

1981

INTERIM

HOSPITAL

QUESTION-
NAIRES

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED
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✓ DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
SERVICE UNIT DIRECTOR
PHS ALASKA NATIVE HOSPITAL
TANANA, ALASKA 99777

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Interior Alaska to Canadian border on the east, Nulato/Kattagait on the west; Anaktuvuk Pass on the north; Tol on the south

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	_____	_____	July	_____	_____
Feb.	_____	_____	Aug.	_____	_____
Mar.	_____	_____	Sept.	_____	_____
Apr.	_____	_____	Oct.	_____	_____
May	_____	_____	Nov.	_____	_____
June	_____	_____	Dec.	_____	_____

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? yes If yes, please describe Apparent construction (two story wood frame) lack of appropriate; lack of facilities for handicapped
Do you have any other concerns about the physical structure of your facility? Energy inefficient

4. Are there any significant shortages of health personnel in your facility? No Categories: _____
In your community? yes Categories: All professional staff non local

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? No What are the major reasons for your annual shortfall? _____

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? yes If so, what type? Energy; Council; Supply reductions
Results: Mixed given remote location & age of structure

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 2 High overhead vs low occupancy rates
- 1 New medical technology
- 3 Increases in staff salaries
- ~~5~~ 8 Population increases
- 4 Increase in number of health manpower
- 7 Retrospective reimbursement by third party payers
- 5 Addition of new services
- 6 Federal government limit on payment for services

Other) Every item intended for hospital/health use is sold at a premium price - regardless of quality

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) N/A. Federal action

Please explain any other effects on your facility from C.O.N.

N/A

HEALTH PLANNING

1. Are you involved with your HSA? No To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? _____
If not, how would you like to see it changed? N/A

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? _____
Would you like to see the HSAs restructured? _____
how? N/A
Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?
Lack of recognition of the "spiritual" or psychological factor in wellness. Too little emphasis on prevention & wellness

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance _____

Medicare Adverse procedure for billing - slow reimbursement

Medicaid Difficulty in making eligibility determinations

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No

Outpatient? No

2. Are there other services in the community for the mentally ill?

_____ What needs of this group are not met locally that you feel are necessary? Rehabilitation therapy in the "lunatic" environment

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? No

Outpatient? No

4. Are there other services in the community for the drug/alcohol dependent? No What needs of this group are not met locally that you feel are necessary? Alcoholism program - village oriented

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

Preventive Health

Health Education

Supervised volunteer program

Birthing center

Hospice services

Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other More comprehensive training and co-ordination with community health aides

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>n/a</u>	_____
Expenditure Budget	_____	_____
Capital Budget	_____	_____

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? None

SERVICES to name

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>220 (avg)</u>	_____
Obstetrical	_____	_____
Newborn well care	_____	_____
In ensive/cardiac care:		
Adult	_____	_____
Pediatric	_____	_____
Newborn	_____	_____
Chemical dependency	_____	_____
Thermal	_____	_____
Psychiatric	_____	_____
OTHER SERVICES		
Electroencephalography	_____	_____
Diagnostic Radioisotope	_____	_____
CAT Scanner	_____	_____
Radioisotope Therapy	_____	_____
Radium Therapy	_____	_____
Cobalt Therapy	_____	_____
Chemotherapy	_____	_____

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	✓	
Clinical Psychologist	✓	
Family Planning	✓	
Open Heart Surgery	—	
Inpatient Renal Dialysis	—	
Inhalation Therapy	✓	
Abortion(Inpatient)	—	
Abortion(Outpatient)	—	
Occupational Therapy	—	
Physical Therapy	—	
Speech Therapy	—	

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

This questionnaire and others make it obvious that rural "best" medicine is not really covered in the philosophy of the state - perhaps this is due to lack of familiarity. There is a whole world of village people served by village health aides thru radio medical traffic. The direction currently is centralization - pulling in to Anchorage and Fairbanks which is logical for certain specialties and specialized therapies. But there is a need for improvement in comprehensive health care as delivered to the remote villages. Mental health and substance abuse programs need to be combined with facilities such as Tanana Hospital to provide a supportive village setting a full range of health services geared for the rural Alaskans.

*Ed Bonney Administrator
of PHS Alaska Native Hospital
Tanana, Alaska 99777*

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DRAFT

TABLE VIII-A
 URGENT/NON URGENT EMERGENCY ROOM UTILIZATION:
 Residence by Hospital
 July/August 1978
 Mt. Edgecumbe

<u>Place of Residence</u>	<u># of Visits</u>	<u>% of Total Visits</u>	<u>Urgent</u>	<u>Non Urgent</u>	<u>Unknown</u>
Angoon	1	1.6	1		
Hoonah	2	3.1	2		
Kake	2	3.1	2		
Sitka	56	88.9	32	24	
Unknown	1	1.6		1	
Other Alaska	1	1.6	1		
Total	63	100.0	38	25	

TABLE VIII-A
 URGENT/NON URGENT EMERGENCY ROOM UTILIZATION
 Residence by Hospital
 July/August 1978
 Bartlett

<u>Place of Residence</u>	<u># of Visits</u>	<u>% of Total Visits</u>	<u>Urgent</u>	<u>Non Urgent</u>	<u>Unknown</u>
Juneau	683	83.1	145	538	
Angoon	1	.1		1	
Elfin Cove	3	.4		3	
Gustavus	5	.6	4	1	
Haines	3	.4		3	
Hoonah	16	2.0	5	11	
Pelican	3	.4	1	2	
Petersburg	2	.2		2	
Sitka	6	.7	1	5	
Skagway	4	.5	1	3	
Tenakee	2	.2	1	1	
Ketchikan	7	.9	1	6	
Other U.S.	57	7.1	10	47	
Other AK	10	1.2	2	8	
Unknown	1	.1		1	
Total	803	100.0	171	632	

TABLE IX-A
 OUTPATIENT ANCILLARY UTILIZATION
 Residence by Hospital
 July/August 1978
 Petersburg

<u>Place of Residence</u>	<u># of Visits</u>	<u>% of Total Visits</u>	<u>Lab</u>	<u>X-Ray</u>	<u>Other</u>	<u>Unknown</u>
Kake	17	6.2	10	6	1	
Juneau	1	.4			1	
Petersburg	217	78.6	94	75	48	
Sitka	1	.4		1		
Klawock	1	.4	1			
Wrangell	10	3.6	6	4		
Other Alaska	1	.4			1	
Other U.S.	24	8.7	9	9	6	
Ketchikan	1	.4			1	
Unknown	3	1.1	2	1		
Total	276	100.0	122	96	58	

TABLE IX-A
 OUTPATIENT ANCILLARY UTILIZATION
 Residence by Hospital
 July/August 1978
 Bartlett

<u>Place of Residence</u>	<u># of Visits</u>	<u>% of Total Visits</u>	<u>Lab</u>	<u>X-Ray</u>	<u>Other</u>	<u>Unknown</u>
Juneau	279	82.3	137	136	6	
Elfin Cove	3	.9	2	1		
Gustavus	3	.9	1	2		
Hoonah	8	2.6	1	8		
Polican	2	.6	1	1		
Petersburg	2	.6		2		
Sitka	4	1.2	3	1		
Skagway	1	.3	1			
Tonekee	1	.3	1			
Ketchikan	3	.9	3			
Other U.S.	24	8.2	16	11	1	
Other AK	4	1.2	2	2		
Unknown						
Total	339	100.0	168	164	7	

ORIGIN OF INPATIENT DISCHARGES FOR EACH HOSPITAL
July-August, 1978

KETCHIKAN

<u>Place</u>	<u>Total</u>	<u>Percent</u>
Ketchikan	120	67.2
Notlakatla	12	6.3
Myers Chuck	1	.5
Klawock	5	2.6
Hydaburg	6	3.1
Craig	3	1.6
Kasaan	1	.5
Wrangell	5	2.6
Petersburg	2	1.0
Juneau	1	.5
Thorne Bay	6	3.1
Northern	1	.5
Outside	20	10.4
Total	192	3.6

DARTLETT

<u>Place</u>	<u>Total</u>	<u>Percent</u>
Juneau	173	83.6
Angoon	1	.5
Elfin Cove	1	.5
Gustavus	5	2.4
Haines	2	1.0
Hoonah	8	3.8
Yakutat	1	.5
Polican	1	.5
Petersburg	2	1.0
Skagway	1	.5
Tenakee	1	.5
Ketchikan	1	.5
Northern	0	
Outside	7	3.4
Unknown	3	1.4
Total	207	

SITKA

<u>Place</u>	<u>Total</u>	<u>Percent</u>
Sitka	96	91.4
Port Alexander	1	.0
Juneau	2	1.9
Petersburg	1	.0
Outside	5	4.8
Total	105	

GENERAL

1. Where do the people who use the services of your facility live?
 (List by community or region of the state, and the percentage of the total number served) ATTACHED ARE COPIES OF A 1978 PATIENT ORIGIN STUDY THAT INDICATE ABOUT 84% OF INPATIENTS, OUTPATIENTS AND EMERGENCY ROOM PATIENTS ARE FROM JUNEAU WITH THE REMAINDER FROM SE ALASKA.

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	INPATIENT DAYS (NOT DISCHARGED PATIENT DAYS)			PATIENT DAYS			
	ADMIT	ACUTE	LONG TERM	ADMIT	ACUTE	LONG TERM	
<u>1981</u> Jan	925	91	_____	July	1061	137	_____
Feb.	903	98	_____	Aug.	907	85	_____
Mar.	1041	90	_____	Sept.	976	102	_____
Apr.	895	118	_____	Oct.	918	115	_____
May	1093	128	_____	Nov.	913	75	_____
June	1085	102	_____	Dec.	863	90	_____

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? NO If yes, please describe HOWEVER, THE COST OF COMPLIANCE INCREASES OUR CHARGES. (ALL REGULATION TEND TO INCREASE COST)

Do you have any other concerns about the physical structure of your facility? CURRENTLY DOING LONG RANGE PLANNING TO DEVELOP NECESSARY CHANGES & ADDITIONS TO MEET COMMUNITY NEED

4. Are there any significant shortages of health personnel in your facility? YES Categories: REGISTERED NURSES - X-RAY - LAB - OTHER HEALTH PROFESSIONALS.
 In your community? SAME

WE CONSTANTLY MUST ADVERTISE OUTSIDE TO FILL PROFESSIONAL CATEGORIES - NO LOCAL LABOR POOL

5. Do you expect a significant impact on your facility since the passage of HB 18 raising Revenue Sharing to \$250,000 for all hospitals? NO What are the major reasons for your annual shortfall? WE DO NOT HAVE A SHORTFALL. HOWEVER, WE MUST CONSTANTLY

RAISE OUR RATES TO MEET INFLATION AND COMPETITIVE SALARIES - ESPECIALLY STATE OF ALASKA SALARIES!

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? YES If so, what type? CONSTANT REVIEW OF EXPENDITURES. GROUP PURCHASING.
 Results. GOOD - GROUP PURCHASING PROBABLY SAVE 190 THOUSAND ANNUALLY

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 5 New medical technology
- 3 Increases in staff salaries
- Population increases
- 4 Increase in number of health manpower
- Retrospective reimbursement by third party payers
- 6 Addition of new services
- Federal government limit on payment for services
- 2 Other) INFLATION

Bartlett Memorial Hospital
3260 Hospital Drive
Juneau, Alaska 99801
(907) 586-2611

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NO - EITHER THE SERVICE IS NEEDED

FOR THE COMMUNITY OR NOT. MEETING REQUIREMENTS ARE TO EXPENSIVE!

Please explain any other effects on your facility from C.O.N.

WE HAVE NOT AS YET HAD TO MEET C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? PLANNING INFORMATION

2. Do you feel that the service area of your HSA is meaningful? YES
If not, how would you like to see it changed? WE COULD HANDLE IT IN JUNEAU.

3. It seems likely that Federal regulation and support of HSAs will be discontinued do you feel they should be maintained by the state? YES Would you like to see the HSAs restructured? YES
How? LOCAL BOARD

Would you like to see their priorities changed? How? PRIMITIVES MUST CHANGE WITH NEED - LOCAL BOARD COULD BE BETTER.

4. What areas do you think are lacking in the current health planning?
DON'T THINK PLANNING HAS REALLY BEEN EFFECTIVE.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance COMBINATION OF BENEFITS
Medicare TOO MANY REGULATIONS
Medicaid ✓ SLOW PAY

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

DIFFICULT TO KEEP PLAN UP TO DATE - STATISTICS GENERALLY 2 TO 3
YEARS OLD & FINANCIAL INFO SERIOUSLY OUT OF DATE DUE TO INFLATION

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO - WE ARE A HOLDING UNIT ONLY.

Outpatient? NO - HANDLED AT JUNEAU MENTAL HEALTH CENTER

2. Are there other services in the community for the mentally ill?

Yes What needs of this group are not met locally that you feel are necessary? NEED MORE MENTAL HEALTH PROFESSIONALS

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? NO

Outpatient? NO - HANDLED AT JUNEAU REGIONAL REHABILITATION HOSPITAL

4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? THEY HAVE EXPANSION PLANS

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center - EXISTING COMMUNITY
- Hospice services - EXISTING
- Mental health services - EXISTING

- ____ Drug/alcohol services
 ✓ Support groups for individuals/families with specific health problems
 ____ other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	\$ 8,166,100	NA
Expenditure Budget	\$ 8,166,100	NA
Capital Budget	\$ 37,800 *	NA

* INCLUDED IN EXPENDITURES

2. What funding do you receive from the local level? \$100,000 ^{7/1982}
 (NONE EXPECTED IN FY 1983) (1.2%)
3. What funding do you receive from the state? \$ 250,000
 (3.1%)

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical **	\$ 235	\$ 1900 *
Obstetrical	\$ 235	\$ 1400 *
Newborn well care	\$ 170	\$ 500 *
Intensive/cardiac care:		
Adult	\$ 475	\$ 6700 *
Pediatric	✓	-
Newborn	✓	-
Chemical dependency	-	-
Thermal	-	-
Psychiatric (1700 UNIT ONLY)	\$ 255	-
OTHER SERVICES		
Electroencephalography	\$ 130 (INCLUDES PROFESSIONAL FEE)	
Diagnostic Radioisotope	\$ 364 (PRIVILEGE FEE)	
CAT Scanner	-	
Radioisotope Therapy	-	
Radium Therapy	-	
Cobalt Therapy	-	
Chemotherapy	\$ 120 (PHARMACEUTICAL)	

* AVERAGE INCLUDING ANCILLARY SERVICES

** WE WILL HAVE TO INCREASE TO \$ 260 PER DAY

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	-	-
Clinical Psychologist	-	-
Family Planning	-	-
Open Heart Surgery	-	-
Inpatient Renal Dialysis	-	-
Inhalation Therapy	\$ 11.50 (NITROXIAL GASES)	\$ 21.50 (AEROSOL TREATMENT)
Abortion(Inpatient)	-	\$ 11 20
Abortion(Outpatient)	-	\$ 6 00
Occupational Therapy	-	-
Physical Therapy	\$ 33	-
Speech Therapy	-	-

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

HOSPITALS FIND THEMSELVES AS A LENDING AGENCY - WE PROVIDE THE SERVICES INCLUDING THE OUTLAY OF CASH AND THEN HAVE TO BILL FROM ONE TO THREE OR FOUR THIRD PARTIES BEFORE WE CAN CLOSE THE ACCOUNT (WITH AN INTEREST). WE ARE LUCKY WHEN WE GET OUR ACCOUNTS RECEIVABLE DOWN TO 90 DAYS. IT'S USUALLY HIGHER.

