

Trends in Alaska's Health-Care Spending

Jessica Passini, Rosylnd Frazier, and Mouhcine Guettabi

September 2018

The Harold E. Pomeroy Public Policy Research Endowment supported this research,
through the University of Alaska Foundation.



This Pomeroy funded chart book is a compendium of information on health-care spending based on existing national and state publically available research. The figures and tables in the chart book synthesize a wide range of data into a resource that displays trends, variations, and growth in health-care spending in Alaska. It shows how Alaska compares nationally and with other states.

The intent of the chart book is to synthesize a wide range of data and present it as an objective, easy-to-use resource to increase awareness, encourage questions, and facilitate policy conversations on health care in Alaska.

- 1) There is four-page research summary of highlights from the full chart book.
- 2) The complete set of figures from the chart book is available as a downloadable PDF.
- 3) A more detailed chart book is accessible as an Excel file through the ISER website.

The Institute of Social and Economic Research (ISER) encourage others to incorporate the tables and figures from this chart book into their own presentations and to share this resource widely.

<https://iseralaska.org/>

Most of the data here are from the Centers for Medicare and Medicaid Services (CMS), which was released in June 2017 and are the most recent data available covering 1991 - 2014. We anticipate the next CMS update with data through 2019 to be released in 2022. Data from other sources are also the most currently available and are through 2016.

Acknowledgements

We would like to express our appreciation to all those who made it possible for us to complete this project. These documents were prepared with the help of Alexandra Hill, Ralph Townsend, and Virgene Hanna who reviewed drafts and provided comments and suggestions. We gratefully acknowledge with much thanks Linda Leask for her invaluable guidance and encouragement of the content and her skills in improving our presentation.

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Research Summary

No.87

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Institute of Social and Economic Research · University of Alaska Anchorage

September 2018

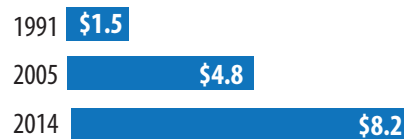
All Americans spend a lot to get health care—but Alaskans spend the most per resident, face the highest insurance premiums, and have seen overall spending grow much faster. Here we highlight some trends in Alaska's health-care spending since the 1990s, based on existing publically available data that allow us to compare changes in Alaska and nationwide. A chart book with much more detail is available on ISER's website. We hope this broad information on trends in health-care spending will help Alaskans better understand what happened, consider possible reasons why, and think about potential ways to change the upward spiral.

HEALTH-CARE SPENDING, ALASKA AND U.S., 1991-2014

An important source of information on health-care spending is the federal Centers for Medicare and Medicaid Services (CMS), which publishes data on personal health-care spending in individual states and the U.S. as a whole. But it publishes that data only at five-year intervals. The most recent update was in 2017, with information from 1991 through 2014.

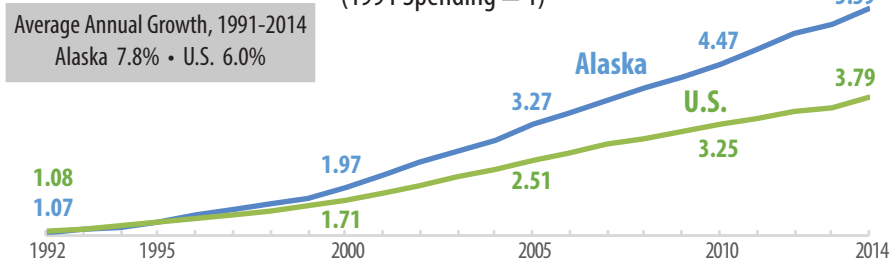
- *In less than 25 years, Alaska's spending for health care increased more than 5 times over.* Spending was \$1.5 billion in 1991, \$4.8 billion in 2005, and \$8.2 billion by 2014 (Figure 1).
- *Alaska's health-care spending grew just slightly faster than the national average until the mid-1990s, but after 2000 it began growing much faster.* By 2005 spending in Alaska was triple what it had been in 1991, while nationwide it was about 2.5 times more. In 2014, spending in Alaska was 5.6 times what it had been in 1991, compared with a national increase of just under 4 times (Figure 2).
- *From 1991 through 2014, health-care spending grew on average 7.8% a year in Alaska and 6.0% nationwide (Figure 2).*
- *Spending per person in Alaska and across the country was about the same in 1991, but by 2014 it was more than a third higher in Alaska.* Spending in Alaska and across the country was around \$2,600 per person in 1991. That spending increased a lot in both Alaska and the entire U.S. over the years—but the jump in Alaska was bigger, so that by 2014 spending was more than \$11,000 per person in Alaska, compared with around \$8,000 nationwide (Figure 3).

Figure 1. Alaska Health-Care Spending
(In Billions of Dollars)



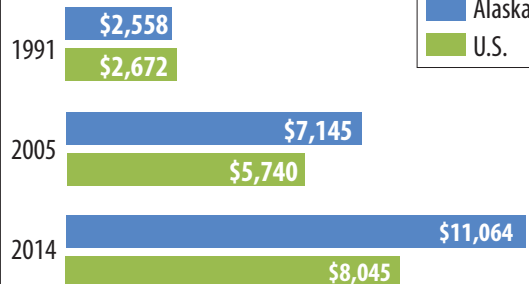
Source: Centers for Medicare and Medicaid Services (CMS)

Figure 2. Growth in Health-Care Spending, Alaska and U.S., 1991-2014
(1991 Spending = 1)



Source: Authors' calculations, based on data from Centers for Medicare and Medicaid Services (CMS)

Figure 3. Health-Care Spending Per Person, Alaska and U.S.



Source: Centers for Medicare and Medicaid Services (CMS)

SPENDING BY CATEGORY, 1991 AND 2014

Not all categories of health-care spending grew at the same pace between 1991 and 2014. There were changes in both Alaska and the U.S. as a whole—but the changes differed (Figure 4).

- *Hospital care still takes the largest share of the health-care dollar, in both Alaska and nationwide. But that share declined somewhat between 1991 and 2014—from 43.2% to 42.6% in Alaska and from 41% to 38% nationwide.*
- *Care by doctors accounts for the next largest share of spending in Alaska and around the country. But in Alaska that share increased between 1991 and 2014, from 27.4% to 30.4%, while nationwide it dropped, from 26% to 23.3%.*
- *The category “other health, residential, and personal care” has become a larger share of spending in Alaska and nationwide. But the increase was bigger in Alaska, up from 3.8% to 7.2%, compared with from 4% to 6% in the entire country. This category includes several kinds of spending, but CMS reports the largest is the waiver that allows Medicaid coverage for some kinds of care in community centers or homes.*
- *Prescription drugs are taking a bigger share of the health-care dollar in the U.S. on average, but not in Alaska. Nationwide, prescription drugs accounted for 10% of spending in 1991 but 14% in 2014—while in Alaska, that share dropped from almost 10% to under 6%. We found no explanation for that slower growth, at a time when the rising cost of prescription drugs was often in the news.*
- *Dental care makes up a smaller share of spending than it used to, around the country and in Alaska. But the drop was considerably bigger in Alaska—from 7% in 1991 to under 5% by 2014.*
- *Nursing home care accounts for less of total health-care spending in Alaska and across the country, but the share for home health care is growing. Home health care includes nursing and other services private agencies provide in homes. But despite the growth, it remains a small part of total spending—less than 2% in Alaska in 2014.*

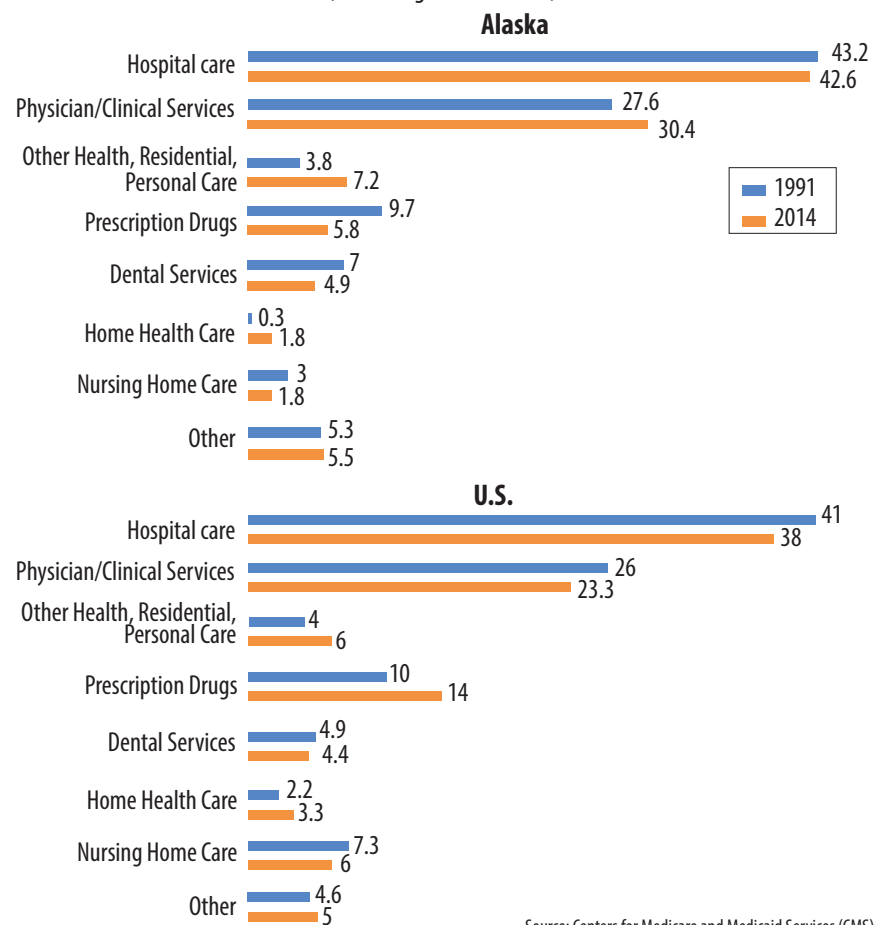
PUTTING GROWTH IN CONTEXT

We’ve shown that Alaska’s spending for health care is multiple times more now than it was 25 years ago, and Figures 5 and 6 help put that very fast growth in context.

- *The total Anchorage consumer price index (CPI) was up 77% from 1991 through 2017—but the the medical care part of the index was up 210%. So prices for medical items in the CPI increased nearly three times faster than prices in the overall CPI.*

The federal government reports the CPI, which is the most widely used gauge of inflation in the country. It measures change in prices over time, for a specific market basket of goods and services, in various areas and nationwide. In Alaska, the only CPI is for Anchorage.

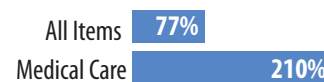
Figure 4. Changing Composition of Health-Care Spending, 1991-2014
(Percentage Distribution)



Source: Centers for Medicare and Medicaid Services (CMS)

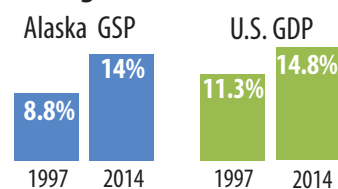
- *Health-care spending accounts for a bigger share of the value of all goods and services produced now than in the 1990s, in Alaska and nationwide. That value is called the gross state product (GSP) in individual states. For the entire U.S. it’s called the gross domestic product (GDP). How much health-care spending contributes to total GSP is a measure of its economic importance. Alaska’s GSP is, however, more volatile than the national measure, because the value of oil produced is a big part of Alaska’s GSP—and that value changes with higher or lower oil prices.*

Figure 5. Increase in Anchorage Consumer Price Index, All Items and Medical Care, 1991-2017



Sources: U.S. Bureau of Labor Statistics, Anchorage CPI for All Urban Consumers

Figure 6. Health-Care Spending as Percentage of Gross State Product



Sources: U.S. Bureau of Economic Analysis; Centers for Medicare and Medicaid Services (CMS)

PREMIUMS AND DEDUCTIBLES

Another way of looking at health-care spending is what workers and their employers pay for coverage.

Figure 7 shows growth in average annual premiums for family coverage, from 2003 through 2016—in Alaska and nationwide—for private employer insurance. Premiums across the U.S. nearly doubled during that time, but they more than doubled in Alaska.

- Family premiums in Alaska were 27% above the U.S. average in 2016—nearly double the 14% difference in 2003. The gap widened because Alaska premiums grew faster.

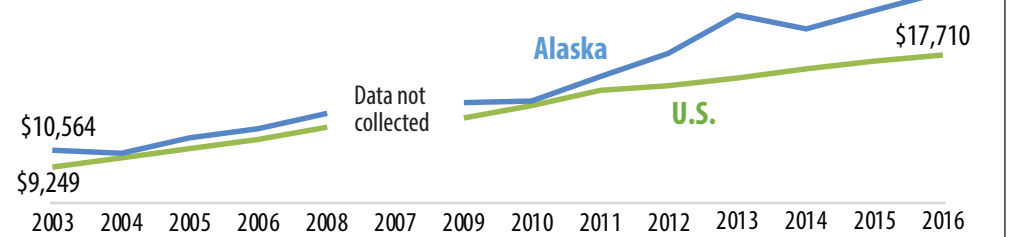
Both employees and employers contribute to health-insurance premiums, and the left side of Figure 8 shows Alaska employee and employer contributions in 2015.

- Alaska employers paid on average \$16,680, or about 79%, of the total 2015 premium of \$21,089. Employees paid on average \$4,409, or 21%.

Workers also have to pay some specific amount—a deductible—before their insurance starts to pay. Figure 8 shows that the average deductible employees paid for family coverage in 2015 was \$2,629.

- Premiums and deductibles combined totaled \$7,038 for Alaska employees with family coverage in 2015. Employees pay their share of the premiums, whether or not they use their insurance—but if they do use it, they have to pay the deductible before insurance pays.

Figure 7. Average Annual Family Premiums, Private Employer-Based Health Insurance, Alaska and U.S. Average, 2003-2016

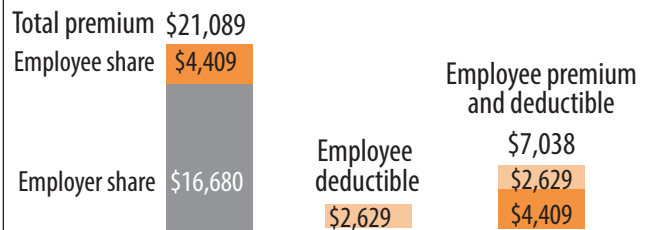


Note: The small MEPS sample in Alaska makes the data more variable and subject to error than national data.

Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS)

Figure 8. Alaska Employee and Employer Costs, 2015

Private Employer-Based Insurance, Family Coverage



Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS)

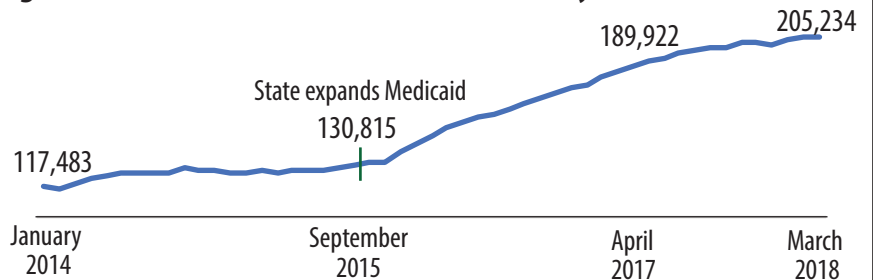
MEDICAID ENROLLMENT AND SPENDING

Yet another aspect of health-care spending that's in the news is spending for Medicaid, the program for low-income Americans that's jointly paid for by the federal and state governments.

- Alaska's Medicaid enrollment in March 2018 was 50% larger than in September 2015, when the state expanded its program (Figure 9). The expansion, under terms of the Affordable Care Act (ACA), covers single people 19 to 64, with incomes up to 138% of the federal poverty guideline.
- Medicaid spending for Alaskans is projected to be \$2.3 billion in fiscal year 2019, up from \$1.7 billion in 2015 (Figure 10). The federal government is expected to pay 69% of that total. It has paid all the costs of newly-eligible people in the early years and will pay most of the costs in later years, under terms of the ACA.

A lot of the growth in enrollment and spending for Medicaid happened because the expansion made more Alaskans eligible. But at the same time, Alaska has been in a recession that cost the state jobs—and some people who lost jobs and income may also have become eligible for traditional Medicaid. That covers specific low-income groups: children, single-parent families, pregnant women, and the elderly and disabled.

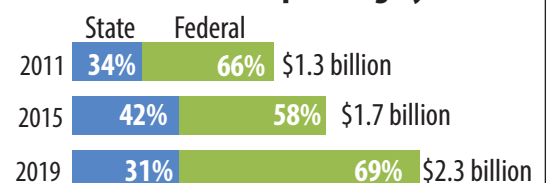
Figure 9. Alaska Medicaid Enrollment, January 2014 - March 2018*



*Includes traditional Medicaid, Medicaid expansion, and Denali KidCare, Alaska's Children's Health Insurance Program (CHIP).

Source: Kaiser Family Foundation, State Health Facts

Figure 10. Alaska Medicaid Spending by Source*



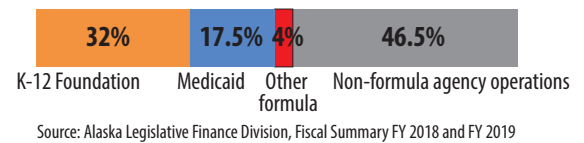
*Fiscal years; 2019 spending projected

Sources: Alaska Office of Management and Budget; Alaska Legislative Finance Division

- *Spending for Medicaid is projected to make up about 17.5% of the state's unrestricted general fund budget for agencies in fiscal year 2019 (Figure 11). It's the state's second largest formula program, after the school foundation program—which helps pay for schools throughout the state. Formula programs are based (as the name implies) on formulas that specify who can qualify and how benefits are calculated.*

The unrestricted general fund pays for most general government operations. The entire state budget also includes other state funds and federal grants, but there are more restrictions on spending that money.

Figure 11. Governor's FY 2019 Budget, Unrestricted General Fund Spending for Agency Operations, FY 2019 (\$3.9 Billion)



CHANGES IN ACA ENROLLMENT

Congress passed the Affordable Care Act in 2010, subsidizing the costs of health insurance for Americans who couldn't otherwise afford it. Those subsidies are available only to those who buy individual policies through the insurance marketplaces the ACA established.

The ACA also required everyone to carry some form of insurance. That provision was intended to help keep premiums lower, by increasing the number of younger, healthier people taking out policies—and so spreading the higher costs of older, sicker people among a bigger pool.

But in 2017 Congress eliminated the requirement that everyone carry insurance, effective in 2019. There are also attempts underway to eliminate the ACA provision that prohibits insurance companies from denying coverage to people with “pre-existing conditions”—that is, conditions that might be expensive to treat. It's unclear what will happen going forward.

Figure 12 shows trends in enrollment in ACA health-insurance plans, from 2014—when ACA plans became available—through the first half of 2017.

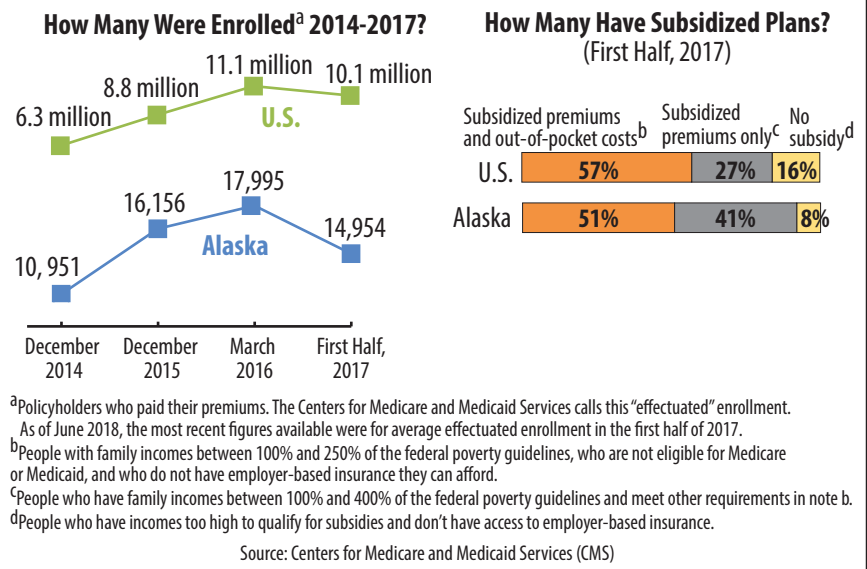
- *Enrollment climbed through early 2016 and then declined in the first half of 2017, both in Alaska and nationwide. But the drop was considerably steeper in Alaska—about 17%. We don't know how those numbers may have changed in the second half of the year, because those figures aren't available as of mid-2018.*
- *Most ACA policyholders get federal subsidies, in Alaska and around the country—but the percentage is higher in Alaska. In 2017, 92% of Alaska policyholders got some subsidy, compared with 84% in the U.S. as a whole. The breakdown within subsidies is also different in Alaska, where a bigger share of policyholders have just their premiums subsidized, and a smaller share have both premiums and out-of-pocket costs subsidized.*

SUMMARY

The information we've presented here essentially just describes how health-care spending—and some individual aspects of that spending—have changed since the 1990s, in Alaska and nationwide. We didn't attempt to analyze what drove the changes.

This summary and the detailed data available online (see adjacent box) are intended to provide a range of information about trends in health-care spending, make it easier for people to find and use that information—and potentially, to raise questions about what has been driving the spiraling costs of health care.

Figure 12. Alaska and U.S. Enrollment in ACA Plans



ABOUT THE AUTHORS

The authors all work for ISER. Jessica Passini is a research professional, Rosyland Frazier is a senior research professional, and Mouhcine Guettabi is an associate professor of economics.

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TRENDS IN ALASKA'S HEALTH-CARE SPENDING

This summary draws from a larger dataset, compiled by the same authors, detailing trends in many aspects of Alaska health-care spending since the 1990s. It is in Excel format, and is available online at:

iseralaska.org



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Alaska's Economy

Health-care spending as a share of the economy (Alaska's gross state product, or GSP) increased from 8.8% to 14% between 1997 and 2014. As you review the trend data on health-care costs in this data-book, it is important to keep in mind the differences in the economies of Alaska and the country as a whole.

