	(121,141)	(121,141)	-	(121,141)	(121,141)	-	-
KVMH	756,077	514,245	276,270	(237,975)	(237,975)	-	(237,975)	(237,975)	-	-
KOHALA	85,004	67,682	46,412	(21,270)	(21,270)	-	(21,270)	(21,270)	-	-
KONA	3,099,479	1,388,055	923,025	(465,030)	(465,030)	-	(1,289,492)	(1,946,495)	657,003	-
KULA	223,319	277,951	75,325	(202,626)	(202,626)	-	(202,626)	(202,626)	-	-
LANAI	70,555	52,535	21,985	(30,550)	(30,550)	-	(30,550)	(30,550)	-	-
LEAHI	-	-	-	-	-	-	(2,185,482)	(2,469,087)	283,605	-
MALUHIA	22,806	26,589	22,806	(3,783)	(3,783)	-	(1,377,938)	(1,584,026)	206,088	-
MAUI	5,514,693	2,043,509	1,689,151	(354,358)	(354,358)	-	(1,561,061)	(2,216,744)	655,683	-
SMMH	285,699	279,464	131,793	(147,671)	(147,671)	-	(147,671)	(147,671)	-	-
TOTAL HHSC	17,082,714	7,366,469	5,599,526	(1,766,943)	(1,766,943)	-	(9,727,136)	(11,258,007)	1,530,871	-
TOTAL										
TOTAL OUTPATIENT SERVICES										
FACILITY	CHARGES	COST	REIMB	YTD LOSS	PRIOR LOSS	CURRENT LOSS	YTD LOSS	PRIOR LOSS	CURRENT LOSS	TOTAL LOSS
HAMAKUA	486,938	719,581	162,523	(557,058)	(557,058)	-	(622,320)	(622,320)	-	-
HILO	24,165,660	8,653,730	6,341,943	(2,311,787)	(2,311,787)	-	(8,143,776)	(7,872,268)	(271,508)	-
KAU	1,006,318	1,040,463	330,875	(709,588)	(709,588)	-	(710,983)	(710,983)	-	-
KVMH	2,838,912	1,930,884	852,624	(1,078,260)	(1,078,260)	-	(1,474,984)	(1,474,984)	-	-
KOHALA	754,449	600,708	223,458	(377,250)	(377,250)	-	(430,357)	(430,357)	-	-
KONA	12,898,766	5,776,519	3,168,260	(2,608,259)	(2,608,259)	-	(6,082,338)	(6,739,341)	657,003	-
KULA	773,430	962,640	165,341	(797,299)	(797,299)	-	(968,571)	(968,571)	-	-
LANAI	240,965	179,423	83,861	(95,562)	(95,562)	-	(95,562)	(95,562)	-	-
LEAHI	-	-	-	-	-	-	(2,375,486)	(2,659,091)	283,605	-
MALUHIA	36,273	42,290	36,280	(6,010)	(6,010)	-	(1,456,821)	(1,662,909)	206,088	-
MAUI	19,781,896	7,330,324	4,617,637	(2,712,687)	(2,712,687)	-	(12,293,740)	(12,949,423)	655,683	-
SMMH	1,554,437	1,520,515	538,181	(982,334)	(982,334)	-	(1,407,832)	(1,407,832)	-	-
TOTAL HHSC	64,538,044	28,757,077	16,520,983	(12,236,094)	(12,236,094)	-	(36,062,770)	(37,593,641)	1,530,871	-

(1) Prior Loss refit

(2) QEXA losses E

MEDICAID QEXA FOR SERVICE COST

ACUTE CARE (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name:	Hilo Medical Center
Medicaid Provider Number:	0025174501
Cost Reporting Period:	07/01/08 to 06/30/09

SUMMARY OF MEDICAID ACUTE PAYMENT

QEXA Only

(1) Acute PPS Claims Payments	\$ 773,982
(2) Payments from Other Payors/Patient Share	
(3) Reimbursable Medicaid Acute Capital Related Pass Through Cost (From line 4, Medicaid cost report capital addendum)	-
(4) Total Medicaid QEXA Payments Received (Lines 1 to 3)	\$ 773,982

SUMMARY OF COSTS INCURRED:

(5) Medicaid Inpatient Costs (W/S D-1, Part II, Ln 49) (10% capital cost reduction is not applied)	\$ 1,897,986
(6) Uncompensated Costs for Serving Medicaid-eligible Patients (Ln 5 minus Ln 4)	\$ 1,124,004

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

MEDICAID COST REPORT ACUTE INPATIENT QEXA ADDENDUM

Provider Name:	Hilo Medical Center
Medicaid Provider Number:	251745
Cost Reporting Period:	July 1, 2008 - June 30, 2009

SUMMARY OF MEDICAID ACUTE QEXA INPATIENT COST

IN LIEU OF WORKSHEET D-1

			1		
9	Total Inpatient days including private room days applicable to the Program (A&P days excluding swing-bed days and days reported on lines 42 to 47 below)		725	9	
38	Adjusted general inpatient routine service cost per diem (From Cost Report)		826.29	38	
41	Total Program general inpatient routine QEXA service cost (line 9 * line 38)		599,060	41	
		Average Per Diem (From As Filed C/R)	FFS Program Days	FFS Program Cost (col. 3 x col. 4)	
		3	4	5	
42	Nursery	426.67	-	-	42
43	Intensive Care Unit	3,838.22	111	426,042	43
44	Coronary Care Unit	1,086.40	62	67,357	44
45	Burn Intensive Care Unit			-	45
46	Surgical Intensive Care Unit			-	46
47	Other Special Care Unit (specify)			-	47
48	Program inpatient QEXA ancillary service cost (From Wkst. D-4, col. 3, line 101 See next page)			805,527	48
49	Total QEXA Program inpatient costs (sum of lines 41 through 48) (Transfer to E-3 Part III Line 1)		898	1,897,986	49

CALCULATION OF QEXA REIMBURSEMENT SETTLEMENT

IN LIEU OF WORKSHEET E-3, Part III

			TITLE XIX SERVICES	
			1	
1	Inpatient hospital services Cost		1,897,986	1
	COMPUTATION OF LESSER OF COST OR CHARGES			
10	Routine charges		1,229,747	10
11	Ancillary charges		2,368,760	11
20	Total customary charges (sum of lines 10 and 11)		3,598,507	20
22	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 20)		-	22
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
33	Deductibles (exclude professional component)		-	33
36	Coinsurance		-	36
55	Total amount payable to the provider (Line 1 less lines 22, 33 and 36)		1,897,986	55
57	Reimbursement Amount		773,982	57
57.01	Tentative settlement			57.01
58	Uncompensated Cost for Servicing Medicaid-eligible Patient (line 55 minus the sum of lines 57 and 57.01)		1,124,004	58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			59

**MEDICAID COST REPORT ACUTE INPATIENT QEXA
ADDENDUM**

Provider Name:	Hilo Medical Center
Medicaid Provider Number:	251745
Cost Reporting Period:	July 1, 2008 - June 30, 2009

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF WORKSHEET

COST CENTER DESCRIPTION		Ratio of Cost To Charges (From Cost Report)	Inpatient QEXA Program Charges	Inpatient QEXA Program Costs (col. 1 x col. 2)
		1	2	3
ANCILLARY SERVICE COST CENTERS				
37	Operating Room	0.892693	123,013	109,813
38	Recovery Room		-	-
39	Delivery Room and Labor Room	0.507973	6,250	3,175
40	Anesthesiology	0.106713	84,841	9,054
41	Radiology-Diagnostic	0.300653	297,357	89,401
41.01	Oncology	0.530355	16,759	8,888
42	Radiology-Therapeutic		-	-
43	Radioisotope		-	-
44	Laboratory	0.273315	615,403	168,199
45	PBP Clinic Laboratory Services-Program Only		-	-
46	Whole Blood and Packed Red Blood Cells		-	-
47	Blood Storing, Processing, & Transfusing	0.333064	21,804	7,262
48	Intravenous Therapy		-	-
49	Respiratory Therapy	0.334770	198,944	66,600
50	Physical Therapy	0.613213	17,253	10,580
51	Occupational Therapy	0.635449	16,852	10,709
52	Speech Pathology	0.232477	18,698	4,347
53	Electrocardiology		-	-
53.01	Angiocardiology	0.238124	105,771	25,187
54	Electroencephalography		-	-
55	Medical Supplies Charged to Patients	0.681116	60,737	41,369
56	Drugs Charged to Patients	0.297730	462,694	137,758
57	Renal Dialysis	0.459501	75,992	34,918
58	ASC (Non-Distinct Part)		-	-
59	Other Ancillary (specify)		-	-
OUTPATIENT SERVICE COST CENTERS				
60	Clinic		-	-
61	Emergency	0.305265	256,391	78,267
62	Observation Beds	0.435061	-	-
63	Other Outpatient Service (specify)		-	-
OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis		-	-
65	Ambulance		-	-
66	DME-Rented		-	-
67	DME-Sold		-	-
68	Other Reimbursable (specify)		-	-
101	Total (sum of lines 37-64 and 66-68)		2,378,759	805,527