Bartlett Memorial Hospital
 3260 Hospital Drive
 Juneau, Alaska 99801
 (907) 586-2811

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THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

Trustees

February 17, 1982

Ray L. Smitil
President

Jack Bentley
Vice President

William H. Ivy, M.D.
Secretary

Vernon Cates, M.D.

Ermitt Wilson

Ronald A. Pavellas
Administrator

Senator Charles H. Parr
Chairman,
Health, Education and Social Services Committee
Behrends, Room 209
Juneau, Alaska 99811

Dear Senator Parr:

I am submitting a copy of the completed questionnaire which your committee mailed to all hospitals. Apparently the original was lost in the shuffle.

I am sorry for the inconvenience which resulted in the misplacement of this important source of information. If we can be of any other assistance, please contact us.

Sincerely,



Sharon A. Anderson, Director
Planning and Program Development
for
Ronald A. Pavellas, Administrator

SAA:in

Enclosure(s)

cc: Dennis DeWitt
Tom Mingen
Ronald Pavellas
SAA/file

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Copy of patient origin study is attached -
(ATTACHMENT B)

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	CHEMICAL DEPENDENCY		ACUTE	CHEMICAL DEPENDENCY
Jan.	<u>2,478</u>	<u>505</u>	July	<u>2,201</u>	<u>483</u>
Feb.	<u>2,529</u>	<u>417</u>	Aug.	<u>2,354</u>	<u>391</u>
Mar.	<u>2,827</u>	<u>505</u>	Sept.	<u>2,504</u>	<u>515</u>
Apr.	<u>2,669</u>	<u>430</u>	Oct.	<u>2,678</u>	<u>540</u>
May	<u>2,547</u>	<u>455</u>	Nov.	<u>2,550</u>	<u>453</u>
June	<u>2,271</u>	<u>498</u>	Dec.	<u>2,300</u>	<u>497</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? NO If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? _____

4. Are there any significant shortages of health personnel in your
facility? NO Categories: _____
In your community? _____ Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? NO What are the major reasons for your annual
shortfall? _____

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? YES If so,
what type? _____
Results: _____

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
6 New medical technology
2 Increases in staff salaries
9 Population increases
4 Increase in number of health manpower
5 Retrospective reimbursement by third party payers
7 Addition of new services
8 Federal government limit on payment for services
3 Other) High employee benefit costs relating to union affiliation.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) YES, in the area of new construction or addition of beds; NO, for replacement equipment or medical equipment; NO, for
 Please explain any other effects on your facility from C.O.N. non clinically related activities.

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? Board membership status
2. Do you feel that the service area of your HSA is meaningful? YES
 If not, how would you like to see it changed? _____
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? NO Would you like to see the HSAs restructured? _____
 How? Planning activities should be separate and distinct from regulatory activities.
 Would you like to see their priorities changed? How? _____
4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify): Blue Cross: Provides payment on semi-monthly basis.

Private Insurance See Attachment A

Medicare See Attachment A

Medicaid According to our computation, claims are paid every 107 days.

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill: NO - direct care is not on-site.

Inpatient? Psychiatric unit is at Providence Hospital.

Outpatient? _____

2.. Are there other services in the community for the mentally ill?

YES What needs of this group are not met locally that you feel are necessary? Gaps have been identified in the various health plans.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent: YES, Alaska Hospital treats this disease in the Chemical Dependency Unit program, we have identified

Inpatient? _____

Outpatient? the need to increase the availability of the service.

4. Are there other services in the community for the drug/alcohol dependent? YES What needs of this group are not met locally that you feel are necessary? Outpatient

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

X Preventive Health

X Health Education

X Supervised volunteer program

X Birthing center - Already established.

_____ Hospice services

_____ Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
1982 Revenue Budget (Net)	29,600,000	_____
1982 Expenditure Budget	32,900,000	_____
1982 Capital Budget	500,000	_____

2. What funding do you receive from the local level? See #3 below.

3. What funding do you receive from the state? _____

State Revenue Sharing Aid to Construction per year 4,771,830

State Revenue Sharing Aid to Operations per year 250,000

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	ROOM RATE /DAY	CHARGE/STAY
Acute medical/surgical	231.00	3,430.18
Obstetrical	231.00	1,394.92
Newborn well care	135.00	279.23
Intensive/cardiac care:		
Adult	517.00	4,585.50
Pediatric	300.00	3,996.88
Newborn - Ped Monitor	300.00	3,281.90
Ohio Unit	425.00	
Chemical dependency	190.00	6,300.00
Thermal		Not Offered
Psychiatric		Not Offered
OTHER SERVICES		CHARGE/PROCEDURE
Electroencephalography		99.50
Diagnostic Radioisotope		228.00 - 236.00
CAT Scanner		319.00
Radioisotope Therapy		98.00
Radium Therapy		Not Offered
Cobalt Therapy		Not Offered
Chemotherapy		350.00

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THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

ATTACHMENT A

Trustees

Ray L. Smitil
President

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Secretary

Vernon Cates, M.D.

Emmitt Wilson

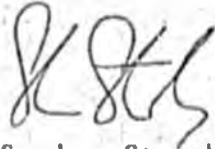
Honori A. Pavellas
Administrator

GENERAL PROBLEMS

Some of the reimbursement problems stem from the lack of uniformity in billing requirements. Time in the reimbursement process is consumed in the preparation of customized carrier claims forms by the providers. Errors in completion of form and subsequent rejection, return, and denial of claim result in slower claim payment.

General insurance carriers have, in the last 5 years, relaxed billing requirements and are accepting a standardized billing mechanism, yet the major programs - Medicare, Medicaid, VA, still require customized forms, with unique claim completion instructions, and authorization screenings. Hence, providers have become the eligibility screeners, medical claims processors, and insurance benefit representatives as well as to provide medical service to the patient. Many providers have withdrawn from the "middle position" because of the increasing cost of performing this function or have adopted carrier exclusive billing policies.

Too, the Alaska providers are even more so handicapped in the reimbursement process due to the great distance between providers billing and collecting office and carrier claim processing, check write offices, often adding 7 - 30 days to the process.



Sandra Stromberg
Patient Accounting Manager

THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

Table 7

Total Patients Discharged and Patient Days, BY
HEALTH SYSTEMS AGENCY SUBAREA, January - December,
1980 (Excluding Newborns)

SUBAREA	PATIENTS		PATIENT DAYS		AVERAGE LENGTH OF STAY (DAYS)
	Number	% Total	Number	% Total	
1 Aleutian Pribilofs	43	0.7	205	0.7	4.8
2 Anchorage	5431	84.2	24,358	82.0	4.5
3 Bristol Bay	25	0.4	141	0.5	5.6
4 Cook Inlet	488	7.6	2,698	9.1	5.5
a (Mat-Su)	(319)		(1,769)		
b (Kenai- Soldotna)	(130)		(685)		
c (Iliomer)	(39)		(244)		
5 Copper River	24	0.4	145	0.5	6.0
6 Kodiak	33	0.5	134	0.4	4.1
7 North Pacific Rim	67	1.0	464	1.6	6.9
a (Seward)	(37)		(255)		
b (Valdez)	(29)		(170)		
c (Cordova)	(11)		(39)		
8 Norton Sound	32	0.5	132	0.4	4.1
9 Yukon-Kuskokwim	58	0.9	176	0.6	3.0
10 Southeast	23	0.4	229	0.8	10.0
11 Northern	109	1.7	461	1.6	4.4
Out-of-State	64	1.0	316	1.0	4.9
Unrecorded	42	0.7	238	0.8	5.7
TOTAL	6449	100 %	29,717	100 %	4.6 Days

Total Days of Care Discharged by Health Systems Agency Suta ja, by Major Area of Service, January-December 1980 (Excluding Newborns)

TABLE 8

SUBAREA	DAYS TOTAL	PEDS		MEDICAL		SURGERY		ORTHO-SG		GYN-SG		OB	
		#	%	#	%	#	%	#	%	#	%	#	%
1 Aleutian Pribilofs	205	16	7.8	60	29.3	23	11.2	34	16.6	26	12.7	46	22.4
2 Anchorage	24358	2011	8.3	7375	30.3	4394	18.0	3593	14.8	2394	9.8	4591	18.6
3 Bristol Bay	141	2	1.4	20	14.2	25	17.7	72	51.1	10	7.1	12	8.5
4 Cook Inlet													
a (Mat-Su)	1769	132	7.5	537	30.4	398	22.5	396	22.4	193	10.9	113	6.3
b (Kenai-Soldotna)	685	27	3.9	244	35.6	56	8.2	196	28.6	73	10.7	89	13.0
c (Homer)	244	20	8.2	62	25.4	38	15.6	101	41.4	14	5.7	9	3.7
5 Copper River	145			47	32.4	36	24.8	29	20.0	12	8.3	21	14.5
6 Kodiak	134	20	14.9	34	25.4	29	21.6	12	9.0	26	19.4	13	9.7
7 North Pacific Rim													
a (Seward)	255	7	2.7	59	23.1	92	36.1	67	25.3	24	9.4	6	2.4
b (Valdez)	170	15	8.8	44	25.9	20	11.8	50	29.4	31	18.2	10	5.9
c (Cordova)	39			1	2.6	3	7.7	27	69.2	5	12.8	3	7.7
8 Norton Sound	132	12	9.1			54	40.9	45	34.1			21	15.9
9 Yukon-Kuskokwim	176	8	4.5	16	9.1	48	27.3	47	26.7	11	6.3	46	26.1
10 Southeast	229	13	5.7	24	10.4	8	3.5	170	74.2	7	3.1	7	3.1
11 Northern	481	28	5.8	148	30.8	93	19.3	113	23.5	39	8.1	60	12.5
12 Out-of-State	316	6	1.9	201	63.6	30	9.5	53	16.8	17	5.4	9	2.8
13 Unrecorded	238	4	1.7	102	42.8	93	39.1	24	10.1	6	2.5	9	3.8
TOTAL	29717	2321	7.8	8974	30.2	5440	18.3	5029	16.9	2880	9.7	5065	17.0

THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.
ANCHORAGE, ALASKA

Total Patients Discharged by Health Systems Agency Subarea, By
Major Area of Service, January-December 1980 (Excluding Newborns)

TABLE 9

SUBAREA	PATIENTS TOTAL	PEDS		MEDICAL		SURGERY		ORTHO-SG		GYN-SG		OB	
		#	%	#	%	#	%	#	%	#	%	#	%
1. Aleutian Pribilofs	43	3	7.0	11	25.6	7	16.3	4	9.3	4	9.3	14	32.5
2. Anchorage	5431	570	10.3	1301	23.6	810	14.7	575	10.4	547	9.9	1628	29.5
3. Bristol Bay	25	1	4.0	3	12.0	6	24.0	3	12.0	2	8.0	10	40.0
4. Cook Inlet													
a (Kat-Su)	319	37	11.6	81	25.4	60	19.8	66	20.7	37	11.6	38	11.9
b (Kenai-Soldotna)	130	9	6.9	33	25.4	17	13.1	38	29.2	16	12.3	17	13.1
c (Homer)	39	3	7.7	8	20.5	13	33.3	10	25.6	3	7.7	2	5.1
5. Copper River	24			6	25.0	5	20.8	5	20.8	3	12.6	5	20.8
6. Kodiak	33	10	30.3	5	15.2	5	15.2	2	6.0	5	15.2	6	18.1
7. North Pacific Rim													
a (Seward)	37	2	5.4	6	16.2	12	32.4	11	29.8	3	8.1	3	8.1
b (Valdez)	29	1	3.5	6	20.7	5	17.2	9	31.0	4	13.8	4	13.8
c (Cordova)	11			1	9.1	1	9.1	6	54.5	1	9.1	2	18.2
8. Norton Sound	32	1	3.1			10	31.3	5	15.6			16	50.0
9. Yukon-Kuskokwim	58	2	3.4	5	8.6	8	13.8	7	12.1	3	5.2	33	56.9
10. Southeast	23	4	17.4	2	8.7	4	17.4	7	30.4	1	4.4	5	21.7
11. Northern	109	6	5.5	20	18.4	12	11.0	11	10.1	6	5.5	54	49.5
12. Out-of-State	64	3	4.7	40	62.5	7	10.9	8	12.5	2	3.1	4	6.3
13. Unrecorded	42	1	2.4	18	42.9	10	23.8	6	14.3	3	7.1	4	9.5
TOTAL	6502	653	10.1	1546	24.0	992	15.4	773	12.0	640	9.9	1945	29.6

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2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
2 New medical technology
3 Increases in staff salaries
5 Population increases
 Increase in number of health manpower
 Retrospective reimbursement by third party payers
4 Addition of new services
 Federal government limit on payment for services
 Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) Not on federal direct care costs

 Please explain any other effects on your facility from C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? Yes To what extent? Hospital Contract Officer is on HSA Board

2. Do you feel that the service area of your HSA is meaningful? Yes
 If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSAs restructured? Yes
 How? I concur with the reorganization or described in the Regional Health Resource Organizations proposal.
 Would you like to see their priorities changed? How? _____

1) Technical assistance to rural communities, 2) disease prevention & health prevention, 3) Regional perspective on local planning activities, all provided on a consulting basis when requested locally.

