

LEG. FINANCE - BILLS 1979 - 1980 1162

HB 709 cont., thru HB 710 1162

SPA officials generally agreed with our findings. These officials, however, advised the subgrantee has been contacted and requested to furnish additional information and documentation, if any, to assist in resolving this finding.

Recommendation

We recommend the LEAA Seattle Regional Office require the SPA to provide the LEAA the data they used in resolving the finding. The LEAA should then review these data and, based on this review, obtain the appropriate refunds.

Detail 2.

Department of Health and Social Services - Action Subgrant 74-A-033

This subgrant for \$68,130 was awarded to the State of Alaska, Department of Health and Social Services (subgrantee) for its Misdemeanant Probation Program during the period March 1, 1975 to July 15, 1975, as amended. Our review disclosed that the subgrantee's accounting records did not support the expenditures claimed for consultant services and supplies and operating expenses. These expenditures were incurred in Anchorage and the subgrantee did not maintain subsidiary records or other supporting documentation identifying these costs in the State's accounting system. This resulted because the subgrantee did not comply with the State's accounting collation coding system or with the LEAA and SPA financial and administrative guidelines. Consequently, we question \$2,979.

LEAA and State guidelines require that entries in accounting records refer to subsidiary records or documentation which support the entry and which can be readily located.

The subgrantee reported total project costs of \$68,130 (Federal: \$61,286 and match \$6,844) on the final fiscal report. Costs for consultant services and supplies/operating expenses amounted to \$2,225 and \$754, respectively. We question these amounts, however, because adequate supporting documentation for these costs was not available at the subgrantee's location in Juneau. The only support the subgrantee had for these expenditures were data teletyped from Anchorage where the costs were incurred. There was no cost information available for review to indicate what the balances consisted of or how the costs were computed. As a result, we were unable to determine the reasonableness of the expenditures.

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Total project costs amounted to \$68,130. We have questioned \$2,979 and consider \$2,650 refundable to the SPA, as follows:

Total Project Costs		\$68,130
Less: Questioned Costs		
Consultants	\$2,225	
Supplies & Operating	<u>754</u>	<u>2,979</u>
Total Allowable Project Costs		<u>\$65,151</u>
Federal Participation Ratio		90%
Allowable Federal Share		58,636
Federal Funds Received		<u>61,286</u>
Refund Due the SPA		<u>\$ 2,650</u>

SPA officials, as of February 22, 1977, were still attempting to resolve the accounting problems.

Recommendation

We recommend the LEAA Seattle Regional Office require the SPA to: (i) require the subgrantee to comply with the recordkeeping requirements established by the LEAA and the SPA; (ii) obtain supporting documentation, if any, for the costs questioned; (iii) evaluate the costs to determine whether these costs are allowable and, if not, obtain the appropriate refund.

3. Alaska Court System - Action Subgrant 74-A-031

This subgrant for \$32,873 (Federal \$29,563 and match \$3,310) was awarded to the Alaska Court System (subgrantee) for its Judicial Information System for the period August 15, 1974 through August 31, 1975, as amended. Our review of this subgrant disclosed that the subgrantee: (i) charged personal services to the subgrant prior to the beginning of the subgrant period; and (ii) did not maintain time and attendance or equivalent records for contractual services. These conditions resulted because the subgrantee did not comply with State and LEAA guidelines. Consequently, we question \$1,832.

Federal guidelines require that costs incurred prior to the effective date of the grant (preagreement costs), whether or not they would have been allowable thereunder if incurred after such date, are allowable when specifically provided for in the grant agreement. Prior approval is required for preagreement costs either by inclusion in the grant or subgrant application and award or by separate submission and approval. State Planning

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MEMORANDUM

State of Alaska

TO: Ron Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: February 26, 1980

FILE NO:

Helen D. Beirne

TELEPHONE NO: 465-3030

FROM: Helen D. Beirne, Commissioner
Department of Health & Social Services

SUBJECT: Revised Miscellaneous Claims
Supplemental - Department of
Health & Social Services

The Department of Health and Social Services requests that HB 709 (the Miscellaneous Claims Supplemental) be amended based on the revised listing of miscellaneous claims.

The total amount requested is ~~\$6,687.86~~ state general funds.

\$2650.00

\$9337.86

Attachments

RECEIVED

FEB 26 1980

Budget and Management

	1	2	3	4	5
	BRU/COMPONENT	VENDOR	INVOICE	DATE	AMOUNT
1	FAMILY HEALTH/HANDICAPPED CHILDREN	DR. MOSS	382128A	7/27/79	87.00
2		"	362127A	9/17/79	68.50
3		CHILDRENS ORTHOPEDIC	806090B	10/3/79	65.00
4		ALASKA TREATMENT CNTR	247926A	1/17/77	17.00
5		"	247927A	1/17/77	4.00
6		"	247928A	1/17/77	19.00
7		"	247929A	1/17/77	24.00
8		"	247930A	1/17/77	19.00
9		"	247874A	1/18/77	8.00
10		"	247875A	1/18/77	24.00
11		"	247876A	1/18/77	26.00
12		"	251237I	1/18/77	20.00
13		PROVIDENCE HOSPITAL	816691B	9/24/79	88.00
14		ALASKA OPTICIANS	08951	3/3/77	211.00
15		PHIBANKS MEDICAL	479496A	10/27/77	23.00
16		CHILDRENS ORTHOPEDIC	544.48	11/8/75	2646.45
17		BARTLET HOSPITAL	557675	5/31/76	23.30
18	JUVENILE CONF/FOSTER CARE	KENNI MED CENTER	96468A	2/29/76	92.18
19					
20	JUVENILE CONF/INST CARE	PROFESSIONAL COUNSELING		4/14/77	45.00
21		MASTELLA, MD		10/3/77	100.00
22					
23	JUVENILE CONF/MCLAUGHLIN	PROVIDENCE HOSPITAL		10/27/77	356.50
24		"		10/27/77	420.50
25		"		10/27/77	24.50
26					
27	ADULT CONF/EMBLE RIVER	TRAVEL CENTER		10/24/77	347.78
28		"		10/19/77	686.00
29		"		12/14/77	158.20
30					
31	ADULT CONF/ANCH ANNOX	ANCH FRACTURE CLINIC		FY78	124.00
32					
33	PROBATION + PAROLE / 1ST DIST	WARRENS SHOES		FY77, FY78	112.36
34					
35	DOC DIRECTORS OFFICE	BARTLETT HOSPITAL		5/13/77	76.25
36		F-STOP PHOTO			15.40
37		"			54.00
38					
39	P.A. ELIG/ELIQUILITY DETR	U.S. CIVIS SERVICE	87000216	7/14/79	105.00
40		YUKON OFFICE SUPPLY	57328	1/4/77	26.03
41		"	F14875	5/31/77	18.29
42		"	K98296	5/26/77	19.62
1					
2	COMM MH SERVICES/EMERY HOSPITAL	SEWARD GEN HOSP	563165B	3/22/77	173.00
3					
4					
5					
6					
7	TOTAL				6687.86
8					

155
 Memo
 1829
 19.62
 173.00

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

No. 382128



06

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER <i>Crippled Childrens Services</i>		RACE <i>W</i>	NAME OF PROVIDER KENNETH W. MOSS, M.D. P.O. Box 3-3000 Juneau, Alaska 99802	
NAME OF PATIENT <i>[REDACTED]</i>			ELIG. CODE <i>30P</i>	PROVIDER ID NO. <i>KWM 996</i>
DATE OF BIRTH <i>4/22/68</i>	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	RESOURCE <i>X</i>	PAYEE ID NO. (if different from above) <i>BMH 581</i>	
CASE NO.				

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST <i>Seizure - R/O Epilepsy</i>		PRIMARY <i>780</i>
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable)
COMMENTS		REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC CODE	CHARGE	STATE USE ONLY
<i>07/26/77</i>	<i>OH</i>	<i>Encephalography</i>		<i>87.00</i>	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	
DD DOCTOR'S OFFICE		MEDICARE PAID	OTHER INS.	TOTAL	
IL INDEPENDENT LAB.					
H PATIENT'S HOME					
IM INPATIENT HOSPITAL					
OL OTHER LOCATIONS					
NH NURSING HOME					
ECF EXTENDED CARE FACILITY					
OH OUTPATIENT HOSPITAL					
				LESS	
				UNPAID BALANCE	
				<i>87.00</i>	

PROVIDER CERTIFICATION

<p>"THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."</p> <p>TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS</p>	REMARKS: <i>This was originally submitted as 87.50</i> <i>\$87.00</i>
	<p>PROVIDER'S SIGNATURE <i>[Signature]</i> DATE <i>9-27-79</i></p>
RESUBMITTAL INDICATOR	MEDICAL REVIEW

POUCH H
JUNEAU AK 99811

STATE OF ALASKA

15 PROVIDER REF. 9018568

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 382127

06

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER: <i>Crippled Children's Services</i>		RACE <i>W</i>	NAME OF PROVIDER KENNETH W. MOSS, M.D. P.O. Box 3-3000 Juneau, Alaska 99802	
NAME OF PATIENT <i>[REDACTED]</i>			ELIG. CODE <i>35 P</i>	PROVIDER ID. NO. <i>KWM 996</i>
DATE OF BIRTH <i>4/22/68</i>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RESOURCE <input checked="" type="checkbox"/>	PAYEE ID NO. (if different from above) <i>BMH 581</i>	
CASE NO.				

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST <i>Bilateral Otitis Media Acute</i>		PRIMARY <i>381</i>
<i>Bronchitis</i>		SECONDARY <i>490</i>
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable) <i>05113</i>
COMMENTS:		REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC CODE	CHARGE	STATE USE ONLY
<i>10/04/77</i>	<i>DO</i>	<i>Off. Visit Est Pat</i>	<i>90060</i>	<i>25.00</i>	
		<i>Supply</i>	<i>90030</i>	<i>2.25</i>	
		<i>dilantin</i>	<i>90705</i>	<i>41.75</i>	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	
DO DOCTOR'S OFFICE	MEDICARE PAID	OTHER INS.	TOTAL	<i>68.50</i>	
IL INDEPENDENT LAB.				LESS	
H PATIENT'S HOME					
IH INPATIENT HOSPITAL					
OL OTHER LOCATIONS	MEDICARE CO-INS	MEDICARE DEDUCT	TOTAL		
NH NURSING HOME					
ECF EXTENDED CARE FACILITY					
OH OUTPATIENT HOSPITAL				UNPAID BALANCE	<i>68.50</i>

PROVIDER CERTIFICATION

<p>"THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."</p> <p>TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.</p>	REMARKS:
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STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

06 P

HEALTH CARE FACILITY INVOICE

NO. 806090

20 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Handicapped Children's Program		RACE N	NAME OF PROVIDER Children's Orthopedic Hospital and Medical Center	
NAME OF PATIENT [REDACTED]			4800 Sand Point Way, N.E. Seattle, Washington 98105	
DATE OF BIRTH 08 / 29 / 71	SEX: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	ELIG. CODE 30P	PROVIDER ID NO.	CATEGORY 02
CASE NUMBER	RESOURCE X	PAYEE ID NO. (if different from above)		
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			ATTENDING PHYSICIAN	ID NO.
COMMENTS:			SERVICE PRE-AUTHORIZATION NO. (if applicable)	

DIAGNOSIS AND PROCEDURES

21 DATE OF ADMISSION _ / _ / _	REF. CODE	SVC UNIT	PRIMARY DIAGNOSIS <i>Amputated</i>	CODE 345
BILLING PERIOD 9 / 27 / 77 - 1 / 1 / _	TOT. DAYS	SECONDARY DIAGNOSIS		CODE
DATE OF DISCHARGE _ / _ / _	DIS. CODE	PRIMARY PROCEDURE PERFORMED		CODE
CONSULTING PHYSICIAN	ID NO.	SECONDARY PROCEDURE PERFORMED		CODE

STATEMENT OF SERVICES RENDERED

PROVIDER CERTIFICATION

	BLOOD PINTS FURNISHED	PINTS REPLACED	NOT REPLACED	CHARGE PER PINT	CHARGE
1					
	ACCOMMODATION		DAYS	RATE	
2	1 BED				
3	2 BEDS				
4	3 OR MORE BEDS				
5	INTENSIVE CARE				
6	SELF CARE				
7	NURSERY				
8	OPERATING ROOM				
9	ANESTHESIA				
10	OUTPATIENT SERVICES		EEG		65.00
11	BLOOD ADMINISTRATION				
12	PHARMACY				
13	RADIOLOGY				
14	LABORATORY				
15	MEDICAL & SURGICAL SUPPLIES				
16	PHYSICAL THERAPY				
17	OCCUPATIONAL THERAPY				
18	SPEECH THERAPY				
19	INHALATION THERAPY				
20	OTHER (SPECIFY)				
21					
22					

" THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, HANDICAP OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."

TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

PROVIDER'S SIGNATURE: *Phyllis Spencer*

DATE: October 3, 1977

REMARKS:

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF MEDICAL ASSISTANTS
OCT 07 1977

RESUBMITTAL INDICATOR	MEDICAL REVIEW
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COORDINATION OF OTHER BENEFITS

	OTHER BENEFITS		MEDICARE	
	MEDICARE PAID	INSURANCE OR OTHER PAY.	CO-INS.	DED.
21				
22				
TOTAL				

TOTAL CHARGE	65.00	LESS		AMOUNT BILLED	65.00
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DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 247926

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Crippled Children's Service		RACE	NAME OF PROVIDER Alaska Treatment Center	
NAME OF PATIENT [REDACTED]			3710 East 20th Avenue Anchorage, Alaska 99504	
DATE OF BIRTH 2 / 27 / 71	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PROVIDER ID. NO. PAT. 372	CATEGORY
CASE NO.	RESOURCE SC	PAYEE ID NO. (if different from above) N/A 964		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES			DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia			PRIMARY
			SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERVICE PRE-AUTHORIZATION NO. (if applicable) 07087
COMMENTS			REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE*	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC CODE	CHARGE	STATE USE ONLY		
9-24-76	OL	Physical Therapy 2 units	97240	8.00			
9-22-76	OL	Physical Therapy 2 units	97240	2.00			
9-23-76	OL	Physical Therapy 2 units	97240	2.00			
9-21-76	OL	Physical Therapy 3 units	97240	3.00			
9-22-76	OL	Physical Therapy 2 units	97240	2.00			
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	17.00		
DO DOCTOR'S OFFICE		MEDICARE PAID	OTHER INS	TOTAL			
IL INDEPENDENT LAB.							
H PATIENT'S HOME							
IH INPATIENT HOSPITAL							
OL OTHER LOCATIONS							
NH NURSING HOME		MEDICARE CO INS	MEDICARE DEDUCT	TOTAL			
ECP EXTENDED CARE FACILITY							
OH OUTPATIENT HOSPITAL							
				UNPAID BALANCE			

PROVIDER CERTIFICATION

I DO COMPLETE AND IS IN COMPLIANCE WITH EXCLUSION OR DISCRIMINATION ON THE BASIS OF THAT PAYMENT AND SATISFACTION OF MY FALSE CLAIMS, STATEMENTS OR DOCUMENTED UNDER APPLICABLE FEDERAL OR STATE

REMARKS

Page 4 of 5 pages

DATE 1-17-77

PFSUBMITTAL INDICATOR

MEDICAL REVIEW

06

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 247927

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10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Crippled Children's Service			NAME OF PROVIDER Alaska Treatment Center 3710 East 20th Avenue Anchorage, Alaska 99504	
NAME OF PATIENT [REDACTED]		RACE W	PROVIDER ID NO. VSA 772	
DATE OF BIRTH 1 / 27 / 71	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE TOP	CATEGORY	
CASE NO.	RESOURCE X	PAYEE ID NO. (if different from above) AK: 964		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (ICD-9)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia		PRIMARY
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable) 07007
COMMENTS.		REFERRING OR CONSULTING PHYSICIAN

11 SERVICES RENDERED		COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	79.00			
DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC CODE	CHARGE	STATE USE ONLY			
9-24-76	OT.	Physical Therapy 2 units	97240	2.00				
9-28-76	OT.	Physical Therapy 2 units	97240	2.00				
		Brought forward from pages 1, 2, 3, 4						
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		LESS	NONE			
DO DOCTOR'S OFFICE	IL INDEPENDENT LAB	MI MEDICARE PAID	OT OTHER INS					
PH PATIENT'S HOME	IM INPATIENT HOSPITAL	TOTAL						
OL OTHER LOCATIONS	NH NURSING HOME	ME MEDICARE COINS	ME MEDICARE BENEFIT					
ECP EXTENDED CARE FACILITY	OH OUTPATIENT HOSPITAL	TOTAL						
				UNPAID BALANCE	83.00			

PROVIDER CERTIFICATION

<p>THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PROHIBITS EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.</p> <p>TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS</p>		REMARKS: <i>Pages 5 of 5 pages</i>	
PROVIDER'S SIGNATURE	DATE	RESUBMITAL INDICATOR	MEDICAL REVIEW
	1-17-77		

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DEPARTMENT OF HEALTH & SOCIAL SERVICES
OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 247928

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Crippled Children's Service		RACE W	NAME OF PROVIDER Alaska Treatment Center	
NAME OF PATIENT [REDACTED]			3710 East 20th Avenue Anchorage, Alaska 99504	
DATE OF BIRTH 2 / 27 / 71	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PROVIDER ID. NO. VAT, 372	CATEGORY
CASE NO.	RESOURCE X	PAYEE ID NO. (if different from above) ATL 064		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia		PRIMARY
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable) 07087
COMMENTS:		REFERRING OR CONSULTING PHYSICIAN

11 SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1967 FVS PROC CODE	CHARGE	STATE USE ONLY		
10-5-76	OH	Physical Therapy 4 units	97240	4.00			
10-6-76	OH	Physical Therapy 2 units	97240	2.00			
10-1-76	OH	Physical Therapy 2 units	97240	8.00			
10-8-76	OH	Physical Therapy 1 unit	97240	4.00			
10-9-76	OH	Physical Therapy 1 unit	97240	1.00			
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	19.00		
DO DOCTOR'S OFFICE	IL INDEPENDENT LAB	ME DICARE PAID	OTHER INS	TOTAL	LESS	NONE	
H PATIENT'S HOME	IM INPATIENT HOSPITAL	ME DICARE CO INS	ME DICARE DEFICI	TOTAL			
OL OTHER LOCATIONS	NH NURSING HOME				UNPAID BALANCE		
ECF EXTENDED CARE FACILITY	OH OUTPATIENT HOSPITAL						

PROVIDER CERTIFICATION

THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS	REMARKS <i>Page 1 of 5 pages</i> JUL 27 1976 ALASKA DEPARTMENT OF HEALTH & SOCIAL SERVICES
	PROVIDER'S SIGNATURE _____ DATE 1-17-76



PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
UPON OR AUTHORIZATION NUMBER			NAME OF PROVIDER	
Crippled Children's Service NAME OF PATIENT		RACE	Alaska Treatment Center 3710 East 20th Avenue Anchorage, Alaska 99504	
DATE OF BIRTH	SEX	ELIG. CODE	PROVIDER ID. NO.	CATEGORY
2 / 27 / 71	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	30P	AT, 372	
CASE NO.	RESOURCE	PAYEE ID NO. (if different from above)		
	X	ATC 964		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST		PRIMARY
Hemophilia		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable)
COMMENTS:		07007
		REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 PVS PROC CODE	CHARGE	STATE USE ONLY
10-11-76	OT	Physical Therapy 2 units	97240	2.00	
10-12-76	OT	Physical Therapy 2 units	97240	2.00	
10-14-76	OT	Physical Therapy 4 units	97240	4.00	
10-15-76	OT	Physical Therapy 2 units	97240	3.00	
10-22-76	OT	Physical Therapy 2 units	97240	3.00	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	24.00
DD DOCTOR'S OFFICE	IL INDEPENDENT LAB	ME DICARE PAID	OTHER INS	TOTAL	
H PATIENT'S HOME	IH INPATIENT HOSPITAL				
OL OTHER LOCATIONS	NH NURSING HOME	ME DICARE CO INS	ME DICARE REDUCT	TOTAL	
ECF EXTENDED CARE FACILITY	OH OUTPATIENT HOSPITAL				
				UNPAID BALANCE	

PROVIDER CERTIFICATION

Page 2 of 5 pages

THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS	REMARKS
	PROVIDER'S SIGNATURE <u>Terrence M. [unclear]</u> DATE <u>1-17-77</u>
RESUBMITTAL INDICATOR	MEDICAL REVIEW

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 247930



PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION		
COUPON OR AUTHORIZATION NUMBER Crippled Children's Service			NAME OF PROVIDER Alaska Treatment Center 3710 East 20th Avenue Anchorage, Alaska 99504		
NAME OF PATIENT [REDACTED]		RACE	ELIG. CODE 300	PROVIDER ID. NO. AL 372	CATEGORY
DATE OF BIRTH 2 / 27 / 71	SEX M <input type="checkbox"/> F <input type="checkbox"/>	RESOURCE	PAYEE ID NO. (if different from above) ALC 064		
CASE NO.					

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia		PRIMARY
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable) 07007
COMMENTS		REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1967 PVS PROC CODE	CHARGE	STATE USE ONLY
10-25-76	OH	Physical Therapy 1 unit	97240	4.00	
10-22-76	OH	Physical Therapy 1 unit	97240	1.00	
10-13-76	OH	Physical Therapy 4 units	97240	4.00	
10-20-76	OH	Physical Therapy 6 units	97240	6.00	
10-21-76	OH	Physical Therapy 4 units	97240	4.00	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	19.00
DO DOCTOR'S OFFICE		MEDICARE PAID	OTHER INS	TOTAL	
IL INDEPENDENT LAB					
H PATIENT'S HOME					
IN INPATIENT HOSPITAL					
OL OTHER LOCATIONS					
NH NURSING HOME					
ECF EXTENDED CARE FACILITY					
OH OUTPATIENT HOSPITAL					
				LESS	NOTE
				UNPAID BALANCE	

PROVIDER CERTIFICATION

<p>"THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."</p> <p>TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS</p>	REMARKS <i>Page 3 of 5 pages</i>
	<p>PROVIDER'S SIGNATURE _____ DATE <u>1-17-77</u></p>
RESUBMITTAL INDICATOR	MEDICAL REVIEW

A

PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Crippled Children's Service			NAME OF PROVIDER Alaska Treatment Center 3710 East 29th Avenue Anchorage, Alaska 99504	
NAME OF PATIENT [REDACTED]		RACE W	PROVIDER ID. NO. VBI, 372	CATEGORY
DATE OF BIRTH 2 / 27 / 71	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30 P		
CASE NO.	RESOURCE X	PAYEE ID NO. (if different from above) APC 964		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia		PRIMARY
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable) 07087
COMMENTS:		REFERRING OR CONSULTING PHYSICIAN

Traced 9/25

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1967 RVS PROC CODE	CHARGE	STATE USE ONLY		
10-25-76	OL	Physical Therapy 3 units	97240	3.00			
10-29-76	OL	Physical Therapy 1 unit	97240	1.00			
10-29-76	OL	Physical Therapy 1 unit	97240	4.00			
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	8.00		
DO DOCTOR'S OFFICE		MEDICARE PAID	OTHER INS.	TOTAL			
IL INDEPENDENT LAB.							
H PATIENT'S HOME							
IN INPATIENT HOSPITAL							
OL OTHER LOCATIONS							
NH NURSING HOME		MEDICARE CO-INS.	MEDICARE DEDUCT.	TOTAL			
ECF EXTENDED CARE FACILITY							
OH OUTPATIENT HOSPITAL							
				UNPAID BALANCE			

PROVIDER CERTIFICATION

Page 4 of 5 pages

<p>THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.</p> <p>TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS</p>	REMARKS	
	<p>PROVIDER'S SIGNATURE _____ DATE 1-18-76</p>	<p>RESUBMITTAL INDICATOR</p>

06

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 247875



10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Crisis Children's Service		RACE W	NAME OF PROVIDER Alaska Treatment Center 3710 East 20th Avenue Anchorage, Alaska 99504	
NAME OF PATIENT [REDACTED]			PROVIDER ID. NO. VAL 372	
DATE OF BIRTH 2 / 27 / 71	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PAYEE ID NO. (if different from above) ATC 964	CATEGORY
CASE NO.	RESOURCE X			

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES			DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST Hemophilia			PRIMARY
			SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERVICE PRE AUTHORIZATION NO. (if applicable) 07067
COMMENTS			REFERRING OR CONSULTING PHYSICIAN

Tracer 9/25

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 PVS PROC CODE	CHARGE	STATE USE ONLY
11-3-76	OH	Physical Therapy 4 units	07240	4.00	
11-8-76	OH	Physical Therapy 6 units	07240	6.00	
11-5-76	OH	Physical Therapy 3 units	07200	8.00	
11-5-76	OH	Physical Therapy 2 units	07240	2.00	
11-8-76	OH	Physical Therapy 4 units	07240	4.00	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	24.00
DO DOCTOR'S OFFICE	IL INDEPENDENT LAB.	MEDICARE PAID	OTHER INS.	TOTAL	
H PATIENT'S HOME	IH INPATIENT HOSPITAL				
OL OTHER LOCATIONS	NH NURSING HOME	<i>through government from pages 1, 2, 3, 4</i>			
ECC EXTENDED CARE FACILITY	OH' OUTPATIENT HOSPITAL				
				LESS	NONE
					70.00
				UNPAID BALANCE	94.00

PROVIDER CERTIFICATION

5 pages

MEDICAL REVIEW	
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06

10		PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER		NAME OF PATIENT		RACE	NAME OF PROVIDER	
Cripple Children's Service		[REDACTED]		17	Alaska Treatment Center 1710 East 20th Avenue Anchorage, Alaska 99504	
DATE OF BIRTH		SEX	ELIG. CODE	PROVIDER ID NO.	CATEGORY	
2 / 22 / 71		M <input type="checkbox"/> F <input type="checkbox"/>	30P	7761 372		
CASE NO.		RESOURCE		PAYEE ID NO. (if different from above)		
		X		210 264		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT. 1)
LIST PRIMARY DIAGNOSIS FIRST		PRIMARY
Hemiplegia		
		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable)
COMMENTS:		07087
		REFERRING OR CONSULTING PHYSICIAN

11		SERVICES RENDERED				
DATE OF SERVICE	PLACE OF SERVICE *	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 PVS PROC CODE	CHARGE	STATE USE ONLY	
11-10-76	OL	Physical Therapy 4 units	97240	4.00		
11-15-76	OL	Physical Therapy 6 units	97240	6.00		
11-17-76	OL	Physical Therapy 2 units	97240	8.00		
11-24-76	OL	Physical Therapy 2 units	97240	2.00		
11-29-76	OL	Physical Therapy 6 units	97240	6.00		
TOTAL			TOTAL CHARGE	26.00		
MINUS OTHER BENEFITS			LESS	NONE		
TOTAL			UNPAID BALANCE			

PROVIDER CERTIFICATION

AND COMPLETE AND IS IN COMPLIANCE WITH
S. EXCLUSION OR DISCRIMINATION ON THE
AND THAT PAYMENT AND SATISFACTION OF
ANY FALSE CLAIMS, STATEMENTS OR DOCU-
CATED UNDER APPLICABLE FEDERAL OR STATE

