

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 8672

1442 SHESS 1981 INTERIM: INFO. - HOSPITAL QUESTIONAIRES

Section 1122 of the Social Security Act.

- 1) capital costs (interest, depreciation & return on equity) are not included as "allowable costs" under Medicare, Medicaid and Maternal & Child Health Programs unless the project has been approved.
- 2) could be applied to expenditures and facilities not covered by state law.
- 3) Fed. regulations can be expanded in less time than state laws can be changed.

1. info on professionals in health fields (UK vs U.S.), changes in illness & mortality.
2. Annual reviews of medical boards
3. Coordination of Burke Study
4. Cost containment in health care/hospitals
5. Licensing of lay midwives & naturopaths
6. questionnaire survey of health professionals
7. EMR/EMT
8. NHP & COW
9. Indian Health Service
10. Preventive Health - Board of Space Research  
Health Education

750/85-00  
750  
100

1400/55-00  
400  
1500

1970

85  
55  
140

700  
200

~~1110/178.50~~  
~~1110~~  
6300

Prof

1. Med Bd - how good?
2. Nec changes in health care system?
3. HSA + SHCC - continue?
4. Deliver babies - home, birthing center, hosp
5. Terminal care (hospice)
6. Def practicing med, etc.
7. Income adequate?
8. Atk condition which cause illness?
9. Nurses - interest in cont ed? to BA?
10. Dr, Nurse, PA's - EMS tag worth while?
11. Villages - how often visited by Dr, Dentist, Nurse?

Comm

- Health care avail? - How far away?
- Can you afford it?
- Where does your health money go?
- Health ed in schools?
- Prevention? Well baby clinic?
- Birthing center
- Terminal care (hospice)
- Emergency health care?

Timing & Admin

Dec 11?

Last mtg Aach coord w/ finish Battelle study?  
Meet jointly or w/ their director?

Letters Sen, Rep & Hosp Fbks, News, Bethel, Soldana  
re time for local hearing?

Home addresses accurate for comm members?

Letters Ak Indian Health Board, IHS, DHSS,  
all three HSA's, Ak Hosp Assn, all prof assoc,

Physicians

Phys. Assist

Nurses

Psychologists

Optometrist

Opticians

Dentists

EMT (?)

PHARMACISTS

1981

INTERIM

HOSPITAL

QUESTION-  
NAIRES

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GENERAL

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

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

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

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

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

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

HEALTH CARE COSTS

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

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

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

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

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

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

N/A

HEALTH PLANNING

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

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

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

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

INSURANCE

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

specify):

Private Insurance \_\_\_\_\_

Medicare Adverse procedure for billing - slow reimbursement

Medicaid Difficulty in making eligibility determinations

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

\_\_\_\_\_  
\_\_\_\_\_

### THE COMMUNITY

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

Inpatient? No

Outpatient? No

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

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

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

Inpatient? No

Outpatient? No

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

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

Preventive Health

Health Education

Supervised volunteer program

Birthing center

Hospice services

Mental health services

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

BUDGET

1. What is your:

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

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

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

SERVICES to name

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

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical	<u>230 (any)</u>	_____
Obstetrical	_____	_____
Newborn well care	_____	_____
In ensive/cardiac care:		
Adult	_____	_____
Pediatric	_____	_____
Newborn	_____	_____
Chemical dependency	_____	_____
Thermal	_____	_____
Psychiatric	_____	_____
OTHER SERVICES		
Electroencephalography	_____	_____
Diagnostic Radioisotope	_____	_____
CAT Scanner	_____	_____
Radioisotope Therapy	_____	_____
Radium Therapy	_____	_____
Cobalt Therapy	_____	_____
Chemotherapy	_____	_____

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

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

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

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

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DRAFT

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

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

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

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

TABLE IX-A  
 OUTPATIENT ANCILLARY UTILIZATION

Residence by Hospital

July/August 1978

Petersburg

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

TABLE IX-A  
 OUTPATIENT ANCILLARY UTILIZATION

Residence by Hospital

July/August 1978

Bartlett

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

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

KETCHIKAN

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

DARTLETT

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

SITKA

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

GENERAL

1. Where do the people who use the services of your facility live?  
 (List by community or region of the state, and the percentage of the total number served) ATTACHED ARE COPIES OF A 1973 PATIENT ORIGIN STUDY THAT INDICATE ABOUT 84% OF INPATIENTS, OUTPATIENTS AND EMERGENCY ROOM PATIENTS ARE FROM JUNEAU WITH THE REMAINDER FROM SE ALASKA.