Alaska's economy is strongly influenced by oil prices and oil production on the state's North Slope. Given this dependence on oil, Alaska's economy is countercyclical to that in the rest of the country.

The U.S. went through recessions in 1991, 2001, and 2007 to 2009. Various factors influenced each recessionary period, including collapses in the dot-com bubble and in housing markets. Alaska largely avoided the most recent national recession (2007-2009), because high oil prices bolstered the state economy. But that situation is now reversed, with Alaska in the midst of an extended recession driven by low oil prices, while the rest of country has been growing at a rather fast pace.

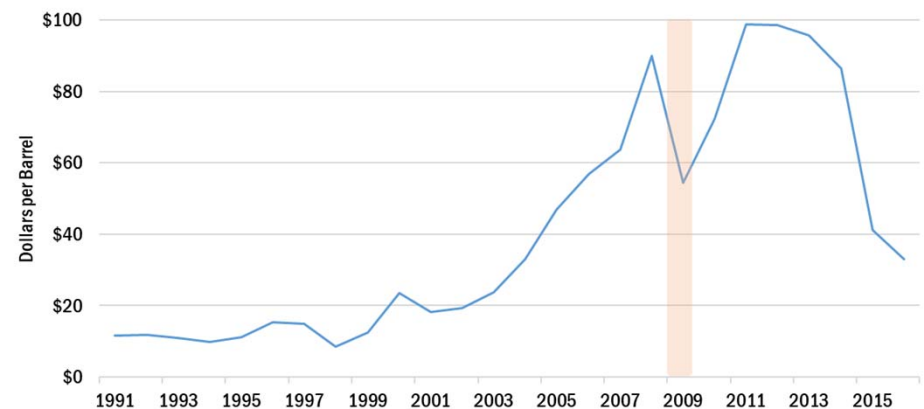
Since 1997, oil revenues as a share of total state Unrestricted General Fund revenue has consistently been around 70%. This is the major factor behind the current recession: since the crash of oil prices after 2013, oil revenues have been just a fraction of what they were a few years before.

When oil prices and production are both high, the state spends more for capital projects, which allows for economic expansion and development. The state's operating budget, which pays for day-to-day expenses for ongoing programs and services, also increases in times of high oil prices and production. But the operating budget does not decrease as dramatically as the capital budget during times of low oil prices and production.

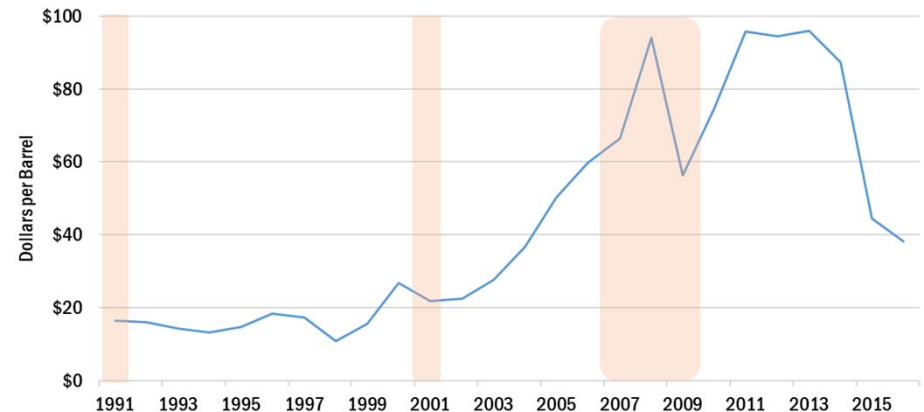
These different patterns of economic activity are important because use of health-care services, insurance rates, and enrollment in Medicaid, among other programs, are highly sensitive to broader fiscal and economic conditions.

Less oil production comes means fewer jobs in the oil field, which in turn means oil companies and workers have less money to spend in many different sectors of the economy. So this downturn in oil-field activities leads to job losses in various other sectors of Alaska's economy. As a result, there is less money available to spend on health care, and fewer workers have access to employer-sponsored health insurance.

Trends in Alaska First Purchase Oil Prices (dollars per barrel) and Recessions; 1991 - 2016



Trends in U.S. First Purchase Oil Prices (dollars per barrel) and Recessions; 1991 - 2016



Section 1: Growth of Health-Care Spending in Alaska and the United States

This section looks at growth rates in total and per capita Health-Care Spending in Alaska and the United States from 1991 to 2014. It compares Alaska Health-Care Spending to that in other states and the U.S. as a whole. It also reports changes in health-care expenditures as a share of Alaska's gross state product. We use the percentage of gross state product as a standard measure of economic importance that we can compare across the country and with the national average.

Section Highlights

- Alaska was ranked highest in the nation at \$11,064 per capita personal Health-Care Spending in 2014, up from second highest in 2009 when Massachusetts was the highest.
- Health-care spending in Alaska increased by more than five times over 23 years from 1991 to 2014, from \$1.5 to \$8.2 billion.
- Alaska's 5-year average annual growth rate in total Health-Care Spending from 2009 - 2014 was the second highest in the nation.
- Between 1991 and 2014, Alaska saw higher increases in Health-Care Spending than comparison states like Washington and Oregon.
- From 1997 to 2014, the rank of personal Health-Care Spending as a percent of GSP in Alaska has fluctuated within the bottom third of state rankings.
- In 2014, Health-Care Spending accounted for 14%—or about one seventh—of Alaska's economy, a slightly smaller share than the national average.

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- Appendix S1F3. Total Personal Health-Care Spending and Gross State Product by State: 2014
- Appendix S1F4,F5,F6, F7. Total Personal Health-Care Spending and Gross State Product: Alaska and the United States, 1997 - 2014
- Appendix S1F10. Total Personal Health-Care Spending: Alaska, Washington, Oregon, and the United States, 1991 - 2014

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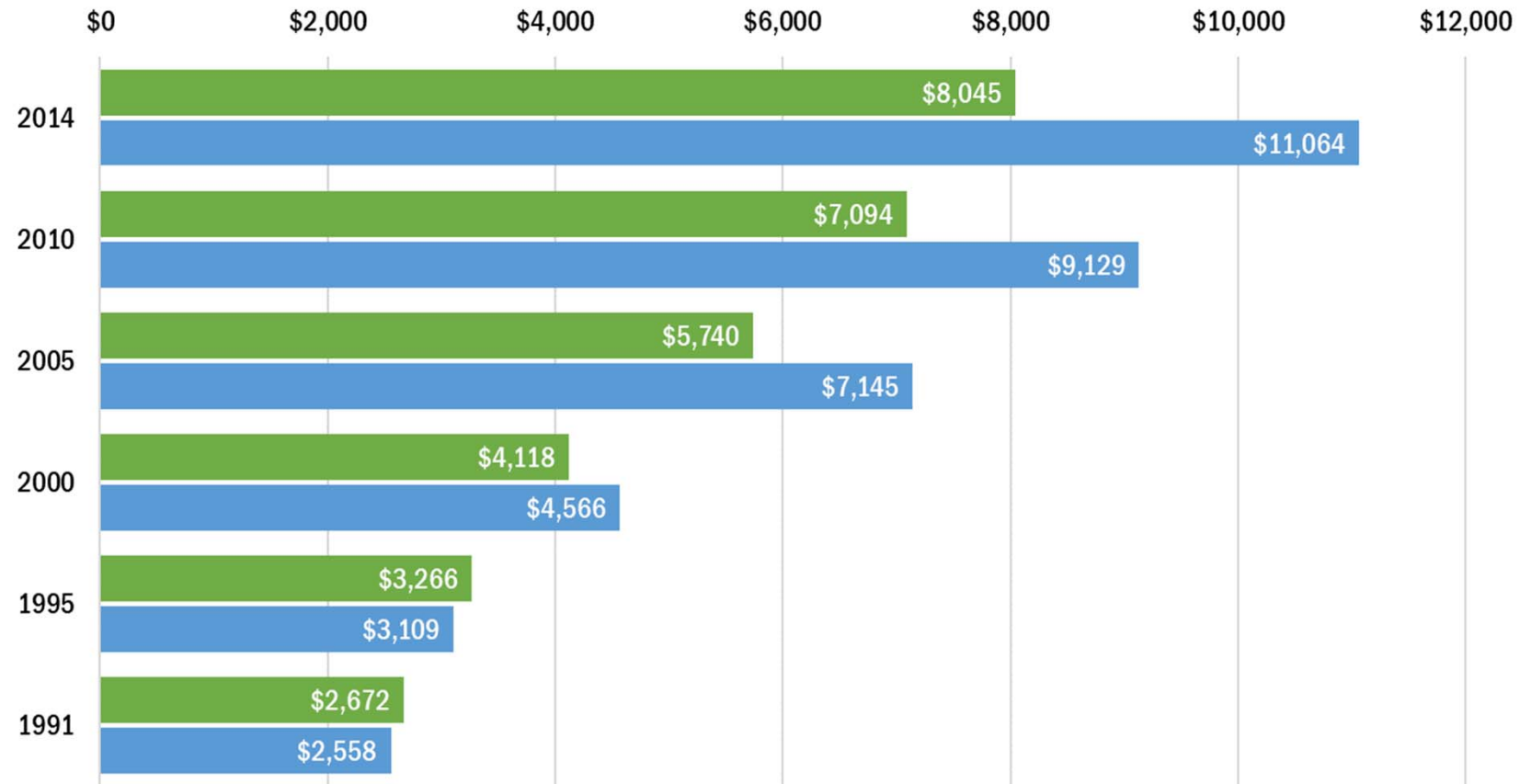
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- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Per Capita means the amount of dollars spent divided the total population, so that you obtain the dollar amount spent per person.

S1F1. Per Capita Personal Health-Care Spending: **Alaska and the United States, 1991 - 2014 (selected years)**

Since 2000, per capita health spending levels in **Alaska** have risen above **nationwide** levels.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

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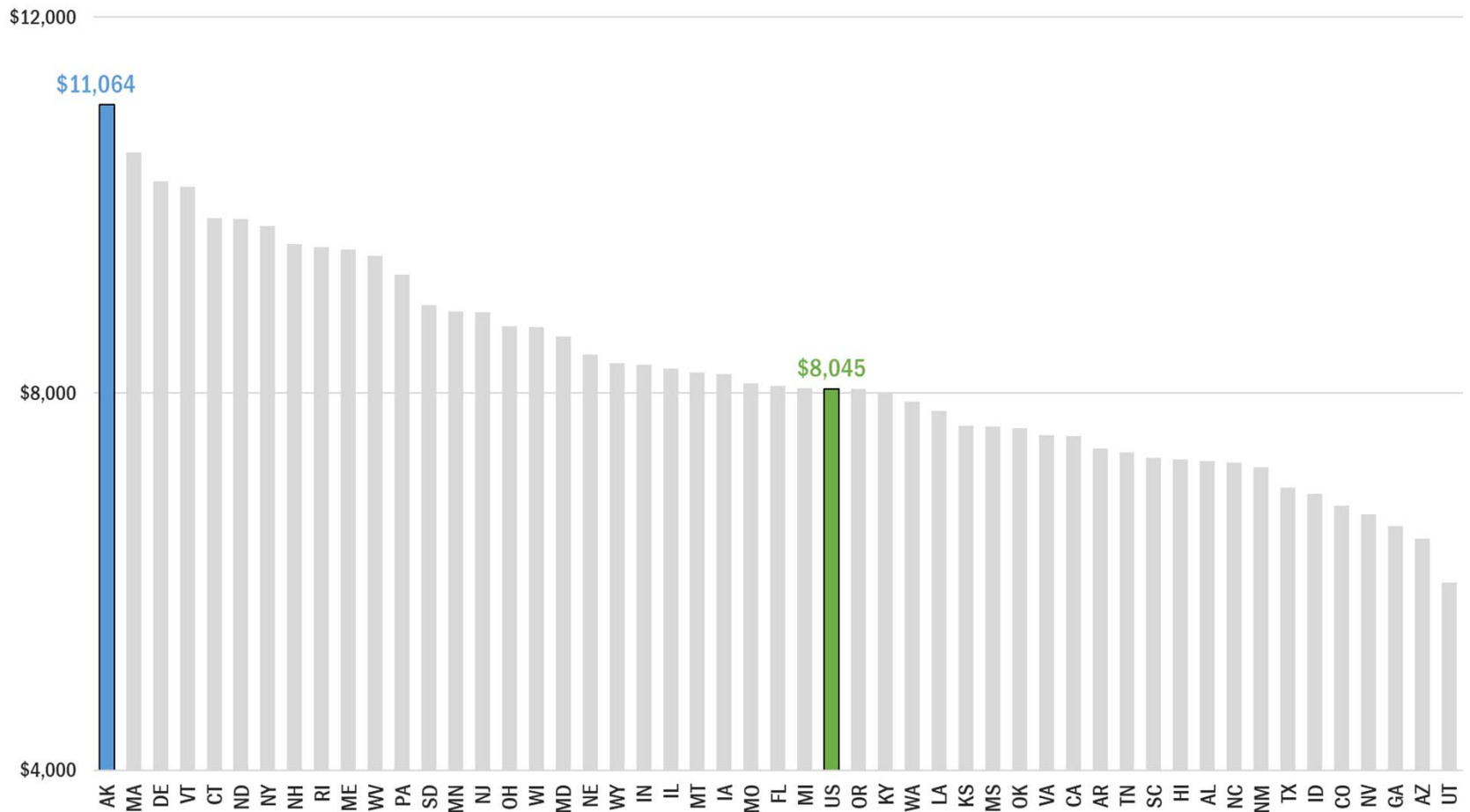
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Per Capita means the amount of dollars spent divided the total population, so that you obtain the dollar amount spent per person.

S1F2. Per Capita Personal Health-Care Spending by State: 2014

Alaska was ranked highest in the nation for per capita personal health-care spending in 2014.



Data Sources:

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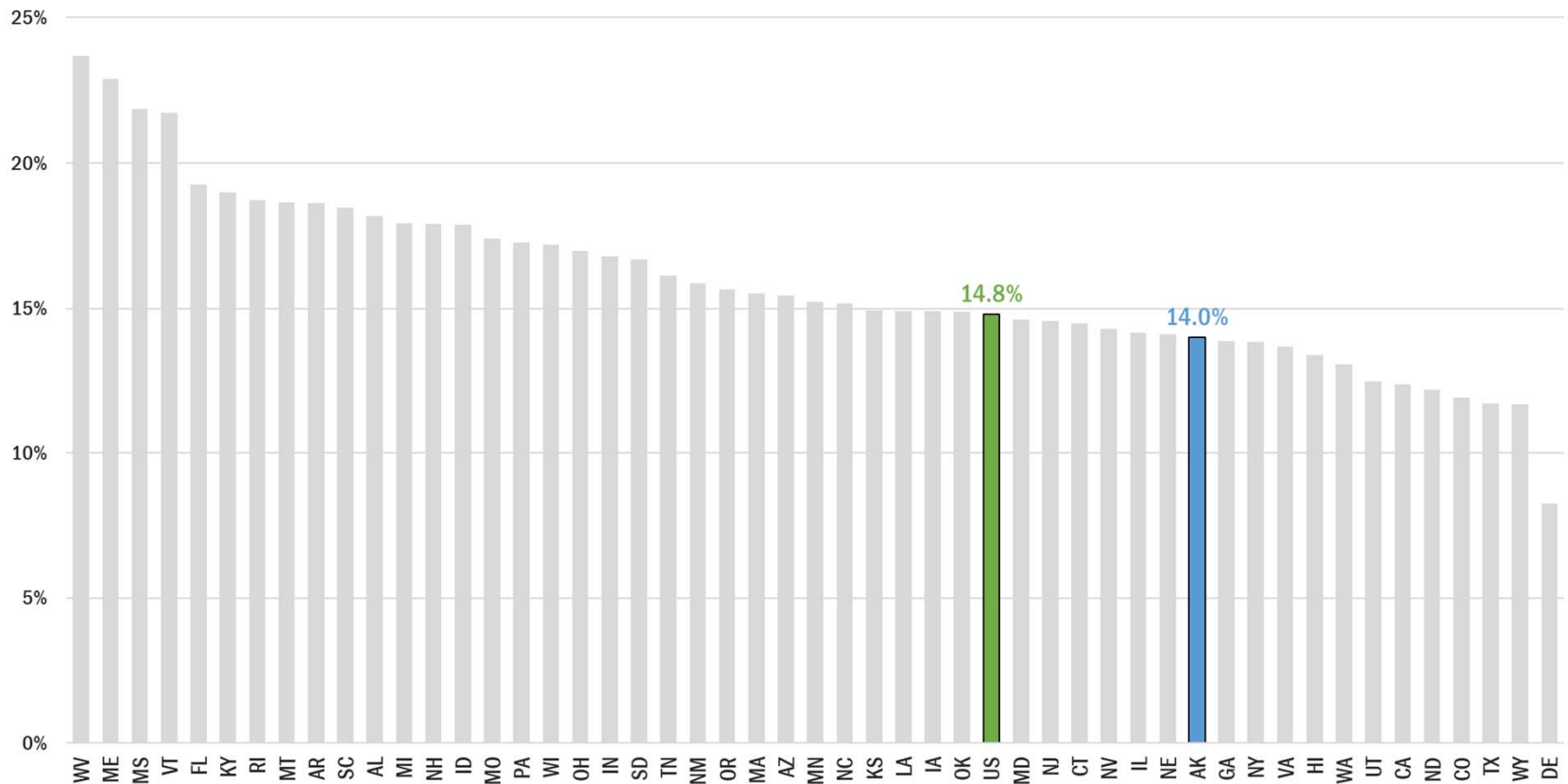
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S1F3. Total Personal Health-Care Spending (HCS) as a Percent of Gross State Product (GSP) by State: 2014

In 2014, health-care spending accounted for 14%--or about one-seventh--of **Alaska's** economy, a slightly smaller share than the **national** average.



Data Sources:

- 1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
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<https://www.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=2#reqid=70&step=10&isuri=1&7003=200&7035=-1&7004=naics&7005=1&7006=xx&7036=-1&7001=1200&7002=1&7090=70&7007=-1&7093=levels>

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S1T1. State-by-State Ranking of Health-Care Spending as a Percent of Gross State Product (GSP), 1997 - 2014

From 1997 to 2014, the rank of personal health-care spending as a percent of GSP in **Alaska** has fluctuated within the bottom third of state rankings between a rank of 35 (highest) and 48 (lowest). States are ranked from highest to lowest percentage, so the state with a rank of 1 spends the highest percentage of its gross state product on health care, the state ranked 50, the lowest.

Rank	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1	WV	WV	WV	WV	WV	WV	WV	WV	WV	WV	WV	WV	WV	ME	ME	WV	WV	WV
2	ND	ME	ME	ME	MS	MS	ME	ME	ME	ME	ME	ME	ME	WV	WV	ME	ME	ME
3	ME	ND	ND	MS	ME	ME	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	VT	MS
4	MS	MS	MT	MT	MT	MT	MT	MT	VT	VT	VT	VT	VT	VT	VT	VT	MS	VT
5	AL	MT	MS	ND	ND	ND	AL	VT	MT	MT	RI	RI	MI	FL	FL	FL	FL	FL
6	MT	AL	RI	KY	KY	KY	VT	KY	KY	KY	AR	RI	KY	SC	RI	SC	MT	KY
7	FL	RI	OK	AL	AR	AR	KY	ND	RI	PA	AR	SC	KY	RI	SC	RI	RI	RI
8	RI	OK	AL	RI	AL	AL	AR	AL	ND	SC	SC	KY	FL	MI	MI	AR	SC	MT
9	AR	FL	AR	AR	RI	VT	ND	RI	PA	RI	MT	FL	AR	AR	KY	MT	KY	AR
10	PA	AR	FL	VT	VT	RI	RI	PA	AR	AR	AL	MI	MT	MT	AR	MI	NH	SC
11	OK	LA	SD	FL	PA	OK	PA	SC	AL	AL	PA	MT	SC	KY	NH	KY	AR	AL
12	SD	PA	PA	PA	FL	PA	OK	AR	SC	ND	ND	AL	AL	AL	MT	NH	MI	MI
13	LA	VT	VT	OK	OK	SC	SC	FL	TN	WI	WI	WI	OH	OH	PA	AL	AL	NH
14	VT	SD	LA	SD	SC	FL	FL	OK	OK	FL	TN	PA	WI	NH	MO	MO	ID	ID
15	SC	KY	KY	LA	IA	LA	TN	KS	FL	OH	FL	NH	NH	WI	AL	ID	MO	MO
16	KY	IA	IA	SC	TN	KS	KS	TN	KS	TN	MI	OH	PA	PA	WI	PA	PA	PA
17	TN	SC	SC	KS	SD	IA	OH	WI	SD	OH	MO	OK	ID	ID	ID	IN	OH	WI
18	KS	KS	KS	IA	LA	WI	WI	OH	OH	MI	MO	TN	IN	TN	OH	OH	IN	OH
19	IA	TN	TN	TN	KS	TN	MO	MO	MO	OK	NH	MA	TN	MO	TN	WI	WI	IN
20	WI	ID	WI	WI	WI	MO	IA	ID	SD	IN	OK	IN	ID	OK	IN	TN	SD	SD
21	OH	MA	MO	MO	OH	OH	LA	IN	ID	KS	IN	ND	MO	SD	OK	SD	TN	TN
22	ID	MO	NE	NE	NE	ID	ID	LA	IN	NH	SD	ID	ND	IN	SD	NC	NM	NM
23	MD	WI	OH	OH	MO	SD	SD	NE	MO	MA	OK	SD	AZ	MA	OK	MA	OR	OR
24	MA	HI	ID	IN	IN	NE	IN	SD	NH	NE	ID	SD	MA	MA	AZ	NM	AZ	MA
25	MO	NY	IN	MD	ID	IN	NE	MI	MI	ID	NE	NE	KS	ND	NC	MA	NC	AZ
26	MI	OH	MA	MN	MN	MN	NY	IA	IA	IA	KS	IA	MN	IA	NM	KS	OK	MN
27	IN	MI	NH	NY	OR	MA	MA	MA	MA	MA	MN	KS	IA	NM	IA	AZ	MN	NC
28	NY	IN	HI	NH	NC	OR	MN	NH	NC	MN	IA	MN	AZ	MN	MN	MN	KS	KS
29	HI	MN	MN	ID	MI	NM	NC	NY	MN	NC	NC	NY	NM	KS	KS	IA	OR	LA
30	MN	NE	NY	NC	MA	NC	OR	NC	NY	NY	NM	NC	NC	NC	NY	NE	IA	IA
31	NE	MD	MD	MI	NH	NY	MI	MN	OR	MD	MD	MD	NE	NE	MD	MD	LA	OK
32	NC	WY	NM	MA	NM	MI	MD	MD	NM	NM	NY	AZ	LA	MD	NJ	NJ	MD	MD
33	NH	NM	WY	NM	MD	MD	NH	OR	MD	OR	LA	NM	NY	IL	ND	OR	NE	NJ
34	NJ	NH	MI	HI	NY	NH	NM	NM	NJ	NJ	OR	LA	MD	NY	NE	CT	CT	CT
35	CT	NJ	OR	WY	HI	AK	AK	NJ	LA	AZ	NJ	IL	NJ	LA	IL	LA	NJ	NV
36	WY	NC	NC	NJ	AK	WY	HI	AZ	AZ	LA	AZ	NJ	IL	NJ	LA	IL	IL	IL
37	IL	CT	CT	OR	NJ	HI	IL	AK	IL	IL	IL	OR	OR	CT	CT	NY	NY	NE
38	NM	OR	NJ	AK	WY	NJ	NJ	IL	HI	CT	HI	HI	IL	OR	OR	GA	GA	AK
39	GA	IL	TX	IL	IL	TX	WY	HI	AK	HI	GA	GA	CT	WA	GA	VA	NV	GA
40	TX	TX	IL	CT	CT	IL	CT	CT	GA	CT	GA	CT	GA	GA	WA	VA	VA	NY
41	OR	AZ	AK	TX	TX	CT	TX	WA	TX	WA	WA	WA	WA	HI	NV	NV	HI	VA
42	AZ	GA	AZ	AZ	AZ	AZ	AZ	UT	WA	TX	VA	VA	TX	NV	VA	HI	WA	HI
43	UT	AK	GA	VA	WA	UT	WA	TX	UT	AK	TX	NV	NV	VA	HI	CA	AK	WA
44	VA	UT	VA	UT	UT	WA	UT	WY	GA	VA	AK	UT	VA	TX	CA	UT	CA	UT
45	CA	CA	UT	GA	GA	GA	GA	GA	VA	UT	CO	TX	UT	CA	UT	AK	ND	CA
46	WA	VA	WA	WA	VA	VA	VA	VA	WY	CO	UT	CA	AK	UT	TX	ND	UT	ND
47	CO	WA	CA	NV	CA	NV	NV	CO	CO	CA	CA	CO	CA	CO	CA	CO	CO	CO
48	AK	CO	CO	CO	NV	CA	CO	NV	CA	NV	NV	AK	CO	CO	AK	TX	TX	TX
49	NV	NV	NV	CA	CO	CO	CA	CA	NV	WY	WY	WY	WY	WY	WY	WY	WY	WY
50	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE	DE