REMARKS:

Page 1 of 4 pages

PROVIDER'S SIGNATURE

DATE 1-12-77

RESUBMITTAL INDICATOR

MEDICAL REVIEW

06

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER			NAME OF PROVIDER	
Crissted Children's Service		W	Alaska Treatment Center	
NAME OF PATIENT			3710 East 20th Avenue	
DATE OF BIRTH		ELIG. CODE	PROVIDER ID. NO.	CATEGORY
3 / 21 / 71		30P	W21, 372	
CASE NO.	RESOURCE	PAYEE ID NO. (if different from above)		
	Y	W21, 372		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		DIAGNOSIS CODE (OPT.)
LIST PRIMARY DIAGNOSIS FIRST		PRIMARY
Hemophilia		SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable)
COMMENTS.		07087
		REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE*	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC CODE	CHARGE	STATE USE ONLY
12-1-76	OH	Physical Therapy 2 units	97240	2.00	
12-3-76	OH	Physical Therapy 2 units	97240	3.00	
12-3-76	OH	Physical Therapy 2 units	97240	2.00	
12-8-76	OH	Physical Therapy 4 units	97240	4.00	
12-13-76	OH	Physical Therapy 4 units	97240	4.00	
*PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	10.00
DO DOCTOR'S OFFICE		ME. DICARE PAID	OTHER INS.	TOTAL	
IN INDEPENDENT LAB.					
II PATIENT'S HOME					
III INPATIENT HOSPITAL					
IV OTHER LOCATIONS					
V NURSING HOME		ME. DICARE CO. INS.	ME. DICARE OTHER 1	TOTAL	
ECF EXTENDED CARE FACILITY					
OH OUTPATIENT HOSPITAL					
				UNPAID BALANCE	

PROVIDER CERTIFICATION

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<p>PROVIDER'S SIGNATURE _____ DATE 1-18-77</p>		<p>Page 3 of 4 pages</p>	
		PERMISSIBLE MEDICATION	MEDICAL REVIEW

Caronde

POUCH II-07
JUNEAU AK 99811

25 PROVIDER REF. 966-150

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

06

HEALTH CARE FACILITY INVOICE

NO. 816691

20 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Child Development Services			NAME OF PROVIDER Providence Hsopital	
NAME OF PATIENT 		RACE N		
DATE OF BIRTH 03 / 24 / 70	SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PROVIDER ID NO. PRH 409	CATEGORY 02
CASE NUMBER	RESOURCE X	PAYEE ID NO. (if different from above)		
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ATTENDING PHYSICIAN Tower		ID NO.
COMMENTS:		SERVICE PRE-AUTHORIZATION NO. (if applicable) 02398		

DIAGNOSIS AND PROCEDURES

21 DATE OF ADMISSION 01 / 26 / 76	REF. CODE 3	SVC UNIT 5	PRIMARY DIAGNOSIS Urine analysis T-4 Uptake CBC	CODE 788
BILLING PERIOD 01 / 26 / 76 01 / 26 / 76	TOT. DAYS	SECONDARY DIGANOSIS Bone Age	CODE 788	
DATE OF DISCHARGE 01 / 26 / 76	DIS. CODE 1	PRIMARY PROCEDURE PERFORMED Outpatient care	CODE 90290	
CONSULTING PHYSICIAN	ID NO.	SECONDARY PROCEDURE PERFORMED	CODE	

STATEMENT OF SERVICES RENDERED

	BLOOD PINTS FURNISHED	PINTS REPLACED	NOT REPLACED	CHARGE PER PINT	CHARGE
1					
	ACCOMMODATION		DAYS	RATE	
2	1 BED				
3	2 BEDS				
4	3 OR MORE BEDS				
5	INTENSIVE CARE				
6	SELF CARE				
7	NURSERY				
8	OPERATING ROOM				
9	ANESTHESIA				
10	OUTPATIENT SERVICES				
11	BLOOD ADMINISTRATION				
12	PHARMACY				
13	RADIOLOGY				54.00
14	LABORATORY				34.00
15	MEDICAL & SURGICAL SUPPLIES				
16	PHYSICAL THERAPY				
17	OCCUPATIONAL THERAPY				
18	SPEECH THERAPY				
19	INHALATION THERAPY				
20	OTHER (SPECIFY)				

PROVIDER CERTIFICATION

" THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, HANDICAP OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."

TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

PROVIDER'S SIGNATURE *John E. O'Connell*

DATE *9/26/76*

REMARKS:

RESUBMITTAL INDICATOR	MEDICAL REVIEW
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COORDINATION OF OTHER BENEFITS

OTHER BENEFITS	MEDICARE
INSURANCE OR OTHER PAY.	CO-INS.
	DED.

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
 POUCH H 06B JUNEAU, ALASKA 99811
 SECTION OF FAMILY HEALTH

AUTHORIZATION NO.

08951

*TO Alaska Opticians
 2820 C St.
 Address Anchorage, Alaska 99503

DATE March 3, 1977

Authorization is given to provide the following services, supplies, or equipment to:

Patient

Birthdate: 9/14/74

Address Fairbanks

Code: NRO-ENT-App1.

DATE(S) SERVICE RENDERED	DESCRIPTION OF SERVICE (ITEMIZE)	PRICE
4/26/77	Bilateral Hearing Aids as ordered by Keith Gish	
	2 Phonic Ear Hearing Aids Mdl #801 S#58801 & 58802	586.00
5/5/78	CHAMPUS PAID I certify that this is a just and proper bill Balance due and hereby authorize the Department Certifying Officer to effect payment of same.	-375.00 \$211.00 ✓
<p><i>J. Copley</i> Signature _____ Date _____</p> <p>06-31-1-427-733-#495-4-359 8-Digit Account Code 3-Digit Object Code</p>		
<p>CA #9630</p> <p>Please submit claims first to: CHAMPUS P.O. Box 327 Seattle, Wash 98117</p> <p>Subscriber: Case or Remarks </p>		

This Department will assume only those charges not covered by the insurance. Handicapped Children's Program will not be responsible for collecting benefits paid by the insurance company directly to the insured.

RECEIVED
 HANICAPPED CHILDREN'S PROGRAM
 ADMINISTRATIVE SERVICES SECTION
 MARCH 27 1977
 FINANCIAL OPERATIONS SECTION

Authorized by PROGRAM REPRESENTATIVE HANICAPPED CHILDREN'S PROGRAM

IMPORTANT NOTICE TO VENDOR

If UNABLE to fill order, this authorization must be returned to DEPARTMENT OF HEALTH and WELFARE, DIVISION of PUBLIC HEALTH, SECTION OF FAMILY HEALTH.

PATIENT FILE COPY

2

DEPARTMENT OF HEALTH & SOCIAL SERVICES

OUTPATIENT HOSPITAL • PRACTITIONER • HOME HEALTH AGENCY INVOICE

NO. 479496 A

06 P

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
AUTHORIZATION NUMBER HCP - 08351		RACE W	NAME OF PROVIDER FAIRBANKS MEDICAL SURGICAL CLINIC	
NAME OF PATIENT			JAMES H. JORDAN M.D.	
DATE OF BIRTH 12/16/70	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PROVIDER I.D. NO. HJJ467	CATEGORY 05
CASE NO. 06-31-1-425-735-95-4-358		RESOURCE F	PAYEE I.D. NO. (IF DIFFERENT FROM ABOVE) FMS881	

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSIS			DIAGNOSIS CODE
LIST PRIMARY DIAGNOSIS FIRST CONGENITAL ANOMALIES OF HEART			PRIMARY 746
			SECONDARY
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SERVICE PRE-AUTHORIZATION NUMBER (IF APPLICABLE)
COMMENTS:			REFERRING OR CONSULTING PHYSICIAN

SERVICES RENDERED

DATE OF SERVICE	PLACE OF SERVICE	DESCRIPTION OF MEDICAL OR SURGICAL PROCEDURE	1969 RVS PROC. CODE	CHARGE	STATE USE ONLY
02777	DO	BRIEF EET-EST	90040	20.00	
02777	DO	LIMITED EET-EST	90050	26.50	
02777	DO	EKG	93000	49.50	
02777	DO	BLOOD COUNT, COMPLETE	35010	17.00	
* PLACE OF SERVICE		12 COORDINATION OF OTHER BENEFITS		TOTAL CHARGE	113.00
DOCTORS OFFICE		MEDICARE PAID	OTHER INS.	TOTAL	
INDEPENDENT LAB.					
PATIENTS HOME					
INPATIENT HOSPITAL					
OTHER LOCATION					
NURSING HOME		MEDICARE CO-INS.	MEDICARE DEDUCT	TOTAL	
EXTENDED CARE FACILITY					
OUTPATIENT HOSPITAL					
				LESS	90.00
				UNPAID BALANCE	23.00

PROVIDER CERTIFICATION

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE, AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUND OF RACE, COLOR, HANDICAP, OR NATIONAL ORIGIN. I UNDERSTAND THAT THE GOVERNMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS; AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS." TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

REMARKS:

PROVIDER NATURE: *[Signature]* DATE: 11/30/79

RESUBMITTAL INDICATOR: MEDICAL REVIEW:

06 P

HEALTH CARE FACILITY INVOICE

NO. 544248

20 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION		
COUPON OR AUTHORIZATION NUMBER Crippled Children's Services		RACE N	NAME OF PROVIDER Children's Orthopedic Hospital and Medical Center 4800 Sand Point Way, N.E. Seattle, Washington 98105		
NAME OF PATIENT XXXXXXXXXXXX			PROVIDER ID NO. CCH 434	CATEGORY 01	
DATE OF BIRTH 3 / 17 / 73	SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	ELIG. CODE 30P	PAYEE ID NO. (if different from above)	ATTENDING PHYSICIAN S.W. Dassel	ID NO.
CASE NUMBER	RESOURCE X	SERVICE PRE-AUTHORIZATION NO. (if applicable) 01214			
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
COMMENTS:					

DIAGNOSIS AND PROCEDURES

21 DATE OF ADMISSION 11 / 18 / 75	REF. CODE	SVC UNIT	PRIMARY DIAGNOSIS Possible Meckel's Disease, Viral Syndrome	CODE 751
BILLING PERIOD 11 / 13 / 75 to 12 / 3 / 75	TOT. DAYS 1513	SECONDARY DIGANOSIS Juvenile Polyps S/P Excision		CODE
DATE OF DISCHARGE 12 / 3 / 75	DIS. CODE	PRIMARY PROCEDURE PERFORMED Exploratory laparotomy & Colotomy with removal of polyps		CODE 44320
CONSULTING PHYSICIAN None	ID NO.	SECONDARY PROCEDURE PERFORMED		CODE

STATEMENT OF SERVICES RENDERED

PROVIDER CERTIFICATION

	BLOOD PINTS FURNISHED	PINTS REPLACED	NOT REPLACED	CHARGE PER PINT	CHARGE
1					
	ACCOMMODATION		DAYS	RATE	
2	1 BED	1		115.00	115.00
3	2 BEDS ON PASS	2		No Charge	
4	3 OR MORE BEDS	12		110.00	1320.00
5	INTENSIVE CARE				
6	SELF CARE				
7	NURSERY				
8	OPERATING ROOM				390.00
9	ANESTHESIA				75.00
10	OUTPATIENT SERVICES RECOVERY ROOM				18.00
11	BLOOD ADMINISTRATION				
12	PHARMACY				27.65
13	RADIOLOGY				94.00
14	LABORATORY				212.30
15	MEDICAL & SURGICAL SUPPLIES				89.50
16	PHYSICAL THERAPY				
17	OCCUPATIONAL THERAPY				
18	SPEECH THERAPY				
19	INHALATION THERAPY				6.00
20	OTHER (SPECIFY) NUCLEAR MEDICINE				205.00
21	TAXI FARE				9.00
22	I-V SOLUTIONS				85.00

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TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

PROVIDER'S SIGNATURE Amida McLaughlin

DATE 2/9/76

REMARKS:

RESUBMITTAL INDICATOR	MEDICAL REVIEW
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COORDINATION OF OTHER BENEFITS

OTHER BENEFITS		MEDICARE	
MEDICARE PAID		CO-INS.	
INSURANCE OR OTHER PAY.		DED.	
TOTAL		TOTAL	

TOTAL CHARGE 2646.75

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

06 P

HEALTH CARE FACILITY INVOICE

NO. 557675

20 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Handicapped Children's Program			NAME OF PROVIDER Bartlett Memorial Hospital P.O. Box 3-3000 Juneau, Alaska 99801	
NAME OF PATIENT [REDACTED]		RACE W	PROVIDER ID NO. BMH581	
DATE OF BIRTH 07 / 10 / 75	SEX: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	ELIG. CODE 30P	CATEGORY 02	
CASE NUMBER		RESOURCE F	PAYEE ID NO. (if different from above)	
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ATTENDING PHYSICIAN Dr. Reiswig		ID NO. JAR963
COMMENTS:		SERVICE PRE-AUTHORIZATION NO. (if applicable) 02041		

DIAGNOSIS AND PROCEDURES

21 DATE OF ADMISSION 03 / 31 / 76	REF. CODE 2	SVC UNIT 4	PRIMARY DIAGNOSIS ORTHO CLINIC	CODE 755
BILLING PERIOD ___ / ___ / ___	TOT. DAYS -0-	SECONDARY DIGANOSIS		CODE
DATE OF DISCHARGE ___ / ___ / ___	DIS. CODE	PRIMARY PROCEDURE PERFORMED X-rays		CODE
CONSULTING PHYSICIAN	ID NO.	SECONDARY PROCEDURE PERFORMED		CODE

STATEMENT OF SERVICES RENDERED

	BLOOD PINTS FURNISHED	PINTS REPLACED	NOT REPLACED	CHARGE PER PINT	CHARGE
1					
	ACCOMMODATION		DAYS	RATE	
2	1 BED				
3	2 BEDS				
4	3 OR MORE BEDS				
5	INTENSIVE CARE				
6	SELF CARE				
7	NURSERY				
8	OPERATING ROOM				
9	ANESTHESIA				
10	OUTPATIENT SERVICES				36.50
11	BLOOD ADMINISTRATION				
12	PHARMACY				
13	RADIOLOGY				
14	LABORATORY				
15	MEDICAL & SURGICAL SUPPLIES				
16	PHYSICAL THERAPY				
17	OCCUPATIONAL THERAPY				
18	SPEECH THERAPY				
19	INHALATION THERAPY				
20	OTHER (SPECIFY)				
21					
22					

PROVIDER CERTIFICATION

" THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS."

TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.

PROVIDER'S SIGNATURE *Bartlett Memorial*

DATE 2/22/80 Hospital by *F. Adell*

REMARKS:

RESUBMITTAL INDICATOR	MEDICAL REVIEW
-----------------------	----------------

COORDINATION OF OTHER BENEFITS

OTHER BENEFITS		MEDICARE	
MEDICARE PAID		CO-INS.	
INSURANCE OR OTHER PAY.	13.20	DED.	
TOTAL	13.20	TOTAL	
TOTAL CHARGE	36.50	AMOUNT BILLED	23.30
LESS	13.20		

Providence Hospital
Anchorage, Alaska

STATEMENT
DATE

PAGE 1

11/25/77

261-279
VISIT NUMBER

PATIENT: MC LAUGHLIN YTH CTR

10/27/77

0/00/00

ADMISSION DATE

DISCHARGE DATE

BILL TO: MC LAUGHLIN YTH CTR
200 PROVIDENCE DR
ANCHORAGE, AK 99504

99504

PLEASE INDICATE
AMOUNT PAID \$

DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	QTY	CODE	DETAIL LIST OF CHARGES		AMOUNT
			DESCRIPTION		
			* * BALANCE FORWARD * *		5.00
11-16	2	81002	1		57.50
11-03	2	81002	1		57.50
11-03	2	85011	1		510.00
11-17	2	83140	1		520.00
11-17	2	87010	1		512.50
11-16	2	85011	1		510.00
11-03	2	85011	1		510.00
11-03	2	85011	1		510.00
11-13	2	85011	1		510.00
11-06	2	86411	1		57.50
11-09	2	81002	1		57.50
11-19	2	85011	1		510.00
11-17	2	81002	1		57.50
11-01	2	86411	1		57.50
11-15	2	81002	1		57.50
11-14	2	87010	1		516.50
11-03	2	85011	1		510.00
11-01	2	85011	1		57.50
11-03	2	86411	1		57.50
11-01	2	85011	1		510.00
11-18	2	81002	1		57.50
11-08	2	81002	1		57.50
11-06	2	86411	1		57.50
11-01	2	83141	1		515.00
11-03	2	85011	1		57.50
11-17	2	87010	1		512.50
11-08	2	86411	1		57.50
11-14	2	86411	1		57.50
11-01	2	85011	1		57.50
11-16	2	86411	1		57.50
11-09	2	81002	1		57.50
11-21	2	85011	1		510.00
11-15	2	81002	1		57.50
11-15	2	81002	1		57.50
11-01	2	81002	1		57.50
11-03	2	85011	1		510.00
11-16	2	85011	1		510.00
11-11	2	87010	1		512.50

AMOUNT

2565.50

Anchorage, Alaska.

STATEMENT DATE

PAGE 1

12/23/77

443-679 VISIT NUMBER

PATIENT: MC LAUGHLIN YTH CTZ

10/27/77

07/00/00

ADMISSION DATE

DISCHARGE DATE

BILL TO: MC LAUGHLIN YTH CTZ
2400 PROVIDENCE DR
ANCHORAGE, AK 99504

PLEASE INDICATE AMOUNT PAID \$

DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	DETAIL LIST OF CHARGES			AMOUNT
	QTY	CODE	DESCRIPTION	
			* * BALANCE FWD 120 * *	
12-07	3	10500		\$71.00
11-23	2	85011		\$10.00
11-24	2	81002		\$7.50
11-23	2	41002		\$7.50
12-06	2	86412		\$6.50
12-07	2	86412		\$6.50
11-23	2	86411		\$7.50
12-01	2	85011		\$10.00
12-07	2	81002		\$7.50
11-23	2	86411		\$7.50
12-05	2	85011		\$10.00
12-05	2	85011		\$10.00
12-01	2	86411		\$7.50
11-23	2	85011		\$10.00
12-06	2	85011		\$10.00
11-23	2	87081		\$9.00
12-01	2	81002		\$7.50
11-23	2	86411		\$7.50
12-08	2	87081		\$9.00
12-08	2	87086		\$16.50
11-23	2	85011		\$10.00
12-06	2	87086		\$16.50
11-23	2	81002		\$7.50
12-07	2	81002		\$7.50
12-07	3	10500		\$28.50
11-24	2	85011		\$10.00
11-23	2	86411		\$7.50
12-06	2	86412		\$6.50
12-06	2	85011		\$10.00
12-03	2	81002		\$7.50
12-07	2	85016		\$6.50
11-23	2	81002		\$7.50
12-06	2	87086		\$16.50
11-23	2	86411		\$7.50
12-06	2	81002		\$7.50
11-23	2	81002		\$7.50
11-23	2	86411		\$7.50
12-01	2	85011		\$10.00

AMOUNT

420.50

Providence Hospital

Anchorage, Alaska

STATEMENT DATE

PAGE 2

11/25/77

460-600 VISIT NUMBER

PATIENT: MC LAUGHLIN, YTH CT9

10/27/77

07/03/00

ADMISSION DATE

DISCHARGE DATE

BILL TO: MC LAUGHLIN, YTH CT9
2600 PROVIDENCE DR
ANCHORAGE, AK 99504

PLEASE INDICATE AMOUNT PAID \$

ATTACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE OF SERVICE	QUANTITY	CODE	DETAIL LIST OF CHARGES		AMOUNT
			DESCRIPTION		
11-08	2	83141	1		\$15.00
11-15	2	81002	1		\$7.50
11-03	2	85011	1		\$10.00
11-01	2	81002	1		\$7.50
11-03	2	81002	1		\$7.50
11-08	2	87081	1		\$9.00
11-03	2	85011	1		\$10.00
11-01	2	85011	1		\$10.00
11-02	2	85011	1		\$10.00
11-08	2	81002	1		\$7.50
11-01	2	81002	1		\$7.50
11-17	2	81002	1		\$7.50
11-03	2	86411	1		\$7.50
11-02	2	86411	1		\$7.50
11-15	2	86411	1		\$7.50
11-01	2	85011	1		\$10.00
11-03	2	81002	1		\$7.50
11-15	2	86411	1		\$7.50
11-03	2	85011	1		\$10.00
11-04	2	85011	1		\$10.00
11-17	2	87083	1		\$10.50
11-15	2	86411	1		\$7.50
11-09	2	87010	1		\$12.50
11-03	2	81002	1		\$7.50
11-03	2	81002	1		\$7.50
11-01	2	83141	1		\$15.00
11-16	2	81002	1		\$7.50
11-03	2	86411	1		\$7.50
11-14	2	85011	1		\$10.00
11-14	2	87086	1		\$10.50

Total 284.50

INVOICE

Travel Center, Inc.

BRANCH OFFICE

3201 C STREET • ANCHORAGE, ALASKA 99502 • PHONE 278-3523

1977

DATE: OCTOBER 25, 1977

EAGLE BEVER COLLECTION CENTER
P.O. BOX 69
EAGLE BEVER, ALASKA 99577

PLEASE RETURN ONE COPY OF INVOICE WITH REMITTANCE

[REDACTED]	027 0270 025 144	OCT27	AKC/SEA/AD (partial)	\$34.00
[REDACTED]	027 0270 025 145	OCT25	AKC/SIT/AD	166.52
[REDACTED]	212 0270 025 142	OCT28	AKC/WAY/AD	97.26
				<u>\$347.78</u>

INVOICE

PLEASE RETURN ONE COPY OF INVOICE WITH REMITTANCE

Travel Center, Inc.

BRANCH OFFICE

3201 C STREET • ANCHORAGE, ALASKA 99503 • PHONE 278-0525

1100075

1820

DATE: NOVEMBER 19, 1977

EAGLE RIVER CORRECTIONAL CENTER
P.O. BOX 63
EAGLE RIVER, ALASKA 99577

PLEASE RETURN ONE COPY OF INVOICE WITH REMITTANCE

XXXXXXXXXX	027 8270 825 139 00123	ANC/SIT/ANC	\$171.50
XXXXXXXXXX	027 8270 825 143 00123	ANC/SIT/ANC	181.50
XXXXXXXXXX	027 8270 825 141 00123	ANC/SIT/ANC	171.50
XXXXXXXXXX	027 8115 635 030/40 00123	ANC/SIT/ANC	171.50
TOTAL			\$696.00

INVOICE

110 TR #

TERMS: ALL ACCOUNTS DUE 15 DAYS FROM DATE OF INVOICE

TRIPPLICATE

Thank You

TELEPHONE COMPANY

BRANCH OFFICE

220 Y. C. STREET, 6. APARTMENT ALASKA 99503

PHONE 278-5524

DATE: MAY 10 1977

TELEPHONE COMPANY
ALASKA 99577

PLACE STAMP OR CHECK OF INVOICE WITH REMITTANCE

027-021-823

1/31/77

159.23

[Large area containing faint, illegible text and a large handwritten mark resembling a checkmark or the number '11']

TELEPHONE COMPANY ALL ACCOUNTS DUE 15 DAYS FROM DATE OF INVOICE

TELEPHONE COMPANY



ANCHORAGE FRACTURE AND ORTHOPEDIC CLINIC

A PROFESSIONAL CORPORATION

3546 LA TOUCHE STREET
ANCHORAGE, ALASKA 99504

WILLIAM G. EDWARDS, M.D.
Orthopaedic Surgery and
Surgery of the Hand

THOMAS R. KIKUTEN, M.D.
Orthopaedic Surgery

GEORGE D. WICHMAN, M.D.
Orthopaedic Surgery

DECLAN T. NOLAN, M.D.
Orthopaedic Surgery

GEORGE A. LYON, M.D.
Neurological Surgery

TELEPHONE 279-9322

May 10, 1978

The State Correctional Center Annex
P.O. Box 2100
Anchorage, Alaska 99501

RE: [REDACTED]

To Whom It May Concern:

The attached charges are regarding [REDACTED]. Historically, he was involved with a right occipital gunshot wound involving a .44 magnum on February 23, 1977. The problem we're having is who is going to process his billing? Is the state responsible or [REDACTED]? Following is a complete break-down of his charges:

2-23-77	EM RM INTERMED HP W DI-TR PROG	90515	75.00
	DENTENT PROLONGED STAND BY	99040	75.00
	ELEVATE SKULL EX W DEBRD BRAIN	62010	1,885.00
	ASSIST. BY DR. WICHMAN, M.D.	62010-80	471.25
6-01-77	SPIINE COMPLETE XRAY	72050	55.00
9-23-77	BRIEF EXAM EVAL A/O TREATMENT	90040	18.00
	SPIINE CERVICAL A-P LATERAL XRAY	72040	33.00
12-07-77	BRIEF EXAM EVAL A/O TREATMENT	90040	18.00
			<u>\$ 2,630.25</u>

} \$ 124.00

If we can provide you with additional information, please let us know. Thank you for your assistance.

Sincerely,

Joy Crain
Insurance Department

JEC/jec
Enclosures

18 00
11 00
2

200 SEWARD STREET

Ward's
SHOES

JUNEAU, ALASKA 99801

Div of Corrections
Prison Office

details of open invoices

PLEASE ENCLOSE THIS STUB WITH YOUR CHECK TO ASSURE PROPER CREDIT. AMOUNT \$ _____

SIGNATURE	DATE	TRANS. NO.	DEBIT OR CREDIT
✓ 1 11/28/76 C54319	1	25.99	25.99
✓ 2 1/20/77 C46860	2	11.99	37.98
✓ 3 3/15/77 C34310	3	13.99	51.97
✓ 4 11/11/77 C77880	4	38.99	90.96
× 5 2/15/78 C7886	5	29.99	120.95
× 6 3/22/78 C7847	6	33.44	154.39
7 accrued interest	7	to 1/15/80 21.40	
8	8	BALANCE	175.79
9	9	PAID PY	63.43
10	10		
11	11		
12	12		
13	13		
14	14		
15	15		
16	16		
17	17		
18	18		
19	19		
20	20		
21	21		
22	22		
23	23		
24	24		
25	25		
26	26		

Bal
 stated
 includes 21.40
 interest

112.36

90.96
 21.40
 112.36

LAST AMOUNT IN THIS COLUMN IS THE BALANCE DUE

\$1.00 minimum monthly service charge will be added to all balances carried over 30 days. If the finance charge exceeds \$1.00, the annual rate is 18% on the first \$1,000 & 12% on that part in excess of \$1,000.