4. What areas do you think are lacking in the current health planning?

INSURANCE

Does your facility have any problems with insurance? (Please

specify):

Private Insurance N/A

Medicare No

Medicaid No

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
I do not feel it is financially feasible and exceeds the legitimate role of state government.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? No
 Outpatient? No
2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? Adequate professional resources assistance for inpatient care.
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? No
 Outpatient? No
4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? We have an excellent program in place locally but the need exceeds their capacity.
5. If the support were re, would your facility develop more community health : (Indicate areas of interest)
- Preventive Health
 Health Education
 Supervised volunteer program
 Birthing center
 X Hospice services
 X Mental health services

- Drug/alcohol services
- X Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	N/A	
Expenditure Budget	#8,000,000	
Capital Budget		

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? None

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical		
Obstetrical		
Newborn well care		
Intensive/cardiac care:		
Adult		
Pediatric		
Newborn		
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Please see attached Patient
Origin Study from our COM.

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1981

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>393</u>	<u>123</u>	July	<u>334</u>	<u>110</u>
Feb.	<u>282</u>	<u>65</u>	Aug.	<u>331</u>	<u>124</u>
Mar.	<u>377</u>	<u>93</u>	Sept.	<u>368</u>	<u>120</u>
Apr.	<u>339</u>	<u>98</u>	Oct.	<u>261</u>	<u>124</u>
May	<u>262</u>	<u>124</u>	Nov.	<u>334</u>	<u>127</u>
June	<u>238</u>	<u>120</u>	Dec.	<u>272</u>	<u>144</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? yes If yes, please describe Present facility has
acute storage problem and equipment is located in corridors
Do you have any other concerns about the physical structure of
your facility? _____

4. Are there any significant shortages of health personnel in your
facility? no Categories: _____
In your community? no Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? Cash Flow, Economically depressed area

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes. If so,
what type? Strict inventory control ^{System} implemented late 1981
Results: Too soon to evaluate, however a higher number of
lost charges are being captured

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates ✓
- 5 New medical technology ✓
- 2 Increases in staff salaries
- 6 Population increases
- 4 Increase in number of health manpower
- 7 *Retrospective reimbursement by third party payers
- 3 Addition of new services
- 8 *Federal government limit on payment for services
- Other) _____

only because
*Medicaid/Medicare
% utilization is
relatively low.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain)

NO - because assumptions based on current costs which may not reflect cost effective operation
Please explain any other effects on your facility from C.O.N.
Costly in terms of management time which is equated in labor \$.

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? A member of the V.H Board also served on the local health planning Board

2. Do you feel that the service area of your HSA is meaningful? Yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? _____
Would you like to see the HSAs restructured? _____

How? _____
Would you like to see their priorities changed? How? _____
I have not given extensive thought to HSA's and their death but do support a less cumbersome, time consuming, planning process.

4. What areas do you think are lacking in the current health planning?
Long term care

INSURANCE

1. Does your facility have any problems with r _____ rement (Please

specify):

Private Insurance 4-6 weeks turn around time

Medicare 2-4 wks turn around time

Medicaid 4-6 wks turn around time

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
No

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
Inpatient? No- Clients needing service are referred or transferred
Outpatient? Local counseling is available on a limited basis.

2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? There is a mental health clinic available in Wasilla.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
Inpatient? No- We handle detox on a very limited basis
Outpatient? No- However this will change shortly with the establishment of Nugent's Ranch - (Alcohol Rehab.)

4. Are there other services in the community for the drug/alcohol dependent? No What needs of this group are not met locally that you feel are necessary? See above. The Local Alcohol & Drug Board are concerned and active.

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center
- Hospice services
- Mental health services-

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- X other Continued support of the Infant Learning Programs

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>249,145.00</u>	<u>131,400</u>
Expenditure Budget	<u>837,549</u>	<u>31,836.00</u>
Capital Budget	<u>(50,000)</u> <i>last year 1981</i>	<u>0</u>

2. What funding do you receive from the local level? none

3. What funding do you receive from the state? none

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>\$185.00</u>	
Obstetrical	<u>185 00</u>	
Newborn well care	<u>130 00</u>	
Intensive/cardiac care:		
Adult	<u>295.00</u>	
pediatric	<u>295 00</u>	
Newborn	<u>145.00</u>	
Chemical dependency	<u>N/A</u>	
Thermal	<u>N/A</u>	
Psychiatric	<u>N/A</u>	
OTHER SERVICES		
Electroencephalography	<u>N/A</u>	
Diagnostic Radioisotope	<u>N/A</u>	
CAT Scanner	<u>N/A</u>	
Radioisotope Therapy	<u>N/A</u>	
Radium Therapy	<u>N/A</u>	
Cobalt Therapy	<u>N/A</u>	
Chemotherapy	<u>N/A</u>	

PATIENT ORIGIN STUDY I

Table 3 Valley Hospital, January - December 1978, number¹ of patients discharged and number¹ of patient days by residence.

LOCATION BY ZIP	TOTAL 1978				
	Patient Number	%	Patient Days	%	Average Length Stay
Palmer 99645	384	51%	1275	56%	3.3 days
Wasilla 99687	196	26%	499	22%	2.5 days
Talkeetna 99676	14	2%	50	2%	3.6 days
Willow 99688	36	5%	96	4%	2.7 days
Slawentna 99667	-	-	-	-	-
Sutton 99674	17	2%	52	2%	3.1 days
Glennallen 99588	2	-	8	-	4.0 days
Eagle River 99577	23	3%	50	2%	2.2 days
Chugiak 99567	24	3%	38	2%	1.6 days
Anchorage 99501 - 10	38	5%	84	4%	2.2 days
No Zip - Out of State - other	24	3%	132	6%	5.5 days
	<u>758</u>	<u>100%</u>	<u>2284</u>	<u>100%</u>	<u>3.0 days</u>

Source: Valley Hospital PAS discharge data
1. Does not include newborn or long term care

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) NORTON Sound / Seward Peninsula

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>300</u>	<u>150</u>	July	<u>450</u>	<u>120</u>
Feb.	<u>350</u>	<u>150</u>	Aug.	<u>420</u>	<u>150</u>
Mar.	<u>295</u>	<u>150</u>	Sept.	<u>300</u>	<u>150</u>
Apr.	<u>300</u>	<u>150</u>	Oct.	<u>250</u>	<u>150</u>
May	<u>210</u>	<u>120</u>	Nov.	<u>280</u>	<u>120</u>
June	<u>360</u>	<u>120</u>	Dec.	<u>240</u>	<u>120</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? NO If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? NO

4. Are there any significant shortages of health personnel in your
facility? yes Categories: Physicians & Nurses

In your community? _____ Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? yes What are the major reasons for your annual
shortfall? Fixed Cost of Operations + arbitrary factors; These
are impacted by great fluctuations in utilization of services

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Reduction in services

Results: Savings or no overexpenditures of budgets

2. What is your estimator of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 4 New medical technology
- 2 Increases in staff salaries
- 8 Population increases
- 3 Increase in number of health manpower
- 5 Retrospective reimbursement by third party payers
- 7 Addition of new services
- 6 Federal government limit on payment for services
- Other: _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NO

Please explain any other effects on your facility from C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? NO To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSAs restructured? NO
How? _____

Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?

Insurance coverage of providing primary care. Educated in preventive or holistic health. People need to take greater responsibility for their own level of health.

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance none

Medicare none

Medicaid none

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
To vague and general in its terminology

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? Only able to evaluate and refer.
 Outpatient? Evaluative services with limited counseling

2. Are there other services in the community for the mentally ill?
 _____ What needs of this group are not met locally that you feel are necessary? _____

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? NO - Limited staff & rooms will be no sleeping problems.
 Outpatient? NO - Even with low utilization near medical professionals will not do an adequate job with drug dependent clients

4. Are there other services in the community for the drug/alcohol dependent?
Yes What needs of this group are not met locally that you feel are necessary? Half-way houses

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center
- Hospice services
- Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care &	Long term care
Revenue Budget '82	<u>3,197,640</u>	<u>232,564</u>
Expenditure Budget '82	<u>3,141,956</u>	<u>232,564</u>
Capital Budget	_____	_____

2. What funding do you receive from the local level? 0

3. What funding do you receive from the state? Revenue Sharing

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	342.00	
Obstetrical	342.00	
Newborn well care	121.75	
Intensive/cardiac care:		
Adult	470.00	
Pediatric	470.00	
Newborn	152.00	
Chemical dependency	342.00	
Thermal	342.00	
Psychiatric	342.00	
OTHER SERVICES		
Electroencephalography	N/A	
Diagnostic Radioisotope	"	
CAT Scanner	"	
Radioisotope Therapy	"	
Radium Therapy	"	
Cobalt Therapy	"	
Chemotherapy	"	

RESPIRATORY THERAPY AND PHYSICAL THERAPY CHARGES

RESPIRATORY THERAPY

OXYGEN	12.00 per hour
SET UP CHARGE	6.00
DISPOSABLE (mask, cannula, ect.)	9.50
EXTRA TUBING	5.00 PER 5 ft.
OXYGEN STAND-BY.	12.00 per day
SMALL CYLINDER	12.00
LARGE CYLINDER	238.00
CONTINUOUS RESPITATOR	18.00 per hour
CON'T RESPIRATOR SET-UP	36.00
I.P.P.B.	30.00
PULMONARY FUNCTION	30.00
AEROSOL TREATMENT.	24.00
AEROSOL SET-UP	18.00
AEROSOL CONTINUOUS	12.00 per hour
MIST TENT.	12.00 per hour
MIST TENT SET-UP	36.00
HAND BULB NEBULIZER.	24.00
NEBULIZER TREATMENT	20.00
EMERGENCY ROOM O2	30.00
DELIVERY ROOM OXYGEN SET UP	30.00

PHYSICAL THERAPY

FIRST HALF-HOUR OF THERAPY	12.00
EACH 15 MINUTES FOLLOWING	18.00
CONSULTATION FOR P.T.	26.00
CHEST PHYSICAL THERAPY	24.00
CANES	12.50
WHIRLPOOL TX	12.00
ULTRASOUND	24.00

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Seward General Hospital

P.O. BOX 365
SEWARD, ALASKA 99664
(907) 224-5205

September 30, 1981

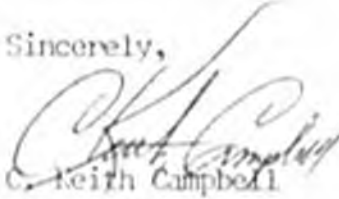
Senator Charles H. Parr, Chairman
Alaska State Legislature
Health, Education and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

The questionnaire regarding health care issues and the cost of providing health services is being returned as requested.

Thank you for the concern you and the committee are showing for the many problems faced by health care providers.

Sincerely,



C. Keith Campbell
Administrator

CKC:ecb

Enclosure

Seward

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Seward area residents constitute approximately
80% of the patients served. Tourists (mostly during summer months) make up
the balance.

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
1980			1979		
Jan.	<u>114</u>	<u>---</u>	July	<u>114</u>	<u>-----</u>
Feb.	<u>93</u>	<u>---</u>	Aug.	<u>105</u>	<u>-----</u>
Mar.	<u>70</u>	<u>---</u>	Sept.	<u>151</u>	<u>-----</u>
Apr.	<u>66</u>	<u>---</u>	Oct.	<u>172</u>	<u>-----</u>
May	<u>99</u>	<u>---</u>	Nov.	<u>76</u>	<u>-----</u>
June	<u>92</u>	<u>-----</u>	Dec.	<u>66</u>	<u>-----</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? Yes If yes, please describe we need yearly waivers on
general sheet rock construction.

Do you have any other concerns about the physical structure of
your facility? The patient rooms need private bathrooms installed. CCU
needs renovating.

4. Are there any significant shortages of health personnel in your
facility? YIS Categories: R.N.

In your community? YIS Categories: R.N.

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? YIS What are the major reasons for your annual
shortfall? Extremely short "length of stay" resulting in decline of total
patient days.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? YIS If so,
what type? Short working hours in staffing. Energy conservation methods.
Results: 22% savings in energy costs.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
4 New medical technology
2 Increases in staff salaries
 _____ Population increases
 _____ Increase in number of health manpower
 _____ Retrospective reimbursement by third party payers
 _____ Addition of new services
3 Federal government limit on payment for services
 _____ Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes. The Cost Threshold is too low.

Please explain any other effects on your facility from C.O.N.
There needs to be an expedited review process or an exception methodology developed.

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? I encourage an employee to participate on HSA Board.
2. Do you feel that the service area of your HSA is meaningful? _____
 If not, how would you like to see it changed? _____
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? NO Would you like to see the HSAs restructured? YES
 How? If HSAs are to be retained, ALL PROVIDERS should be involved.
 Would you like to see their priorities changed? How? Must include all Federal and State providers.
4. What areas do you think are lacking in the current health planning?
a cognizance by the planners that all services that do not fit their rigid statistical norms are not necessarily suspect and/or very ineffective from a cost point of view.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance NO

Medicare NO

Medicaid & GRM SLOW

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO

Outpatient? YES

2. Are there other services in the community for the mentally ill?

YES What needs of this group are not met locally that you feel are necessary? We are trying to establish a more adequate inpatient program.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? YES

Outpatient? YES

4. Are there other services in the community for the drug/alcohol dependent? YES What needs of this group are not met locally that you feel are necessary? Better education system in schools

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center
- Hospice services
- Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>\$660,747</u>	<u>X</u>
Expenditure Budget	<u>\$991,722</u>	<u>X</u>
Capital Budget	<u>\$186,968</u>	<u>X</u>

2. What funding do you receive from the local level? \$96,738

3. What funding do you receive from the state? \$30,730

SERVICES

Seward

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>\$210.00</u>	
Obstetrical	<u>210.00</u>	
Newborn well care	<u>80.00</u>	
Intensive/cardiac care:		
Adult	<u>285.00</u>	
Pediatric	<u>285.00</u>	
Newborn	<u>285.00</u>	
Chemical dependency	<u>210.00</u>	
Thermal	-----	
Psychiatric	<u>210.00</u>	
OTHER SERVICES		
Electroencephalography	-----	
Diagnostic Radioisotope	-----	
CAT Scanner	-----	
Radioisotope Therapy	-----	
Radium Therapy	-----	
Cobalt Therapy	-----	
Chemotherapy	-----	

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Alaska Native Medical Center is a state-wide referral hospital for Alaska Natives.