QEXA COST**WAITLISTED CARE** (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name: Hilo Medical Center Level of Care: WaitlistedProvider No: 0025174501

Period: From 07/01/08 To 06/30/09

1. Prospective Payment Amounts - Waitlisted Payments (For Information Only)

	Per Diem Rate (1)	Effective Dates From (2)	To (3)	Patient Days (4)	Payment Amount (5)	(6)
a.						
b.	218.85	2/1/2009	6/30/2009	229	50,117	
c.					-	
d.					-	
e.				229		
f.	Total Prospective Payment Amounts (For Information Only)					50,117

Comparison of Payments and Costs

2.	Medicaid PPS Payment	50,117
3.	Patient's Share/Co-insurance	0
4.	Total QEXA Waitlisted Payments (Lines 2 to 3)	50,117
5.	Routine Service Costs*	189,220
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	139,104

* W/S D-1, Part II, Ln 38 multiplied by Medicaid waitlisted days.

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

QEXA LONG TERM CARE SERVICES	TRANSITION PAYMENT ADDENDUM
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Provider Name: Hilo Medical Center Level of Care: LTProvider No: 0025174501Period: From 07/01/08 To 06/30/09**1. Prospective Payment Amounts (For Information Only)**

	Per Diem Rate (1)	Effective Dates From (2) To (3)	Patient Days (4)	Payment Amount (5)	(6)
a.	218.85	2/1/2009	6/30/2009	11,284	2,469,503
b.			0	0	
c.					
d.					
e.					
f.	Total Prospective Payment Amounts (For Information Only)				2,469,503

Comparison of Payments and Costs

2.	Medicaid PPS Payment	2,469,503
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid Fee-for-service LTC PPS Payments (Lines 2 to 3)	2,469,503
5.	Routine Service Costs	3,575,787
	Freestanding, Form 2540-96, W/S D-1, Part I, Ln 16, multiplied by patient days on Ln 1	
	Hospital-based, Form 2552-96, W/S D-1, Part III, Ln 67, multiplied by patient days on Ln 1	
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	1,106,283

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

MEDICAID QEXA FOR SERVICE COST

ACUTE CARE (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name:	Kona Community Hospital
Medicaid Provider Number:	005774
Cost Reporting Period:	07/01/08 to 06/30/09

SUMMARY OF MEDICAID ACUTE PAYMENT

QEXA Only

(1) Acute PPS Claims Payments	\$ 263,483
(2) Payments from Other Payors/Patient Share	
(3) Reimbursable Medicaid Acute Capital Related Pass Through Cost (From line 4, Medicaid cost report capital addendum)	-
(4) Total Medicaid QEXA Payments Received (Lines 1 to 3)	\$ 263,483

SUMMARY OF COSTS INCURRED:

(5) Medicaid Inpatient Costs (W/S D-1, Part II, Ln 49) (10% capital cost reduction is not applied, See attached FFS Inpatient & Ancillary Costs)	\$ 497,418
(6) Uncompensated Costs for Serving Medicaid-eligible Patients (Ln 5 minus Ln 4)	\$ 233,935

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

**MEDICAID COST REPORT ACUTE INPATIENT QEXA
CERTIFICATION ADDENDUM**

Provider Name:	Kona Community Hospital
Medicaid Provider Number:	005774
Cost Reporting Period:	July 1, 2008 - June 30, 2009