Data Sources:

- 1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
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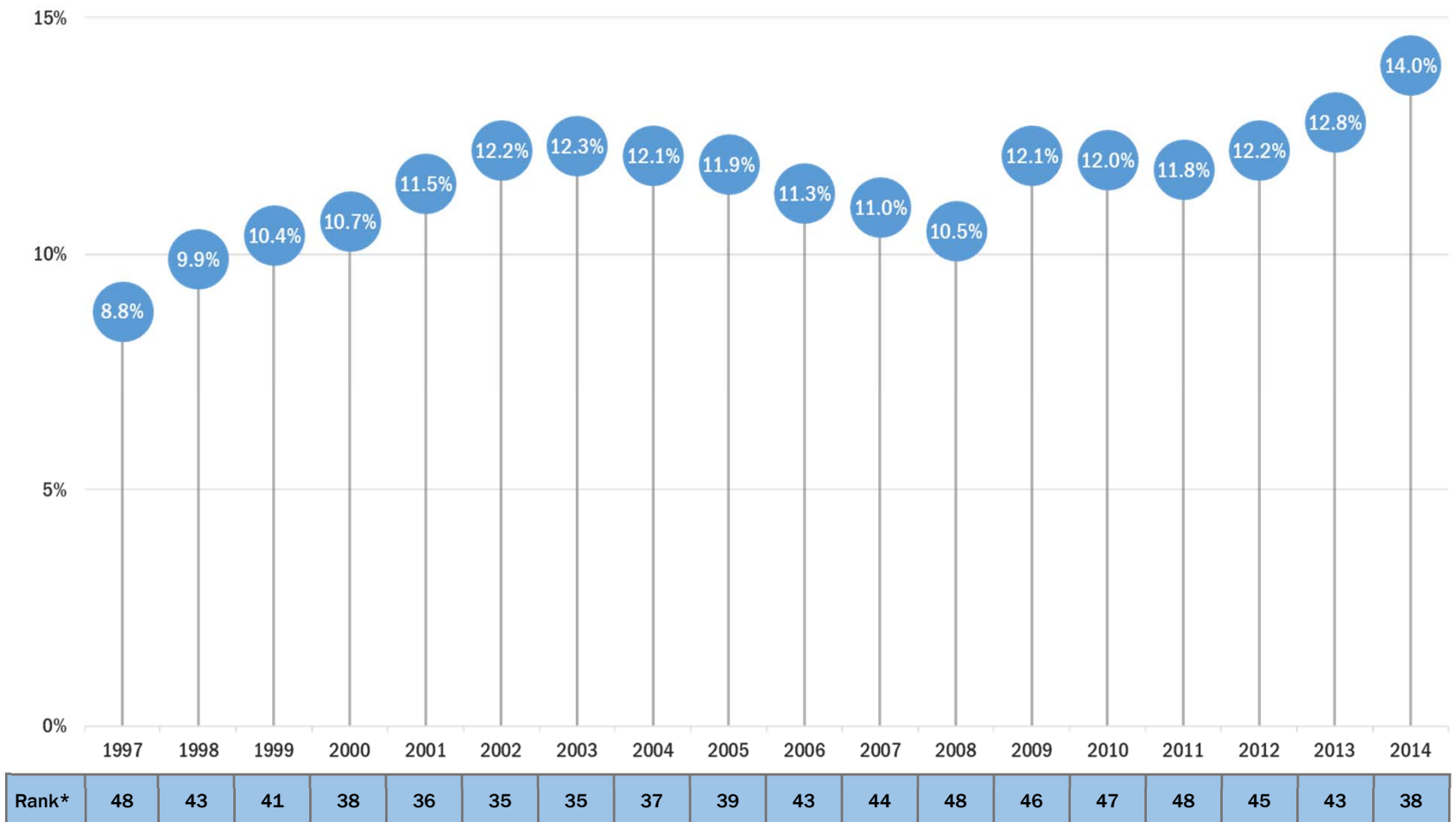
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S1F4. Total Personal Health-Care Spending as a Percent of Gross State Product (GSP): Alaska, 1997 – 2014

In 2014, Alaska's health-care spending as a share of gross state product was the highest it has been in the years covered by our data.



*Rank is among 50 states ranked high to low. So, a rank of 1 is the highest and 50 is the lowest.

Data Sources:

- 1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
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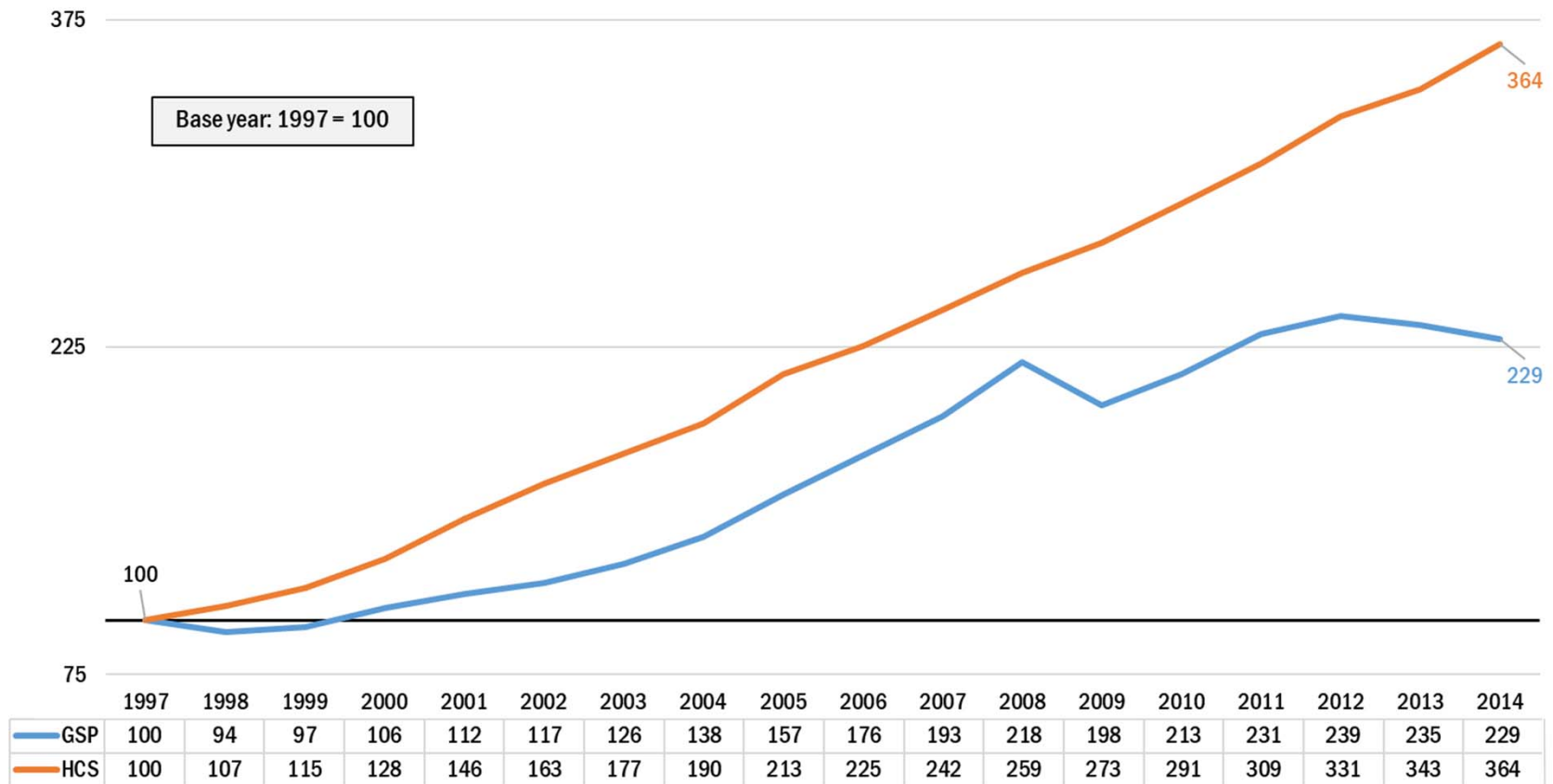
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S1F5. Growth in Indexed Personal Health-Care Spending and Gross State Product (GSP): Alaska, 1997 – 2014

Since 1997, **health-care spending** in Alaska has steadily increased while growth in Alaska **gross state product** has slightly declined in recent years.



Indexed GSP and HCS. Since Alaska GSP values are much larger than Alaska HCS numbers, indexing these values allows us to compare changes in GSP and HCS across the years. Data in this figure are an index of Alaska GSP and HCS since 1997. This index uses values for GSP and HCS from 1997 as the base. Each value of GSP and HCS is divided by the appropriate 1997 value (Alaska GSP: \$25,446; Alaska HCS: \$2,240) then multiplied by 100 to arrive at an indexed value.

For Alaska GSP: 1997: $\$25,446/\$25,446 = 1 \times 100 = 100$ 1998: $\$24,030/\$25,446 = 0.944 \times 100 = 94.44$ 1999: $\$24,684/\$25,446 = 0.970 \times 100 = 97.01$

Data Sources:

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S1F6. Total Personal Health-Care Spending as a Share of Alaska Gross State Product and United States Gross Domestic Product, 1997 – 2014

Since 1997, personal health-care spending as a share of **Alaska** gross state product has increased by **1.6 times** compared to **1.3 times nationwide**.



Data Sources:

- 1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
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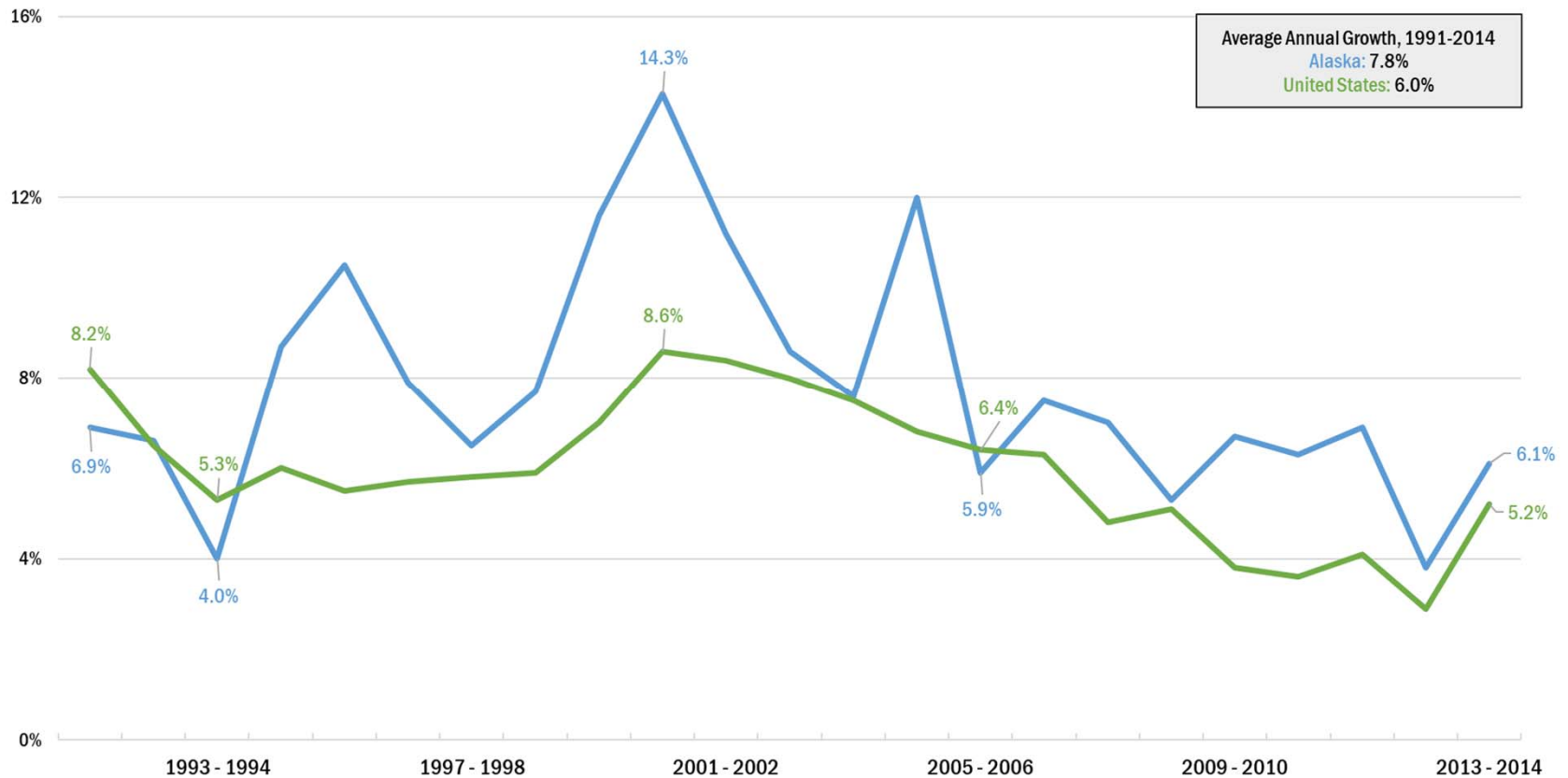
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Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 1991 and 2014, which shows change over time.

S1F7. Personal Health-Care Spending Growth Rates: Alaska and the United States, 1991 - 2014

Health spending growth in **Alaska** has consistently been higher than the **United States** with the exception of 1993-94 and 2005-06.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

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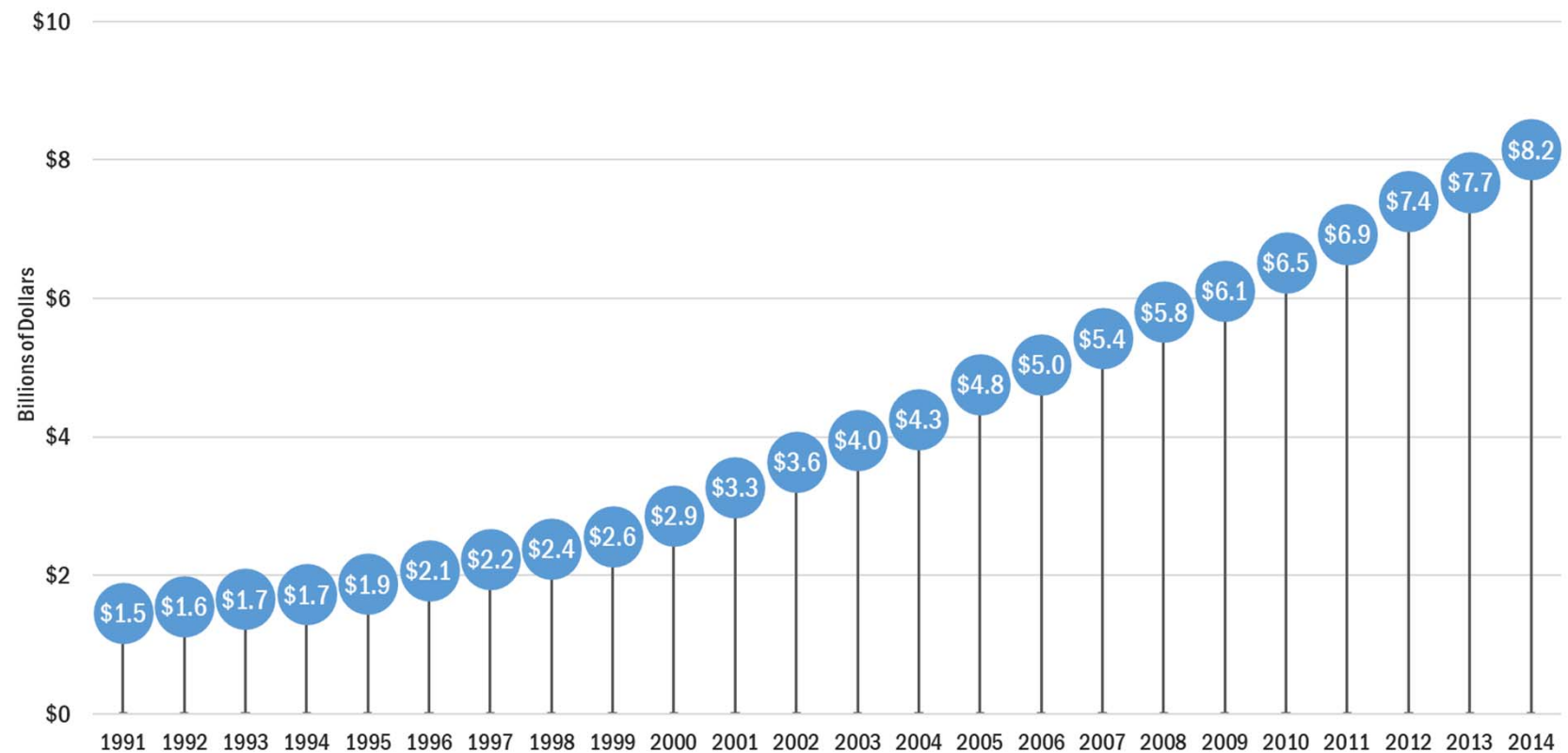
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S1F8. Total Personal Health-Care Spending (in billions): Alaska, 1991 - 2014

Health-care spending in Alaska increased by more than 5 times over the past 23 years.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

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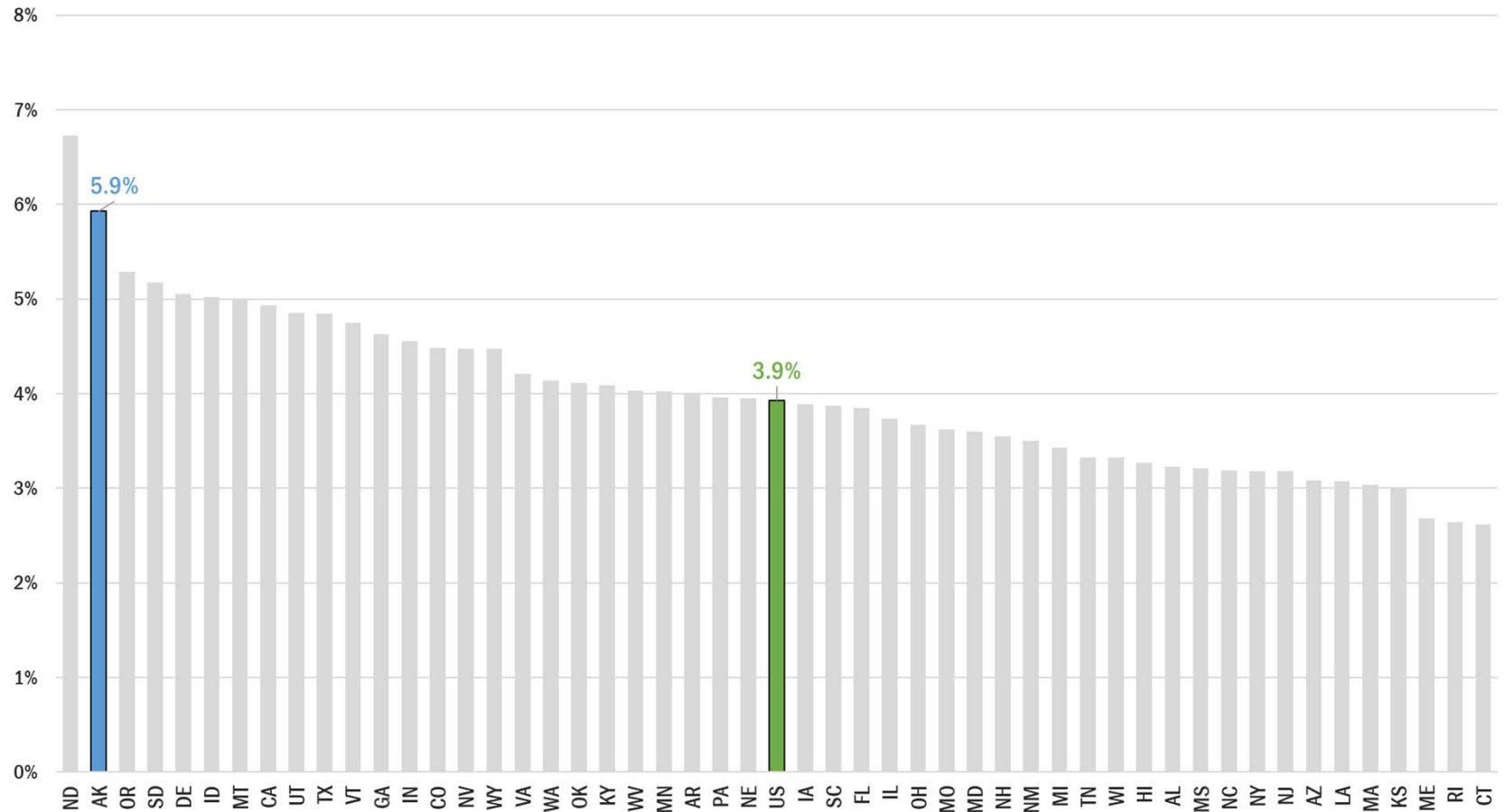
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Per Capita means the amount of dollars spent divided the total population, so that you obtain the dollar amount spent per person.