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>5650</u>	<u>NA</u>	July	<u>4750</u>	<u>2</u>
Feb.	<u>5445</u>	<u>—</u>	Aug.	<u>3250</u>	<u>2</u>
Mar.	<u>5225</u>	<u>—</u>	Sept.	<u>3400</u>	<u>2</u>
Apr.	<u>4650</u>	<u>—</u>	Oct.	<u>2750</u>	<u>2</u>
May	<u>4750</u>	<u>—</u>	Nov.	<u>4050</u>	<u>2</u>
June	<u>4370</u>	<u>—</u>	Dec.	<u>4000</u>	<u>2</u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? no If yes, please describe _____

Do you have any other concerns about the physical structure of your facility? yes - This hospital is a very old building

4. Are there any significant shortages of health personnel in your facility? yes Categories: Registered Nurses, Medical Technicians
In your community? yes Categories: RN's

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? NA What are the major reasons for your annual shortfall? NA.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? yes if so, what type? Inventory purchases, improvements, staff changes
Results: \$1.5 million savings

specify):

Private Insurance _____

Medicare Extremely slow in reimbursement

Medicaid " " "

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO inpatient service

Outpatient? yes

2. Are there other services in the community for the mentally ill?

yes What needs of this group are not met locally that you feel are necessary? Needs an adequately staffed respite center

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? yes

Outpatient? yes

4. Are there other services in the community for the drug/alcohol dependent?

yes What needs of this group are not met locally that you feel are necessary? Respite services are adequate

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

Preventive Health

Health Education

Supervised volunteer program

Birthing center

Hospice services

Mental health services

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)
- 5 High overhead vs low occupancy rates
 - 2 New medical technology
 - 1 Increases in staff salaries
 - 7 Population increases
 - 3 Increase in number of health manpower
 - 4 Retrospective reimbursement by third party payers
 - 5 Addition of new services
 - 6 Federal government limit on payment for services
 - Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NO
- _____
- Please explain any other effects on your facility from C.O.N.
- NA
- _____
- _____

HEALTH PLANNING

1. Are you involved with your HSA? Minimally To what extent? _____
- _____
2. Do you feel that the service area of your HSA is meaningful? NO
 If not, how would you like to see it changed? _____
It serves little meaningful purpose in health care delivery.
3. It seems likely that Federal regulation and support of HSAs will be discontinued. do you feel they should be maintained by the state? NO Would you like to see the HSAs restructured? _____
 How? _____
 Would you like to see their priorities changed? How? _____
- _____
4. What areas do you think are lacking in the current health planning?
Disease prevention
- _____

INSURANCE

1. Does your facility have any problems with reimbursement(Please

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>20,000.00</u>	<u>—</u>
Expenditure Budget	<u>—</u>	<u>—</u>
Capital Budget	<u>—</u>	<u>—</u>

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? None

SERVICES

ANMC

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	INPATIENT CHARGE/DAY	AMBULATORY/OUTPATIENT CHARGE/STAY UNIT
Acute medical/surgical	<u>274.00</u>	<u>72.00</u>
Obstetrical	<u>274.00</u>	<u>72.00</u>
Newborn well care	<u>274.00</u>	<u>72.00</u>
Intensive/cardiac care:		
Adult	<u>274.00</u>	
Pediatric		
Newborn	<u>274.00</u>	
Chemical dependency	<u>274.00</u>	<u>72</u>
Thermal		
Psychiatric		<u>72.00</u>
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		<u>72.00</u>
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy	<u>274.00</u>	<u>72.00</u>

Psychiatry / Hospital / Pharmacy

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DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE
PHS ALASKA NATIVE HOSPITAL
Barrow, Alaska 99723

November 19, 1981

Nancy Deltrick
Administrative Assistant
Senate HESS Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Nancy:

Attached is our reply to your questionnaire regarding this hospital and its program of health delivery. We hope this is adequate to meet your needs.

Sincerely,

Murlin Day
Acting Service Unit Director

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- High overhead vs low occupancy rates
- 3 New medical technology
- 2 Increases in staff salaries
- 1 Population increases
- Increase in number of health manpower
- 4 Retrospective reimbursement by third party payers
- Addition of new services
- Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NO

Please explain any other effects on your facility from C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? Director of Hospital in on SAURA Board of Directors and Committee work.

2. Do you feel that the service area of your HSA is meaningful? Yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? yes Would you like to see the HSAs restructured? no
How? _____
Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance _____

Medicare SLOW _____

Medicaid SLOW _____

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

Does not affect us that much.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO _____

Outpatient? NO _____

2. Are there other services in the community for the mentally ill?
 YES What needs of this group are not met locally that you feel are necessary? No true method of hospitalization locally.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? NO _____

Outpatient? NO _____

4. Are there other services in the community for the drug/alcohol dependent? YES What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

 X Preventive Health

 X Health Education

 X Supervised volunteer program

 X Birthing center

 X Hospice services

 v Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	_____	_____
Expenditure Budget	\$1,778.00	_____
Capital Budget	included	_____

2. What funding do you receive from the local level? Support of North Slope Borough/program and manpower assistance. _____

3. What funding do you receive from the state? 0 _____

SERVICES

Bornas

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$9.00 - \$15.00	\$284.00
Obstetrical	" "	"
Newborn well care		
Intensive/cardiac care:		
Adult	"	"
Pediatric	"	"
Newborn	"	"
Chemical dependency	"	"
Thermal	"	"
Psychiatric	NA	NA
OTHER SERVICES		
Electroencephalography	NA	NA
Diagnostic Radioisotope	NA	NA
CAT Scanner	NA	NA
Radioisotope Therapy	NA	NA
Radium Therapy	NA	NA
Cobalt Therapy	NA	NA
Chemotherapy	NA	NA

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FAIR HOSPITAL
Box 5
Glennallen, AK 99586

GENERAL

- Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Glennallen, Copper Center, Gulkana, Gakona, Kenny Lake, Tazlina, Chitina, Chistochina represent 95% estimated total. Mentasta, Lower Tonsina, Paxon, Tok, Northway, Hebesna, Valdez, Delta Junction, Dot Lake represent 50-75%
- Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>36</u>	_____	July	<u>89</u>	_____
Feb.	<u>29</u>	_____	Aug.	<u>81</u>	_____
Mar.	<u>49</u>	_____	Sept.	<u>77</u>	_____
Apr.	<u>74</u>	_____	Oct.	<u>60</u>	_____
May	<u>62</u>	_____	Nov.	<u>41</u>	_____
June	<u>27</u>	_____	Dec.	<u>60</u>	_____

- Does your facility have difficulty meeting the current Fire/Life Safety codes? yes If yes, please describe smallness of facility apparently not practically encompassed by regulations.
Do you have any other concerns about the physical structure of your facility? need for expansion of out-patient department, plus renovation of roof, and total renovation of existing structure.
- Are there any significant shortages of health personnel in your facility? no Categories: _____
In your community? yes Categories: Specialities: full time dentist, ophthalmologist, [MI].
- Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? no What are the major reasons for your annual shortfall? not applicable

HEALTH CARE COSTS

- Have you implemented any efforts at cost containment? yes If so, what type? weatherproofing doors and windows, cut down electricity usage, roof insulation
Results: real, but not identifiable in dollar value

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- High overhead vs low occupancy rates
- New medical technology
- Increases in staff salaries
- Population increases
- Increase in number of health manpower
- Retrospective reimbursement by third party payers
- Addition of new services
- Federal government limit on payment for services
- Other) none

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) yes, increases cost through imposing these requirements which take excessive dedication of time in order to plan additional office space even though the office serves as private office as well
 Please explain any other effects on your facility from C.O.N. redundant (thus duplicating costs)

HEALTH PLANNING

1. Are you involved with your HSA? no To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? yes
 but remote geographically
 If not, how would you like to see it changed? _____
 no suggestion

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? yes Would you like to see the HSAs restructured? modified
 How? more realistic, needs of "bush" facility
 Would you like to see their priorities changed? How? _____
 not known

4. What areas do you think are lacking in the current health planning?
not known

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance overlapping of third party payors, the paper work

has tripled in last few years. Medicare The intermediaries do not have clear cut guidelines as to charges and cost

Medicaid reporting. And when they do make a determination on a particular claim, they are not consistent in carrying out the method or way of settling the claim. For instance the Part B Medicare accounts are tossed back and forth between the carriers.

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

No.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? limited

Outpatient? adequate

2. Are there other services in the community for the mentally ill? yes What needs of this group are not met locally that you feel are necessary? lack of consistency and availability.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? acute medical care - yes

Outpatient? yes, except lack of "sleep off" facilities.

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? lack of consistency and availability

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

Preventive Health

Health Education

Supervised volunteer program

Birthing center

Hospice services

Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- X other Continuing existing programs of general health care including Preventive Health and Health Education on a person to person basis.

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>\$529,885.</u>	_____
Expenditure Budget	<u>479,580.</u>	_____
Capital Budget	<u>_____</u>	_____

2. What funding do you receive from the local level? none

3. What funding do you receive from the state? none

SERVICES

Faith

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$100.	_____
Obstetrical	100.	
Newborn well care	40.	
Intensive/cardiac care		
Adult	200.	
Pediatric		
Newborn		
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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Valdez Community Hospital

Box 550
VALDEZ, ALASKA 99686

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

November 24, 1981

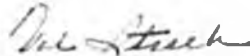
Nancy Deitrick
Administrative Assistant,
Senate Health Committee
Pouch V - State Capitol
Juneau, Alaska 99811

Dear Ms. Deitrick:

Apologies for the delay in responding to the hospital questionnaire which you sent out earlier this year. It should have been a top priority item.

Attached is the report for this facility.

Sincerely,



Val Stasch
Administrator

Valdez

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Primarily immediate Valdez area. 75%

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1980	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>75</u>	<u>N/A</u>	July	<u>38</u>	<u>N/A</u>
Feb.	<u>92</u>	<u>N/A</u>	Aug.	<u>77</u>	<u>N/A</u>
Mar.	<u>62</u>	<u>N/A</u>	Sept.	<u>63</u>	<u>N/A</u>
Apr.	<u>55</u>	<u>N/A</u>	Oct.	<u>75</u>	<u>N/A</u>
May	<u>72</u>	<u>N/A</u>	Nov.	<u>46</u>	<u>N/A</u>
June	<u>49</u>	<u>N/A</u>	Dec.	<u>33</u>	<u>N/A</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe Question the need for
replacing solid core doors simply because they were not UL labeled.

Do you have any other concerns about the physical structure of
your facility? None other than the need for additional storage space
and employee lounge/conference room

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____

In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? Low occupancy. We are competing with the State for employees and
attempt to follow State scale for wages. The continuous increases provided by the
State make it difficult for all other employers to hold a line on expenses. It has
been necessary to increase wages approximately 100% over the past
5-6 years in order to keep up and it is anticipated that another
increase will be implemented in early 1982.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Minimal staffing, contract laundry service

Results: At present approximate savings \$3,000/yr. In 1982 project that
this figure could be around \$13,000. (cutting 2 positions to part-time)

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 5 New medical technology
- 2 Increases in staff salaries
- 8 Population increases
- 7 Increase in number of health manpower
- 3 Retrospective reimbursement by third party payers
- 6 Addition of new services
- 4 Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes. Time spent preparing CON and expense related to presentation for HSA review is excessive.

Please explain any other effects on your facility from C.O.N.
Delay experienced in replacement of equipment due to length of time involved processing CON. Seems unnecessary for a remote area facility.

HEALTH PLANNING

1. Are you involved with your HSA? No To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? No.
If not, how would you like to see it changed? _____
Consolidate into 1 group for entire state

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No ~~Would you like to see the HSAs~~ ^{If continued,} restructured? Yes
How? One HSA to serve the entire state and a decrease in size of coordinating council.
Would you like to see their priorities changed? How? If we are to have health planning then all providers must be under the review process. No exceptions.

4. What areas do you think are lacking in the current health planning?
None

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Minimal - usually due to non-notification of eligibility.

Medicare slow

Medicaid slow

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
Question the real need and wonder how many that qualify would participate.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 nursing
 Inpatient? While our staff is not trained to deal with mental health problems
 Outpatient? specifically we make every attempt to accommodate these situations, both inpatient and outpatient, the mental health director frequently being involved.
2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? None that I am aware of.
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? Again, as in question 1, the staff is not specialized in this
 Outpatient? area of care but we do attempt to care for them as necessary. Services of local alcohol counselor are also utilized.
4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? None that I am aware of.
5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- x Preventive Health
x Health Education
 _____ Supervised volunteer program
 _____ Birthing center
 _____ Hospice services
 _____ Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget (1982)	\$ 502,039.	N/A
Expenditure Budget	\$1,025,493.	
Capital Budget	40,000.	

2. What funding do you receive from the local level? To cover deficit

3. What funding do you receive from the state? \$250,000.

SERVICES

Vulding

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	210.00	
Obstetrical	210.00	
Newborn well care	85.00	
Intensive/critical care:		
Adult	N/A	
Pediatric		
Newborn		
Chemical dependency	N/A	
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography	N/A	
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Southern S.E. Alaska (also referrals from
Wrangell, Petersburg and Sitka)

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:
Fiscal Year 7/1/80-6/30/81 (includes newborn days)

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>546</u>	<u>1342</u>	July	<u>756</u>	<u>1314</u>
Feb.	<u>526</u>	<u>1220</u>	Aug.	<u>661</u>	<u>1310</u>
Mar.	<u>572</u>	<u>1345</u>	Sept.	<u>647</u>	<u>1274</u>
Apr.	<u>704</u>	<u>1256</u>	Oct.	<u>714</u>	<u>1355</u>
May	<u>589</u>	<u>1283</u>	Nov.	<u>532</u>	<u>1310</u>
June	<u>657</u>	<u>1283</u>	Dec.	<u>563</u>	<u>1333</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? Space needs for expanding services - lab, X-ray. Population
increases projected from increased economic activity.