SUMMARY OF MEDICAID ACUTE FEE-FOR-SERVICE INPATIENT COST

IN LIEU OF WORKSHEET D-1

1

9	Total QEXA Inpatient days including private room days applicable to the Program (A&P days excluding swing-bed days and days reported on lines 42 to 47 below)	179	9
38	Adjusted general inpatient routine service cost per diem (From Cost Report)	1025	38
41	Total Program general inpatient routine QEXA service cost (line 9 * line 38)	183,475	41

	Average Per Diem (From As Filed C/R)	FFS Program Days	FFS Program Cost (col. 3 x col. 4)		
	3	4	5		
42	Nursery	677.50	-	-	42
43	Intensive Care Unit	2,672.28	15	40,084	43
44	Coronary Care Unit	-	-	-	44
45	Burn Intensive Care Unit	-	-	-	45
46	Surgical Intensive Care Unit	-	-	-	46
47	Subprovider	1,669.31	38	63,434	47

48	Program inpatient FFS ancillary service cost (From Wkst. D-4, col. 3, line 101 See next page)	210,425	48
49	Total FFS Program inpatient costs (sum of lines 41 through 48) (Transfer to E-3 Part III Line 11)	232 497,418	49

CALCULATION OF FEE-FOR-SERVICE REIMBURSEMENT SETTLEMENT

IN LIEU OF WORKSHEET E-3, Part III

	TITLE XIX SERVICES 1	
1 Inpatient FFS hospital services	497,418	1
COMPUTATION OF LESSER OF COST OR CHARGES		
10 Routine FFS charges	295,898	10
11 Ancillary FFS charges	516,410	11
20 Total FFS customary charges (sum of lines 10 and 11)	812,308	20
22 Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 20)	-	22
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
33 Deductibles (exclude professional component)	-	33
36 Coinsurance	-	36
55 Total FFS amount payable to the provider (Line 1 less lines 22, 33 and 36)	497,418	55
57 Total Medicaid Fee for Service Reimbursement Amount	263,483	57
57.01 Tentative settlement	-	57.01
58 Uncompensated Cost for Servicing Medicaid-eligible Patient (line 55 minus the sum of lines 57 and 57.01)	233,935	58
59 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	-	59

**MEDICAID COST REPORT ACUTE INPATIENT QEXA
CERTIFICATION ADDENDUM**

Provider Name: Kona Community Hospital
 Medicaid Provider Number: 005774
 Cost Reporting Period: July 1, 2008 - June 30, 2009

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF WORKSHEET D-4

COST CENTER DESCRIPTION		Ratio of Cost To Charges (From Cost Report)	Inpatient QEXA Program Charges	Inpatient QEXA Program Costs (col. 1 x col. 2)	
		1	2	3	
ANCILLARY SERVICE COST CENTERS					
37	Operating Room	0.562739	64,034	36,034	37
38	Recovery Room	-	-	-	38
39	Delivery Room and Labor Room	0.714188	2,925	2,089	39
40	Anesthesiology	-	71,544	-	40
41	Radiology-Diagnostic	0.338765	57,584	19,507	41
41.01	Oncology	0.602904	-	-	
42	Radiology-Therapeutic	0.416029	3,734	1,553	42
43	Radioisotope	-	-	-	43
44	Laboratory	0.281469	130,577	36,753	44
45	PBP Clinic Laboratory Services-Program Only	-	-	-	45
46	Whole Blood and Packed Red Blood Cells	-	-	-	46
47	Blood Storing, Processing, & Transfusing	0.341342	8,481	2,895	47
48	Intravenous Therapy	-	-	-	48
49	Respiratory Therapy	0.888629	13,995	12,436	49
50	Physical Therapy	0.807033	9,853	7,952	50
51	Occupational Therapy	0.939500	3,082	2,896	51
52	Speech Pathology	0.380804	546	208	52
53	Electrocardiology	0.147339	1,854	273	53
53.01	Angiocardiology	-	-	-	
54	Electroencephalography	-	-	-	54
55	Medical Supplies Charged to Patients	0.282321	62,705	17,703	55
56	Drugs Charged to Patients	0.497635	107,563	53,527	56
57	Renal Dialysis	-	-	-	57
58	ASC (Non-Distinct Part)	-	-	-	58
59	Other Ancillary (specify)	-	-	-	59
OUTPATIENT SERVICE COST CENTERS					
60	Clinic	-	-	-	60
61	Emergency	0.335459	49,476	16,597	61
62	Observation Beds	0.541049	-	-	62
63	Other Outpatient Service (specify)	-	-	-	63
OTHER REIMBURSABLE COST CENTERS					
64	Home Program Dialysis	-	-	-	64
65	Ambulance	-	-	-	65
66	DME-Rented	-	-	-	66
67	DME-Sold	-	-	-	67
68	Other Reimbursable (specify)	-	-	-	68
101	Total (sum of lines 37-64 and 66-68)		587,953	210,425	101