MAKE ALL CHECKS PAYABLE TO: BARTLETT MEMORIAL HOSPITAL

PATIENT NO. 1027056 PATIENT NAME [REDACTED] STATEMENT DATE 10/05/79 CLOSING DATE 10/05/79

ACTIVITY DATE	BILLING REFERENCE NO.	DESCRIPTION OF SERVICE	PENDING INSURANCE	BALANCE DUE FROM PATIENT
05/13/77	0517201	BALANCE LAST STATEMENT		76.25

403

Robert Larson
11-16-79

06-66-4-520-735

BM 458

RECEIVED
OCT 16 1979

Administrative Services
Financial Operations

RETAIN THIS PORTION FOR YOUR RECORDS

FOR INFORMATION REGARDING THIS STATEMENT, PHONE:

566 2611

PLEASE PAY THIS AMOUNT

76.25

copy 1-50-74

f-stop PHOTO FINISHING

171 SHATTUCK WAY
 JUNEAU, ALASKA 99801
 PHONE 586-3950

Date _____

Name _____
 Address _____

f-stop PHOTO FINISHING

171 SHATTUCK WAY
 JUNEAU, ALASKA 99801
 PHONE 586-3950

Date _____

Name _____
 Address _____

Description	Price @	Amount
Processing		
Prints		
Reprints		
Slides		
<i>Dolores Larson</i>		<i>13.40</i>
<i>11-14-79</i>		
<i>06-66-4-520-321</i>		
Postage		
Total		<i>13.40</i>
Tax		
Total		<i>15.40</i>

Administrative Services Section
11-79

Quan.	Description	Price @	Amount
	Processing		
	Prints		<i>54.00</i>
	Reprints		
	Slides		
	<i>Dolores Larson</i>		
	<i>11-14-79</i>		
	<i>06-66-4-520-321</i>		
	Postage		
	Total		<i>54.00</i>
	Tax		
	Total		<i>54.00</i>

Administrative Services Section
11-79

BILL FOR COLLECTION

Bill No. B7000216

resent 10/4/79

Date 07/21/77

OFFICE OF PERSONNEL MANAGEMENT, NORTHWEST REGION

(Department or Establishment and Bureau or Office)

2666 Federal Bldg., Seattle, WA 98174 (formerly U.S. CIVIL SERVICE COMMISSION)

(Address)

PAYER:

Alaska Dept. Health-Social Services
Division of Public Assistance
Pouch H-07
Juneau, AK 99811
ATTN. Judy Walker

*This bill should be returned by the
payer with his remittance.
SEE INSTRUCTIONS BELOW.*

Date	DESCRIPTION	Quantity	Unit Price		Amount
			Cost	Per	
	Reimbursement for your proportionate share of the cost for MANAGEMENT OF TIME conducted in Anchorage, Alaska beginning 5/18/77. Participant: Anna Lindquist Please make check payable to OFFICE OF PERSONNEL MANAGEMENT and forward to above address together with one copy of this bill. 24X4571(24)	1	\$105.00	ea.	\$105 00
AMOUNT DUE THIS BILL,					\$ 105 00

This is not a receipt

INSTRUCTIONS

Tender of payment of the above bill may be made in cash, United States postal money order, express money order, bank draft, or check, to the office indicated. Such tender, when in any other form than cash, should be drawn to the order of the Department or Establishment and Bureau or Office indicated above.

Receipts will be issued in all cases where "cash" is received, and only upon request when remittance is in any other form. If tender of payment of this bill is other than cash or United States postal money order, the receipt shall not become an acquittance until such tender has been cleared and the amount received by the Department or Establishment and Bureau or Office indicated above.

Failure to receive a receipt for a cash payment should be promptly reported by the payer to the chief administrative officer of the bureau or agency mentioned above.



Yukon Office Supply ORIGINAL

POST OFFICE BOX 657
SITKA, ALASKA 99835

TELEPHONE 747-3281

Sales • Service • Rentals

51837
ACCOUNT #

CUSTOMER P.O. NO.

DATE

1/4/77

CUSTOMER

State of Alaska

Public Assistance

ADDRESS

Box 1069

CITY

SOLD BY

CASH

CHARGE

C.O.D.

ON ACCOUNT

MDSE. RET.

PAID OUT

PICK-UP

DELIVERY

QUANTITY

OFFER

SHIP

UNIT

D.O.

DESCRIPTION

UNIT PRICE

AMOUNT

QUANTITY OFFER	SHIP	UNIT	D.O.	DESCRIPTION	UNIT PRICE	AMOUNT
2 1/2				Yield	9.15	18.30
1				919 1/2 cashew		1.25
				" " Base		2.00
1				210 cashew		2.65
				" " Base		2.75
3				Big Blue		1.18
				marker		49
				* 06-21-6-410 4BI	97.3500	28.92

Randy Moore
Less 10.10

YUKON OFFICE SUPPLY, INC.
Kathleen Marsh

RECEIVED
JUL 06 1977

Administrative Services Section
Financial Operations Section


RECEIVED BY

Shelly Johnston

TAX

26.03

7328

SERIAL NO. 325579	MAKE SAVEN	MODEL 215	SERVICE ORDER NO. F 14875
DATE PROMISED 5-31-77	NAME Dept. of Health & Social SER.		PHONE
DATE DELIVERED	ADDRESS Box 149 Ft. Yukon AK. 99740		
CUSTOMER ORDER NO. 34-93	ESTIMATE \$ <input type="checkbox"/> LATE EST APPROVED <input type="checkbox"/> Cash <input type="checkbox"/> C.O.D. <input type="checkbox"/> Charge <input type="checkbox"/>		
 YUKON OFFICE SUPPLY, Inc. "The Businessman's Department Store" 511 GAFFNEY ROAD • FAIRBANKS, ALASKA 99701 • PHONE 452-1147			
DESCRIPTION OF WORK replaced blotter roller & cleaned bar, cleaned feed rollers & optics. Blowed out. Flushed tank. & checked out			
<input type="checkbox"/> SERVICE CALL <input type="checkbox"/> SERVICE CONTRACT <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> INSPECTION <input type="checkbox"/> CALL BACK <input type="checkbox"/> DEMONSTRATION <input type="checkbox"/> GUARANTEE <input type="checkbox"/> INSTRUCTION <input type="checkbox"/> RENTAL <input type="checkbox"/> REPAIR LOAN			
QUANTITY		PARTS NO. AND DESCRIPTION	AMOUNT
1		blotter roller	8 79
1		cleaning bar	5 25
48			
LOAN AGREEMENT		LABOR TIME 2.5 HRS AT \$37.50 PER HOUR	TOTAL PARTS 14 04
MAKE NO			SUB TOTAL 107 79
WE AGREE TO BE RESPONSIBLE FOR ABOVE DESCRIBED LOAN MACHINE IN OUR POSSESSION AND RETURN IT ON DEMAND.		SERVICED BY REC'D BY x Phil Brown AN	FREE!!! 10 50
SIGNED			TOTAL 118.29

ORIGINAL

51137



COPY ORIGINAL Yukon Office Supply, Inc.

2222 TONGASS AVENUE
KETCHIKAN, ALASKA 99901

PHONE 225-6661

CUST. P.O. NO.

DATE 5/26/1977

CUSTOMER Family Services

State of Alaska

ADDRESS

CITY KTN, AK

SOLD BY <u>77</u>	CASH	C.O.D.	CHARGE <u>X</u>	ON ACCT.	MOISC. RETD.	P. ID OUT	CREDIT	DELIVERY
----------------------	------	--------	--------------------	----------	--------------	-----------	--------	----------

QUANTITY	DESCRIPTION	UNIT	AMOUNT
	<u>2 ea legal size letter trays</u>	<u>1090</u>	<u>21 80</u>

I certify that the above bill is correct and just and that payment therefor has not been received. I further certify that amounts billed do not exceed the lower of (1) the contract or (2) maximum levels established in accordance with Executive Order 11610, January 1972.

RECEIVED
JUN 1 1979

Administrative Services
Financial Operations Section

YUKON OFFICE SUPPLY, INC.

Kathie Marsh

1090 218

6/28
C. P. ... K. P. ... 6/28/79
06-21-3-507-481-944-5700-5

Delwe

**THIS IS YOUR INVOICE
NO OTHER WILL BE SENT**

SUB TOTAL	<u>19 62</u>
TAX	<u>—</u>
TOTAL	<u>19 62</u>

K 98296

SALES • SERVICE • RENTALS

RECEIVED BY Kathie Marsh

STATE OF ALASKA
DEPARTMENT OF HEALTH & SOCIAL SERVICES

06

HEALTH CARE FACILITY INVOICE

NO. 568165

20 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
COUPON OR AUTHORIZATION NUMBER Authorized by Mental Health Division Lee Kilgore for Dr. Wm. Moore			NAME OF PROVIDER Seward General Hospital P. O. Box 365 Seward, Alaska 99664	
NAME OF PATIENT [REDACTED]		RACE	PROVIDER ID NO. SGH 541	CATEGORY 01
DATE OF BIRTH <u>05-15-44</u> <i>that this is a just and proper bill and hereby authorize the Department to certify to effect payment of same.</i>		ELIG. CODE	PAYEE ID NO. (if different from above) 92-0024573	
CASE NUMBER <u>1742</u> <u>5/4/79</u>		RESOURCE	ATTENDING PHYSICIAN Joe P. Smith, Jr., M.D.	ID NO.
HAVE ALL OTHER PAYMENT SOURCES BEEN EXHAUSTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SERVICE PRE-AUTHORIZATION NO. (if applicable)		
COMMENTS: <u>06-36-8. 240-735-999-4800.5*</u> 8-Digit Account Code 3-Digit Object Code				

21 DIAGNOSIS AND PROCEDURES				
DATE OF ADMISSION <u>02 / 16 / 77</u>	ICD-9 CODE 6	SVC UNIT 5	PRIMARY DIAGNOSIS Severe Depressive Reaction with suicidal ideation	CODE 307
BILLING PERIOD <u>02 / 01 / 77</u> <u>02 / 28 / 77</u>	TOT. DAYS 1	SECONDARY DIGANOSIS		CODE
DATE OF DISCHARGE <u>02 / 17 / 77</u>	DIS. CODE 6	PRIMARY PROCEDURE PERFORMED Non-surgical Inpatient Treatment		CODE 90199
CONSULTING PHYSICIAN	ID NO.	SECONDARY PROCEDURE PERFORMED		CODE

22 STATEMENT OF SERVICES RENDERED					
	BLOOD PINTS FURNISHED	PINTS REPLACED	NOT REPLACED	CHARGE PER PINT	CHARGE
1	00	00	00	00	00
2	ACCOMMODATION		DAYS	RATE	
3	1 BED				
4	2 BEDS		1	125.00	125.00
5	3 OR MORE BEDS				
6	INTENSIVE CARE				
7	SELF CARE				
8	NURSERY				
9	OPERATING ROOM				
10	ANESTHESIA				
11	OUTPATIENT SERVICES				
12	BLOOD ADMINISTRATION				
13	PHARMACY				41.40
14	RADIOLOGY				
15	LABORATORY				
16	MEDICAL & SURGICAL SUPPLIES				6.60
17	PHYSICAL THERAPY				
18	OCCUPATIONAL THERAPY				
19	SPEECH THERAPY				
20	INHALATION THERAPY				
21	OTHER (SPECIFY)				
22					

23 PROVIDER CERTIFICATION	
" THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE, ACCURATE, AND COMPLETE AND IS IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 WHICH PRECLUDES EXCLUSION OR DISCRIMINATION ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN. I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS OR DOCUMENTS OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. TO THE BEST OF MY KNOWLEDGE NO OTHER RESOURCE EXISTS.	
PROVIDER'S SIGNATURE	<i>[Signature]</i>
DATE	11-22-78 C. Keith Campbell, Admin.
REMARKS: Originally filed 03-22-77	

RESUBMITTAL INDICATOR	MEDICAL REVIEW
-----------------------	----------------

23 COORDINATION OF OTHER BENEFITS			
OTHER BENEFITS		MEDICARE	
MEDICARE PAID	-0-	CO-INS.	
INSURANCE OR OTHER PAY.	-0-	DED.	
TOTAL	-0-	TOTAL	%

TOTAL CHARGE	173.00	LESS	-0-	AMOUNT BILLED	173.00
--------------	--------	------	-----	---------------	--------

STATE
of ALASKA

MEMORANDUM

TO: Mike Maher
Budget Analyst
Division of Budget & Management
Office of the Governor

DATE: February 20, 1980

FILE NO:

TELEPHONE NO:

FROM: William C. Mullin *WCM*
Director
Division of Finance
Department of Administration

SUBJECT: Additional State Dated
Warrants #312377 &
#318698

Attached you will find copies of two Longevity Bonus Warrants payable to Ina K. Kalayak in the amount of \$125.00 each.

Please take the necessary steps to add these amounts to the present request for supplemental funds. The revised total will then be \$3,523.03.

WCM/cl:

RECEIVED

FEB 21 1980

Budget and Management

This warrant will be deemed paid unless redeemed within two years after the date of issue per AS 37.05.180

318698

STATE OF ALASKA
LONGEVITY BONUS WARRANT
FOR NOVEMBER 77

No. 318698

89-52
1252

PAY TO THE ORDER OF

INA K. KALAYAUK
BCX 548
BARROW, AK

99723

\$\$\$125.00

DO NOT FOLD SPINDLE
OR MUTILATE

NOT NEGOTIABLE FOR AMOUNTS OVER \$500.00

\$125.00

R. R. Cooney
COMMISSIONER OF ADMINISTRATION

318698 125200521

This warrant will be deemed paid unless redeemed within two years after the date of issue per AS 37.05.180

312377

STATE OF ALASKA
LONGEVITY BONUS WARRANT
FOR OCTOBER 77

No. 312377

89-52
1252

PAY TO THE ORDER OF

INA K. KALAYAUK
BOX 548
BARROW, AK

99723

\$\$\$125.00

DO NOT FOLD SPINDLE
OR MUTILATE

NOT NEGOTIABLE FOR AMOUNTS OVER \$500.00

\$125.00

R. R. Cooney
COMMISSIONER OF ADMINISTRATION

312377 125200521



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

3/20/90
Date

(11)

COMMITTEE REPORT

HOUSE

2/11/80

FURTHER:

Date: April 18, 1980

Mr. Speaker:

The Committee on FINANCE has had HB 710

"An Act making appropriation adjustments for the Department of Health and Social Services, Division of Public Assistance; and providing for an effective date."