4. Are there any significant shortages of health personnel in your
facility? Yes Categories: R.N.
In your community? _____ Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? We do not have an annual shortfall; however, nursing salaries
are rising sharply and the HB131 funds will help us adjust
gradually our increasing charges to patients.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Group purchasing, materials management, doing our own preventive (over)
Results: _____

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

 High overhead vs low occupancy rates
 X New medical technology
 X Increases in staff salaries
 Population increases
 Increase in number of health manpower
 Retrospective reimbursement by third party payers
 X Addition of new services
 X Federal government limit on payment for services
 Other) Increases in supplies, fuel, food, all medical equipment and repairs.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) I honestly believe the delays and need for extensive staff involvement has increased costs in this state
 Please explain any other effects on your facility from C.O.N.
We were "grandfathered" for present project. I am not aware of which one C.O.N. has been denied - so what has it accomplished?

HEALTH PLANNING

1. Are you involved with your HSA? minimally To what extent? Review and comment; have attended some meetings; filling out forms, add statistics reports, etc.
2. Do you feel that the service area of your HSA is meaningful? Perhaps
 If not, how would you like to see it changed? I think a single health planning function at state level would serve this state better.
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured?
 How? (See #2 above)
 Would you like to see their priorities changed? How? They have not effectively changed the delivery, availability or structuring of care.
4. What areas do you think are lacking in the current health planning?
None that I know of.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Insurance companies are holding funds for longer periods
 Medicare Does not pay its share of actual health care costs for its beneficiaries because of high interest rates.
 Medicaid Is in process of looking at "capping" reimbursement so not even allowable costs will be covered. How can we operate in a contrived deficit position?

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
I feel the private sector should be encouraged to take as large a part in paying for health insurance. The state cannot administer what it now covers - how can it cover a complete program for all citizens?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? We handle emergency psychiatric episodes only until transferred to API.
 Outpatient? Handled by Gateway Mental Health Center on consultant basis.
2. Are there other services in the community for the mentally ill?
No What needs of this group are not met locally that you feel are necessary? Psychiatrist full-time for Borough area.
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? Not available. Juneau facility has been used.
 Outpatient? Alcohol program available in community on consultant basis.
4. Are there other services in the community for the drug/alcohol dependent?
A.A. What needs of this group are not met locally that you feel are necessary? We support with space and encouragement.
5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
 Preventive Health
 X Health Education
 Supervised volunteer program
 Birthing center
 Hospice services
 Mental health services

Drug/alcohol services
Perhaps Support groups for individuals/families with specific health
problems
other

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	5,231,696 ¹	1,885,680 *
Expenditure Budget	4,726,379	1,772,073
Capital Budget	686,920 ²	40,000

2. What funding do you receive from the local level? None
¹Budgeted deductions from Revenue \$326,578. ^{*}Budgeted deductions from Revenue \$119,140.

3. What funding do you receive from the state? Revenue sharing as
 specifically designated for health care facilities

SERVICES

Ketchikan

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$220.00	/
Obstetrical	220.00	
Newborn well care	220.00	
Intensive/cardiac care:		
Adult	-	
Pediatric	-	
Newborn	-	
Chemical dependency	-	
Thermal	-	
Psychiatric	-	
OTHER SERVICES		
Electroencephalography	-	
Diagnostic Radioisotope	-	
CAT Scanner	-	
Radioisotope Therapy	-	
Radium Therapy	-	
Cobalt Therapy	-	
Chemotherapy	-	

2. Include \$300,000 contingency in case older x-ray needs replacement.

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Sitka - 99%

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan. 81	379	/	July 81	310	/
Feb. 81	195	/	Aug. 81	324	N
Mar. 81	281	N	Sept. 81	388	/
Apr. 81	283	A	Oct. 81	282	A
May 81	396	/	Nov. 80	289	/
June 81	321	/	Dec. 80	283	/

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? Yes If yes, please describe Fire ratings on walls, sprinkler alarm

Do you have any other concerns about the physical structure of your facility? Ventilation, space

4. Are there any significant shortages of health personnel in your facility? Yes Categories: All categories

In your community? Yes Categories: All categories

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? Yes What are the major reasons for your annual shortfall? High expenses, limited ability to pay out to consumers -

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so, what type? Group purchasing, menu, savings plans

Results: Good savings, but payroll is 100% of expenses

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)
- 2 High overhead vs low occupancy rates
 - 3 New medical technology
 - 1 Increases in staff salaries
 - Population increases
 - 4 Increase in number of health manpower
 - 6 Retrospective reimbursement by third party payers
 - 7 Addition of new services
 - 5 Federal government limit on payment for services
 - Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) Not in Alaska -
- Add to costs through increased regulatory burdens *Few hospitals in AK. avail service areas.*
- Please explain any other effects on your facility from C.O.N. _____

HEALTH PLANNING

1. Are you involved with your HSA? No To what extent? _____
2. Do you feel that the service area of your HSA is meaningful? Yes
If not, how would you like to see it changed? _____
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? Yes
How? State funded, locally based planning.
Would you like to see their priorities changed? How? Yes - Shift of emphasis to local needs because of geographical separations
4. What areas do you think are lacking in the current health planning?
Grassroots planning efforts at local level

INSURANCE

1. Does your facility have any problems with reimbursement (Please

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	\$ 1,762,779	N/A
Expenditure Budget	2,069,718	
Capital Budget	51,040	

2. What funding do you receive from the local level? \$ 156,200
3. What funding do you receive from the state? \$ 75,000

SERVICES

Sitka

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	190	
Obstetrical	190	
Newborn well care	120	
Intensive/cardiac care:		
Adult	317	
Pediatric	317	
Newborn		
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope		
CAT Scanner		
Radioisotope Therapy		
Radium Therapy		
Cobalt Therapy		
Chemotherapy		

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PROVIDENCE
HOSPITAL

3200 PROVIDENCE DRIVE - POUCH 6604
ANCHORAGE, ALASKA 99502
PHONE: (407) 276-4511



SERVING IN THE WEST SINCE 1886

August 27, 1981

The Honorable Charles Parr
Alaska State Senate
Health and Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

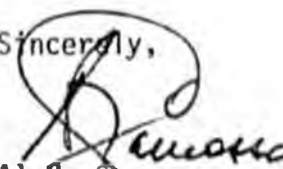
Thank you for the opportunity of responding to your survey regarding Alaskan health care issues. There are important issues to be addressed, and if we all plan, discuss and work together on them, we can build on the good system we have in place and make it better. We have an opportunity to put together a health care system for Alaska which will benefit generations of Alaskans to come.

Because of the importance and complexity of the information provided, I would urge you to avail yourself of the expertise our industry has in Dennis Dewitt and the Board of the Alaska State Hospital Association.

Attached to the survey is supplementary data which is too detailed to include in the space allotted.

If we can be of any further assistance to your committee, please feel free to call on us at any time.

Sincerely,



Al M. Camosso
Administrator

Enclosure

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) _____
see attached -patient day by residence sheet at back of this report

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	6505	n/a	July	6125 -1981	n/a
Feb.	5762	n/a	Aug.	5818	n/a
Mar.	6280	n/a	Sept.	5770	n/a
Apr.	5912	n/a	Oct.	6149	n/a
May	6149	n/a	Nov.	5772	n/a
June	5980	n/a	Dec.	5955	n/a

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? No

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____
In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? No What are the major reasons for your annual
shortfall? We do not experience shortfalls.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Energy - contained consumption and have devised ways to use waste heat
Results: Have saved money/// Also: Maintenance check before patient admission,
Double siding forms, deleting coffee service from floors and other
energy efforts with lighting have helped us in cost containment.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

 High overhead vs low occupancy rates

 1 New medical technology

 4 Increases in staff salaries

 Population increases

 Increase in number of health manpower

 5 Retrospective reimbursement by third party payers

 3 Addition of new services

 2 Federal government limit on payment for services

 Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) No - The CON program has cost us much money in preparing certificates of need, the review process, and delays in construction and purchase of equipment.

Please explain any other effects on your facility from C.O N.

Stifles effective planning and causes negative attitudes and reactions on the part of the hospital and medical staffs.

HEALTH PLANNING

1. Are you involved with your HSA? Yes To what extent? Past member of the board; our staff members have served on HSA committees; we have cooperated
with data research efforts and review of documents.
2. Do you feel that the service area of your HSA is meaningful? yes
If not, how would you like to see it changed? _____
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? Yes
How? Have volunteer associations for area providers to do joint data analysis
planning and problems solving.
Would you like to see their priorities changed? How? less regulation,
more cooperation in above mentioned areas. Lessen the overemphasis on "consumer" input
or majority. "We are all concerned about a good job in health care, not just consumers."
4. What areas do you think are lacking in the current health planning?
A belief that providers really do have the best interest of the community at heart.
A trust that we do know what we are doing.

INSURANCE

1. Does your facility have any problems with reimbursement(Please
Yes - medicaid system (improving), but still archaic. VA - improving, but
has caused some real problems in the past, and right now is worse than medicaid.

specify):

Private Insurance	<u>NO</u>	Days receivables outstanding	<u>51</u> days
Medicare	<u>No</u>		<u>79</u> days
Medicaid	<u>Improving - but still archaic system</u>		<u>63</u> days
<u>VA - 188 days; Self Pay - 101 days; Work. Comp. - 92 days</u>			

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

It will benefit hospitals and assist some people not currently covered. However, the potential for abuse and extreme high costs to the state are obvious and raises the

question of whether the state should be in the insurance business.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No. We have a small service (11 beds) with inadequate space. We are not

Outpatient? Unable to meet the needs of the community appropriately. We are planning for additional space.

2. Are there other services in the community for the mentally ill?

Yes. What needs of this group are not met locally that you feel are necessary? Reimbursement/financing of mental health coverage is one of the few areas not covered.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? N/A Alaska Hospital & Medical Center has a good inpatient chemical

Outpatient? dependency program.

4. Are there other services in the community for the drug/alcohol dependent? Yes. What needs of this group are not met locally that you feel are necessary? People feel there is a need for more services/controls for the public inebriate

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- x Preventive Health
- x Health Education
- Supervised volunteer program
- x Birthing center (We have 1 room as of Aug. 17)
- x Hospice services (Possibly in conjunction with community hospice program)
- x Mental health services

Drug/alcohol services
 x Support groups for individuals/families with specific health problems
 other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>46,574,000</u>	<u>n/a</u>
Expenditure Budget	<u>43,393,000</u>	<u>n/a</u>
Capital Budget projected 1981 - 86	<u>93,376,000</u>	<u>n/a</u>

{ 1981 current
 { 1982-86 projected

2. What funding do you receive from the local level? none

3. What funding do you receive from the state? state revenue sharing and construction grants during construction of new buildings.

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY or Treatment	CHARGE/STAY
Acute medical/surgical	<u>\$217.50 daily</u>	
Obstetrical	<u>\$210 daily room rate</u>	<u>\$300 daily labor rate</u>
Newborn well care	<u>\$122 with mother in hosp.</u>	<u>\$130 mother not in hospital</u>
Intensive/cardiac care:	<u>\$570 Intensive care daily</u>	
Adult	<u>\$475 Coronary care daily</u>	
Pediatric	<u>\$250 daily (not intensive care)</u>	
Newborn	<u>\$600 Intensive care daily</u>	
Chemical dependency	<u>n/a</u>	
Thermal	<u>\$600 Intensive care daily</u>	
Psychiatric	<u>\$250 (not intensive care)- daily</u>	
OTHER SERVICES	<u>Progressive care & intermediate care - Progressive care = \$350</u> <u>Newborn special care - \$440 - 490. Thermal \$440 - \$490</u>	
Electroencephalography	<u>\$105 per test</u>	
Diagnostic Radioisotope	<u>Isotope flow study - \$77.00</u>	
CAT Scanner	<u>Charges range from \$215 for head no contrast to \$315 for Body 1 contrast plus from \$35 to \$110 for additional slices</u>	
Radioisotope Therapy		
Radium Therapy	<u>Isodose plan intermediate - \$236</u>	
Cobalt Therapy	<u>Daily treat. intermediate - \$ 76</u>	
Chemotherapy	<u>n/a</u>	

Physicians' Fee
 Not Included

TABLE 6

PROVIDENCE HOSPITAL
Anchorage, Alaska

TOTAL: Patient Days, BY PROGRAM, BY RESIDENCE, for Providence Hospital, January - June, 1980 (excluding newborns)

	TOTAL		MEDICINE		SURGERY		N/M/S*		PERINATAL (OB)		PEDIATRICS		CARDIOVASCULAR		PSYCHIATRY	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<u>PRIMARY SERVICE AREA</u>																
Municipality of Anchorage	26,827	75.6	7,320	76.9	6,483	74.9	4,309	65.1	2,808	90.3	1,898	73.2	2,605	73.8	1,404	83.1
<u>SECONDARY SERVICE AREA</u>																
Cook Inlet Region (Mat-Su)	4,279 (2,038)	12.1	953 (602)	10.3	1,101 (502)	12.7	1,131 (478)	17.1	169 (93)	5.4	295 (96)	11.4	434 (242)	12.3	197 (25)	11.7
(Kenai/Soldotna)	(1,463)		(263)		(473)		(394)		(22)		(114)		(156)		(41)	
(Cook Inlet/Homer)	(775)		(89)		(126)		(259)		(53)		(85)		(36)		(131)	
North Pacific Rim (Seward)	712 (333)	2.0	159 (48)	1.7	224 (133)	2.6	179 (63)	2.7	15 (2)	.5	55 (41)	2.1	26 (18)	.7	54 (28)	3.2
(Valdez)	(225)		(51)		(46)		(109)		(9)		(7)		(8)		(26)	
(Cardova)	(154)		(60)		(45)		(7)		(4)		(12)					
SUBTOTAL	4,991	14.1	1,112	12.0	1,325	15.3	1,310	19.8	183	5.9	350	13.5	460	13.0	251	14.9
<u>OTHER SERVICE AREAS</u>																
Alutian Pribilofs	200	.6	52	.6	61	.7	66	1.0	3	.1	12	.5	4		5	.3
Bristol Bay	233	.7	35	.4	63	.7	67	1.0	10	.4	29	1.1	29	.9		
Copper River	276	.8	30	.3	4		185	2.8	23	.7	2	.4	25	.7		
Kodiak	741	2.0	99	1.1	271	3.1	154	2.2			100	3.9	111	3.1	6	.4
Norton Sound	257	.7	68	.7	79	.9	26	.4	20	.6	29	1.8	15	.4		
Yukon/Kuskokwim	317	.9	76	.8	113	1.2	46	.7	14	.5	37	1.4	30	.9	1	
Southern	283	.8	80	.9	38	.4	47	.7	16	.5	60	2.3	39	1.1	3	.2
Northern	665	1.7	106	1.1	135	1.6	174	2.6	12	.4	41	1.6	139	3.7	7	.4
SUBTOTAL	2,912	8.2	546	5.9	704	8.3	765	11.6	98	3.2	312	13.2	350	10.5	22	1.3
<u>OTHER</u>																
	754	2.1	298	3.2	69	.8	239	3.5	22	.7	9	.3	56	1.6	11	.7
TOTAL	35,484	100	9,276	100	8,661	100	6,523	100	3,111	100	2,594	100	3,531	100	1,648	100

Source: Med-Art, Providence Hospital.