S1F9. 5-year Average Annual Growth Rate (AAGR) of Total Personal Health-Care Spending per Capita by State: 2009 – 2014

Alaska's 5-year average annual growth rate in total health-care spending from 2009 – 2014 is the second highest in the nation.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

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Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 1991 and 2014, which shows change over time.

S1F10. Growth Rates of Personal Health-Care Spending: Alaska, Washington, Oregon, and the United States, 1991 – 2014

Since 1991, **Alaska** had higher average annual increases in health-care spending than comparison states, particularly in 2001.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Appendix S1F3. Total Personal Health-Care Spending and Gross State Product by State: 2014

All values are in millions of current dollars

	HCS	GSP	HCS%GSP
Alabama	\$ 35,263	\$ 193,995	18.2%
Alaska	\$ 8,151	\$ 58,196	14.0%
Arizona	\$ 43,356	\$ 281,031	15.4%
Arkansas	\$ 21,980	\$ 118,068	18.6%
California	\$ 291,989	\$ 2,358,811	12.4%
Colorado	\$ 36,398	\$ 305,633	11.9%
Connecticut	\$ 35,413	\$ 244,628	14.5%
Delaware	\$ 9,587	\$ 66,115	14.5%
Florida	\$ 160,624	\$ 833,968	19.3%
Georgia	\$ 66,447	\$ 479,273	13.9%
Hawaii	\$ 10,338	\$ 77,155	13.4%
Idaho	\$ 11,315	\$ 63,305	17.9%
Illinois	\$ 106,306	\$ 750,212	14.2%
Indiana	\$ 54,741	\$ 325,904	16.8%
Iowa	\$ 25,487	\$ 171,115	14.9%
Kansas	\$ 22,183	\$ 148,468	14.9%
Kentucky	\$ 35,323	\$ 185,945	19.0%
Louisiana	\$ 36,324	\$ 243,474	14.9%
Maine	\$ 12,684	\$ 55,396	22.9%
Maryland	\$ 51,330	\$ 350,873	14.6%
Massachusetts	\$ 71,274	\$ 459,547	15.5%
Michigan	\$ 79,874	\$ 445,535	17.9%
Minnesota	\$ 48,377	\$ 317,653	15.2%
Mississippi	\$ 22,879	\$ 104,633	21.9%
Missouri	\$ 49,137	\$ 282,381	17.4%
Montana	\$ 8,409	\$ 45,064	18.7%

	HCS	GSP	HCS%GSP
Nebraska	\$ 15,823	\$ 112,167	14.1%
Nevada	\$ 19,020	\$ 133,109	14.3%
New Hampshire	\$ 12,742	\$ 71,192	17.9%
New Jersey	\$ 79,066	\$ 542,789	14.6%
New Mexico	\$ 15,027	\$ 94,674	15.9%
New York	\$ 192,809	\$ 1,392,019	13.9%
North Carolina	\$ 72,160	\$ 475,420	15.2%
North Dakota	\$ 7,289	\$ 59,711	12.2%
Ohio	\$ 101,013	\$ 595,220	17.0%
Oklahoma	\$ 29,575	\$ 198,752	14.9%
Oregon	\$ 31,920	\$ 203,909	15.7%
Pennsylvania	\$ 118,419	\$ 685,510	17.3%
Rhode Island	\$ 10,071	\$ 53,803	18.7%
South Carolina	\$ 35,299	\$ 191,167	18.5%
South Dakota	\$ 7,616	\$ 45,647	16.7%
Tennessee	\$ 48,249	\$ 299,140	16.1%
Texas	\$ 188,559	\$ 1,612,242	11.7%
United States	\$ 2,562,824	\$ 17,312,381	14.8%
Utah	\$ 17,597	\$ 140,856	12.5%
Vermont	\$ 6,389	\$ 29,413	21.7%
Virginia	\$ 62,847	\$ 459,488	13.7%
Washington	\$ 55,819	\$ 426,592	13.1%
West Virginia	\$ 17,491	\$ 73,850	23.7%
Wisconsin	\$ 50,109	\$ 291,404	17.2%
Wyoming	\$ 4,856	\$ 41,575	11.7%

Abbreviation	Description
HCS	Total Health-Care Spending
GSP	Gross State Product
HCS%GSP	Total Health-Care Spending as a percent of Gross State Product

Data Sources:

- Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
- Bureau of Economic Analysis, U.S. Department of Commerce, Gross Domestic Product (GDP) by state (millions of current dollars), 1997 - 2014
<https://www.bea.gov/regional/index.htm>
<https://www.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrnd=2#reqid=70&step=10&isuri=1&7003=200&7035=-1&7004=naics&7005=1&7006=xx&7036=-1&7001=1200&7002=1&7090=70&7007=-1&7093=levels>

Appendix S1F4,F5,F6,F7. Total Personal Health-Care Spending and Gross State Product: Alaska and the United States, 1997 – 2014

All values are in millions of current dollars

	Alaska					United States				
	GSP	GR.GSP	HCS	GR.HCS	HCS%GSP	GSP	GR.GSP	HCS	GR.HCS	HCS%GSP
1997	\$ 25,446		\$ 2,240		8.8%	\$ 8,542,530		\$ 969,531		11.3%
1998	\$ 24,030	-5.6%	\$ 2,386	6.5%	9.9%	\$ 9,024,434	5.6%	\$1,026,103	5.8%	11.4%
1999	\$ 24,684	2.7%	\$ 2,569	7.7%	10.4%	\$ 9,595,951	6.3%	\$1,086,280	5.9%	11.3%
2000	\$ 26,853	8.8%	\$ 2,867	11.6%	10.7%	\$10,219,801	6.5%	\$1,162,035	7.0%	11.4%
2001	\$ 28,553	6.3%	\$ 3,276	14.3%	11.5%	\$10,556,006	3.3%	\$1,261,944	8.6%	12.0%
2002	\$ 29,763	4.2%	\$ 3,642	11.2%	12.2%	\$10,910,833	3.4%	\$1,367,628	8.4%	12.5%
2003	\$ 32,039	7.6%	\$ 3,955	8.6%	12.3%	\$11,440,109	4.9%	\$1,477,697	8.0%	12.9%
2004	\$ 35,195	9.9%	\$ 4,256	7.6%	12.1%	\$12,200,160	6.6%	\$1,587,994	7.5%	13.0%
2005	\$ 40,063	13.8%	\$ 4,765	12.0%	11.9%	\$13,015,161	6.7%	\$1,696,222	6.8%	13.0%
2006	\$ 44,679	11.5%	\$ 5,048	5.9%	11.3%	\$13,773,226	5.8%	\$1,804,672	6.4%	13.1%
2007	\$ 49,197	10.1%	\$ 5,426	7.5%	11.0%	\$14,391,149	4.5%	\$1,918,820	6.3%	13.3%
2008	\$ 55,461	12.7%	\$ 5,807	7.0%	10.5%	\$14,626,598	1.6%	\$2,010,690	4.8%	13.7%
2009	\$ 50,463	-9.0%	\$ 6,112	5.3%	12.1%	\$14,320,114	-2.1%	\$2,114,221	5.1%	14.8%
2010	\$ 54,134	7.3%	\$ 6,519	6.7%	12.0%	\$14,859,772	3.8%	\$2,194,625	3.8%	14.8%
2011	\$ 58,759	8.5%	\$ 6,928	6.3%	11.8%	\$15,406,002	3.7%	\$2,272,582	3.6%	14.8%
2012	\$ 60,890	3.6%	\$ 7,406	6.9%	12.2%	\$16,041,243	4.1%	\$2,365,948	4.1%	14.7%
2013	\$ 59,808	-1.8%	\$ 7,684	3.8%	12.8%	\$16,576,738	3.3%	\$2,435,624	2.9%	14.7%
2014	\$ 58,196	-2.7%	\$ 8,151	6.1%	14.0%	\$17,312,381	4.4%	\$2,562,824	5.2%	14.8%
AAGR 1997 - 2014		5.2%			7.9%		4.3%		5.9%	

Abbreviation	Description
GSP	Gross State Product
GR.GSP	Annual growth rate of gross state product
HCS	Total Health-Care Spending
GSP	Gross State Product
HCS%GSP	Total Health-Care Spending as a percent of Gross State Product

Data Sources:

- Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
- Bureau of Economic Analysis, U.S. Department of Commerce, Gross Domestic Product (GDP) by state (millions of current dollars), 1997 - 2014
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Appendix S1F10. Total Personal Health-Care Spending:

Alaska, Washington, Oregon, and the United States, 1991 – 2014

All values are in millions of current dollars

	Alaska	Washington	Oregon	United States
1991	\$ 1,458	\$ 12,674	\$ 6,760	\$ 675,896
1992	\$ 1,558	\$ 13,859	\$ 7,458	\$ 731,455
1993	\$ 1,661	\$ 14,523	\$ 7,960	\$ 778,684
1994	\$ 1,728	\$ 15,303	\$ 8,381	\$ 820,172
1995	\$ 1,879	\$ 16,515	\$ 9,022	\$ 869,578
1996	\$ 2,076	\$ 17,158	\$ 9,530	\$ 917,540
1997	\$ 2,240	\$ 17,978	\$ 10,217	\$ 969,531
1998	\$ 2,386	\$ 19,746	\$ 11,369	\$ 1,026,103
1999	\$ 2,569	\$ 21,504	\$ 12,100	\$ 1,086,280
2000	\$ 2,867	\$ 22,874	\$ 12,868	\$ 1,162,035
2001	\$ 3,276	\$ 24,968	\$ 14,408	\$ 1,261,944
2002	\$ 3,642	\$ 27,404	\$ 15,455	\$ 1,367,628
2003	\$ 3,955	\$ 29,710	\$ 16,590	\$ 1,477,697
2004	\$ 4,256	\$ 31,678	\$ 17,967	\$ 1,587,994
2005	\$ 4,765	\$ 34,101	\$ 19,495	\$ 1,696,222
2006	\$ 5,048	\$ 36,500	\$ 21,077	\$ 1,804,672
2007	\$ 5,426	\$ 39,595	\$ 22,264	\$ 1,918,820
2008	\$ 5,807	\$ 42,569	\$ 23,390	\$ 2,010,690
2009	\$ 6,112	\$ 45,589	\$ 24,697	\$ 2,114,221
2010	\$ 6,519	\$ 47,077	\$ 25,824	\$ 2,194,625
2011	\$ 6,928	\$ 48,567	\$ 26,964	\$ 2,272,582
2012	\$ 7,406	\$ 51,443	\$ 27,757	\$ 2,365,948
2013	\$ 7,684	\$ 53,022	\$ 29,314	\$ 2,435,624
2014	\$ 8,151	\$ 55,819	\$ 31,920	\$ 2,562,824
AAGR	7.8%	6.7%	7.0%	6.0%

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Section 2: Alaska State Government Health and Social Services Budget*

In this section, we look at how much of Alaska's state operating budget is being spent on health and social services in FY2018 and the trends since FY 2010. We also look at the breakdown within the Department of Health and Social Services (DHSS) operating budgets for the same time frame.

Section Highlights

- Alaska state government budget on health and social services has risen between 2010 and 2018 proportionate to the increase in the overall state budget.
- The Department of Health and Social Services (DHSS) is the largest percentage of the state budget.
- Medicaid Services was by far the largest part of the Alaska Department of Health and Social Services (DHSS) budget in 2018.

Tables and Figures

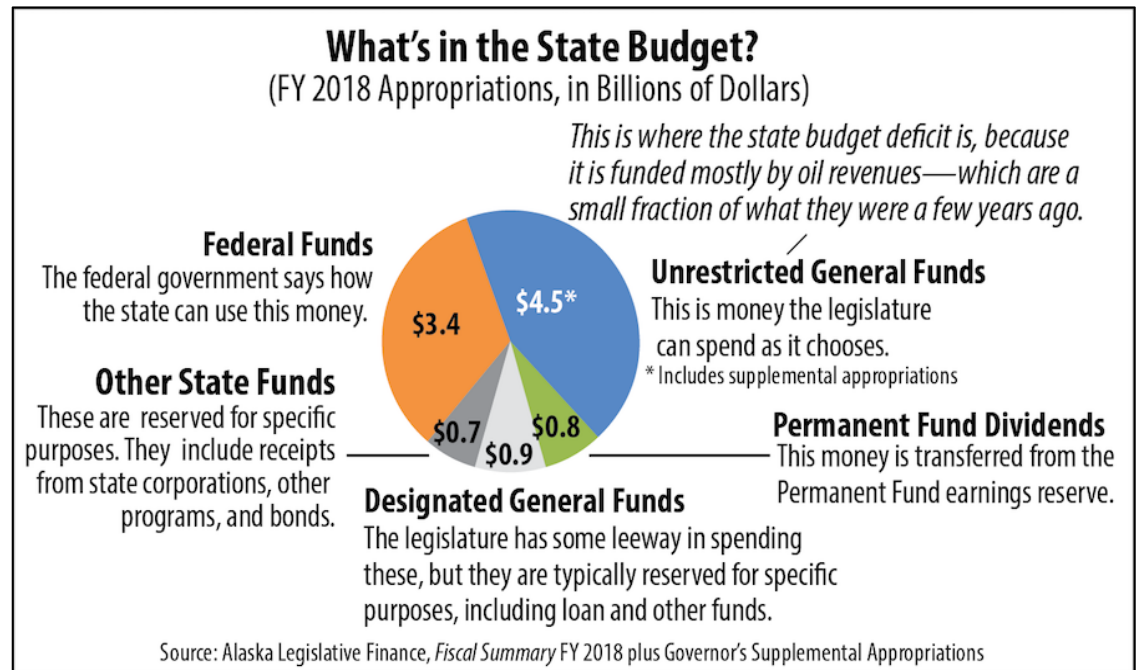
- S2F1. Alaska State Government Agency Budget (in billions): FY2010 - FY2018
- S2F2. Alaska Department of Health and Social Services (DHSS) Budget by Division: FY2011 - FY2018

Appendices

- Appendix S2F1. Alaska State Agency Operating Budget: FY2010 - FY2018
- Appendix S2F2. Alaska Department of Health and Social Services (DHSS) Budget by Division: FY2011 - FY2018

*Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.



Terms and Definitions

An **Agency** is "generally a state department, but for budgeting purposes the Legislature, Court System, and University are also considered Agencies."

The **Agency Budget** is the "plan for the yearly distribution of state resources for the ongoing operations of state programs. Operating budget appropriations are made for one fiscal year and any unexpended or unobligated funds lapse, i.e., revert to the fund from which they were appropriated, at the end of the fiscal year."

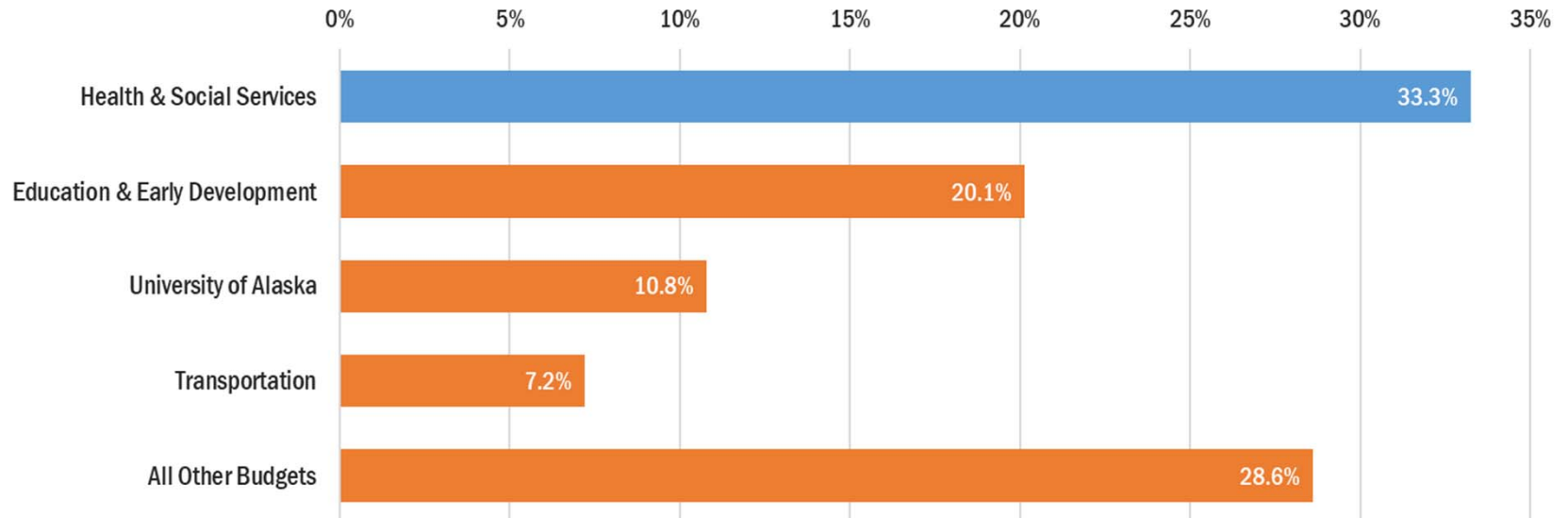
Agency Budget includes the budgets of all listed departments, but does not include other statewide budget items, such as debt service, state retirement payments, and special appropriations.

The **Fiscal Year** is the "period of time over which the state budgets and accounts for funds, The state fiscal year begins on July 1 each year and ends on June 30 of the following year."

S2F1. Alaska State Government Agency Budget (in billions): FY2010 - FY2018

(Part 1)

At 33.3% or a third of the agency budget, the **Health and Social Services budget** was the largest single portion of the **agency operating budgets** in FY2018.



All Other Budgets includes all other Departments not displayed in graph:

Department of Administration; Department of Commerce, Community, & Economic Development; Department of Corrections; Department of Environmental Conservation; Department of Fish and Game; Department of Labor and Workforce Development; Department of Law; Department of Military and Veterans Affairs; Department of Natural Resources; Department of Public Safety; Department of Revenue

Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Statewide Operating Reports, Enacted Budgets, Department Summary All Funds (by fiscal year)

FY2010: https://www.omb.alaska.gov/ombfiles/10_budget/10enacted_5-20-09_deptsummary.pdf

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/11enacted_6-3-10_deptsummary.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/12enacted_6-29-11_deptsummary.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/13enacted_5-14-12_deptsummary.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/14enacted_5-21-13_deptsummary.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/15enacted_5-28-14_deptsummary.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/16enacted_deptsummary_6-30-15.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/Department_Summary_All_Funds_6-29-16.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/FY18Enacted_dept_summary_all_funds_06-30-17.pdf

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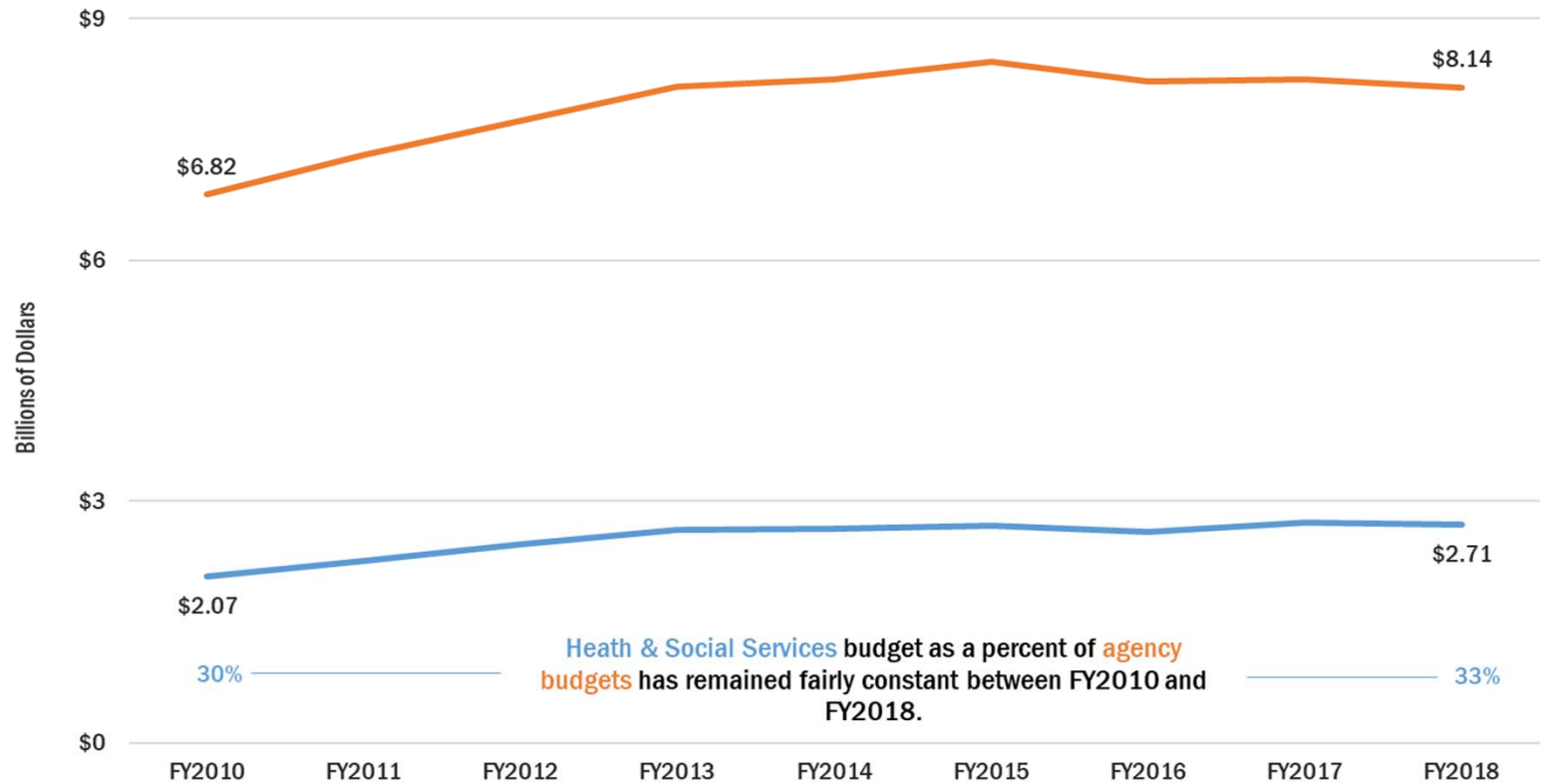
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The **Fiscal Year** is the "period of time over which the state budgets and accounts for funds, The state fiscal year begins on July 1 each year and ends on June 30 of the following year."