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass do not pass
- do pass with attached amendments(s)
- replace with CS for HB 710 same title
 new title
- and recommends individual rec
- AND attaches a "Letter of Intent" New Fiscal Note
- reports it back without recommendation
- referred to the _____ Committee

**MEMBERS SIGNING
DO PASS**

Freeman

Marking

McKinney

**MEMBERS HAVING
OTHER RECOMMENDATIONS:**

Smith No Rec

Freeman
Vice CHAIRMAN

Original sponsor: Rules/Governor

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 710

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act amending and adjusting appropriations made in
7 1977 and 1979; and providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. Section 23, ch. 80, SLA 1979, page 17, lines 5 and 6 (public
10 assistance eligibility), are repealed and re-enacted to read:

11 ALLOCATIONS APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

12 Public assistance

13 eligibility 4,448,500 2,643,600 1,804,900

14 Eligibility deter-

15 mination (138

16 positions) 4,318,100

17 * Sec. 2. Section 23, ch. 80, SLA 1979, page 23, line 4 (public assist-
18 ance administration), is repealed and re-enacted to read:

19 APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

20 Public assistance

21 administration

22 (29 positions) 969,900 564,600 405,300

23 * Sec. 3. Section 23, ch. 80, SLA 1979, page 23, line 25 (community
24 mental health services), is repealed and re-enacted to read:

25 APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

26 Community mental health

27 services 3,180,300 3,165,300 15,000

28 * Sec. 4. Section 23, ch. 80, SLA 1979, page 23, line 35 (Harborview), is
29 repealed and re-enacted to read:

	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
1			
2	Harborview (156 positions)	5,521,800	4,047,100
3			1,474,700

3 * Sec. 5. Section 23, ch. 80, SLA 1979, page 19, line 16, (employment
4 security), is repealed and re-enacted to read:

	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
5			
6	Employment security	20,322,900	38,900
7			20,284,000

7 * Sec. 6. Section 23, ch. 80, SLA 1979, page 19, line 18 (unemployment
8 insurance), is repealed and re-enacted to read:

9 ALLOCATIONS

10 Unemployment in-
11 surance (291
12 positions) 10,394,600

13 * Sec. 7. Section 23, ch. 80, SLA 1979, page 19, line 22, (labor market
14 information), is repealed.

15 * Sec. 8. Section 23, ch. 80, SLA 1979, page 19, line 24 (Department of
16 Labor administrative services), is repealed and re-enacted to read:

	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
17			
18	Administrative services		
19	(67 positions)	2,807,600	209,900
20			2,597,700

20 * Sec. 9. Section 23, ch. 80, SLA 1979, page 19 (Department of Labor), is
21 amended by adding between lines 24 and 25:

22 ALLOCATIONS

23 Research con-
24 tracts 95,900
25 Labor market
26 information 545,900
27 Management
28 services 2,165,800

29 * Sec. 10. Section 23, ch. 80, SLA 1979, page 29, line 35 (OSHA), is

DEC 27 1979
B&M

DATE: December 24, 1979

TO: Ronald Lehr, Director
Division of Budget & Management
Office of the Governor

FILE NO.

TELEPHONE NO.

FROM: John Bates
Acting Deputy Commissioner
Facilities Planning & Research
Department of Transportation
and Public Facilities

SUBJECT: Chapter 80/SLA 79
Revised Program

The Department of Transportation and Public Facilities request authority to establish one project with the scope detailed below by combining two projects which were established by appropriations in Chapter 80/SLA 79.

Legislative intent originally stipulated that \$200,000 be expended on an Aleutian Coastal Ferry Study and \$150,000 on a Naknek River Bridge Study. Through subsequent investigation, a definite need has been established for integration of other modes of transportation into the studies. This integration of modes is hereby proposed to take place as the Southwest Alaska Regional Transportation Study project. This will provide a more in-depth tool for addressing present and future transportation concerns in this area.

It is hereby requested that the two original General Fund appropriations be combined into one appropriation to be known as the Southwest Alaska Regional Transportation Study. The anticipated breakdown of the funding is as follows:

Aleutian Island Ferry	\$125,000
Naknek River Bridge	75,000
Intermodal Study	130,000
Administration	20,000
TOTAL	<u>\$350,000</u>

It is felt that this method would result in a greater benefit to the State in terms of long range planning. Attached are notes of concurrence from two legislators whose districts are affected.

This revised program would result in the following changes:

	CURRENT AUTHORIZATION	REVISION	REVISED AUTHORIZATION
S.W. Alaska Regional Transportation Study	200.0	150.0	350.0
Naknek River Bridge Study	150.0	(150.0)	-0-

Your approval is recommended.

1	DEVELOPMENT (CONT.)				1
2			APPROPRIATION	APPROPRIATION	FUND SOURCES
3		ALLOCATIONS	ITEMS	GENERAL FUND	OTHER FUNDS
4	ELECTRICAL PROJECT - RUBY		40,000	40,000	
5	ELECTRICAL PROJECT - NIKOLAI		25,000	25,000	
6	FIRE TRUCK - GALENA		25,000	25,000	
7	HUGHES ELECTRICAL GENERATOR		25,000	25,000	
8	* * * * *		* * * * *	* * * * *	
9	* * * * * TRANSPORTATION * * * * *		* * * * * TRANSPORTATION	* * * * *	
10	* * * * *		* * * * *	* * * * *	
11	DEPARTMENT OF TRANSPORTATION				
12	MARINE TRANSPORTATION				
13	COLUMBIA FAST FOOD CONVERSION		400,000	400,000	
14	VESSEL UPGRADE		180,000	180,000	
15	SPARE PARTS		271,000	271,000	
16	WASTE DISPOSAL DESIGN		50,000	50,000	
17	DOCK ELECTRICAL & SAFETY REHABILITATION		40,000	40,000	
18	ALEUTIAN COASTAL FERRY STUDY		100,000	100,000	
19	ANCHORAGE INTERNATIONAL AIRPORT				
20	NORTH/SOUTH RUNWAY - STAGE III		6,542,000		6,542,000
21	MISCELLANEOUS IMPROVEMENTS		300,000		300,000
22	BLAST PROTECTION & RUNWAY SEAL COAT		2,060,000		2,060,000
23	AUTO PARKING EXPANSION		930,000		930,000
24	FAIRBANKS INTERNATIONAL AIRPORT				
25	RUNWAY SEAL COAT		650,000		650,000
26	AIRPORTS				
27	RUNWAY GRAVEL, SIX AIRPORTS		750,000	750,000	

SLA 78

[Handwritten signature]

MEMORANDUM

TO: Ronald D. Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: April 10, 1980

FILE NO:

TELEPHONE NO:

FROM: Dick Brant, Budget Analyst *DB*
Division of Budget & Management
Office of the Governor

SUBJECT: DOT/PF Delete-Add Supplemental
for Aleutian Coastal Ferry Study

I have reviewed DOT/PF's request for a delete-add supplemental which changes a specific appropriation of \$100,000 for an Aleutian Coastal Ferry Study to a more general Southwest Alaska Transportation study. I recommend approval.

The funds involved are from FY 78 general fund capital projects (Ch 153/SLA 77) under Marine Transportation. This is a different source of funds than in a previous RP request which was denied. The use of the funds, to provide greater depth and scope by including an intermodal study along with the ferry study, is essentially the same as B&M has already endorsed.

The \$200,000 appropriation in Ch 80/SLA 79 for the Aleutian Island Ferry Study will remain as is in this proposal.

MEMORANDUM

State of Alaska

TO: Ron Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: March 13, 1980

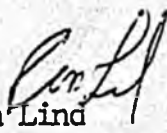
RECEIVED

FILE NO:

MAR 17 1980

TELEPHONE NO:

Budget and Management

FROM: 
Ron Lind
Deputy Commissioner
Department of Administration

SUBJECT: Delete-Add Supplemental
Action for Aleutian
Coastal Ferry Study
(1977 HB 701)

The Department of Transportation and Public Facilities request the following: That a delete-add supplemental action be initiated for a 1977 Legislative Appropriation (HB 701) of \$100,000 for an Aleutian Coastal Ferry Study sponsored by Rep. Alvin Osterback.

Ch 153 SLA 78

Legislative intent originally stipulated that an Aleutian Coastal Ferry Study be implemented, and \$100,000 was appropriated for Planning to undertake this proposal. However, subsequent investigation revealed the \$100,000 appropriation scheduled for Planning was included in Marine Transportation Budget instead. During the interim a preliminary Ferry Study was completed at a cost of approximately \$10,000. This was charged against General Obligation Funding, consequently the initial \$100,000 is still intact in Marine Transportation Budget.

The intent of this action would be to delete funding from the 1977 Aleutian Coastal Ferry appropriation and add it to a proposed Southwest Alaska Transportation Study.

This Southwest Study would then become a part of the ongoing Aleutian Ferry Study funded in ~~1978~~ for \$200,000 by Representative Alvin Osterback.

The incorporation of these funds would provide greater depth and scope to the entire project.
^{1979, Ch 80}

It would also utilize those funds in the area for which they were originally intended.

RL:WD:dm

1	TRANSPORTATION (CONT.)		APPROPRIATION	APPROPRIATION	FUND SOURCES	2
3		ALLOCATIONS	ITEMS	GENERAL FUND	OTHER FUNDS	3
4	PERRYVILLE AIRPORT REPAIRS (ED 15)		50,000	50,000		4
5	SAND POINT AIRPORT ROAD COMPLETION (ED 15)		100,000	100,000		5
6	FALSE PASS AIRPORT REPAIRS (ED 15)		155,000	155,000		6
7	DILLINGHAM AIRPORT PAVING COMPLETION (ED 16)		2,402,100		2,402,100	7
8	OIL WELL ROAD UPGRADE (ED 4)		50,000	50,000		8
9	GOOSE BAY-POINT HACKENZIE ROAD (ED 6)		1,500,000	1,500,000		9
10	EAGLE RIVER ROAD NORTH-REPAIRS TO MILE 12 (ED 7)		1,100,000	1,100,000		10
11	THIS APPROPRIATION IS CONTINGENT UPON THE STATE					11
12	PURCHASING PARADISE HAVEN LODGE AS A VISITOR'S CENTER					12
13	FOR CHUGACH STATE PARK.					13
14	WISCONSIN DRIVE REALIGNMENT-44TH TO SPENARD (ED 7)		690,000	690,000		14
15	THE APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE.					15
16	SPENARD ROAD SIGNALS-NORTHERN LIGHTS TO BENSON (ED 7)		130,000	130,000		16
17	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE.					17
18	BLACKBERRY AREA DRAINAGE PROJECT GRANT-ANCHORAGE (ED 7)		638,000	638,000		18
19	ALEUTIAN ISLAND PERRY STUDY (ED 15)		200,000	200,000		19
20	THREE TRANSIT BUS PULLOUTS CONSTRUCTION GRANT (ED 7)		60,000	60,000		20
21	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE.					21
22	TRANSPORTATION OF THE HANDICAPPED, ANCHORAGE (ED 7)		100,000	100,000		22
23	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE					23
24	FOR THE PROGRAM UNDER THE REHABILITATION ACT OF 1973.					24
25	ROADS AND PROJECTS (ED 7)		1,801,400	1,801,400		25
26	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE.					26
27	CATHODIC PROTECTION SYSTEM-PORT OF ANCHORAGE (ED 7)		1,000,000	1,000,000		27
28	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO ANCHORAGE.					28
29	DILLINGHAM-ALEKNAGIK ROAD IMPROVEMENTS (ED 16)		257,000	257,000		29
30	DILLINGHAM-WOOD RIVER ROAD IMPROVEMENTS (ED 16)		100,000	100,000		30
31	BETHEL-HAPAKJAK ROAD CONSTRUCTION (ED 17)		250,000	250,000		31
32	WAREHOUSE MOUNTAIN DISPOSAL & ROAD CONSTRUCTION (ED 16)		300,000	300,000		32
33	RTA GRADER TRANSPORTATION GRANT TO YAKOTNA (ED 18)		5,500	5,500		33
34	YAKOTNA AIRPORT & RUNWAY IMPROVEMENTS (ED 18)		50,000	50,000		34
35	YAKOTNA AIRPORT ROAD REROUTING (ED 18)		30,000	30,000		35