*N/M/S - Neuro/Muscular/Skeletal

**Peds includes some NSCN which cannot be broken out from Peds.

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION

Alaska Native Hospital
Kotzebue, Alaska 99752

December 18, 1981

Ms. Nancy Deitrick
Administrative Assistant
Senate HESS Committee
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Ms. Deitrick:

Enclosed is the HESS Committee questionnaire for the
Kotzebue Service Unit.

If you have questions, please contact me.

Sincerely,

Shirley McDonald
Shirley McDonald
Service Unit Director

GENERAL

1. Where do the people who use the services of your facility live? (List by community or region of the state, and the percentage of the total number served) NANA Region plus the village of Point Hope.

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>295 (1981)</u>	<u>N/A</u>	July	<u>329</u>	<u>N/A</u>
Feb.	<u>217</u>	<u></u>	Aug.	<u>262</u>	<u></u>
Mar.	<u>331</u>	<u></u>	Sept.	<u>344</u>	<u></u>
Apr.	<u>394</u>	<u></u>	Oct.	<u>259</u>	<u></u>
May	<u>297</u>	<u></u>	Nov.	<u>239</u>	<u></u>
June	<u>281</u>	<u></u>	Dec.	<u>289 (1980)</u>	<u></u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? NO If yes, please describe FUNDING HAS BEEN AVAILABLE TO CORRECT FIRE/LIFE SAFETY CODE DEFICIENCIES.

Do you have any other concerns about the physical structure of your facility? INADEQUATE SPACE FOR AMBULATORY SERVICES; GENERAL REMODELING AND REHABILITATION OF PHYSICAL STRUCTURE NEEDED.

4. Are there any significant shortages of health personnel in your facility? YES Categories: DENTAL ASSISTANTS, PROFESSIONAL NURSING
In your community? YES Categories: " "

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? NO What are the major reasons for your annual shortfall?

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? YES If so, what type? (1) ENERGY CONSERVATION MEASURES (2) SUPPLY PROCEDURES REVISED.
Results: COST CONTAINMENT MEASURES IMPLEMENTED 10/1/81. WILL KNOW RESULTS BY END OF THIS FISCAL YEAR.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 3 High overhead vs low occupancy rates
- 1 New medical technology
- 4 Increases in staff salaries
- Population increases
- 2 Increase in number of health manpower
- Retrospective reimbursement by third party payers
- Addition of new services
- Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) NOT APPLICABLE TO FEDERAL HOSPITALS

Please explain any other effects on your facility from C.O.N.
N/A

HEALTH PLANNING

1. Are you involved with your HSA? YES To what extent? BOARD OF DIRECTORS:

2. Do you feel that the service area of your HSA is meaningful? YES
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? YES Would you like to see the HSAs restructured? NO
How? _____
Would you like to see their priorities changed? How? NO

4. What areas do you think are lacking in the current health planning?
HOME HEALTH SERVICES

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance NO

Medicare NO

Medicaid NO

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?
NO

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
Inpatient? NO
Outpatient? NO

2.. Are there other services in the community for the mentally ill?
What needs of this group are not met locally that you feel are necessary? PREVENTIVE SERVICES, ACUTE CARE SERVICES, FOLLOW-UP SERVICES.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
Inpatient? NO
Outpatient? NO

4. Are there other services in the community for the drug/alcohol dependent? YES What needs of this group are not met locally that you feel are necessary? THE MANILLAQ PROGRAMS HAVE RECENTLY BEEN IMPLEMENTED AND I DO NOT HAVE THE INFORMATION NECESSARY TO RESPOND TO THIS QUESTION.

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

* X Preventive Health

X Health Education

 Supervised volunteer program

 Birthing center

 Hospice services

v Mental health services

*IN COORDINATION WITH THE MANILLAQ

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your: FY81 TOTAL OPERATING BUDGET FOR ALL SERVICE UNIT OPERATIONS:
 \$3,150,000

	Acute care	Long term care
Revenue Budget	_____	_____
Expenditure Budget	_____	_____
Capital Budget	_____	_____

2. What funding do you receive from the local level? _____ NONE
3. What funding do you receive from the state? _____ NONE

SERVICES

Kutzew

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	YES ^{***} \$235	_____
Obstetrical	YES	_____
Newborn well care	YES	_____
Intensive/cardiac care:	NO	_____
Adult	_____	_____
Pediatric	_____	_____
Newborn	_____	_____
Chemical dependency	ALCOHOL DETOX ONLY.	_____
Thermal	NO	_____
Psychiatric	NO	_____
OTHER SERVICES		
Electroencephalography	NO	_____
Diagnostic Radioisotope	NO	_____
CAT Scanner	NO	_____
Radioisotope Therapy	NO	_____
Radium Therapy	NO	_____
Cobalt Therapy	NO	_____
Chemotherapy	NO	_____

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*South Peninsula
Bay 275
Homer ak 99603*

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of the total number served) Homer 55% Anchorage-North 15%

East Homer 15% Port Graham, English Bay,
Seldovia 15%

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

We have fluctuations of admissions but the fluctuations do not follow a seasonal pattern

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>448</u>	<u>124</u>	July	<u>359</u>	<u>124</u>
Feb.	<u>282</u>	<u>124</u>	Aug.	<u>370</u>	<u>124</u>
Mar.	<u>295</u>	<u>124</u>	Sept.	<u>306</u>	<u>124</u>
Apr.	<u>296</u>	<u>124</u>	Oct.	<u>306</u>	<u>124</u>
May	<u>316</u>	<u>124</u>	Nov.	<u>362</u>	<u>124</u>
June	<u>367</u>	<u>124</u>	Dec.	<u>356</u>	<u>124</u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? Yes If yes, please describe we have to keep patients in hall - which is against fire code

Do you have any other concerns about the physical structure of your facility? yes - it is too small to care for the number of patients we have

4. Are there any significant shortages of health personnel in your facility? No Categories: _____
In your community? ? Categories: _____

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? Yes What are the major reasons for your annual shortfall? 3rd party reimbursement lag behind costs

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so, what type? many types eg group purchasing, shared services, utilization
Results: We have reduced the cost of operating our hospital very substantially - But of course, the quality of care prevents us from cutting it any further.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 8 High overhead vs low occupancy rates
- 4 New medical technology
- 6 Increases in staff salaries
- 3 Population increases
- 7 Increase in number of health manpower
- Retrospective reimbursement by third party payers
- 5 Addition of new services
- Federal government limit on payment for services

these two have to do with payment not with cost.

1 Other) Inflation in general - rate of increase in hospital costs is now close to the general rate of American inflation

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) yes, It at least provides a review

of capital projects which in some cases has limited unnecessary projects.

Please explain any other effects on your facility from C.O.N.

C.O.N. has helped the planning process.

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? I have attend a number of meetings

2. Do you feel that the service area of your HSA is meaningful? NO
If not, how would you like to see it changed? perhaps one service area for the state

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? No Would you like to see the HSAs restructured? NO

How? (but I believe some might make an HSA needs to approve capital programs)
Would you like to see their priorities changed? How? yes
Need for future projects - perhaps concentrate on C.O.N.

4. What areas do you think are lacking in the current health planning?
none

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance Yes

Medicare Yes

Medicaid Yes

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

not at this time

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? NO

Outpatient? NO

2. Are there other services in the community for the mentally ill?

Yes What needs of this group are not met locally that you feel are necessary? NOT SURE

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? NO

Outpatient? NO

4. Are there other services in the community for the drug/alcohol dependent?

Yes What needs of this group are not met locally that you feel are necessary? NOT SURE

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- Supervised volunteer program
- Birthing center
- Hospice services
- Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>1772,000</u>	<u>163,800</u>
Expenditure Budget	<u>1924,341</u>	<u>168,000</u>
Capital Budget	<u>302,598</u>	<u> </u>

2. What funding do you receive from the local level? \$350,000

3. What funding do you receive from the state? Row Star

SERVICES

S.P.

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>\$190</u>	<u>per day</u>
Obstetrical	<u>190</u>	<u>per day</u>
Newborn well care (nursery)	<u>7500</u>	<u>per day</u>
Intensive/cardiac care:		
Adult	<u>290⁰⁰</u>	<u>day</u>
Pediatric	<u>290⁰⁰</u>	<u>day</u>
Newborn	<u>290⁰⁰</u>	<u>day</u>
Chemical dependency	<u>n/a</u>	
Thermal	<u>n/a</u>	
Psychiatric	<u>n/a</u>	
OTHER SERVICES		
Electroencephalography	<u>n/a</u>	
Diagnostic Radioisotope	<u>n/a</u>	
CAT Scanner	<u>n/a</u>	
Radioisotope Therapy	<u>n/a</u>	
Radium Therapy	<u>n/a</u>	
Cobalt Therapy	<u>n/a</u>	
Chemotherapy	<u>n/a</u>	

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	n/a	
Clinical Psychologist	n/a	
Family Planning	n/a	
Open Heart Surgery	N/A	
Inpatient Renal Dialysis	N/A	
Inhalation Therapy	8.00 2.50	treatment / hour
Abortion(Inpatient)	N/A	
Abortion(Outpatient)	N/A	
Occupational Therapy	n/a	
Physical Therapy	8.00	treatment
Speech Therapy	N/A	

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

I think that the most important factor which enables Alaska's rural hospitals to care for patients is state revenue sharing. Isolated communities are often, because of winter conditions cut off from major medical centers. When the plane can't fly the small hospital must be there. Without revenue sharing at the current level these hospitals would not be able to keep their doors open.

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PETERSBURG GENERAL HOSPITAL

and Long Term Care Facility

Phone: (907) 772-4291

P.O. Box 589

Petersburg, Alaska 99833

February 26, 1982

The Honorable Charles H. Parr
The Senate of Alaska
Pouch V, MS 3100
Juneau, Alaska 99811

Dear Senator Parr:

Enclosed is the completed survey for Petersburg General Hospital
and Long Term Care Facility.

Sincerely Yours,



CRAIG S. SLATER
Administrator

Enclosure

GENERAL

1. Where do the people who use the services of your facility live?
 (List by community or region of the state, and the percentage of
 the total number served) Petersburg and Kake Areas

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
 please list the number of patient days by month:

1980-81

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>97</u>	<u>10</u>	July	<u>83</u>	<u>11</u>
Feb.	<u>29</u>	<u>10</u>	Aug.	<u>112</u>	<u>12</u>
Mar.	<u>68</u>	<u>11</u>	Sept.	<u>48</u>	<u>12</u>
Apr.	<u>34</u>	<u>11</u>	Oct.	<u>54</u>	<u>12</u>
May	<u>40</u>	<u>11</u>	Nov.	<u>53</u>	<u>12</u>
June	<u>35</u>	<u>11</u>	Dec.	<u>74</u>	<u>12</u>

3. Does your facility have difficulty meeting the current Fire/Life
 Safety codes? Yes If yes, please describe In the old acute care
sections of the facility which is non-conforming.

Do you have any other concerns about the physical structure of
 your facility? Old acute care section built by town volunteers is beyond
restoration for the purpose of a hospital.

4. Are there any significant shortages of health personnel in your
 facility? Yes Categories: Nurses, especially during the summer months
 In your community? Yes Categories: same as above

5. Do you expect a significant impact on your facility since the
 passage of HB 131, raising Revenue Sharing to \$250,000 for all
 hospitals? Yes What are the major reasons for your annual
 shortfall? Little volume - inadequate services

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
 what type? Petersburg Hospital operates at a below minimal operating budget.
 Results: No funds for replacement of capital needs or funds for meeting new
regulations.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
5 New medical technology
2 Increases in staff salaries
9 Population increases
6 Increase in number of health manpower
8 Retrospective reimbursement by third party payers
7 Addition of new services
3 Federal government limit on payment for services
4 Other) Reluctance of citizens to raise charges to meet costs.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) No. Even with CON approval if the funds are not available nothing is accomplished.

Please explain any other effects on your facility from C.O.N.

No over-all State planning plan. Too many separate and fragmentary agencies.

HEALTH PLANNING

1. Are you involved with your HSA? Yes To what extent? Director of SEAHSA.

2. Do you feel that the service area of your HSA is meaningful? Yes
 If not, how would you like to see it changed? I do believe that the SEAHSA Board is very dedicated and does try to make every effort to follow their guide lines.

3. It seems likely that Federal regulation and support of HSA: will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSA's restructured? Yes

How? Under one State coordinated agency.

Would you like to see their priorities changed? How? I'm vague

on what are the State's priorities.

4. What areas do you think are lacking in the current health planning?

State wide financial and statistical reporting to a greater and more detailed degree, useful for planning purposes, not just a financial balance sheet.

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance Old cry - too many separate reports.