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

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

1981

3. Does your facility have difficulty meeting the current Fire/Life Safety codes? NO If yes, please describe HOWEVER, THE COST OF COMPLIANCE INCREASES OUR CHARGES. (ALL REGULATION TEND TO INCREASE COST)  
 Do you have any other concerns about the physical structure of your facility? CURRENTLY DOING LONG RANGE PLANNING TO DEVELOP NECESSARY CHANGES & ADDITIONS TO MEET COMMUNITY NEED

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

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

5. Do you expect a significant impact on your facility since the passage of HB 18 raising Revenue Sharing to \$250,000 for all hospitals? NO What are the major reasons for your annual shortfall? WE DO NOT HAVE A SHORTFALL. HOWEVER, WE MUST CONSTANTLY RAISE OUR RATES TO MEET INFLATION AND COMPETITIVE SALARIES - ESPECIALLY STATE OF ALASKA SALARIES!

HEALTH CARE COSTS

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

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

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

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

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

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

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

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

HEALTH PLANNING

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

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

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

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

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

INSURANCE

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

specify):

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

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

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

THE COMMUNITY

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

Inpatient? NO - WE ARE A HOLDING UNIT ONLY.

Outpatient? NO - HANDLED AT JUNEAU MENTAL HEALTH CENTER

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

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

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

Inpatient? NO

Outpatient? NO - HANDLED AT JUNEAU REGIONAL REHABILITATION HOSPITAL

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

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

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

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

BUDGET

1. What is your:

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

\* INCLUDED IN EXPENDITURES

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

SERVICES

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

SERVICE	CHARGE/DAY	CHARGE/STAY
Acute medical/surgical **	\$ 235	\$ 1900 *
Obstetrical	\$ 235	\$ 1400 *
Newborn well care	\$ 170	\$ 500 *
Intensive/cardiac care:		
Adult	\$ 475	\$ 6700 *
Pediatric	✓	-
Newborn	✓	-
Chemical dependency	-	-
Thermal	-	-
Psychiatric (INPATIENT UNIT ONLY)	\$ 255	-
OTHER SERVICES		
Electroencephalography	\$ 130 (INCLUDES PROFESSIONAL FEE)	
Diagnostic Radioisotope	\$ 369 (PROM WITH FLOW)	
CAT Scanner	-	
Radioisotope Therapy	-	
Radium Therapy	-	
Cobalt Therapy	-	
Chemotherapy	\$ 120 (PHARMACEUTICAL)	

\* AVERAGE INCLUDING ANCILLARY SERVICES

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

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

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

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

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

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THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

February 17, 1982

Trustees

Ray L. Soltis  
President

Jack Bentley  
Vice President

William H. Ivy, M.D.  
Secretary

Vernon Cates, M.D.

Ermitt Wilson

Ronald A. Pavellas  
Administrator

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

Dear Senator Parr:

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

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

Sincerely,



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

SAA:in

Enclosure(s)

cc: Dennis DeWitt  
Tom Mingen  
Ronald Pavellas  
SAA/file

GENERAL

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

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

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

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

---

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

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

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

HEALTH CARE COSTS

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

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

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

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

#### HEALTH PLANNING

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

#### INSURANCE

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

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

Private Insurance See Attachment A

Medicare See Attachment A

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

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

\_\_\_\_\_  
\_\_\_\_\_

THE COMMUNITY

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

Inpatient? Psychiatric unit is at Providence Hospital.

Outpatient? \_\_\_\_\_

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

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

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

Inpatient? \_\_\_\_\_

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

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

\_\_\_\_\_

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

X Preventive Health

X Health Education

X Supervised volunteer program

X Birthing center - Already established.

\_\_\_\_\_ Hospice services

\_\_\_\_\_ Mental health services

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

BUDGET

1. What is your:

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

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

3. What funding do you receive from the state? \_\_\_\_\_

State Revenue Sharing Aid to Construction per year	4,771.830
State Revenue Sharing Aid to Operations per year	250,000

SERVICES

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

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



· PLEASE NOTE: THE PRECEDING PAGES WERE TREATED  
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# THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

## ATTACHMENT A

### Trustees

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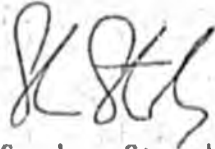
Honori A. Pavellas  
Administrator

### GENERAL PROBLEMS

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

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

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



Sandra Stromberg  
Patient Accounting Manager

THE ALASKA HOSPITAL AND MEDICAL CENTER, INC.

Table 7

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

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

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

TABLE 8

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

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

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

TABLE 9

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

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

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

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

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

#### HEALTH PLANNING

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

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

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

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

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

#### INSURANCE

Does your facility have any problems with insurance? (Please

specify):

Private Insurance N/A

Medicare No

Medicaid No

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

### THE COMMUNITY

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

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

BUDGET

1. What is your:

	Acute care	Long term care
Revenue Budget	N/A	
Expenditure Budget	<u>\$8,000,000</u>	
Capital Budget		

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

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

SERVICES

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

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



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GENERAL

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

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

1981

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

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

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

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

HEALTH CARE COSTS

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

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

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

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

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

on current costs which may not reflect cost effective operation  
Please explain any other effects on your facility from C.O.N.  
Costly in terms of management time which is equated  
in labor \$.