S2F1. Alaska State Government Agency Budget (in billions): FY2010 - FY2018

(Part 2)

Agency budgets have increased from FY2010 to FY2018—\$6.28 to \$8.14 billion—compared to **Health and Social Services budgets**, which have increased from \$2.07 billion in FY2010 to \$2.71 billion in FY2018.



	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
HSS Budgets	\$2.07	\$2.25	\$2.46	\$2.64	\$2.65	\$2.69	\$2.62	\$2.73	\$2.71
Agency Budgets	\$6.82	\$7.31	\$7.73	\$8.15	\$8.24	\$8.46	\$8.22	\$8.24	\$8.14
HSS Budget as % of Agency Budgets	30%	31%	32%	32%	32%	32%	32%	33%	33%

Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Statewide Operating Reports, Enacted Budgets, Department Summary All Funds (by fiscal year)

FY2010: https://www.omb.alaska.gov/ombfiles/10_budget/10enacted_5-20-09_deptsummary.pdf

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/11enacted_6-3-10_deptsummary.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/12enacted_6-29-11_deptsummary.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/13enacted_5-14-12_deptsummary.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/14enacted_5-21-13_deptsummary.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/15enacted_5-28-14_deptsummary.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/16enacted_deptsummary_6-30-15.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/Department_Summary_All_Funds_6-29-16.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/FY18Enacted_dept_summary_all_funds_06-30-17.pdf

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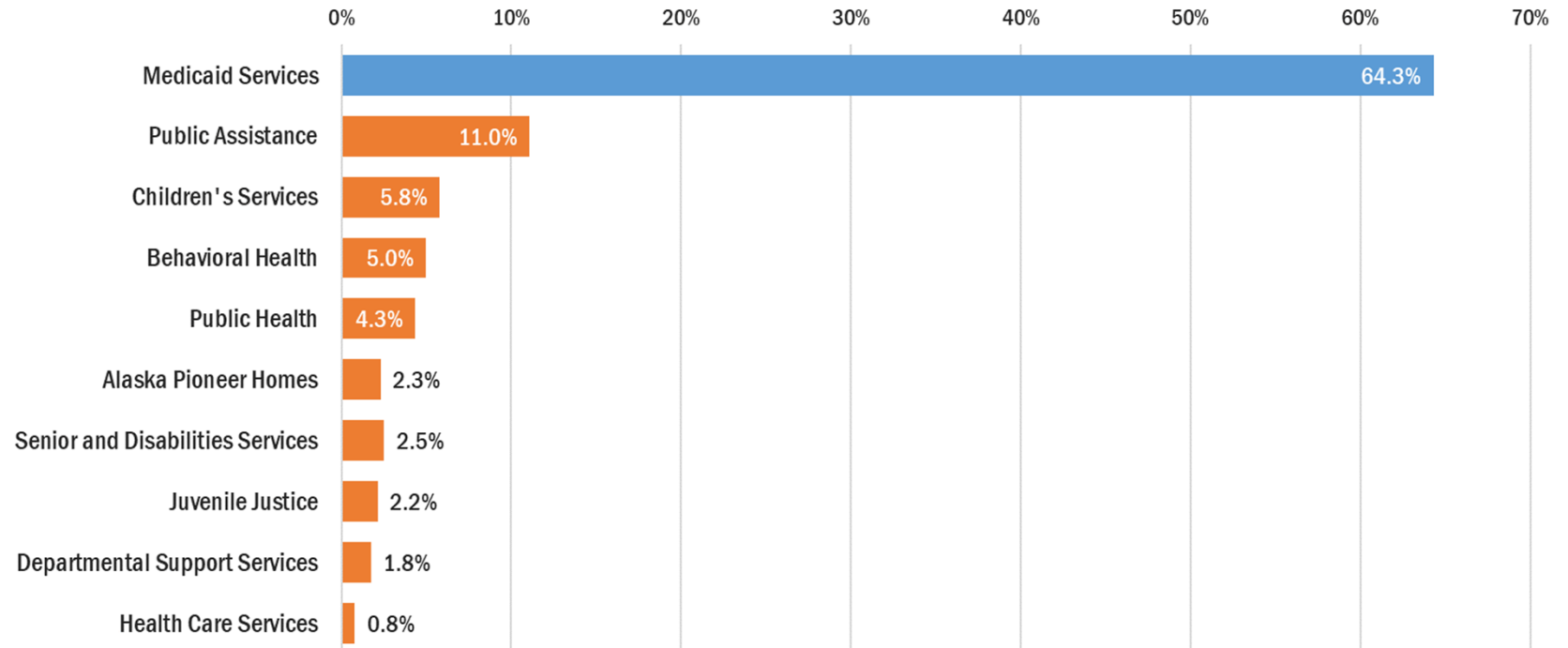
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Agency Budget includes the budgets of all listed departments, but does not include other statewide budget items, such as debt service, state retirement payments, and special appropriations.

The **Fiscal Year** is the "period of time over which the state budgets and accounts for funds, The state fiscal year begins on July 1 each year and ends on June 30 of the following year."

S2F2. Alaska Department of Health and Social Services (DHSS) Budget by Division: FY2011 - FY2018 (Part 1)

At about 64%, **Medicaid Services** was by far the largest part of the Alaska Department of Health and Social Services budget in FY2018.



Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary_hss.pdf

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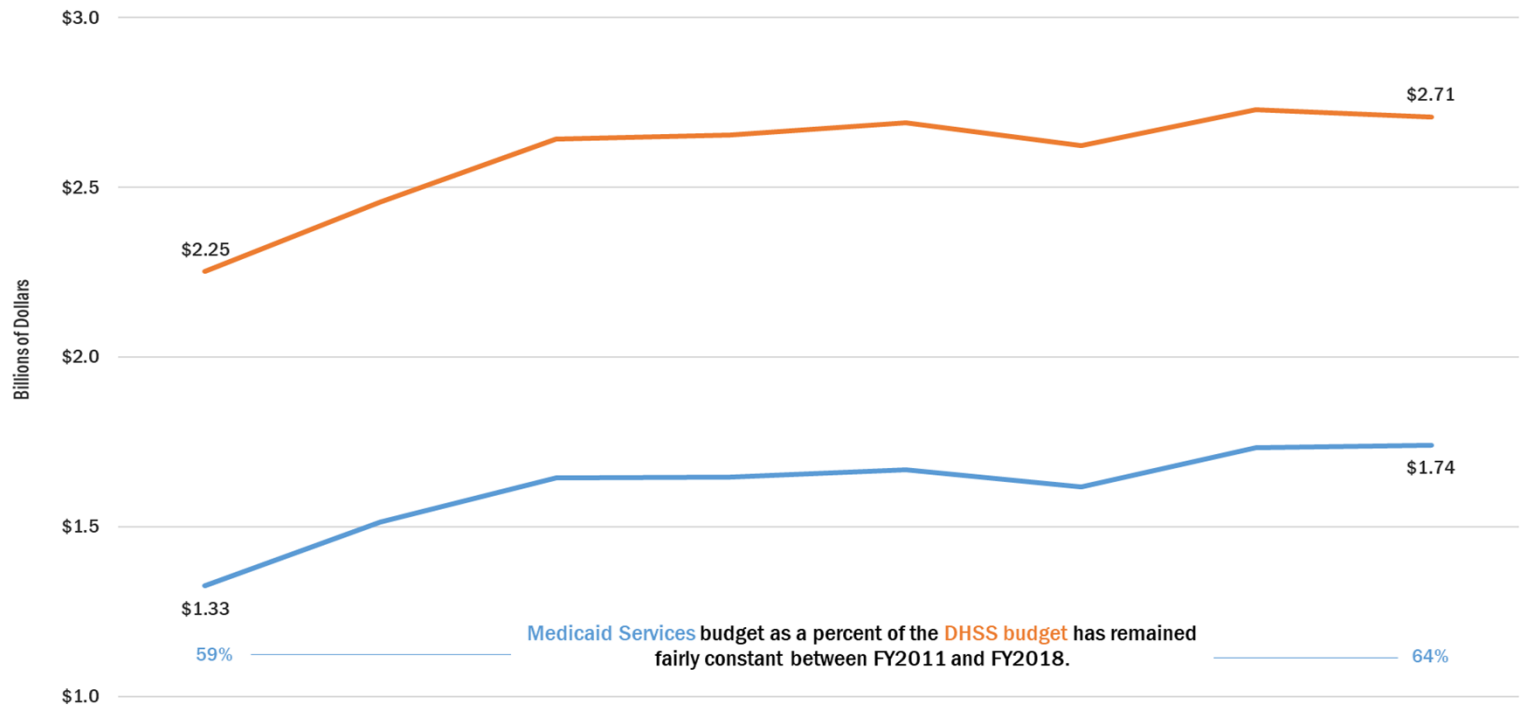
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Agency Budget includes the budgets of all listed departments, but does not include other statewide budget items, such as debt service, state retirement payments, and special appropriations.

The **Fiscal Year** is the "period of time over which the state budgets and accounts for funds, The state fiscal year begins on July 1 each year and ends on June 30 of the following year."

S2F2. Alaska Department of Health and Social Services (DHSS) Budget by Division: FY2011 - FY2018 (Part 2)

The **Department of Health and Social Services (DHSS) budget** has increased from FY2011 to FY2018-- \$2.07 to \$2.71 billion—compared to **Medicaid Services budget**, which has increased from \$1.33 billion in FY2011 to \$1.74 billion in FY2018.



	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
Medicaid Services	\$1.33	\$1.52	\$1.64	\$1.65	\$1.67	\$1.62	\$1.73	\$1.74
DHSS Budget	\$2.25	\$2.46	\$2.64	\$2.65	\$2.69	\$2.62	\$2.73	\$2.71
MS Budget as % of DHSS Budget	59%	62%	62%	62%	62%	62%	64%	64%

*We were only able to trace Medicaid Services budget back to 2011 because the Division of Medicaid Services was originally a component of the Health Care Services Division, but is now is its own Results Delivery Unit (RDU) beginning in FY2012.

Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.

Data Sources:

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Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary_hss.pdf

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FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary_hss.pdf

Appendix S2F1. Alaska State Agency Operating Budget: FY2010 - FY2018

	Top Agency Budget (in thousands*)					
	Health & Social Services	Education & Early Development	Transportation	University of Alaska	All Other Budgets	Agency Operating Budget**
FY2010	\$ 2,065,574	\$ 1,358,427	\$ 532,924	\$ 823,209	\$ 2,037,241	\$ 6,817,375
FY2011	\$ 2,252,677	\$ 1,426,322	\$ 565,705	\$ 850,370	\$ 2,216,333	\$ 7,311,407
FY2012	\$ 2,457,963	\$ 1,489,795	\$ 597,717	\$ 889,103	\$ 2,292,858	\$ 7,727,437
FY2013	\$ 2,643,596	\$ 1,553,811	\$ 621,476	\$ 925,829	\$ 2,408,219	\$ 8,152,931
FY2014	\$ 2,653,426	\$ 1,567,295	\$ 629,981	\$ 914,224	\$ 2,479,223	\$ 8,244,150
FY2015	\$ 2,690,554	\$ 1,698,062	\$ 629,037	\$ 924,865	\$ 2,520,780	\$ 8,463,297
FY2016	\$ 2,622,872	\$ 1,598,595	\$ 614,217	\$ 920,594	\$ 2,467,094	\$ 8,223,372
FY2017	\$ 2,729,832	\$ 1,614,209	\$ 585,288	\$ 899,797	\$ 2,414,058	\$ 8,243,184
FY2018	\$ 2,707,920	\$ 1,639,747	\$ 586,593	\$ 879,118	\$ 2,330,686	\$ 8,144,063

*These values are from the data sources listed below.

**Agency Operating Budget includes the budgets of all listed departments, but does not include other statewide budget items, such as debt service, state retirement payments, and special appropriations.

Note:

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FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/12enacted_6-29-11_deptsummary.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/13enacted_5-14-12_deptsummary.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/14enacted_5-21-13_deptsummary.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/15enacted_5-28-14_deptsummary.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/16enacted_deptsummary_6-30-15.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/Department_Summary_All_Funds_6-29-16.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/FY18Enacted_dept_summary_all_funds_06-30-17.pdf

Appendix S2F2. Alaska Department of Health and Social Services (DHSS)

Budget by Division: FY2011 - FY2018

In FY2010, Medicaid Services funds were dispersed among several division budgets within DHSS: Children's Services, Behavioral Health, Senior and Disabilities Services, and Health Care Services. Medicaid Services is now its own Results Delivery Unit (RDU) beginning in FY2012. Hence, the budgets of the aforementioned divisions became smaller with this change.

Department of Health and Social Services (DHSS) Budget by Division (In thousands)									
	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
Medicaid Services	-	\$1,326,516	\$1,515,014	\$1,644,968	\$1,646,670	\$1,669,141	\$1,617,238	\$1,734,356	\$1,741,738
Public Assistance	\$ 286,184	\$ 291,309	\$ 304,072	\$ 331,616	\$ 330,096	\$ 331,277	\$ 320,052	\$ 306,036	\$ 298,999
Children's Services	\$ 144,808	\$ 132,702	\$ 133,358	\$ 135,635	\$ 140,143	\$ 143,782	\$ 149,814	\$ 152,717	\$ 155,976
Behavioral Health	\$ 265,344	\$ 132,667	\$ 135,520	\$ 148,374	\$ 143,265	\$ 140,227	\$ 140,635	\$ 134,928	\$ 134,237
Public Health	\$ 94,982	\$ 102,292	\$ 106,475	\$ 117,991	\$ 118,260	\$ 138,634	\$ 134,482	\$ 130,979	\$ 117,288
Alaska Pioneer Homes	\$ 57,260	\$ 57,262	\$ 59,967	\$ 61,369	\$ 62,440	\$ 62,323	\$ 62,988	\$ 62,225	\$ 62,626
Senior and Disabilities Services	\$ 404,455	\$ 54,840	\$ 59,333	\$ 61,311	\$ 63,072	\$ 63,445	\$ 61,508	\$ 76,353	\$ 67,769
Juvenile Justice	\$ 52,471	\$ 53,849	\$ 55,839	\$ 58,224	\$ 58,913	\$ 58,825	\$ 59,023	\$ 59,029	\$ 58,228
Departmental Support Services	\$ 48,870	\$ 47,761	\$ 52,317	\$ 48,674	\$ 56,716	\$ 55,807	\$ 53,429	\$ 47,693	\$ 47,411
Health Care Services	\$ 709,030	\$ 51,105	\$ 33,551	\$ 32,754	\$ 31,170	\$ 24,415	\$ 23,627	\$ 23,267	\$ 21,399
Human Services Community Matching Grant	\$ 1,485	\$ 1,685	\$ 1,685	\$ 1,785	\$ 1,785	\$ 1,785	\$ 1,415	\$ 1,387	\$ 1,387
Community Initiative Matching Grants	\$ 686	\$ 689	\$ 833	\$ 894	\$ 894	\$ 894	\$ 879	\$ 862	\$ 862
Department Operating Budget	\$2,065,574	\$2,252,677	\$2,457,963	\$2,643,596	\$2,653,426	\$2,690,554	\$2,625,090*	\$2,729,832	\$2,707,920

*Minus "Agency-wide Appropriation" of \$2,218.50 to equal total FY2016 Operating Budget of \$2,622,871.8

Distribution of DHSS Budget by Division									
	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
Medicaid Services	-	58.9%	61.6%	62.2%	62.1%	62.0%	61.7%	63.5%	64.3%
Public Assistance	13.9%	12.9%	12.4%	12.5%	12.4%	12.3%	12.2%	11.2%	11.0%
Children's Services	7.0%	5.9%	5.4%	5.1%	5.3%	5.3%	5.7%	5.6%	5.8%
Behavioral Health	12.8%	5.9%	5.5%	5.6%	5.4%	5.2%	5.4%	4.9%	5.0%
Public Health	4.6%	4.5%	4.3%	4.5%	4.5%	5.2%	5.1%	4.8%	4.3%
Alaska Pioneer Homes	2.8%	2.5%	2.4%	2.3%	2.4%	2.3%	2.4%	2.3%	2.3%
Senior and Disabilities Services	19.6%	2.4%	2.4%	2.3%	2.4%	2.4%	2.3%	2.8%	2.5%
Juvenile Justice	2.5%	2.4%	2.3%	2.2%	2.2%	2.2%	2.3%	2.2%	2.2%
Departmental Support Services	2.4%	2.1%	2.1%	1.8%	2.1%	2.1%	2.0%	1.7%	1.8%
Health Care Services	34.3%	2.3%	1.4%	1.2%	1.2%	0.9%	0.9%	0.9%	0.8%
Human Services Community Matching Grant	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Community Initiative Matching Grants	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Department Operating Budget	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note:

Alaska state agency budget discussed here includes agency budgets from all funds, including federal funds and state funds outside the Unrestricted General Fund (UGF). Many Alaskans think of the UGF as the entire state budget, because that is money the legislature can spend largely as it chooses, and it has been funded mainly by oil revenues since the 1980s.

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary_hss.pdf

Section 3: Alaska Health-Care Spending

Here we look at personal health-care spending in Alaska by category:

- Hospital Care
- Physician and Clinical Services
- Other Professional Services
- Dental Services
- Home Health Care
- Prescription Drugs
- Other Medical Products
- Nursing Home Care
- Other Health, Residential, and Personal Care

We also report trends in the medical care portion of the Anchorage consumer price index, compared with the entire index. Anchorage is the only place in Alaska for which there is a consumer price index.

Section Highlights

- The largest share of the health-care dollar in Alaska continues to be spent on hospital services, followed by physician services. Since 1991, the share spent in some areas has increased, such as home health care and other care, while the proportion for prescription drugs and nursing home care has declined.
- In 2014, Alaska spent more per capita than the United States in 5 out of 9 personal health care categories. Alaska spent nearly 1.4 times more per capita on personal health care and 1.8 times more on physician and clinical services than the United States overall.
- Between 2004 and 2014, home health care had the largest average annual growth in both Alaska and the United States.