Medicare _____

Medicaid _____

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
My understanding HB 41 is still evolving and has not been a workable tool as yet.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? As well as expected with funds available.
 Outpatient? _____
2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? Gateway Mental Health Service Center (please refer to)
3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? The Hospital does its best but this problem is not a hospital problem
 Outpatient? but a social problem.
4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? Best talk with these agencies. I would guess they are concerned with under-funding.
5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- _____ Preventive Health
 _____ Health Education
 _____ Supervised volunteer program
 Birthing center
 _____ Hospice services
 Mental health services

- x Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET 1980-81

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>824,535</u>	<u>Budget combined</u>
Expenditure Budget	<u>1,055,081</u>	<u> </u>
Capital Budget	<u>7,000</u>	<u> </u>

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? \$250,000

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>250.00</u>	<u> </u>
Obstetrical	<u>250.00</u>	<u> </u>
Newborn well care	<u>2.00</u>	<u> </u>
Intensive/cardiac care:		
Adult	<u>360.00</u>	<u> </u>
Pediatric	<u>360.00</u>	<u> </u>
Newborn	<u> </u>	<u> </u>
Chemical dependency	<u> </u>	<u> </u>
Thermal	<u> </u>	<u> </u>
Psychiatric	<u> </u>	<u> </u>
OTHER SERVICES		
Electroencephalography	<u> </u>	<u> </u>
Diagnostic Radioisotope	<u> </u>	<u> </u>
CAT Scanner	<u> </u>	<u> </u>
Radioisotope Therapy	<u> </u>	<u> </u>
Radium Therapy	<u> </u>	<u> </u>
Cobalt Therapy	<u> </u>	<u> </u>
Chemotherapy	<u> </u>	<u> </u>

OTHER SERVICES CON'T

CHARGE/DAY

CHARGE/STAY

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology		
Clinical Psychologist		
Family Planning		
Open Heart Surgery		
Inpatient Renal Dialysis		
Inhalation Therapy		
Abortion(Inpatient)		
Abortion(Outpatient)		
Occupational Therapy		
Physical Therapy		
Speech Therapy		

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

As I have indicated in this survey I believe there should be more review from a central State agency to coordinate the regulatory agencies, gather meaningful statistical and financial data in such a manner that the legislature and public can assess the needs in order to make decisions to lessen duplications and improve efficiencies.

Erving S. Deter

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Wreangea

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) See attached sheet

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

1981	ACUTE	LONG TERM	1980	ACUTE	LONG TERM
Jan.	<u>75</u>	<u>454</u>	July	<u>100</u>	<u>412</u>
Feb.	<u>71</u>	<u>428</u>	Aug.	<u>117</u>	<u>437</u>
Mar.	<u>47</u>	<u>476</u>	Sept.	<u>84</u>	<u>423</u>
Apr.	<u>54</u>	<u>451</u>	Oct.	<u>44</u>	<u>387</u>
May	<u>58</u>	<u>497</u>	Nov.	<u>58</u>	<u>385</u>
June	<u>92</u>	<u>425</u>	Dec.	<u>95</u>	<u>499</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? yes If yes, please describe See attached sheet

Do you have any other concerns about the physical structure of
your facility? yes see attached sheet

4. Are there any significant shortages of health personnel in your
facility? yes Categories: See attached sheet
In your community? yes Categories: See " "

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? yes What are the major reasons for your annual
shortfall? See attached sheet

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? yes If so,
what type? See attached sheet
Results: _____

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 6 New medical technology
- 3 Increases in staff salaries
- 8 Population increases
- 5 Increase in number of health manpower
- 9 Retrospective reimbursement by third party payers
- 7 Addition of new services
- 4 Federal government limit on payment for services
- 2 Other) Energy Costs - And. inflation

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) yes see attached sheet

Please explain any other effects on your facility from C.O.N.

see attached sheet

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? see attached sheet

2. Do you feel that the service area of your HSA is meaningful? yes
If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? ? Would you like to see HSAs restructured? see
How? attached sheet.

Would you like to see their priorities changed? How? cut out Regulatory portion.

4. What areas do you think are lacking in the current health planning?
see attached sheet.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance LACK of BASIC COVERAGE on All policies
 Medicare Do Not Receive 100% payment of costs
 Medicaid Do Not Receive 100% Payment of costs

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
Plan should include All providers of health care.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill: No
 Inpatient? See Attached sheet
 Outpatient? " " "

2. Are there other services in the community for the mentally ill? yes
 What needs of this group are not met locally that you feel are necessary? See attached sheet

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? NO - space or trained employees for proper care
 Outpatient? NO " " " " "

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? Added space to allow group therapy and bet'n Counseling on individual and group basis

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)
- Preventive Health
 - Health Education
 - Supervised volunteer program
 - Birthing center
 - Hospice services
 - Mental health services

- ✓ Drug/alcohol services
- ✓ Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget *	<u>840,488.00</u>	<u>392,366.00</u>
Expenditure Budget	<u>870,488.00</u>	<u>375,974.00</u>
Capital Budget	<u>230,000.00</u>	<u>63,708.00</u>
	<u>440,488.00</u>	<u>312,266.00</u>

* This Revenue figure includes the \$250,000 Shared Revenue. Even with it we will be operating at a loss

2. What funding do you receive from the local level? See attached sheet

3. What funding do you receive from the state? Shared Revenue -

1978 1979 ^{\$0} 636,112 1980 ^{\$0} 77,845 1981 ^{\$0} 250,000.00 ?

SERVICES

Whisper

none Rec to date

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>190.00</u>	
Obstetrical	<u>190.00</u>	<u>760.00 average</u>
Newborn well care	<u>65.00</u>	<u>190.00 average</u>
Intensive/cardiac care:		
Adult	<u>590.00</u>	
Pediatric	<u>595.00</u>	
Newborn	<u>395.00</u>	
Chemical dependency	<u>none</u>	
Thermal		
Psychiatric	<u>190.00</u>	
OTHER SERVICES		
Electroencephalography	<u>none</u>	
Diagnostic Radioisotope	<u>none</u>	
CAT Scanner	<u>none</u>	
Radioisotope Therapy	<u>none</u>	
Radium Therapy	<u>none</u>	
Cobalt Therapy	<u>none</u>	
Chemotherapy	<u>none</u>	

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

GENERAL

1. In Southeastern Alaska Region, entire Wrangell Island and surrounding islands where logging camps are located. Total population served is approximately 4,300 persons. Percent of the total number served is 100%. We are the lone medical facility in our city.
2. See survey.
3. Inadequate ventilation of Ethylen Oxide Sterilizer, boiler space, ventilation system in critical care areas, dressing rooms, O.R. and x-ray, non-complying laundry room, obsolete nurse call system, over crowding and inadequate supplies and equipment storage of all departments in the Facility.

Need for energy conservation by installation of better insulation, weather proofing and conversion from oil to electricity. Sanitation improvement by sewer system improvement and filter system for water supply.

Need for area to accomodate visiting physician clinics. Poor utilization of existing bed capacity due to semi-private rooms. (Patient mix problem)

4. Physical Therapy, Inhalation Therapy, Nursing, Laboratory technicians. Day care and/or proper housing for senior citizens.
5. Inflation, high energy costs, increased wages, loss of utilization and funds from A.N.S., U.S.P.H.S. Marine, and other government patients. Poor reimbursement for government patients. Poor utilization of acute care part of the Facility.

HEALTH CARE COSTS

1. Cut back on overtime and scheduled employees time, electrical conservation, cutback on use of high pressure boiler with installation of automatic clock cutoff and reduced pressure. Purchasing supplies through group purchasing to reduce cost, sharing services with other hospitals to cut back on overhead.

Results good, but in a small Facility with many departments working with only one to three employees, you can't cut back any more than the basic staff needed for one or nine patients.

2. Per survey.
3. Not as much as it would if all Health Care Providers, such as physicians, the state and federal government, also, were required to obtain a C.O.N.

Good effects. All aspects must be considered and planned for.

Bad effects. Added costs.

HEALTH PLANNING

1. I was on the Board of the SEAHSA for two years and have been active for many years on our local health planning board.
2. see survey
3. Yes, if kept. Less high paid staff and more local help.
4. Overall planning of all monies spent by state, federal government and physicians, etc. on health care with better coordination of services.

INSURANCE

1. See survey
2. See survey

THE COMMUNITY

1. No
Inpatients: No space or trained employees for proper care.
Outpatients: No space or trained employees for proper care,
Or good coordination between departments and other institutions.

Gateway Mental Health. Staffed by psychiatric social worker. Need to have scheduled visits besides from psychiatrist and other personnel.

BUDGET

1. See Survey
2. City makes annual payment on General Obligation Bonds to pay for our Long Term Care Facility addition, \$35,000.00. Balance still due of \$702, 126.16. Annual tax relief of \$14,458.00. Purchase of new equipment and upkeep of areas by memorials, club donations and local drives. \$10,000.00 average yearly.

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Kodiak

GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Kodiak Island, Aleutian Chain, North
Pacific.

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>319</u>	<u>276</u>	July	<u>481</u>	<u>274</u>
Feb.	<u>385</u>	<u>264</u>	Aug.	<u>454</u>	<u>329</u>
Mar.	<u>341</u>	<u>317</u>	Sept.	<u>296</u>	<u>345</u>
Apr.	<u>227</u>	<u>330</u>	Oct.	<u>332</u>	<u>372</u>
May	<u>279</u>	<u>341</u>	Nov.	<u>317</u>	<u>353</u>
June	<u>324</u>	<u>313</u>	Dec.	<u>260</u>	<u>355</u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of
your facility? Not large enough to sufficiently serve community.

4. Are there any significant shortages of health personnel in your
facility? No Categories: _____
In your community? No Categories: _____

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? Yes What are the major reasons for your annual
shortfall? Self pay accounts not being paid/slow payments insurance

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so,
what type? Evaluation of supplies equipment procedures.

Results: Health care system. Evaluate and monitor length of stay for
appropriateness. Automate where possible to maintain low
overhead.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

 High overhead vs low occupancy rates

 x New medical technology

 x Increases in staff salaries

 Population increases

 Increase in number of health manpower

 x Retrospective reimbursement by third party payers

 x Addition of new services

 x Federal government limit on payment for services

 Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes. Cost of processing con are added to cost of operation.

Please explain any other effects on your facility from C.O.N.

Delays in obtaining such needed services.

HEALTH PLANNING

1. Are you involved with your HSA? yes To what extent? COORDINATION, COMMUNICATION, PARTICIPATION ON COMMITTEES.

2. Do you feel that the service area of your HSA is meaningful? NO
If not, how would you like to see it changed? ELIMINATE IT.

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? no Would you like to see the HSAs restructured? no
How? _____
Would you like to see their priorities changed? How? CONTINUED, HSA SHOULD RESPOND TO LOCAL NEEDS WITHOUT PRECONCEIVED NOTIONS.

4. What areas do you think are lacking in the current health planning?
RECOGNITION OF ADVANCES IN TECHNOLOGY.

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance slow payments

Medicare allowances that are written off.

Medicaid allowances that are written off.

Alaska Native Health: slow in payments.

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

It needs further determination of impact before implementation.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No-we do not have mental health

Outpatient? No-no staff or facilities because of lack of mandate to do

so. We intend to apply for designated hospital status at the appropriate

2. ^{time} Are there other services in the community for the mentally ill?

Yes What needs of this group are not met locally that you feel are necessary? Proper area in hospital for patients, mental health staffing.

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? no-do not have proper facilities or staff

Outpatient? no

4. Are there other services in the community for the drug/alcohol dependent? yes What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

x Preventive Health

x Health Education

x Supervised volunteer program

x Birthing center

x Hospice services

x Mental health services

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other Home Health Care

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>1,009,617</u>	<u>664,644</u>
Expenditure Budget	<u>1,069,508</u>	<u>560,179</u>
Capital Budget	<u>(combined)</u>	<u>130,000</u>

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? OPERATING 250,000
CAPITAL 30,000

SERVICES *Kodak*

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>240.00</u>	<u>672.00</u>
Obstetrical	<u>240.00</u>	<u>672.00</u>
Newborn well care	<u>140.00</u>	<u>140.00</u>
Intensive/cardiac care:		
Adult	<u>240.00 & 6.00hr</u>	<u>1,000.00</u>
Pediatric	<u>240.00 & 6.00hr</u>	<u>1,000.00</u>
Newborn	<u>140.00 & 6.00hr</u>	<u>700.00</u>
Chemical dependency	<u>0</u>	
Thermal	<u>0</u>	
Psychiatric	<u>0</u>	
OTHER SERVICES		
Electroencephalography	<u>0</u>	
Diagnostic Radioisotope	<u>0</u>	
CAT Scanner	<u>0</u>	
Radioisotope Therapy	<u>0</u>	
Radium Therapy	<u>0</u>	
Cobalt Therapy	<u>0</u>	
Chemotherapy	<u>0</u>	

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GENERAL

1. Where do the people who use the services of your facility live?
(List by community or region of the state, and the percentage of
the total number served) Cordova, Prince William Sound area

2. Seasonal fluctuations of admissions is of prime concern in Alaska,
please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>125+ 13 NB</u>	<u>255</u>	July	<u>147+ 1 NB</u>	<u>255</u>
Feb.	<u>69+ 5NB</u>	<u>249</u>	Aug.	<u>93+ 5NB</u>	<u>248</u>
Mar.	<u>86+ 7NB</u>	<u>279</u>	Sept.	<u>59+ 8NB</u>	<u>240</u>
Apr.	<u>59+ 7NB</u>	<u>261</u>	Oct.	<u> </u>	<u> </u>
May	<u>163+ 23NB</u>	<u>240</u>	Nov.	<u> </u>	<u> </u>
June	<u>107+ 3NB</u>	<u>222</u>	Dec.	<u> </u>	<u> </u>

3. Does your facility have difficulty meeting the current Fire/Life
Safety codes? x If yes, please describe Wooden structure

Do you have any other concerns about the physical structure of
your facility? please see attached list.

4. Are there any significant shortages of health personnel in your
facility? x Categories: Registered nurses
In your community? Categories:

5. Do you expect a significant impact on your facility since the
passage of HB 131, raising Revenue Sharing to \$250,000 for all
hospitals? yes What are the major reasons for your annual
shortfall? utilization or occupancy level - Also because of the isolated
area, the high cost of receiving equipment and supplies plus high cost of
having a technician (shop to shop salary plus air fare and lodging) to maintain
HEALTH CARE COSTS and repair equipment.

1. Have you implemented any efforts at cost containment? yes If so,
what type? joint purchasing; shared Bio-Medical personnel with
Anchorage hospital for repair of medical equipment. they are qualified to
repair. Employment of part time help in lieu of full time positions, etc.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)
- High overhead vs low occupancy rates
 - New medical technology
 - 1 Increases in staff salaries
 - Population increases
 - Increase in number of health manpower
 - Retrospective reimbursement by third party payers
 - Addition of new services
 - Federal government limit on payment for services
 - 2 Other) Increase cost of supplies and equipment.