HEALTH PLANNING

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

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

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

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

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

INSURANCE

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

specify):

Private Insurance 4-6 weeks turn around time

Medicare 2-4 wks turn around time

Medicaid 4-6 wks turn around time

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

THE COMMUNITY

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

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

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

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

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

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

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

BUDGET

1. What is your:

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

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

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

SERVICES

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

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



PATIENT ORIGIN STUDY I

Table 3 Valley Hospital, January - December 1978, number<sup>1</sup> of patients discharged and number<sup>1</sup> of patient days by residence.

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

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

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GENERAL

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

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

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

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

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

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

In your community? \_\_\_\_\_ Categories: \_\_\_\_\_

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

HEALTH CARE COSTS

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

Results: Savings or no overexpenditures of budgets

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

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

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

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

HEALTH PLANNING

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

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

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

4. What areas do you think are lacking in the current health planning?  
Insurance coverage of providing primary care. Educated in preventive or holistic health. People need to take greater responsibility for their own level of health.

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

specify):

Private Insurance none

Medicare none

Medicaid none

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

THE COMMUNITY

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

Inpatient? Only able to evaluate and refer.

Outpatient? Evaluative services with limited counseling

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

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

Inpatient? NO - Limited staff & rooms will be no sleeping problems.

Outpatient? NO - Even with low utilization near medical professionals will not do an adequate job with drug dependent clients

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

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

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

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

BUDGET

1. What is your:

	Acute care &	Long term care
Revenue Budget '82	3,197,640	232,564
Expenditure Budget '82	3,141,956	232,564
Capital Budget		

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

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

SERVICES

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

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



## RESPIRATORY THERAPY AND PHYSICAL THERAPY CHARGES

### RESPIRATORY THERAPY

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

### PHYSICAL THERAPY

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

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# Seward General Hospital

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

September 30, 1981

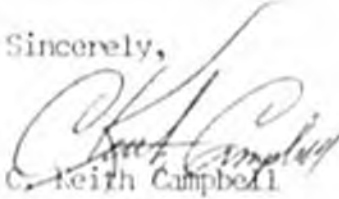
Senator Charles H. Parr, Chairman  
Alaska State Legislature  
Health, Education and Social Services Committee  
Pouch V  
Juneau, Alaska 99811

Dear Senator Parr:

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

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

Sincerely,



C. Keith Campbell  
Administrator

CKC:ecb

Enclosure

Seward

GENERAL

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

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

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

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

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

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

In your community? YES Categories: R.N.

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

HEALTH CARE COSTS

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

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

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

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

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

#### HEALTH PLANNING

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

#### INSURANCE

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

specify):

Private Insurance NO

Medicare NO

Medicaid & GRM SLOW

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

\_\_\_\_\_

\_\_\_\_\_

THE COMMUNITY

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

Inpatient? NO

Outpatient? YES

2. Are there other services in the community for the mentally ill?  
YES What needs of this group are not met locally that you feel are necessary? We are trying to establish a more adequate inpatient program.

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

Inpatient? YES

Outpatient? YES

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

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

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

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

BUDGET

1. What is your:

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

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

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

SERVICES

*Seward*

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

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



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GENERAL

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

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

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

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

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

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

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

HEALTH CARE COSTS

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

specify):

Private Insurance \_\_\_\_\_

Medicare Extremely slow in reimbursement

Medicaid " " "

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

\_\_\_\_\_  
\_\_\_\_\_

THE COMMUNITY

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

Inpatient? NO inpatient service

Outpatient? yes

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

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

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

Inpatient? yes

Outpatient? yes

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

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

Preventive Health

Health Education

Supervised volunteer program

Birthing center

Hospice services

Mental health services

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

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

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

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

HEALTH PLANNING

1. Are you involved with your HSA? Minimally To what extent? \_\_\_\_\_

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

It serves little meaningful purpose in health care delivery

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

Would you like to see their priorities changed? How? \_\_\_\_\_

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

INSURANCE

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

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

BUDGET

1. What is your:

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

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

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

SERVICES

ANMC

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

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

Psychiatry / Hospital / Pharmacy



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

November 19, 1981

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

Dear Nancy:

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

Sincerely,

Murlin Day  
Acting Service Unit Director



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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

HEALTH PLANNING

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

INSURANCE

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

specify):

Private Insurance \_\_\_\_\_

Medicare        SLOW \_\_\_\_\_

Medicaid        SLOW \_\_\_\_\_

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

Does not affect us that much.  
\_\_\_\_\_  
\_\_\_\_\_

THE COMMUNITY

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

Inpatient?        NO \_\_\_\_\_

Outpatient?        NO \_\_\_\_\_

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

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

Inpatient?        NO \_\_\_\_\_

Outpatient?        NO \_\_\_\_\_

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

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

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

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

BUDGET

1. What is your:

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

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

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

SERVICES

*Bonus*

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

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



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Fair Hospital  
Box 5  
Glennallen, AK 99586

GENERAL

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

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

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

HEALTH CARE COSTS

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

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

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

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

HEALTH PLANNING

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

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

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

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

INSURANCE

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