MEDICAID QEXA COST**WAITLISTED CARE** (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name: Kona Community Hospital Level of Care: WaitlistedProvider No: 005774

Period: From 07/01/08 To 06/30/09

1. Prospective Payment Amounts - Waitlisted Payments (For Information Only)

	Per Diem Rate (1)	Effective Dates From (2) To (3)		Patient Days (4)	Payment Amount (5)	(6)
a.					0	
b.	228.50	2/1/2009	6/30/2009	28	6,398	
c.					-	
d.					-	
e.		-		28		
f.	Total Prospective Payment Amounts (For Information Only)					6,398

Comparison of Payments and Costs

2.	Medicaid PPS Payment	6,398
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid QEXA Waitlisted Payments (Lines 2 to 3)	6,398
5.	Routine Service Costs*	28,700
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	22,302

* W/S D-1, Part II, Ln 38 multiplied by Medicaid waitlisted days.

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

**MEDICAID QEXA COST
LONG TERM CARE SERVICES****TRANSITION PAYMENT ADDENDUM
(For LTC services rendered 07/01/08 - 6/30/09)**Provider Name: Kona Community Hospital Level of Care: LTProvider No: 005774Period: From 07/01/08 To 06/30/09**1. Prospective Payment Amounts (For Information Only)**

	Per Diem Rate (1)	Effective Dates From (2)	To (3)	Patient Days (4)	Payment Amount (5)	(6)
a.						
b.	229.11	2/1/2009	6/30/2009	1,812	415,147	
c.						
d.						
e.				1,812		
f.	Total Prospective Payment Amounts (For Information Only)					415,147

Comparison of Payments and Costs

2.	Medicaid PPS Payment	415,147
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid QEXA LTC PPS Payments (Lines 2 to 3)	415,147
5.	Routine Service Costs	983,372
	Freestanding, Form 2540-96, W/S D-1, Part I, Ln 16, multiplied by patient days on Ln 1	
	Hospital-based, Form 2552-96, W/S D-1, Part III, Ln 67, multiplied by patient days on Ln 1	
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	568,225

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

MEDICAID QEXA COST

ACUTE CARE (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name:	Maui Memorial Medical Center
Medicaid Provider Number:	005796
Cost Reporting Period:	07/01/08 to 06/30/09

SUMMARY OF MEDICAID ACUTE PAYMENT

QEXA Only

(1) QEXA Acute PPS Claims Payments	\$ 655,444
(2) Payments from Other Payors/Patient Share	
(3) Reimbursable Medicaid Acute Capital Related Pass Through Cost (From line 4, Medicaid cost report capital addendum)	-
(4) Total Medicaid QEXA Payments Received (Lines 1 to 3)	\$ 655,444

SUMMARY OF COSTS INCURRED:

(5) Medicaid QEXA Inpatient Costs (W/S D-1, Part II, Ln 49) (10% capital cost reduction is not applied, See attached FFS Inpatient & Ancillary Costs)	\$ 1,661,527
(6) Uncompensated Costs for Serving Medicaid QEXA Patients (Ln 5 minus Ln 4)	\$ 1,006,083

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

**MEDICAID COST REPORT ACUTE INPATIENT QEXA
CERTIFICATION ADDENDUM**

Provider Name:	Maui Memorial Medical Center
Medicaid Provider Number:	005796
Cost Reporting Period:	July 1, 2008 - June 30, 2009