Chp 80
Sht 79

40

1	TRANSPORTATION (CONT.)		APPROPRIATION	APPROPRIATION	FUND SOURCES	1
3		ALLOCATIONS	ITEMS	GENERAL FUND	OTHER FUNDS	3
4	PORTAGE-WHITTIER TRANSPORTATION OPTIONS STUDY (ED 7)		200,000	200,000		4
5	THE STUDY SHALL DETERMINE THE ECONOMIC AND ENVIRONMENTAL					5
6	FEASIBILITY OF THE VARIOUS OPTIONS FOR DEVELOPING A					6
7	TRANSPORTATION SYSTEM FROM PORTAGE TO WHITTIER,					7
8	INCLUDING THE BEAR VALLEY ROAD. THE DEPARTMENT SHALL					8
9	PRESENT ITS FINDINGS TO THE LEGISLATURE BY THE 10TH DAY					9
10	OF THE SECOND SESSION OF THE ELEVENTH LEGISLATURE.					10
11	BETHEL HEIGHTS-AIRPORT ROAD CONSTRUCTION (ED 17)		300,000	300,000		11
12	BETHEL AIRPORT-STRENGTHEN APRON & WIDEN TAXIWAY (ED 17)		800,000	96,000	704,000	12
13	GRAVEL FOR STREETS-GRANT TO CITY OF BETHEL (ED 17)		100,000	100,000		13
14	SPRUCE CAPE-MISSION ROAD SURFACING (ED 16)		335,000	335,000		14
15	TWIN HILLS ROAD (ED 16)		250,000	250,000		15
16	SOUTHCENTRAL REGION					16
17	VALDEZ AIRPORT RUNWAY EXTENSION & LIGHTING (ED 5)		2,900,000	400,000	2,500,000	17
18	YUKON HIGHWAY MILE 72-83 IMPROVEMENTS (ED 19)		8,750,000	750,000	8,000,000	18
19	THIS PROJECT SHALL BE GIVEN THE HIGHEST PRIORITY WITHIN					19
20	THE REGION.					20
21	INTERIOR REGION					21
22	SIDEWALKS & LIGHTS GRANT TO NORTH POLE (ED 20)		78,000	78,000		22
23	YUKON RIVER FERRY ECONOMIC ANALYSIS (ED 20)		90,000	90,000		23
24	PARKING GARAGE/PEDESTRIAN WALKWAY DESIGN STUDY (ED 20)		100,000	100,000		24
25	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO THE					25
26	FAIRBANKS NORTH STAR BOROUGH.					26
27	LOCAL SERVICE ROADS & TRAILS-GRANT TO FAIRBANKS (ED 20)		550,000	550,000		27
28	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO THE					28
29	FAIRBANKS NORTH STAR BOROUGH.					29
30	ROAD UPGRADE GRANT TO DELTA JUNCTION (ED 19)		100,000	100,000		30
31	RESURFACE 800 FEET OF CENTRAL AIRSTRIP (ED 20)		280,000	280,000		31
32	ACCESS ROAD-STEESSE HIGHWAY TO BIRCH CREEK (ED 20)		90,000	90,000		32
33	CHIPS AND OIL ROAD IMPROVEMENT PROJECT (ED 20)		292,500	292,500		33
34	THIS APPROPRIATION SHALL BE PAID AS A GRANT TO THE					34
35	FAIRBANKS NORTH STAR BOROUGH.					35

STATE OF ALASKA

OFFICE OF THE GOVERNOR

JAY S. HAMMOND, GOVERNOR

BUDGET & MANAGEMENT

POUCH AM — JUNEAU 99811
PHONE 465-2213

April 10, 1980

Jay H. Hogan, Director
Legislative Finance Division
Pouch WF
Juneau, Alaska 99811

Re: Amendments to HB 645 for DOT/PF Capital Projects

Dear Jay:

Please amend HB 645 to include language necessary to accomplish the following changes for Department of Transportation and Public Facilities capital projects:

1. In Ch 80/79, Statewide Transportation Program, Runway Lighting and Navigational Aids (\$460,000, page 74, line 17), the twenty-three airports originally specified in the appropriation would be reduced to only one, Noorvik. The strobe lighting for the twenty-three airports is not an FAA approved system, and its continued use may jeopardize federal funding. As a substitute, FAA approved lighting and a prototype power system would be developed and tested for Noorvik.

2. In Ch 153/77, Marine Transportation, Aleutian Coastal Ferry Study (\$100,000, page 59, line 18) would be redesignated Southwest Alaska Transportation Study. This action is necessary to broaden the scope of the work to include an intermodal study as well as the ferry study. This Southwest Study would be carried out in conjunction with the on-going Aleutian Ferry Study funded in Ch 80/79.

Your assistance in implementing these changes is appreciated.

Sincerely,

Ron

Dr. Ronald D. Lehr, Director
Division of Budget & Management
Office of the Governor

ADDED
to
HB 710

STATE
of ALASKA

MEMORANDUM

TO: Ronald D. Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: April 10, 1980

FILE NO:

TELEPHONE NO:

FROM: Dick Brant, Budget Analyst *DB*
Division of Budget & Management
Office of the Governor

SUBJECT: DOT/PF Delete-Add Supplemental
for Aleutian Coastal Ferry Study

I have reviewed DOT/PF's request for a delete-add supplemental which changes a specific appropriation of \$100,000 for an Aleutian Coastal Ferry Study to a more general Southwest Alaska Transportation study. I recommend approval.

The funds involved are from FY 78 general fund capital projects (Ch 153/SLA 77) under Marine Transportation. This is a different source of funds than in a previous RP request which was denied. The use of the funds, to provide greater depth and scope by including an intermodal study along with the ferry study, is essentially the same as B&M has already endorsed.

The \$200,000 appropriation in Ch 80/SLA 79 for the Aleutian Island Ferry Study will remain as is in this proposal.

MEMORANDUM

State of Alaska

TO: Ron Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: March 13, 1980

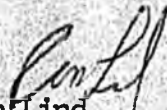
RECEIVED

FILE NO:

MAR 17 1980

TELEPHONE NO:

Budget and Management

FROM: 
Ron Lind
Deputy Commissioner
Department of Administration

SUBJECT: Delete-Add Supplemental
Action for Aleutian
Coastal Ferry Study
(1977 HB 701)

The Department of Transportation and Public Facilities request the following: That a delete-add supplemental action be initiated for a 1977 Legislative Appropriation (HB 701) of \$100,000 for an Aleutian Coastal Ferry Study sponsored by Rep. Alvin Osterback.

Ch 153 SA 78

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The intent of this action would be to delete funding from the 1977 Aleutian Coastal Ferry appropriation and add it to a proposed Southwest Alaska Transportation Study.

This Southwest Study would then become a part of the ongoing Aleutian Ferry Study funded in ~~1978~~ for \$200,000 by Representative Alvin Osterback.

1979, Ch 80

The incorporation of these funds would provide greater depth and scope to the entire project.

It would also utilize those funds in the area for which they were originally intended.

RL:WD:dm

1	DEVELOPMENT (CONT.)		APPROPRIATION	APPROPRIATION	FUND SOURCES
2			ITEMS	GENERAL FUND	OTHER FUNDS
3		ALLOCATIONS			
4	KETCHIKAN HARBOR FACILITIES	175,000			
5	JUNEAU HARBOR FACILITIES	325,000			
6	FAIRBANKS LAUNCHING RAMPS	22,500			
7	SITKA HARBOR IMPROVEMENTS	100,000			
8	CORDOVA HARBOR IMPROVEMENTS	200,000			
9	SEWARD HARBOR IMPROVEMENTS	250,000			
10	WHITTIER HARBOR IMPROVEMENTS	25,000			
11	ANCHORAGE - SHIP CREEK DREDGING	50,000			
12	EMERGENCY REPAIRS	75,000			
13	ADMINISTRATION, PLANNING, ENGINEERING	450,000			
14	NORTHWEST INTERIOR HARBOR STUDY	15,000			
15	TENAKEE BOAT HARBOR	50,000			
16	KETCHIKAN BOAT PROJECT		500,000	500,000	
17	WESTERN ALASKA PORT PROJECTS		300,000	300,000	
18	JUNEAU BOAT PROJECTS		1,400,000	1,400,000	
19	FAIRBANKS BOAT FEASIBILITY STUDY		50,000	50,000	
20	VARIOUS OPERATING PROJECTS		75,000	75,000	
21	MITKOF ISLAND LAUNCHING RAMP		50,000	50,000	
22	BETHEL WAREHOUSE AND DOCK		215,000	215,000	
23	WOME LARGE PORT FACILITY		200,000	200,000	
24	DEPARTMENT OF COMMUNITY & REGIONAL AFFAIRS		<u>375,000</u>	<u>375,000</u>	
25	FAIRBANKS TOWN/VILLAGE ASSOCIATION GRANT		10,000	10,000	
26	FIRE TRUCK - TOK		25,000	25,000	

1	DEVELOPMENT (CONT.)		APPROPRIATION	APPROPRIATION	FUND SOURCES
2			ITEMS	GENERAL FUND	OTHER FUNDS
3		ALLOCATIONS			
4	ELECTRICAL PROJECT - RUBY		40,000	40,000	
5	ELECTRICAL PROJECT - NIKOLAI		25,000	25,000	
6	FIRE TRUCK - GALENA		25,000	25,000	
7	HUGHES ELECTRICAL GENERATOR		25,000	25,000	
8	• • • • •		• • • • •	• • • • •	
9	• • • • • TRANSPORTATION		• • • • • TRANSPORTATION	• • • • •	
10	• • • • •		• • • • •	• • • • •	
11	DEPARTMENT OF TRANSPORTATION				
12	MARINE TRANSPORTATION				
13	COLUMBIA FAST FOOD CONVERSION		400,000	400,000	
14	VESSEL UPGRADE		180,000	180,000	
15	SPARE PARTS		271,000	271,000	
16	WASTE DISPOSAL DESIGN		50,000	50,000	
17	DOCK ELECTRICAL & SAFETY REHABILITATION		40,000	40,000	
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19	ANCHORAGE INTERNATIONAL AIRPORT				
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22	BLAST PROTECTION & RUNWAY SEAL COAT		2,060,000		2,060,000
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24	FAIRBANKS INTERNATIONAL AIRPORT				
25	RUNWAY SEAL COAT		670,000		650,000
26	AIRPORTS				
27	RUNWAY GRAVEL, SIX AIRPORTS		750,000	750,000	

Original sponsor: Rules/Governor

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 710

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act amending and adjusting appropriations made in
7 1977 and 1979; and providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. Section 23, ch. 80, SLA 1979, page 17, lines 5 and 6 (public
10 assistance eligibility), are repealed and re-enacted to read:

11 ALLOCATIONS APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

12 Public assistance

13 eligibility 4,448,500 2,643,600 1,804,900

14 Eligibility deter-

15 mination (138

16 positions) 4,318,100

17 * Sec. 2. Section 23, ch. 80, SLA 1979, page 23, line 4 (public assist-
18 ance administration), is repealed and re-enacted to read:

19 APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

20 Public assistance

21 administration

22 (29 positions) 969,900 564,600 405,300

23 * Sec. 3. Section 23, ch. 80, SLA 1979, page 23, line 25 (community
24 mental health services), is repealed and re-enacted to read:

25 APPROPRIATION ITEMS GENERAL FUND OTHER FUNDS

26 Community mental health

27 services 3,180,300 3,165,300 15,000

28 * Sec. 4. Section 23, ch. 80, SLA 1979, page 23, line 35 (Harborview), is
29 repealed and re-enacted to read:

1	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
2	Harborview (156 positions)	5,521,800	4,047,100 1,474,700

3 * Sec. 5. Section 23, ch. 80, SLA 1979, page 19, line 16, (employment
4 security), is repealed and re-enacted to read:

5	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
6	Employment security	20,322,900	38,900 20,284,000

7 * Sec. 6. Section 23, ch. 80, SLA 1979, page 19, line 18 (unemployment
8 insurance), is repealed and re-enacted to read:

9 ALLOCATIONS

10 Unemployment in-
11 surance (291
12 positions) 10,394,600

13 * Sec. 7. Section 23, ch. 80, SLA 1979, page 19, line 22, (labor market
14 information), is repealed.

15 * Sec. 8. Section 23, ch. 80, SLA 1979, page 19, line 24 (Department of
16 Labor administrative services), is repealed and re-enacted to read:

17	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
18	Administrative services		
19	(67 positions)	2,807,600	209,900 2,597,700

20 * Sec. 9. Section 23, ch. 80, SLA 1979, page 19 (Department of Labor), is
21 amended by adding between lines 24 and 25:

22 ALLOCATIONS

23 Research con-
24 tracts 95,900

25 Labor market
26 information 545,900

27 Management
28 services 2,165,800

29 * Sec. 10. Section 23, ch. 80, SLA 1979, page 29, line 35 (OSHA), is

1 repealed and re-enacted to read:

2	APPROPRIATION ITEMS	GENERAL FUND	OTHER FUNDS
3	OSHA	1,649,600	723,400 926,200

4 * Sec. 11. Section 23, ch. 80, SLA 1979, page 30, line 14 (research
5 contracts), is repealed.

6 * Sec. 12. Section 11, ch. 153, SLA 1977, page 59, line 18 (marine trans-
7 portation), is repealed and re-enacted to read:

8	APPROPRIATION ITEMS	GENERAL FUND
9	Southwest Alaska Trans-	
10	portation study	100,000 100,000

11 * Sec. 13. This Act takes effect immediately in accordance with AS 01.10.-
12 070(c).