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) yes-Adversely
-
- Please explain any other effects on your facility from C.O.N.
If CON must be - it should be limited to local planning.
-

HEALTH PLANNING

1. Are you involved with your HSA? x To what extent? Application for CON for renovation/new construction of the 26 year old plant.
2. Do you feel that the service area of your HSA is meaningful?
 If not, how would you like to see it changed?
-
3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? no Would you like to see the HSAs restructured?
 How?
 Would you like to see their priorities changed? How?
-
4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement(Please

specify):

Private Insurance Delay in Payment

Medicare Allowable cost does not acknowledge true cost. Detailed

Medicaid cost is very expensive for rural areas. If cost report not specific enough, they do not allow any cost in that specific area.

2. Do you have any comments on HB 41(State Comprehensive Health Plan)?

The comprehensive health insurance plan should cover those qualified individuals not otherwise covered, and those individuals who do have some insurance coverage, but does not provide adequate reimbursement for their care.

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No inpatient holding area available, except jail.

Outpatient? Yes

2. Are there other services in the community for the mentally ill?

No What needs of this group are not met locally that you feel are necessary? _____

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? Yes

Outpatient? Yes

4. Are there other services in the community for the drug/alcohol dependent? No What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- Preventive Health
- Health Education
- x Supervised volunteer program
- Birthing center
- Hospice services
- x Mental health services (Inpatient)

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your: FY 81-82
- Acute care and Long term care
- | | | |
|------------------------|------------|--|
| Revenue Budget | 1,142,963. | |
| Expenditure Budget | 1,207,615. | |
| Capital Budget | | |
| New Equipment purchase | 109,128. | |
2. What funding do you receive from the local level? \$ 26,000.
3. What funding do you receive from the state? \$250,000. revenue sharing

SERVICES

Cordova

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	215	
Obstetrical	195	
Newborn well care	75	
Intensive/cardiac care:		
Adult	140	
Pediatric	-	
Newborn	-	
Chemical dependency		
Thermal		
Psychiatric		
OTHER SERVICES		
Electroencephalography		
Diagnostic Radioisotope	NA	
CAT Scanner	NA	
Radioisotope Therapy	NA	
Radium Therapy	NA	
Cobalt Therapy	NA	
Chemotherapy		

OTHER SERVICES CON'T	CHARGE/DAY	CHARGE/STAY
Audiology	NA	
Clinical Psychologist		
Family Planning		
Open Heart Surgery	NA	
Inpatient Renal Dialysis	NA	
Inhalation Therapy		
Abortion(Inpatient)	NA	
Abortion(Outpatient)	NA	
Occupational Therapy	NA	
Physical Therapy		
Speech Therapy	NA	

Thank you for your time in preparing this questionnaire. Any other comments you wish to make on health care issues are welcomed:

Revenue sharing should continue as a primary funding resource for rural hospitals. (sole community provider)

CON for rural hospitals is unnecessary. CON applies to limited health facilities only-therefore is not effective.

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2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 1 High overhead vs low occupancy rates
- 5 New medical technology
- 2 Increases in staff salaries
- ? Population increases
- 7 Increase in number of health manpower
- 3 Retrospective reimbursement by third party payers
- 6 Addition of new services
- 4 Federal government limit on payment for services
- Other) _____

3. Do you feel that Certificate of Need has had any impact on cost containment?(please explain) Yes, an adverse effect. Number of man-hours in preparation and the expense of travel to Anchorage for hearings.
Please explain any other effects on your facility from C.O.N.

HEALTH PLANNING

1. Are you involved with your HSA? Not directly To what extent? _____

2. Do you feel that the service area of your HSA is meaningful? No
If not, how would you like to see it changed? Remove from Anchorage area

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? Yes Would you like to see the HSAs restructured? Yes
How? Separate rural and metropolitan - Have on site visits from committee members
Would you like to see their priorities changed? How? _____

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance _____
 Medicare _____
 Medicaid _____

2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?

THE COMMUNITY

1. Do you feel that your facility adequately meets local needs for the mentally ill:

Inpatient? No (We do now have a consulting Psychiatrist on staff so better
 Outpatient? No services can be developed).

2. Are there other services in the community for the mentally ill?
yes What needs of this group are not met locally that you feel are necessary? Name of the group is Central Peninsula Mental Health Center

3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:

Inpatient? No
 Outpatient? No

4. Are there other services in the community for the drug/alcohol dependent? Same as #2 What needs of this group are not met locally that you feel are necessary? _____

5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

_____ Preventive Health
 _____ Health Education
 _____ Supervised volunteer program
x _____ Birthing center Now being developed
 _____ Hospice services
 _____ Mental health services

Others to be considered in the future.

- Drug/alcohol services
- Support groups for individuals/families with specific health problems
- other _____

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	<u>3,608,296</u>	_____
Expenditure Budget	<u>3,504,768</u>	_____
Capital Budget	<u>n/a</u>	_____

Facility is operated under management contract and does not include Capital expense.

2. What funding do you receive from the local level? None

3. What funding do you receive from the state? Only 3rd party pay

SERVICES

C.P.

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	210.00/day	
Obstetrical	210.00/day	
Newborn well care	90.00/day	
Intensive/cardiac care:		
Adult	315.00/day	
Pediatric	315.00/day	
Newborn	n/a	
Chemical dependency	n/a	
Thermal	n/a	
Psychiatric	n/a	
OTHER SERVICES		
Electroencephalography	n/a	
Diagnostic Radioisotope	n/a	
CAT Scanner	n/a	
Radioisotope Therapy	n/a	
Radium Therapy	n/a	
Cobalt Therapy	n/a	
Chemotherapy	n/a	

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Fairbanks Memorial Hospital

1650 Cowles St.
FAIRBANKS, ALASKA 99701

OPERATED BY
LUTHERAN HOSPITALS AND HOMES SOCIETY
FARGO, NORTH DAKOTA 58102

August 20, 1981

Sen. Charlie Parr
Chairman
Health, Education and Social
Services Committee
Pouch B
Juneau, AK 99811

Dear Senator Parr:

Enclosed is the completed questionnaire which was mailed to Fairbanks Memorial Hospital. I hope that the answers I have supplied will assist the Senate HESS Committee in studying the health issues of concern to Alaskans.

If I can be of further assistance in providing information to assist your Committee with its work, please do not hesitate to call on me.

Sincerely,


Tom Minger
Administrator

/dm

GENERAL

1. Where do the people who use the services of your facility live? (List by community or region of the state, and the percentage of the total number served) Majority live in Northern Alaska. (Refer to Exhibits A & B for numbers and percentages of patients by region).

2. Seasonal fluctuations of admissions is of prime concern in Alaska, please list the number of patient days by month:

	ACUTE	LONG TERM		ACUTE	LONG TERM
Jan.	<u>3,436</u>	<u>N/A</u>	July	<u>3,187</u>	<u>N/A</u>
Feb.	<u>3,272</u>	<u>N/A</u>	Aug.	<u>2,941</u>	<u>N/A</u>
Mar.	<u>3,403</u>	<u>N/A</u>	Sept.	<u>3,004</u>	<u>N/A</u>
Apr.	<u>3,339</u>	<u>N/A</u>	Oct.	<u>2,896</u>	<u>N/A</u>
May	<u>3,019</u>	<u>N/A</u>	Nov.	<u>2,877</u>	<u>N/A</u>
June	<u>3,226</u>	<u>N/A</u>	Dec.	<u>2,917</u>	<u>N/A</u>

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? No If yes, please describe _____

Do you have any other concerns about the physical structure of your facility? No

4. Are there any significant shortages of health personnel in your facility? Yes Categories: Approximately 10% shortage of registered nurses in your community? Yes Categories: It is often difficult to obtain registered nurses. At times other specialized health care professionals (i.e. registered dietitians, clinical pharmacists) may be in short supply.

5. Do you expect a significant impact on your facility since the passage of HB 131, raising Revenue Sharing to \$250,000 for all hospitals? Yes What are the major reasons for your annual shortfall? Even though FMH does not run a deficit operation, it should be noted that no depreciation expense is accounted for; therefore, if this were the case, FMH would probably run a deficit.

HEALTH CARE COSTS

1. Have you implemented any efforts at cost containment? Yes If so, what type? Product Review Committee established to aid in cost effective purchasing, bid system for food supplies, silver recovery units in radiology department, reductions in non-patient care areas, re-evaluation of several maintenance contracts, emphasis on efficiency in staffing levels.

2. What is your estimation of the major causes of health care cost escalation? (Number in order of importance)

- 8 High overhead vs low occupancy rates
4 New medical technology
2 Increases in staff salaries
9 Population increases
6 Increase in number of health manpower
3 Retrospective reimbursement by third party payers
7 Addition of new services
5 Federal government limit on payment for services
1 Other) Regulations

3. Do you feel that Certificate of Need has had any impact on cost containment? (please explain) Yes. CON requires that a community plan

in an organized manner for new services.

Please explain any other effects on your facility from C.O.N.

CON application process can be extremely expensive, considering staff time

required. Can have negative effects on cost containment by requiring CON

application for items costing \$150,000 or more. (This could be better represented by increasing the level). Increased costs due to construction

HEALTH PLANNING delays are often a result of the lengthy review process.

1. Are you involved with your HSA? Yes To what extent? Member of Board of Directors.

2. Do you feel that the service area of your HSA is meaningful? Yes
 If not, how would you like to see it changed? _____

3. It seems likely that Federal regulation and support of HSAs will be discontinued, do you feel they should be maintained by the state? yes Would you like to see the HSAs restructured? Yes
 How? Flexibility to allow more provider representation on HSA boards.
 Would you like to see their priorities changed? How? Yes. Less emphasis on regulatory type organization and more on a supportive health planning organization.

4. What areas do you think are lacking in the current health planning?

INSURANCE

1. Does your facility have any problems with reimbursement (Please

specify):

Private Insurance See attachment

Medicare Pays fairly well at the present time.

Medicaid See attachment

- 2. Do you have any comments on HB 41 (State Comprehensive Health Plan)?
Believe that before implementation of HB 41 is accomplished that the Alaska Health Care Financing Study should be completed so that this might give some input into what services and/or needs are lacking in the state.

THE COMMUNITY

- 1. Do you feel that your facility adequately meets local needs for the mentally ill:
 Inpatient? Yes, for acute (short-stay) patients
 Outpatient? Outpatient services are generally not offered.

- 2. Are there other services in the community for the mentally ill?
Yes What needs of this group are not met locally that you feel are necessary? _____

- 3. Do you feel that your facility adequately meets local needs for the drug/alcohol dependent:
 Inpatient? Yes, for short-stay treatment
 Outpatient? Service not available

- 4. Are there other services in the community for the drug/alcohol dependent? Yes What needs of this group are not met locally that you feel are necessary? _____

- 5. If the support were there, would your facility develop more community health programs? (Indicate areas of interest)

- X Preventive Health
- X Health Education
- _____ Supervised volunteer program
- _____ Birthing center - hospital has birthing rooms
- _____ Hospice services
- X Mental health services

Drug/alcohol services
 Support groups for individuals/families with specific health problems
 other Home health care

BUDGET 1980 Budget

1. What is your:

	Acute care	Long term care
Revenue Budget	\$19,956,354	N/A
Expenditure Budget	\$19,626,849	N/A
Capital Budget	\$168,021	N/A

2. What funding do you receive from the local level? None. Only from the Hospital Foundation.

3. What funding do you receive from the state? State Revenue Sharing State Revenue Sharing Construction Fund

SERVICES

Please indicate what services are offered by your facility and the rate charged for that service:

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	\$195 semi-private	data n/a
Obstetrical	\$195	data n/a
Newborn well care	\$130	data n/a
Intensive/cardiac care:		
Adult	\$195/day & \$13/hr.	data n/a
Pediatric	\$195/day & \$13/hr.	data n/a
Newborn	\$130/day & \$14/hr.	data n/a
Chemical dependency	N/A	data n/a
Thermal (ICU burn patient)	\$195/day & \$13/hr.	data n/a
Psychiatric	\$195/day	data n/a
OTHER SERVICES		
Electroencephalography	\$140-\$205*	data n/a
Diagnostic Radioisotope	\$225-\$400*	data n/a
CAT Scanner	\$330-\$800*	data n/a
Radioisotope Therapy	N/A	data n/a
Radium Therapy	N/A	data n/a
Cobalt Therapy	N/A	data n/a
Chemotherapy	N/A	data n/a

* Physician charges included

Page three of Questionnaire

Private Insurance: Blue Cross has recently instituted a policy where they only pay provider once every two weeks. This can mean a holdup of up to six weeks for payment to be received by the provider. This creates a dramatic cash flow situation for the hospital.

Medicaid: There are problems with Medicaid being divided between Juneau and the outside data processing system. It is difficult to find exactly where a problem is in the system and/or where a claim is at any certain time.

FAIRBANKS MEMORIAL HOSPITAL

TOTAL PATIENTS BY REGION

January-June 1981

<u>Region</u>	<u>Number of Patients</u>	<u>Percent of Total</u>
Northern	4,518	96.39
Anchorage	29	.62
Norton Sound	10	.21
Cook Inlet	7	.15
Yukon-Kuskokwim	6	.13
Southeast	6	.13
Bristol Bay	1	.02
Copper River	1	.02
Aleutian Pribilofs	0	--
Kodiak	0	--
North Pacific Rim	0	--
Out-of-State	109	2.32

Source: Health Information Records Services (HIRS) Department, FMH

FAIRBANKS MEMORIAL HOSPITAL
EMERGENCY ROOM PATIENTS BY REGION
January-June 1981

<u>Region</u>	<u>No. of Patients</u>	<u>Percent of Total</u>
Northern	5,904	95.44
Anchorage	83	1.34
Cook Inlet	25	.40
Yukon-Kuskokwim	16	.26
Southeast	9	.15
North Pacific Rim	7	.11
Norton Sound	7	.11
Copper River	5	.08
Bristol Bay	2	.03
Kodiak	1	.02
Aleutian Pribilofs	0	--
Out-of-State	127	2.05

Source: Health Information Records Services (HIRS) Department, FMH

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