SUMMARY OF MEDICAID ACUTE QEXA INPATIENT COST

IN LIEU OF WORKSHEET D-1

	1		
9 Total QEXA Inpatient days including private room days applicable to the Program (A&P days excluding swing-bed days and days reported on lines 42 to 47 below)	605		9
38 Adjusted general inpatient routine service cost per diem (From Cost Report)	1,054.10		38
41 Total Program general inpatient routine QEXA service cost (line 9 * line 38)	637,731		41
	Average Per Diem (From As Filed C/R)	QEXA Program Days	QEXA Program Cost (col. 3 x col. 4)
	3	4	5
42 Nursery	561.62	12	6,739
43 Intensive Care Unit	2,491.33	74	184,358
44 Coronary Care Unit	-	-	-
45 Burn Intensive Care Unit	-	-	-
46 Surgical Intensive Care Unit	-	-	-
47 Other Special Care Unit	-	-	-
48 Program inpatient QEXA ancillary service cost (From Wkst. D-4, col. 3, line 101 See next page)		691	832,699
49 Total QEXA Program inpatient costs (sum of lines 41 through 48) (Transfer to E-3 Part III Line I below)			1,661,527

CALCULATION OF FEE-FOR-SERVICE REIMBURSEMENT SETTLEMENT

IN LIEU OF WORKSHEET E-3, Part III

	TITLE XIX SERVICES	
	1	
1 Inpatient QEXA hospital services	1,661,527	1
COMPUTATION OF LESSER OF COST OR CHARGES		
10 Routine QEXA charges	1,245,391	10
11 Ancillary QEXA charges	1,646,362	11
20 Total QEXA customary charges (sum of lines 10 and 11)	2,891,753	20
22 Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 20)	-	22
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
33 Deductibles (exclude professional component)	-	33
36 Coinsurance	-	36
55 Total QEXA amount payable to the provider (Line 1 less lines 22, 33 and 36)	1,661,527	55
57 QEXA Payment Received	655,444	57
57.01 Tentative settlement		57.01
58 Uncompensated Cost for Servicing Medicaid-eligible Patient (line 55 minus the sum of lines 57 and 57.01)	1,006,083	58
59 Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		59

**MEDICAID COST REPORT ACUTE INPATIENT QEXA
CERTIFICATION ADDENDUM**

Provider Name:	Maui Memorial Medical Center
Medicaid Provider Number:	005796
Cost Reporting Period:	July 1, 2008 - June 30, 2009

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF WORKSHEET D-4

COST CENTER DESCRIPTION		Ratio of Cost To Charges (From Cost Report)	Inpatient QEXA Program Charges	Inpatient QEXA Program Costs (col. 1 x col. 2)	
		1	2	3	
ANCILLARY SERVICE COST CENTERS					
37	Operating Room	0.560561	157,616	88,353	37
38	Recovery Room	0.950829	6,676	6,348	38
39	Delivery Room and Labor Room	0.479195	3,367	1,613	39
40	Anesthesiology	0.110557	35,609	3,937	40
41	Radiology-Diagnostic	0.272756	196,825	53,685	41
41.01	Oncology	0.501042	-	-	
42	Radiology-Therapeutic	-	-	-	42
43	Radioisotope	-	-	-	43
44	Laboratory	0.309377	336,400	104,074	44
45	PBP Clinic Laboratory Services-Program Only	-	-	-	45
46	Whole Blood and Packed Red Blood Cells	0.289802	13,550	3,927	46
47	Blood Storing, Processing, & Transfusing	-	-	-	47
48	Intravenous Therapy	-	-	-	48
49	Respiratory Therapy	0.384046	191,296	73,466	49
50	Physical Therapy	0.663048	23,574	15,631	50
51	Occupational Therapy	0.611810	29,919	18,305	51
52	Speech Pathology	0.539247	-	-	52
53	Electrocardiology	0.158926	51,925	8,252	53
53.01	Angiocardiology	0.555409	369,645	205,304	
54	Electroencephalography	-	-	-	54
55	Medical Supplies Charged to Patients	0.285784	183,285	52,380	55
56	Drugs Charged to Patients	0.448852	295,227	132,513	56
57	Renal Dialysis	0.717935	13,738	9,863	57
58	ASC (Non-Distinct Part)	-	-	-	58
59	Other Ancillary (specify)	-	-	-	59
OUTPATIENT SERVICE COST CENTERS					
60	Clinic	-	-	-	60
61	Emergency	0.263195	206,761	54,418	61
62	Observation Beds	0.565604	1,111	628	62
63	Other Outpatient Service (specify)	-	-	-	63
OTHER REIMBURSABLE COST CENTERS					
64	Home Program Dialysis	-	-	-	64
65	Ambulance	-	-	-	65
66	DME-Rented	-	-	-	66
67	DME-Sold	-	-	-	67
68	Other Reimbursable (specify)	-	-	-	68
101	Total (sum of lines 37-64 and 66-68)		2,116,524	832,699	101