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Funding Information:
 General Fund: \$ -0-
 Other Funds: -0-
 \$ -0-

Introduced: 2/11/80
 Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
 REQUEST OF THE GOVERNOR

CS HOUSE BILL NO. 710

Finance

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making appropriation adjustments for the
 7 Department of Health and Social Services, Division of
 8 Public Assistance; and providing for an effective
 9 date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. Section 23, ch. 80 SLA 1979, page 17, line 5 (Public
 12 Assistance Eligibility), is repealed and re-enacted to read:

13	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
14	Department of Health and			
15	Social Services			
16	Public Assistance			
17	Eligibility	\$ 4,448,500	\$ 2,643,600	\$ 1,804,900

18 * Sec. 2. Section 23, ch. 80 SLA 1979, page 17, line 6 (Eligibility
 19 Determination), is repealed and re-enacted to read:

20	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
21	Eligibility Determi-			
22	nation (138			
23	positions)	\$4,318,100		

24 * Sec. 3. Section 23, ch. 80 SLA 1979, page 23, line 4 (Public Assis-
 25 tance Administration), is repealed and re-enacted to read:

26	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
27	Public Assistance			
28	Administration			
29	(29 positions)	\$ 969,900	\$ 564,600	\$ 405,300

Funding Information:
 General Fund: \$ -0-
 Other Funds: \$ -0-
 \$ -0-

Introduced: 3/6/80
 Referred: Finance

BY THE ~~RULES COMMITTEE~~ BY
 REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 ~~HOUSE BILL NO. 938~~

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making FY 80 appropriation adjustments for
 7 the Department of Health and Social Services, Division
 8 of Mental Health and Developmental Disabilities; and
 9 providing for an effective date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section ~~3~~⁴. Section 23, ch. 80 SLA 1979, page 23, line 25 (Health), is
 12 repealed and re-enacted to read:

13 FUND SOURCES

14	APPROPRIATION	GENERAL	OTHER
15 Community Mental Health			
16 Services	\$3,180,300	\$3,165,300	\$ 15,000

17 * Sec. ~~4~~⁵. Section 23, ch. 80 SLA 1979, page 23, line 35 (Health), is
 18 repealed and re-enacted to read:

19 FUND SOURCES

20	APPROPRIATION	GENERAL	OTHER
21 Harborview (156 positions)	5,521,800 5,521,800	4,047,100 4,047,100	\$1,474,700

22 * ~~Sec. 3. Section 22, ch. 80 SLA 1979, page 24, lines 16 and 17 (Health),~~
 23 ~~are repealed and re-enacted to read:~~

24 FUND SOURCES

25	ALLOCATIONS	APPROPRIATION	GENERAL	OTHER
26 Mental Health Administration				
27 and Support		\$ 821,000	\$ 621,000	\$ 200,000
28 Central Office				
29 Administration				

Funding Information:
 General Fund: \$ -0-
 Other Funds: \$ -0-
 \$ -0-

Introduced: 3/17/80
 Referred: Finance

1 IN THE HOUSE

BY ~~THE RULES COMMITTEE BY~~
~~REQUEST OF THE GOVERNOR~~

2 ~~HOUSE BILL NO. 960~~

3 IN THE LEGISLATURE OF THE STATE OF ALASKA
 4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making appropriation adjustments for the
 7 Department of Labor, administrative services; and
 8 providing for an effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 6. Section 23, ch. 80 SLA 1979, page 19, line 16 (Social
 11 Services), is repealed and re-enacted to read:

	FUND SOURCES		
	APPROPRIATION	GENERAL	OTHER
14 Employment Security	\$20,322,900	.\$ 38,900	\$20,284,000

15 * Sec. 7. Section 23, ch. 80 SLA 1979, page 19, line 18 (Social Ser-
 16 vices), is repealed and re-enacted to read:

17 ALLOCATIONS

18 Unemployment In-
 19 surance (291
 20 positions) \$10,394,600

21 * Sec. 8. Section 23, ch. 80 SLA 1979, page 19, line 22, (Social Ser-
 22 vices), is repealed.

23 * Sec. 9. Section 23, ch. 80 SLA 1979, page 19, line 24 (Social Services),
 24 is repealed and re-enacted to read:

	FUND SOURCES		
	APPROPRIATION	GENERAL	OTHER
27 Administrative Services 28 (67 positions)	\$ 2,807,600	\$ 209,900	\$ 2,597,700

29 * Sec. 10. Section 23, ch. 80 SLA 1979, page 19, is amended to read, by

adding between lines 24 and 25:

ALLOCATIONS

Research contracts \$ 95,900

Labor market information \$ 545,900

Management services \$2,165,800

* Sec. ¹¹~~8~~. Section 23, ch. 80 SLA 1979, page 29, line 35 (Public Protection), is repealed and re-enacted to read:

FUND SOURCES

APPROPRIATION GENERAL OTHER

OSHA \$ 1,649,600 \$ 723,400 \$ 926,200

* Sec. ¹²~~7~~. Section 23, ch. 80 SLA 1979, page 30, line 14 is repealed.

~~* Sec. 8. This Act takes effect immediately in accordance with AS 01 - 10-070(-).~~

1 "An Act making appropriation transfers for the Department of
 2 Transportation and Public Facilities."

3 * Sec. ¹³~~10~~. Chapter 153, SLA 1977, page 59, line 18 is repealed
 4 and reenacted to read:

	APPROPRIATION		APPROPRIATION FUND SOURCES	
	ALLOCATIONS	ITEMS	GENERAL FUND	OTHER FUNDS
7	DEPARTMENT OF TRANSPORTATION			
8	MARINE TRANSPORTATION			
9	SOUTHWEST ALASKA TRANSPORTATION			
10		STUDY	100,000	100,000

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Funding Information:
 General Fund: \$ -0-
 Other Funds: -0-
 \$ -0-

Introduced: 2/11/80
 Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
 REQUEST OF THE GOVERNOR

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HOUSE BILL NO. 710
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 ELEVENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act making appropriation adjustments for the Department of Health and Social Services, Division of Public Assistance; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. Section 23, ch. 80 SLA 1979, page 17, line 5 (Public Assistance Eligibility), is repealed and re-enacted to read:

	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
Department of Health and Social Services				
Public Assistance Eligibility		\$ 4,448,500	\$ 2,643,600	\$ 1,804,900

* Sec. 2. Section 23, ch. 80 SLA 1979, page 17, line 6 (Eligibility Determination), is repealed and re-enacted to read:

	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
Eligibility Determination (138 positions)	\$4,318,100			

* Sec. 3. Section 23, ch. 80 SLA 1979, page 23, line 4 (Public Assistance Administration), is repealed and re-enacted to read:

	ALLOCATION	APPROPRIATION	GENERAL FUND	OTHER
Public Assistance Administration (29 positions)		\$ 969,900	\$ 564,600	\$ 405,300



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 11, 1980

The Honorable Terry Gardiner
Speaker of the House
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill making appropriation adjustments for the Department of Health and Social Services, Division of Public Assistance, in order to pay for computerization of the Medicaid program.

Section 1 of the bill repeals and re-enacts line 5, page 17, sec. 23, ch. 80 SLA 1979 as follows:

Current:	\$4,507,500	\$2,679,000	\$1,828,500
As amended:	4,448,500	2,643,600	1,804,900

Section 2 of the bill repeals and re-enacts line 6, page 17, sec. 23, ch. 80 SLA 1979, as follows:

Current:	\$4,377,100
As amended:	4,318,100

Section 3 of the bill repeals and re-enacts line 4, page 23, sec. 23, ch. 80 SLA 1979, as follows:

Current:	\$ 910,900	\$ 529,200	\$ 381,500
As amended:	969,900	564,600	405,300

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Jay S. Hammond".

Jay S. Hammond
Governor

MEMORANDUM

06-8
143710

TO: Ron Lehr, Director
 Division of Budget and
 Management
 Office of the Governor

FROM: *Helen D. Beirne*
 Helen D. Beirne
 Commissioner
 Department of Health and Social Services

DATE: OCT 25 1979

FILE NO:

TELEPHONE NO:

SUBJECT: FY'80 "Delete and Add" Supplemental
Request - Department of Health and
Social Services
Division of Public Assistance

The Department of Health and Social Services requests a FY 80 "delete and add" supplemental appropriation for the Division of Public Assistance.

This "delete and add" request is identified as follows:

<u>Appropriation</u>	<u>Allocation</u>	<u>Amount</u>
Public Assistance Eligibility	Eligibility Determination	(59.00)
Public Assistance Administration		<u>59.00</u>
		-0-

Permission is requested to use an amount not to exceed \$59,000 (\$35.4 SGF\$23.6 FFP) current year funds budgeted in the Eligibility Determination BRU of the DHSS Division of Public Assistance as a funding source for the \$139,000 Computer Sciences Corporation (CSC) Medicaid automated billing and payments contract. These Eligibility Determination BRU funds are to be added to the \$80,000 we estimate will be available within the Public Assistance Administration BRU following the deletion of six positions and lay-off of employee incumbents beginning November 15, 1979.

We are now in the final stages in the award of this \$139,000 contract to CSC. This firm was the lowest responsible bidder to our request for proposals. Region X, DHEW has concurred in the award. Earlier, DHEW told us that unless the State brings its Medicaid payment system into full compliance in very short order, Region X would be forced to take formal deferral or withholding action against all \$20,005,600 in budgeted current year Medicaid funds. They have strongly recommended, and, in fact, have insisted, that we immediately employ the services of a contractor/consultant with demonstrated expertise in Medicaid payment systems. The Computer Sciences Corporation meets this requirement.

The Department has received concurrence and approval of this request from the Office of the Governor and the Department of Administration. (See attached Memorandum from Allen Korhoner, dated October 22, 1979.) In the event the Legislature does not approve the "delete and add" supplemental request we shall give the contractor the 30 day notice of termination provided in the contract. This would require a return to the same manual payment system which has already placed our Federal Medicaid funding in jeopardy.

OCT 25 REC'D

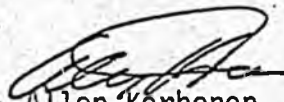
MEMORANDUM

TO: Ron Lehr, Director
Division of Budget & Management
Office of the Governor

DATE: October 22, 1979

FILE NO:

TELEPHONE NO:

FROM: 
Allen Korhonen, Deputy Commissioner
Department of Health & Social Services

SUBJECT: Funding for the \$139,000
CSC Medicaid Contract

Permission is requested to use an amount not to exceed \$59,000 (\$35.4 SGF - \$23.6 FFP) current year funds budgeted in the Eligibility Determination BRU of the DHSS Division of Public Assistance as a funding source for the \$139,000 Computer Sciences Corporation (CSC) Medicaid automated billing and payments contract. These Eligibility Determination BRU funds are to be added to the \$80,000 we estimate will be available within the Public Assistance Administration BRU following the deletion of six positions and lay-off of employee incumbents beginning November 15, 1979.

We are now in the final stages in the award of this \$139,000 contract to CSC. This firm was the lowest responsible bidder to our request for proposals. Region X, DHEW has concurred in the award. Earlier, DHEW told us that unless the State brings its Medicaid payment system into full compliance in very short order, Region X would be forced to take formal deferral or withholding action against all \$20,005,600 in budgeted current year Medicaid funds. They have strongly recommended, in fact, have insisted, that we immediately employ the services of a contractor/consultant with demonstrated expertise in Medicaid payment systems. The Computer Sciences Corporation meets this requirement.

Initially we thought that some portion of the \$189,000 (balance now approximates \$166,000) budgeted within DHSS for Department of Administration Medicaid systems support could be used to fund all or a part of this contract. However, during recent discussions with the Department of Administration and Division of Budget and Management, we were advised that all Medicaid budgeted funds must be transferred over to the Department of Administration; notwithstanding that: (1) upon the effective date of the CSC contract the Department of Administration will no longer provide systems support to Medicaid; (2) The \$189,000 was erroneously budgeted at 50% SGF and 50% FFP instead of the actual claim rate of 60% SGF and 40% FFP (thus creating a 10% shortfall in FFP); (3) billings for the first three months of the current year average \$7,500 per month, annualized at \$90,000; and (4) DHSS cannot claim and transfer to the Department of Administration Federal funds for Medicaid which are not earned by that Department. At the conclusion of the meeting, DHSS agreed to earmark \$90,000 in budgeted Medicaid funds plus the Federal funds already earned for July, August and September for the Department of Administration. During the remaining months of the year we shall make a concerted effort to increase our purchase of services (RSA's) in order to reach the original \$189,000 budgeted figure.

OCT 25 REC'D

Your approval of this request to use \$59,000 from the Eligibility Determination BRU will enable us to finalize our contract for services with CSC without further delay. In the event the Legislature does not approve the "delete and add" supplemental request we shall give the contractor the 30 day notice of termination provided for in the contract. This would, of course require a return to the same manual payment system which has already placed our Federal medicaid funding in jeopardy.

CONCURRENCE & APPROVAL

Ron Lahn

Division of Budget & Management
Office of the Governor

Joe S. Grane 10/27/79

Department of Administration

[Signature] 10/27/79

Department of Health & Social Services

REVISED PROGRAM SUMMARY
by
BUDGET COMPONENT

Page 1

GOVERNMENT PROGRAM	
AGENCY	DEPT OF HEALTH & SOCIAL SERVICES
DIVISION	
BUDGET REQUEST UNIT	
BUDGET COMPONENT	
APPROPRIATION	PUBLIC ASSISTANCE ELIGIBILITY
ALLOCATION	ELIGIBILITY DETERMINATION

	FCC	GOV. VETO	INITIAL AUTH.	APPROVED <input checked="" type="checkbox"/>	APPROVED <input type="checkbox"/>	APPROVED <input type="checkbox"/>	APPROVED <input type="checkbox"/>
				1/2 #7 RP80-38X	BALANCE FY80 SUPPL. MONTH	BALANCE	BALANCE
01	PERSONAL SERVICES		3131.5		3131.5 ✓	3131.5	
02	TRAVEL		62.8		62.8 ✓	62.8	
03	CONTRACTUAL		759.3	40.0	799.3 ✓	799.3	
04	COMMODITIES		29.6		29.6 ✓	29.6	
05	EQUIPMENT						
06	LANDS, BUILDINGS		73.9		73.9 ✓	73.9	
07	GRANTS, CLAIMS						
08	MISCELLANEOUS		320.0	<40.0>	280.0 ✓	<59.0>	221.0
000	UNALLOCATED						
	TOTAL		4377.1	∅	4377.1 ✓	<59.0>	4318.1
725	FEDERAL FOOD STAMP		869.5		869.5		
726	FEDERAL IV-A		859.4		859.4		
730	FEDERAL XIX		10.0		10.0		
	FEDERAL						
	FEDERAL						
	FEDERAL						
	FEDERAL						
1002	FEDERAL TOTAL		1738.9		1738.9	<23.6>	1715.3
1003	G/F MATCH		1738.9		1738.9	<23.6>	1715.3
1004	GENERAL FUND		899.3		899.3	<11.8>	887.5
1005	I/A RECEIPTS						
1028	PROGRAM RECEIPTS						
	DEFERRED REVENUE						
	G/F RESTRICTED						
15	FULL TIME		127		127.0		
16	PART TIME		11		11.0		
17	TEMPORARY						
18	MAN-MONTHS						