Tables and Figures

- S3F1. Personal Health-Care Spending by Category 2014; and Growth by Category, 2009 - 2014: Alaska and the United States
- S3F2. Personal Health-Care Spending and Growth by Category: Alaska, 1991 and 2014
- S3F3. 10-year Average Annual Growth of Personal Health-Care Spending by Category: Alaska, 2004 - 2014
- S3F4. Per Capita Personal Health-Care Spending and Growth by Category: Alaska and the United States, 2009 - 2014
- S3F5. Difference in Per Capita Personal Health-Care Spending by Category: Alaska and the United States, 2014
- S3F6. Anchorage Consumer Price Index, All Items and Medical Costs, 1991 - 2017

Appendices

- Appendix S3F1,F2,F3. Personal Health-Care Spending and Growth by Category: Alaska and the United States, 1991 - 2014
- Appendix S3F4,F5. Per Capita Personal Health-Care Spending and Growth by Category: Alaska and the United States
- Appendix S3F6. Consumer Price Index (CPI): Anchorage, 1991 - 2017

Terms and Definitions

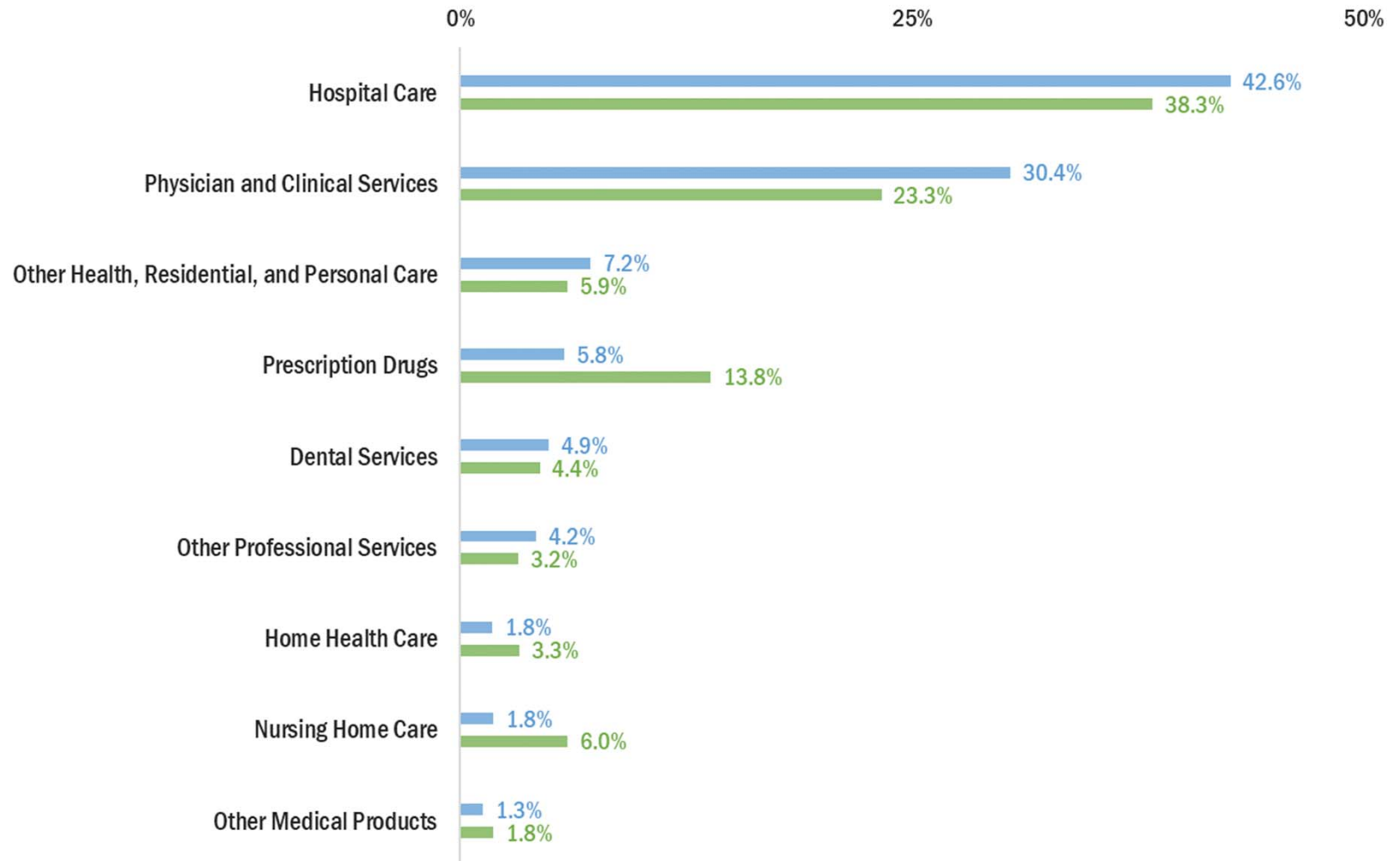
Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

Personal Health-Care Spending (HCS) refers to the total (aggregate) spending on personal health care services and products. These products and services are divided into 9 categories:

- 1) Hospital Care
- 2) Physician and Clinical Services
- 3) Dental Services
- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

S3F1. Personal Health-Care Spending by Category 2014; and Growth by Category, 2009 - 2014: Alaska and the United States (Part 1)

In 2014, **Alaska** spent more on hospital care and physician and clinical services than the **United States**. The **United States** spent more on prescription drugs and nursing home care than **Alaska**.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

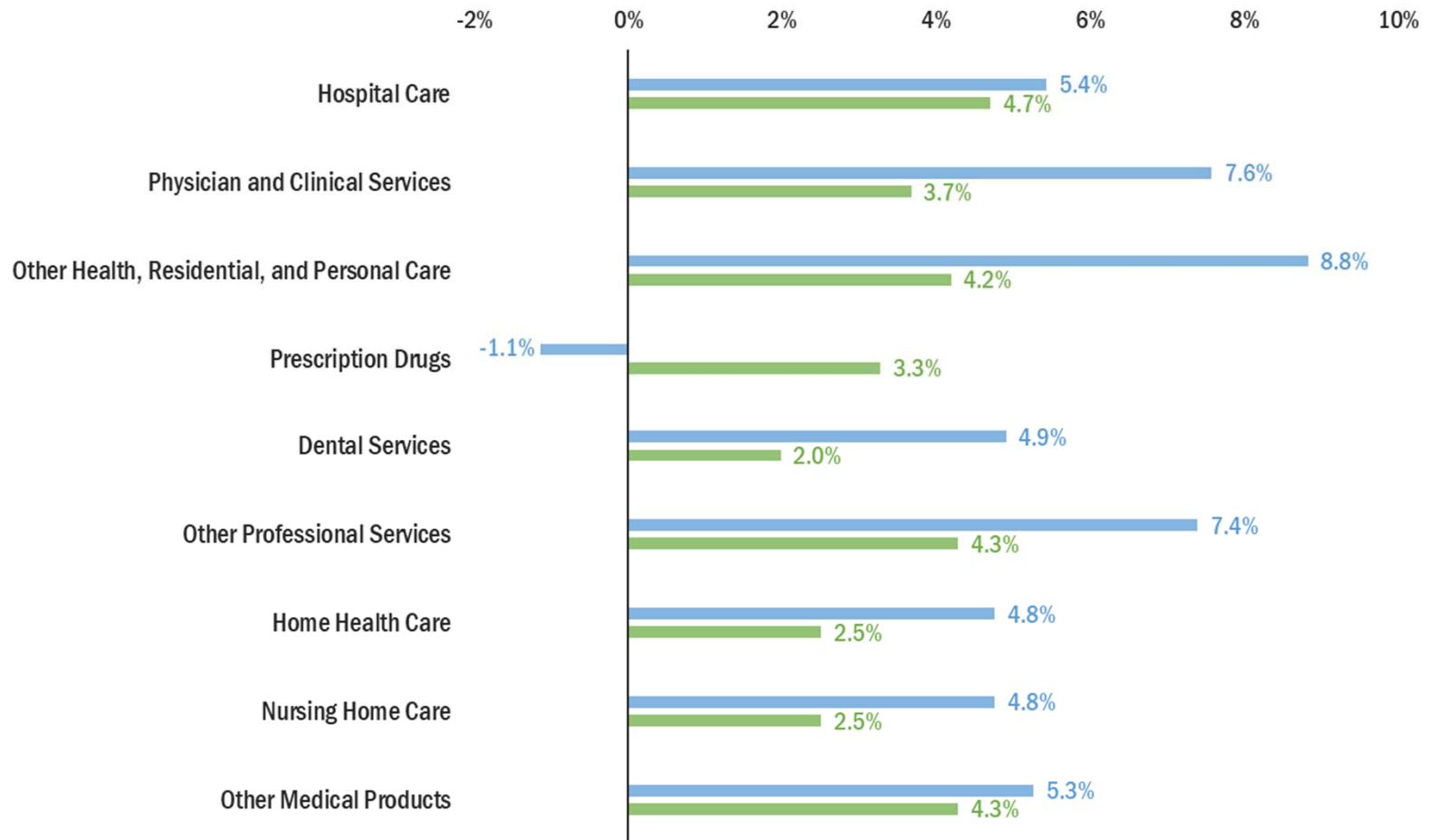
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- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 2009 and 2014, which shows change over time.

S3F1. Personal Health-Care Spending by Category 2014; and Growth by Category, 2009 - 2014: Alaska and the United States (Part 2)

Between 2009 and 2014, **Alaska** had larger average annual increases in all categories of personal health-care spending than the **United States** except prescription drugs, which decreased by 1.1%.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

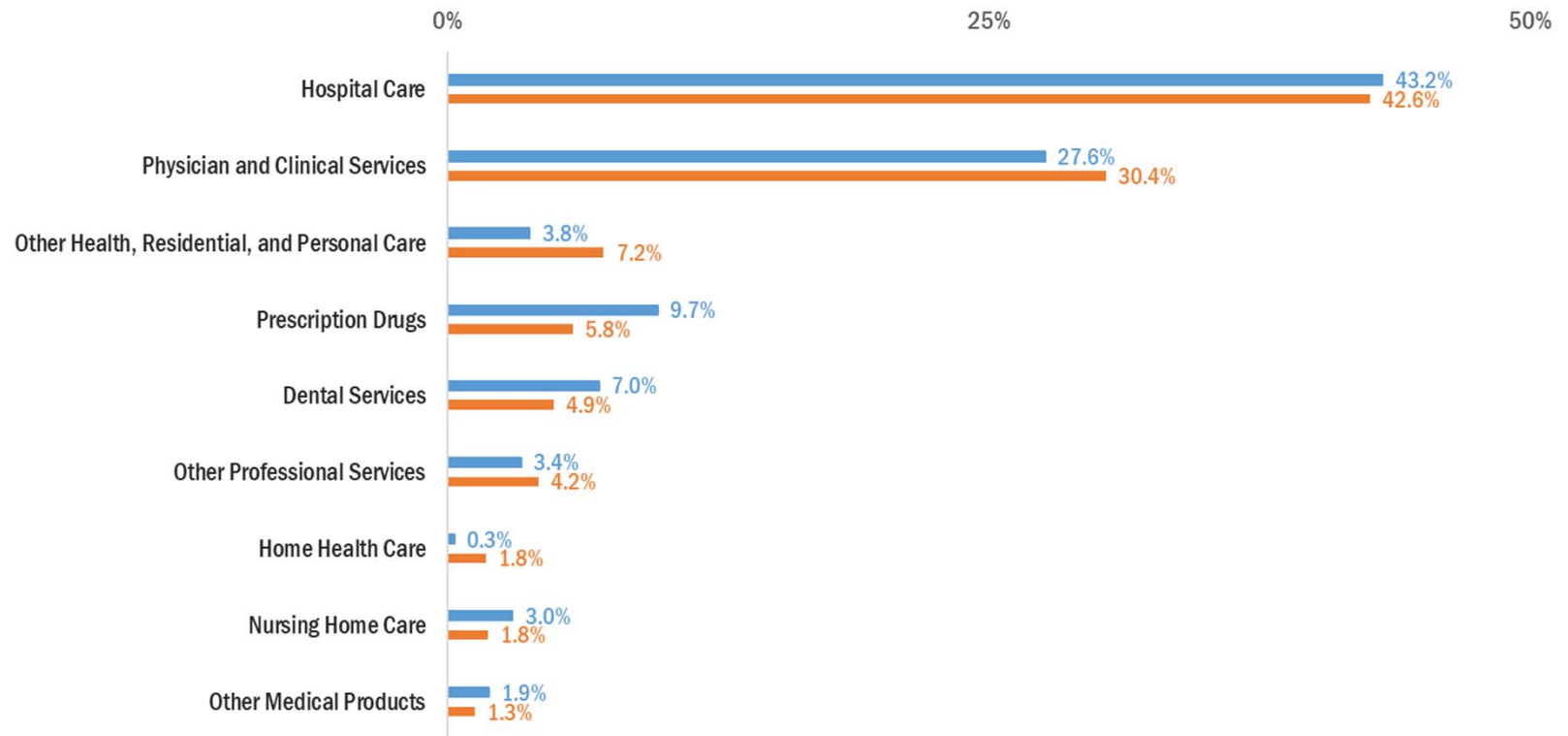
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Personal Health-Care Spending (HCS) refers to the total (aggregate) spending on personal health care services and products. These products and services are divided into 9 categories:

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- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

S3F2. Personal Health-Care Spending and Growth by Category: **Alaska, 1991 and 2014** (Part 1)

In **2014**, the largest share of the health care dollar in Alaska continues to be hospital care, followed by physician services. Since **1991**, the share spent in some areas has increased, such as home health care and other care, while the proportion for prescription drugs and nursing home care has declined.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

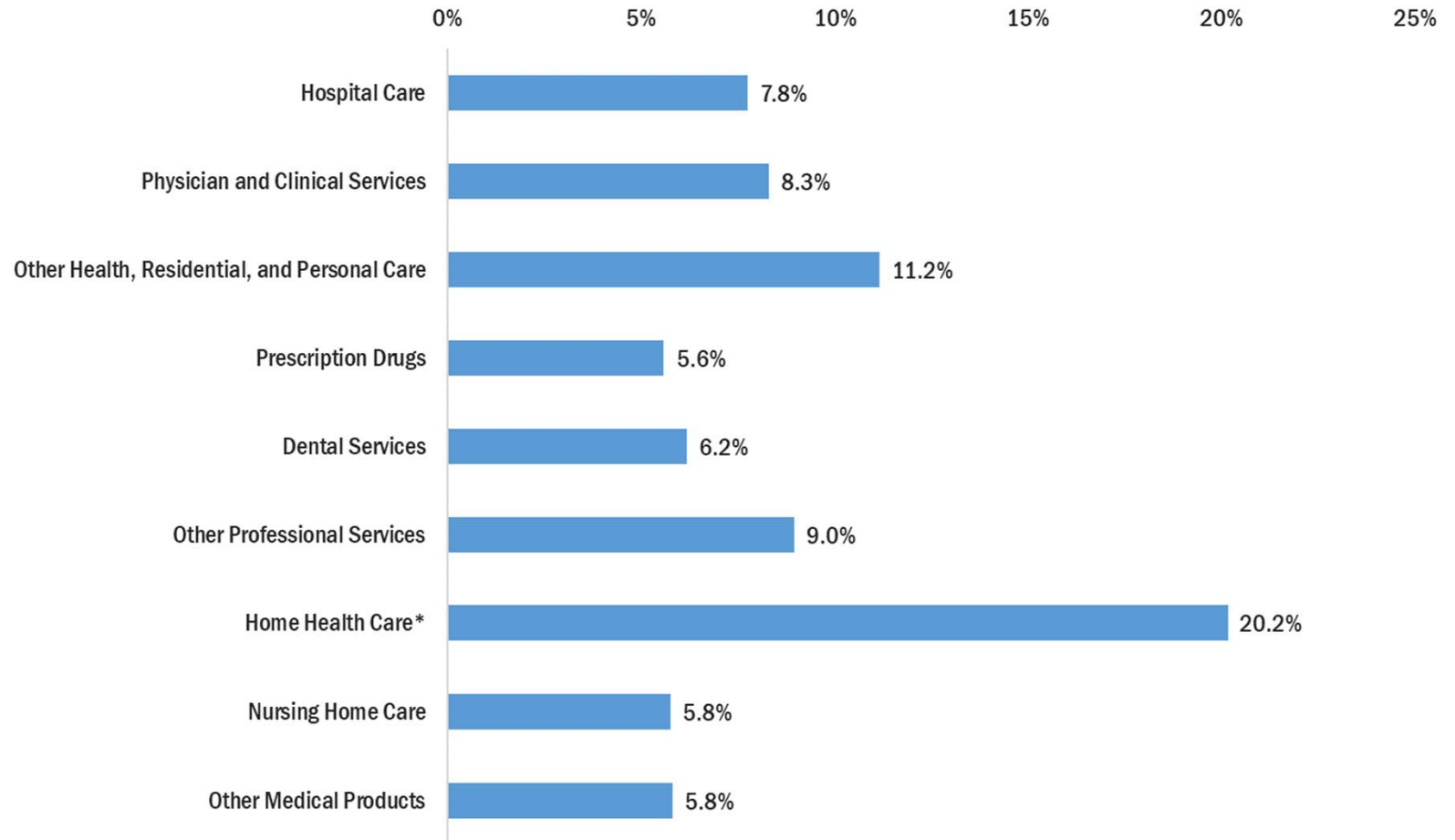
Personal Health-Care Spending (HCS) refers to the total (aggregate) spending on personal health care services and products. These products and services are divided into 9 categories:

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- 3) Dental Services
- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 2009 and 2014, which shows change over time.

S3F2. Personal Health-Care Spending and Growth by Category: **Alaska, 1991 and 2014** (Part 2)

Between 1991 and 2014, spending in home health care had the largest average annual growth at 20.2%. Despite this growth, home health care remains a small part of total health-care spending.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

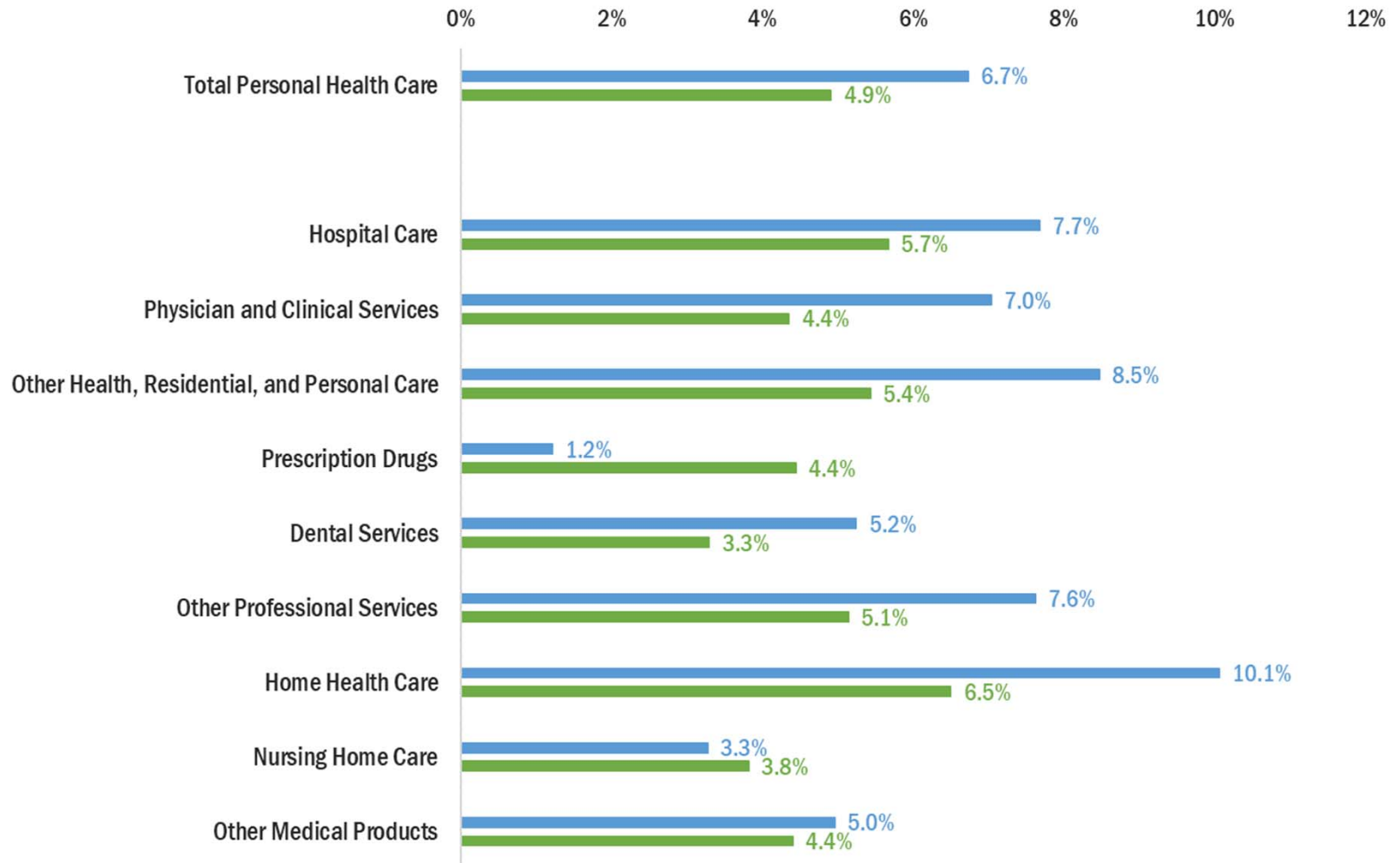
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- 3) Dental Services
- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 2004 and 2014, which shows change over time.

S3F3. 10-year Average Annual Growth of Personal Health-Care Spending by Category: Alaska, 2004 – 2014

Between 2004 and 2014, home health care had the largest average annual growth in both **Alaska** and the **United States**.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

Personal Health-Care Spending (HCS) refers to the total (aggregate) spending on personal health care services and products. These products and services are divided into 9 categories:

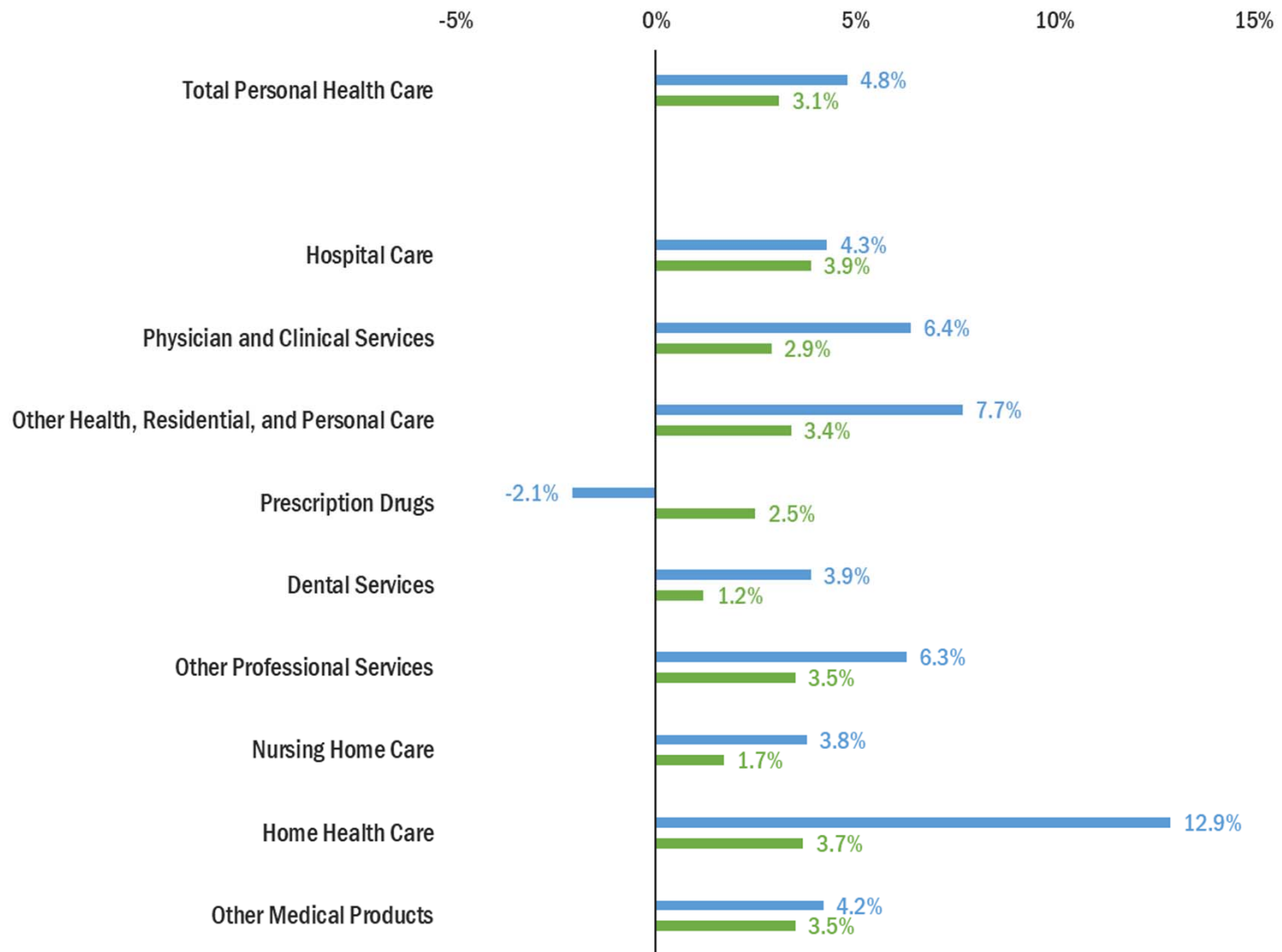
- 1) Hospital Care
- 2) Physician and Clinical Services
- 3) Dental Services
- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Per Capita means the amount of dollars spent divided the total population, so that you obtain the dollar amount spent per person.

Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 2009 and 2014, which shows change over time.

S3F4. Per Capita Personal Health-Care Spending and Growth by Category: Alaska and the United States, 2009 – 2014

Alaska saw larger average annual increases in per capita personal health-care spending between 2009 and 2014 than the United States in all categories except prescription drugs, which decreased by 2.1%.



Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

Personal Health Care is the total spending in all categories on privately and publicly funded personal health care products and services.

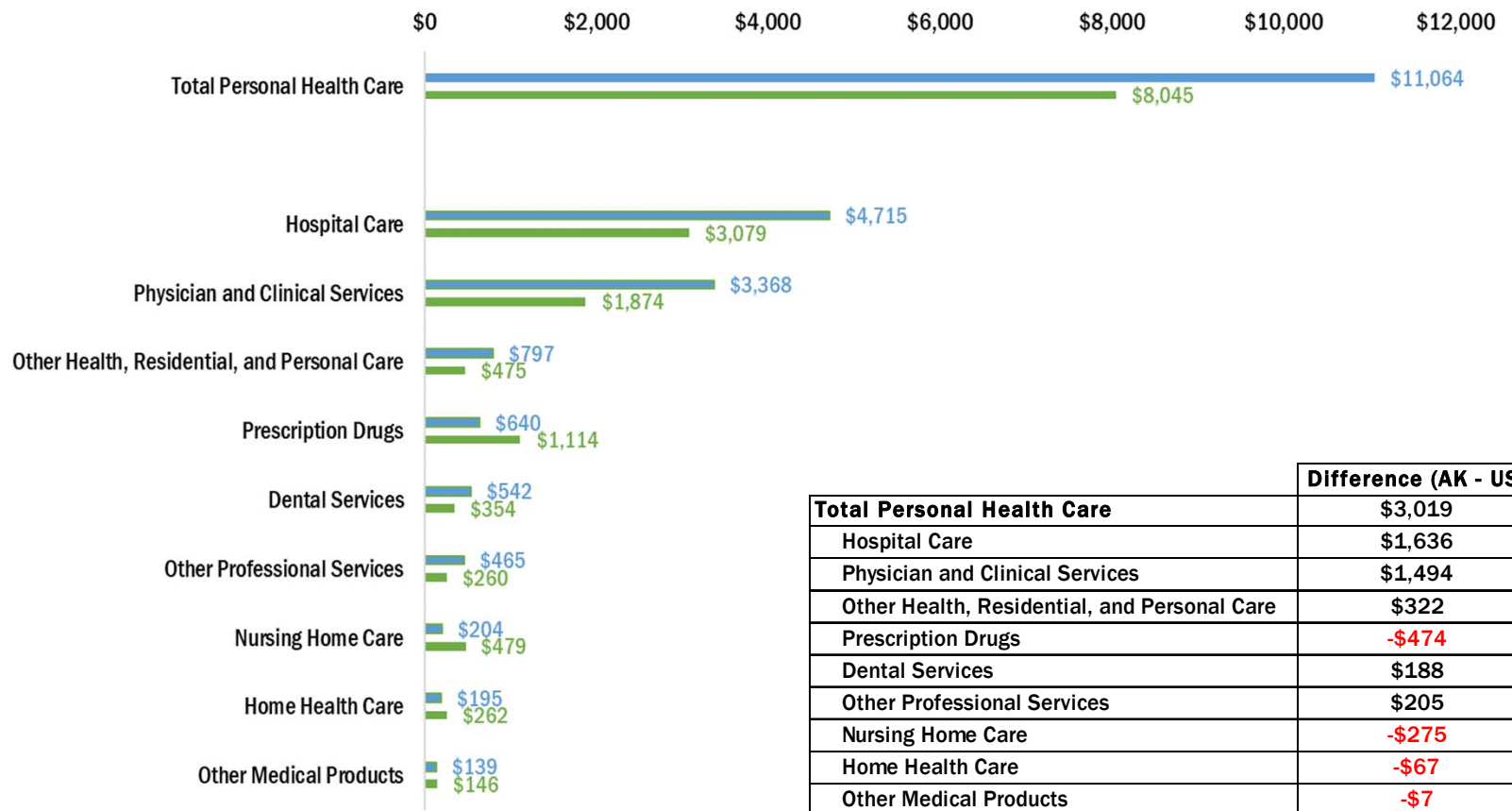
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- 1) Hospital Care
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- 4) Nursing Home Care
- 5) Home Health Care
- 6) Prescription Drugs
- 7) Other Professional Services
- 8) Other Durable Medical Products
- 9) Other Health, Residential, and Personal Care

Per Capita means the amount of dollars spent divided the total population, so that you obtain the dollar amount spent per person.

S3F5. Difference in Per Capita Personal Health-Care Spending by Category: Alaska and the United States, 2014

In 2014, **Alaska** spent more per capita than the **United States** in 5 out of 9 personal health care categories. **Alaska** spent nearly 1.4 times more per capita on personal health care and 1.8 times more on physician and clinical services than the **United States** overall.

**Data Sources:**

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

The **Consumer Price Index (CPI)** is a "measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services." **All Items** (goods and services) are arranged into eight major groups: food and beverages, housing, apparel, transportation, medical care, recreation, education and communication, and other goods and services. The CPI is used as an economic indicator and a means of adjusting dollar values, such as a measure of inflation. **Anchorage is the only location reported in the Alaska CPI.**

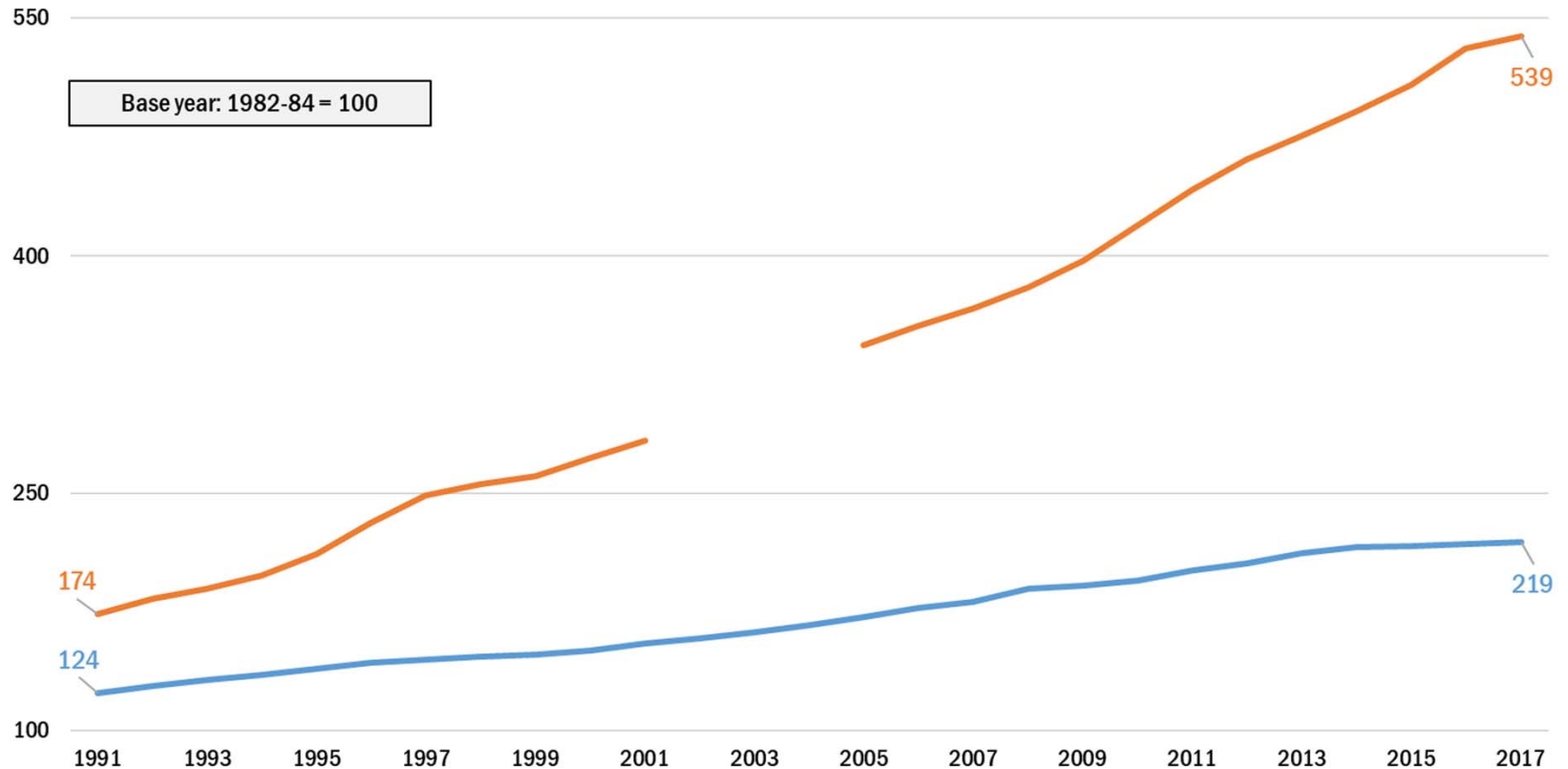
Medical costs—Medical Care Consumer Price Index (MC CPI)—includes medical care commodities and services.

For more information, please see:
<https://www.bls.gov/cpi/factsheets/medical-care.htm>

Average Annual Growth Rates (AAGR) are calculated by taking the average of all growth rates between 1991 and 2014, which shows change over time.

S3F6. Anchorage Consumer Price Index, All Items and Medical Costs, 1991 - 2017

Historically, **medical costs** have consistently been higher than **all items** combined in the CPI.



Note:

No Medical Care CPI was produced for 2002, 2003, 2004 due to an "insufficient sample of medical costs," but these data were still included in the overall CPI for these years (AKDOL, 2006).

Data Sources:

- Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
- Bureau of Labor Statistics (BLS), U.S. Department of Labor, Customized Tables (2017)
 Medical CPI: <https://data.bls.gov/cgi-bin/dsrv?cu>
- Alaska Department of Labor and Workforce Development Research and Analysis (2017)
<http://live.laborstats.alaska.gov/cpi/index.cfm>

Appendix S3F1,F2,F3. Personal Health-Care Spending and Growth by Category: Alaska and the United States, 1991 – 2014

	Personal Health-Care Spending (In millions)											
	Alaska						United States					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Personal Health Care	\$6,112	\$6,519	\$6,928	\$7,406	\$7,684	\$8,151	\$2,114,221	\$2,194,625	\$2,272,582	\$2,365,948	\$2,435,624	\$2,562,824
Hospital Care	\$2,667	\$2,853	\$2,972	\$3,069	\$3,227	\$3,473	\$779,689	\$822,405	\$852,020	\$902,676	\$937,877	\$980,966
Physician and Clinical Services	\$1,724	\$1,855	\$2,039	\$2,244	\$2,342	\$2,481	\$498,724	\$513,144	\$536,395	\$558,024	\$569,542	\$597,137
Other Health, Residential, and Personal Care	\$388	\$435	\$482	\$569	\$590	\$587	\$123,363	\$129,066	\$131,670	\$139,101	\$144,262	\$151,456
Prescription Drugs	\$503	\$485	\$480	\$468	\$430	\$471	\$302,992	\$304,228	\$311,500	\$312,822	\$320,761	\$354,784
Dental Services	\$315	\$334	\$333	\$371	\$384	\$399	\$102,307	\$105,032	\$107,106	\$108,771	\$110,141	\$112,832
Other Professional Services	\$240	\$244	\$273	\$297	\$320	\$342	\$67,152	\$69,849	\$72,748	\$76,429	\$78,796	\$82,826
Home Health Care	\$78	\$105	\$133	\$162	\$154	\$144	\$67,296	\$70,995	\$73,839	\$77,076	\$79,965	\$83,566
Nursing Home Care	\$119	\$122	\$125	\$131	\$139	\$150	\$134,885	\$139,980	\$145,046	\$147,370	\$149,218	\$152,635
Other Medical Products	\$79	\$85	\$92	\$95	\$98	\$102	\$37,813	\$39,925	\$42,259	\$43,679	\$45,062	\$46,622

	Growth Rates in Personal Health-Care Spending							
	Alaska				United States			
	1 Year: 2013-14	5 Year: 2009-14	10 Year: 2004-2014	24 Year: 1991-2014	1 Year: 2013-14	5 Year: 2009-14	10 Year: 2004-2014	24 Year: 1991-2014
Personal Health Care	6.1%	5.9%	6.7%	7.8%	5.2%	3.9%	4.9%	6.0%
Hospital Care	7.6%	5.4%	7.7%	7.8%	4.6%	4.7%	5.7%	5.7%
Physician and Clinical Services	5.9%	7.6%	7.0%	8.3%	4.8%	3.7%	4.4%	5.5%
Other Health, Residential, and Personal Care	-0.5%	8.8%	8.5%	11.2%	5.0%	4.2%	5.4%	7.8%
Prescription Drugs	9.5%	-1.1%	1.2%	5.6%	10.6%	3.3%	4.4%	7.6%
Dental Services	3.9%	4.9%	5.2%	6.2%	2.4%	2.0%	3.3%	5.5%
Other Professional Services	6.9%	7.4%	7.6%	9.0%	5.1%	4.3%	5.1%	6.7%
Home Health Care	-6.5%	14.3%	10.1%	20.2%	4.5%	4.4%	6.5%	8.0%
Nursing Home Care	7.9%	4.8%	3.3%	5.8%	2.3%	2.5%	3.8%	5.1%
Other Medical Products	4.1%	5.3%	5.0%	5.8%	3.5%	4.3%	4.4%	5.7%

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Appendix S3F4,F5. Per Capita Personal Health-Care Spending and Growth by Category: Alaska and the United States

	Per Capita Personal Health-Care Spending											
	Alaska						United States					
	2009	2010	2011	2012	2013	2014	2009	2010	2011	2012	2013	2014
Personal Health Care	\$8,745	\$9,129	\$9,586	\$10,130	\$10,428	\$11,064	\$6,892	\$7,094	\$7,292	\$7,535	\$7,703	\$8,045
Hospital Care	\$3,815	\$3,996	\$4,112	\$4,198	\$4,379	\$4,715	\$2,542	\$2,659	\$2,734	\$2,875	\$2,966	\$3,079
Physician and Clinical Services	\$2,467	\$2,598	\$2,822	\$3,069	\$3,179	\$3,368	\$1,626	\$1,659	\$1,721	\$1,777	\$1,801	\$1,874
Other Health, Residential, and Personal Care	\$555	\$610	\$666	\$779	\$800	\$797	\$402	\$417	\$422	\$443	\$456	\$475
Prescription Drugs	\$720	\$680	\$664	\$640	\$584	\$640	\$988	\$983	\$999	\$996	\$1,014	\$1,114
Dental Services	\$450	\$467	\$461	\$507	\$522	\$542	\$333	\$340	\$344	\$346	\$348	\$354
Other Professional Services	\$343	\$341	\$378	\$406	\$435	\$465	\$219	\$226	\$233	\$243	\$249	\$260
Home Health Care	\$112	\$147	\$183	\$222	\$210	\$195	\$219	\$229	\$237	\$245	\$253	\$262
Nursing Home Care	\$170	\$171	\$173	\$179	\$188	\$204	\$440	\$453	\$465	\$469	\$472	\$479
Other Medical Products	\$113	\$119	\$127	\$131	\$132	\$139	\$123	\$129	\$136	\$139	\$143	\$146

	Growth Rates in Per Capita Personal Health-Care Spending							
	Alaska				United States			
	1 Year: 2013-14	5 Year: 2009-14	10 Year: 2004-2014	24 Year: 1991-2014	1 Year: 2013-14	5 Year: 2009-14	10 Year: 2004-2014	24 Year: 1991-2014
Personal Health Care	6.1%	4.8%	5.6%	6.6%	4.4%	3.1%	4.0%	4.9%
Hospital Care	7.7%	4.3%	6.5%	6.6%	3.8%	3.9%	4.8%	4.6%
Physician and Clinical Services	5.9%	6.4%	5.9%	7.1%	4.1%	2.9%	3.5%	4.4%
Other Health, Residential, and Personal Care	-0.4%	7.7%	7.3%	9.9%	4.2%	3.4%	4.5%	6.7%
Prescription Drugs	9.6%	-2.1%	0.1%	4.4%	9.9%	2.5%	3.6%	6.5%
Dental Services	3.8%	3.9%	4.1%	5.0%	1.7%	1.2%	2.4%	4.4%
Other Professional Services	6.9%	6.3%	6.5%	7.7%	4.4%	3.5%	4.3%	5.7%
Home Health Care	-7.1%	12.9%	8.7%	18.6%	3.6%	3.7%	5.6%	6.9%
Nursing Home Care	8.5%	3.8%	2.1%	4.6%	1.5%	1.7%	2.9%	4.0%
Other Medical Products	5.3%	4.2%	3.8%	4.6%	2.1%	3.5%	3.5%	4.6%

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Appendix S3F6. Consumer Price Index (CPI): Anchorage, 1991 – 2017

	Anchorage, Alaska			
	All Items		Medical Care	
	Index	% Change	Index	% Change
2017	218.87	0.5%	538.60	1.9%
2016	217.83	0.4%	530.56	4.5%
2015	216.90	0.5%	507.48	3.3%
2014	215.81	1.6%	491.32	3.2%
2013	212.38	3.1%	476.05	3.2%
2012	205.92	2.2%	461.27	4.3%
2011	201.43	3.2%	442.04	5.3%
2010	195.14	1.8%	419.73	5.7%
2009	191.74	1.2%	397.03	4.3%
2008	189.50	4.6%	380.59	3.7%
2007	181.24	2.2%	366.95	3.0%
2006	177.30	3.2%	356.10	3.5%
2005	171.80	3.1%	344.20	-
2004	166.70	2.6%	*	-
2003	162.50	2.7%	*	-
2002	158.20	1.9%	*	-
2001	155.20	2.8%	282.90	4.0%
2000	150.90	1.7%	272.10	4.3%
1999	148.40	1.0%	260.80	2.0%
1998	146.90	1.5%	255.70	2.7%
1997	144.80	1.5%	248.90	7.7%
1996	142.70	2.7%	231.10	9.2%
1995	138.90	2.9%	211.60	7.0%
1994	135.00	2.1%	197.80	4.3%
1993	132.20	3.1%	189.60	3.6%
1992	128.20	3.4%	183.00	5.5%
1991	124.00	-	173.50	-
Average Annual Growth		2.2%	-	4.4%
Base: 1982-84 = 100				

*No Medical Care CPI was produced for 2002, 2003, 2004 due to an "insufficient sample of medical costs," but these data were still included in the overall CPI for these years (AKDOL, 2006).

Data Sources:

- Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>
- Bureau of Labor Statistics (BLS), U.S. Department of Labor, Customized Tables (2017)
 Medical CPI: <https://data.bls.gov/cgi-bin/dsrvcu>
- Alaska Department of Labor and Workforce Development Research and Analysis (2017)
<http://live.laborstats.alaska.gov/cpi/index.cfm>

Section 4: Private Employer-Based Health Insurance

In this section we look at private employer-based health insurance spending by the employee and employer over time. Average monthly premiums, employer and employee contributions, and deductibles are compared to median household incomes to assess economic impact on families.

Section Highlights

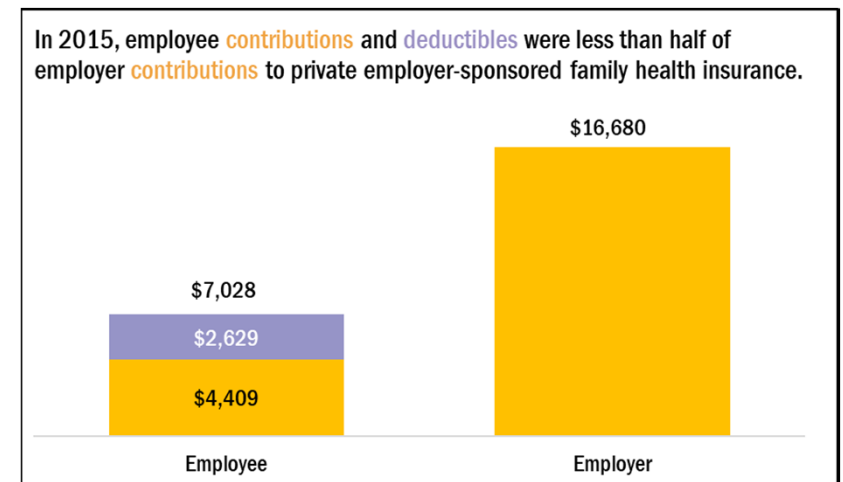
- Alaska's average annual family health insurance premiums for private employer-sponsored coverage have grown steadily since 2003 and remained consistently higher than the national average.
- Since 2006, the average employee contribution to family premiums for private employer-sponsored health insurance in Alaska has become a smaller share compared to the average employer contribution.
- Average family deductibles in Alaska and the United States have increased by nearly 2.7 times between 2003 and 2015.
- Between 2003 and 2014, average annual deductibles for family coverage in Alaska more than doubled as a percentage of median household income.