MEDICAID QEXA SERVICE COST**WAITLISTED CARE** (Public Providers)

SPA - ATTACHMENT 4.19-A Section III.F TN No. 03-002 Effective Date: 07/01/03

Provider Name: Maui Memorial Medical Center Level of Care: WaitlistedProvider No: 005796

Period: From 07/01/08 To 06/30/09

1. Prospective Payment Amounts - Waitlisted Payments (For Information Only)

	Per Diem Rate (1)	Effective Dates From (2) To (3)		Patient Days (4)	Payment Amount (5)	(6)
a.						
b.	228.50	2/1/2009	6/30/2009	243	55,526	
c.					-	
d.					-	
e.		-		243		
f.	Total Prospective Payment Amounts (For Information Only)					55,526

Comparison of Payments and Costs

2.	Medicaid PPS Payment	55,526
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid QEXA Waitlisted Payments (Lines 2 to 3)	55,526
5.	Routine Service Costs*	256,146
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	200,621

* W/S D-1, Part II, Ln 38 multiplied by Medicaid waitlisted days.

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

MEDICAID QEXA COST LONG TERM CARE SERVICES	TRANSITION PAYMENT ADDENDUM (For LTC services rendered 07/01/08-06/30/09)
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Provider Name: Leahi Hospital Level of Care: _____
 Provider No: 3145 SNF x
 ICF x
 Period: From 07/01/08 To 06/30/09

1. **Prospective Payment Amounts (For Information Only)**

	Per Diem Rate (1)	Effective Dates From (2) To (3)	Patient Days (4)	Payment Amount (5)	(6)
a.					
b.	209.88	2/1/2009	6/30/2009	21,420	
c.					
d.					
e.			21,420		
f.	Total Prospective Payment Amounts (For Information Only)				4,495,630

Comparison of Payments and Costs

2.	Medicaid PPS Payment	4,495,630
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid QEXA LTC PPS Payments (Lines 2 to 3)	4,495,630
5.	Routine Service Costs	6,681,112
	Freestanding, Form 2540-96, W/S D-1, Part I, Ln 16, multiplied by patient days on Ln 1 Hospital-based, Form 2552-96, W/S D-1, Part III, Ln 67, multiplied by patient days on Ln 1	
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	2,185,483

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.

**MEDICAID QEXA COST
LONG TERM CARE SERVICES****TRANSITION PAYMENT ADDENDUM
(For LTC services rendered 07/01/08-06/30/09)**

Provider Name: Maluhia Level of Care: _____
 Provider No: 67594 SNF x
 ICF x
 Period: From 07/01/08 To 06/30/09

1. Prospective Payment Amounts (For Information Only)

	Per Diem Rate (1)	Effective Dates From (2) To (3)	Patient Days (4)	Payment Amount (5)	(6)
SNF/ICF a.					
b.	214.72	2/1/2009	6/30/2009	20,143	4,325,105
c.					
d.					
e.			20,143		
f. Total Prospective Payment Amounts (For Information Only)					4,325,105

Comparison of Payments and Costs

2.	Medicaid PPS Payment	4,325,105
3.	Patient's Share/Co-insurance	0
4.	Total Medicaid QEXA LTC PPS Payments (Lines 2 to 3)	4,325,105
5.	Routine Service Costs	5,699,260
	Freestanding, Form 2540-96, W/S D-1, Part I, Ln 16, multiplied by patient days on Ln 1	
	Hospital-based, Form 2552-96, W/S D-1, Part III, Ln 67, multiplied by patient days on Ln 1	
6.	Uncompensated Costs for Serving Medicaid-eligible Patients (Line 5 minus Line 4)	1,374,155

Publicly owned and operated facilities must certify that the uncompensated costs are accurate and are based on actual expenditures incurred for the period.