Tables and Figures

- S4F1. Average Annual Family Premiums for Private Employer-Sponsored Coverage: Alaska and the United States, 2003 - 2016
- S4F2. Employee and Private Employer Contributions to Family Health Insurance Plan: Alaska, 2006 - 2015
- S4F3. Average Annual Family Deductibles for Family Coverage in Employer-Sponsored Health Insurance: Alaska and the United States, 2003 - 2015
- S4F4. Changes in Annual Growth of Average Annual Family Deductibles for Family Coverage in Employer-Sponsored Health Insurance: Alaska and the United States, 2003 - 2015
- S4F5. Average Annual Family Deductibles for Family Coverage For Private Employer-Sponsored Health Insurance Compared to Median Household Income: Alaska, 2003 - 2015
- S4F6. Average Annual Family Deductibles Compared to Employee Contribution for Family Coverage: Alaska, 2006 - 2015

Appendices

- Appendix S4F2. Employee and Private Employer Contributions to Family Health Insurance Plan: Alaska, 2006 - 2015



Terms and Definitions

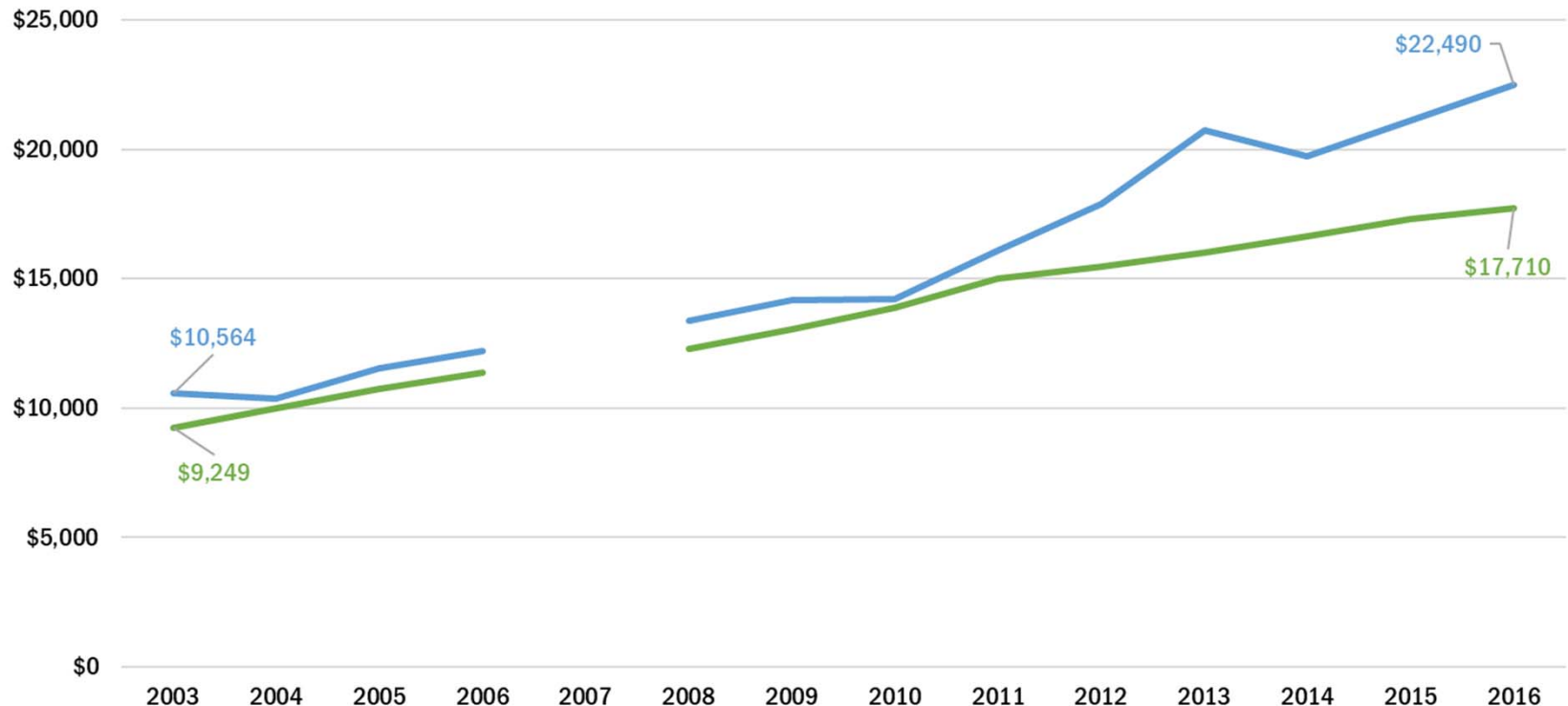
Premiums are “agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured person and plan sponsor.”

Family Coverage refers to a “health plan that covers the enrollee and members of his/her immediate family (spouse and/or children).”

Employer-Sponsored Coverage refers to health insurance coverage provided by employers to their workers.

S4F1. Average Annual Family Premiums for Private Employer-Sponsored Coverage: Alaska and the United States, 2003 – 2016

Alaska’s average annual family health insurance premiums for private employer-sponsored coverage have grown steadily since 2003 and remained consistently higher than the national average.



Note:

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2006 - 2016. Table X.D–Premium distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 95th percentiles, private-sector by State; United States (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D&searchMethod=1&Action=Search
- 2) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003-2005. Table II.D.1 Average total family premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and State: United States (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=2&tableSubSeries=&searchText=Table+II.D.1&searchMethod=1&Action=Search

Terms and Definitions

Family Coverage

refers to a "health plan that covers the enrollee and members of his/her immediate family (spouse and/or children)."

Employee

Contributions are payments or "health plan contributions from employees that are deducted from their paychecks. Typically, both the employee and employer contribute to the cost of the health care premium." Contributions are usually pre-tax and are either voluntary or mandatory if the employee is required to receive health care benefits from their employer.

Employer

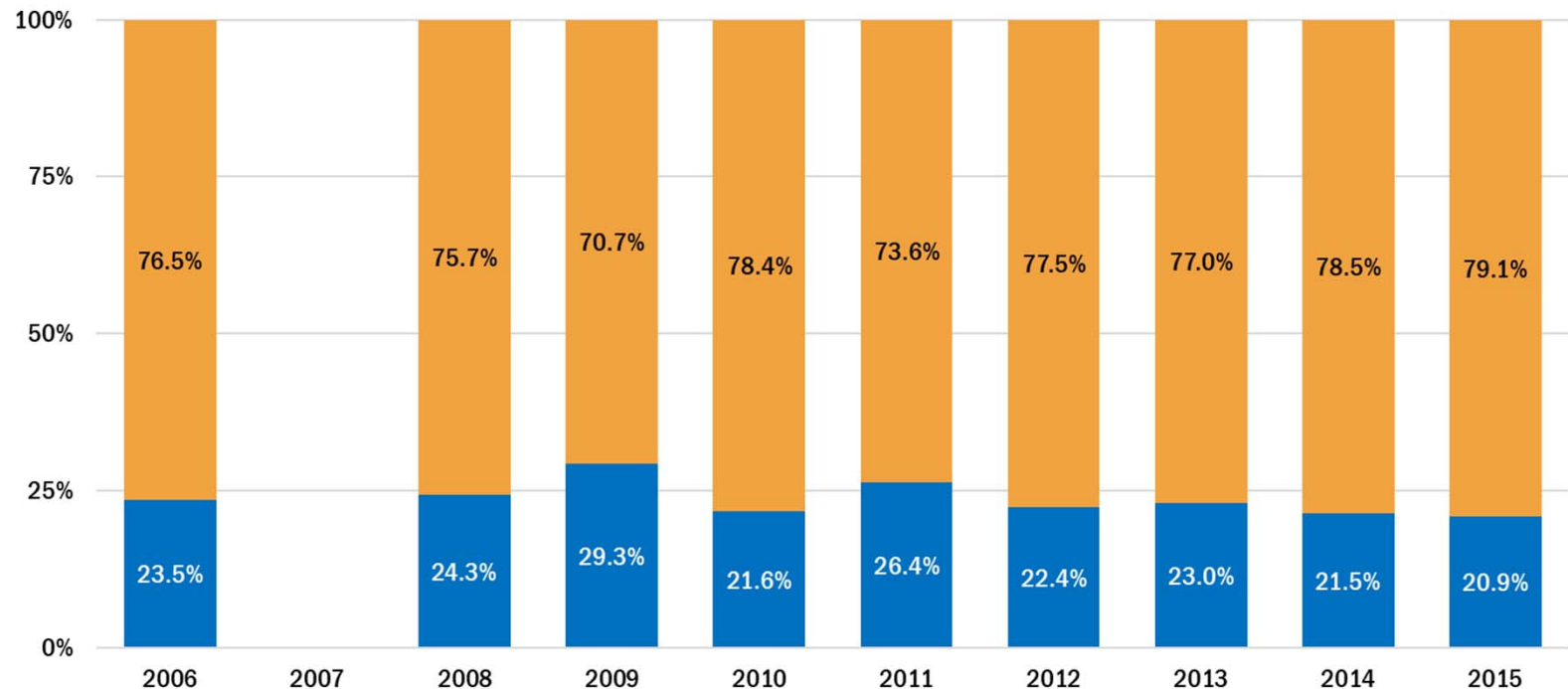
Contributions are payments or health plan contributions made by employers towards employees' health insurance premiums provided through the employer.

S4F2. Employee and Private Employer Contributions to Family Health Insurance

Plan: Alaska, 2006 - 2015

(Part 1)

Since 2006, the **average employee contribution to family premiums** for private employer-sponsored health insurance in Alaska has become a smaller share compared to the **average employer contribution**.



Note:

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2006 - 2016.

Table X.D.1 Employee contribution distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.1&searchMethod=1&Action=Search

Table X.D.2 Employer cost distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.2&searchMethod=1&Action=Search

Table X.D–Premium distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 95th percentiles, private-sector by State; United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D&searchMethod=1&Action=Search

Table II.D.1 Average total family premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and State: United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=2&tableSubSeries=&searchText=Table+II.D.1&searchMethod=1&Action=Search

2) U.S. Census Historical Income Tables (2017)

Table H-8. Median Household Income by State, 1984-2015

<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

Family Coverage

refers to a "health plan that covers the enrollee and members of his/her immediate family (spouse and/or children)."

Employee

Contributions are payments or "health plan contributions from employees that are deducted from their paychecks. Typically, both the employee and employer contribute to the cost of the health care premium." Contributions are usually pre-tax and are either voluntary or mandatory if the employee is required to receive health care benefits from their employer.

Employer

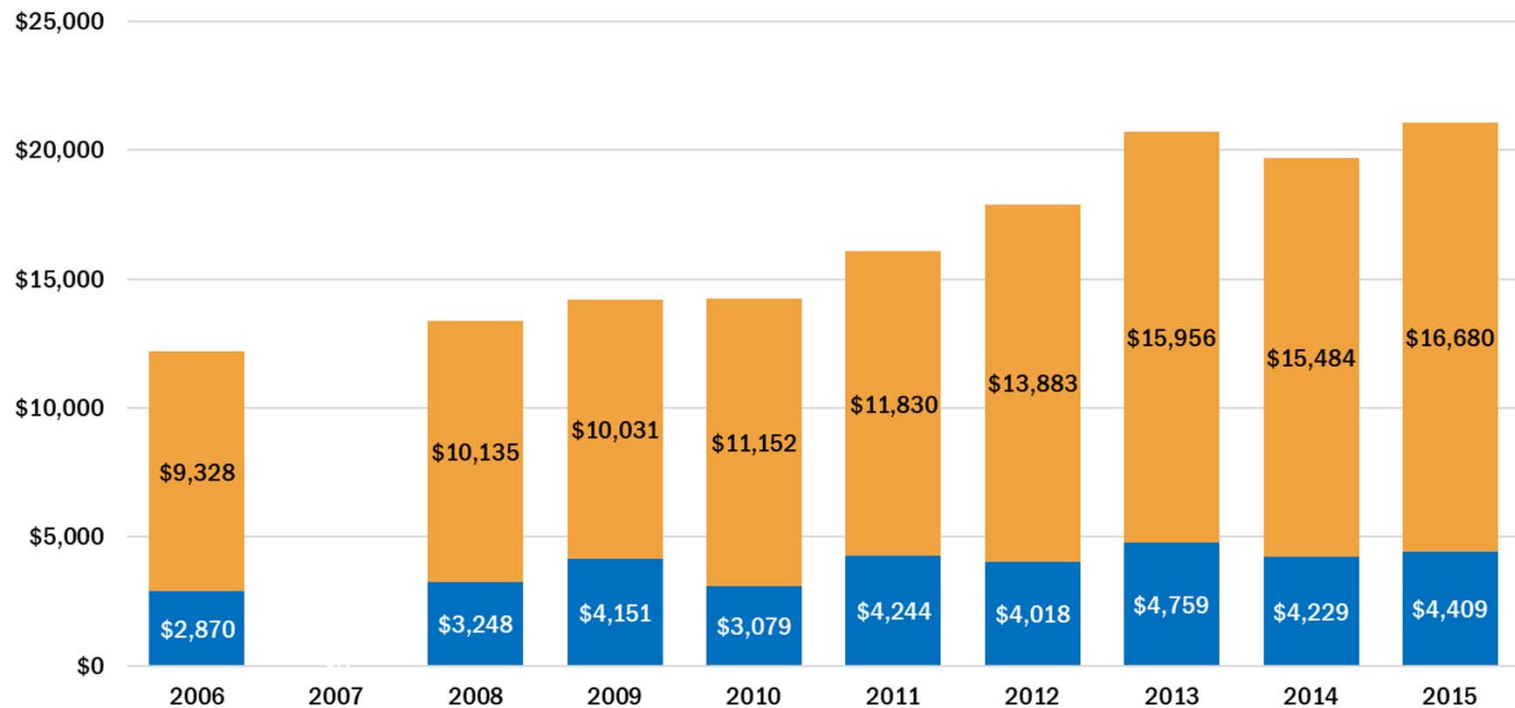
Contributions are payments or health plan contributions made by employers towards employees' health insurance premiums provided through the employer.

S4F2. Employee and Private Employer Contributions to Family Health Insurance

Plan: Alaska, 2006 - 2015

(Part 2)

Since 2006, both **employees** and **employers** are paying a lot more for private employer-sponsored family health insurance in Alaska, but **employer contributions** went up more than **employee contributions**.



Note:

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2006 - 2016.

Table X.D.1 Employee contribution distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.1&searchMethod=1&Action=Search

Table X.D.2 Employer cost distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.2&searchMethod=1&Action=Search

Table X.D–Premium distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 95th percentiles, private-sector by State; United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D&searchMethod=1&Action=Search

Table II.D.1 Average total family premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and State: United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=2&tableSubSeries=&searchText=Table+II.D.1&searchMethod=1&Action=Search

2) U.S. Census Historical Income Tables (2017)

Table H-8. Median Household Income by State, 1984-2015

<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

Premiums are “agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured person and plan sponsor.”

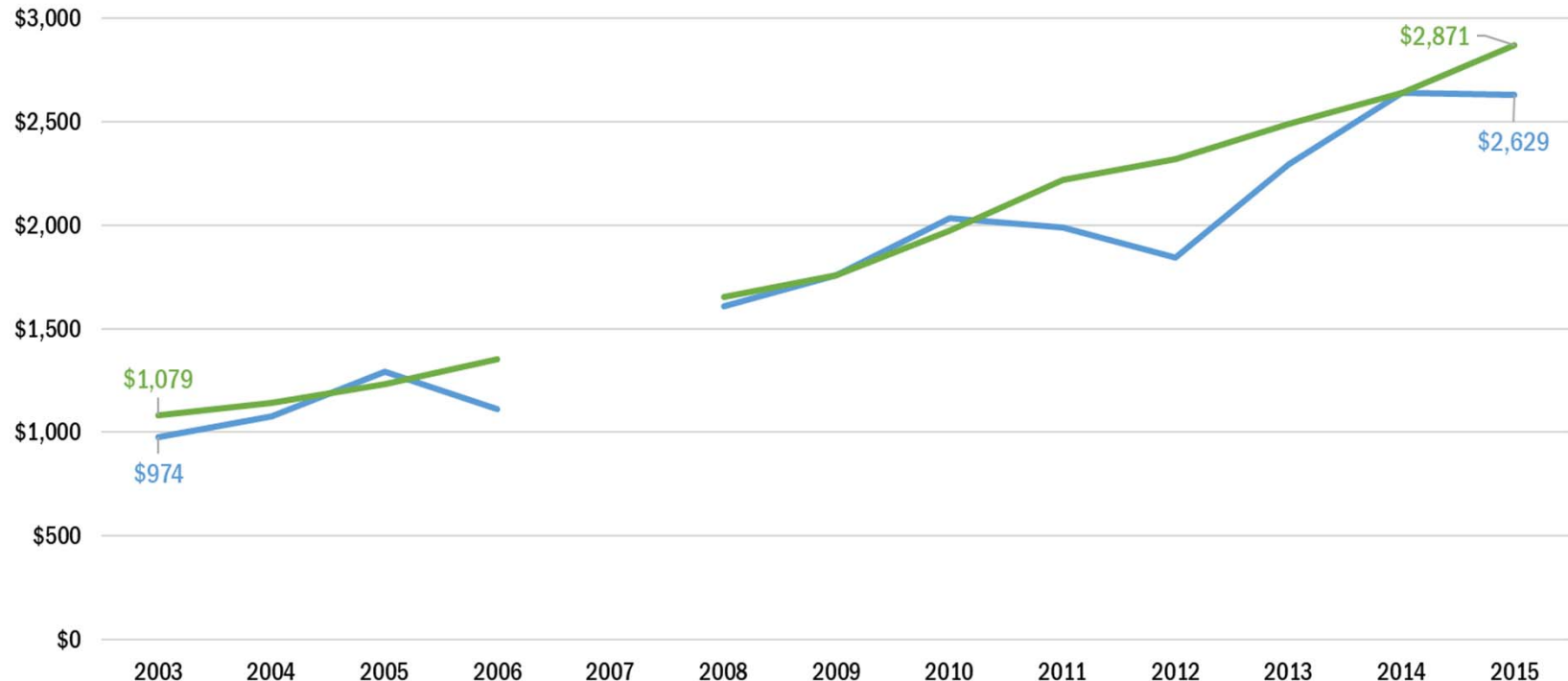
Family Coverage refers to a “health plan that covers the enrollee and members of his/her immediate family (spouse and/or children).”

A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

S4F3. Average Annual Family Deductibles for Family Coverage in Employer-Sponsored Health Insurance: Alaska and the United States, 2003 - 2015

(Part 1)

Average family deductibles in **Alaska** and the **United States** have increased by nearly 2.7 times between 2003 and 2015.



Note:

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003 - 2016. Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search
- 2) U.S. Census Historical Income Tables (2017) Table H-8. Median Household Income by State, 1984-2015 <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

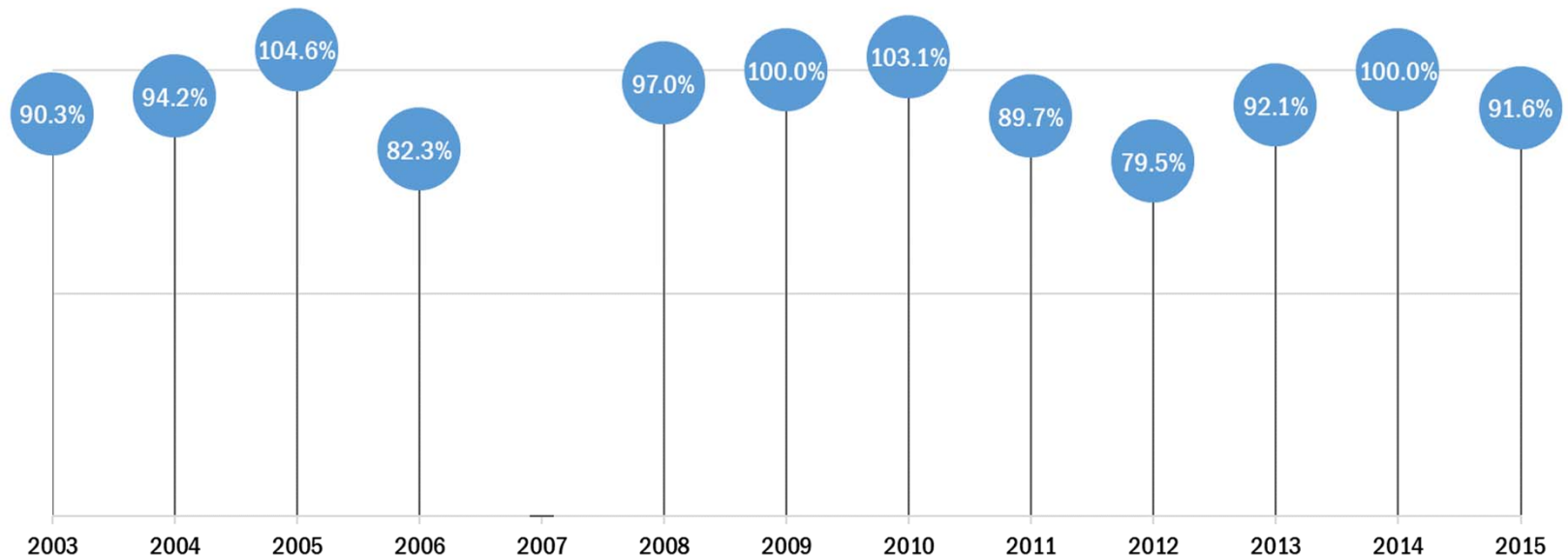
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A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

S4F3. Average Annual Family Deductibles for Family Coverage in Employer-Sponsored Health Insurance: Alaska and the United States, 2003 - 2015 **(Part 2)**

Alaska average annual family deductibles as a percent of nationwide family deductibles for employer-sponsored health insurance have fluctuated since 2003.

**Note:**

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003 - 2016. Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search
- 2) U.S. Census Historical Income Tables (2017) Table H-8. Median Household Income by State, 1984-2015 <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

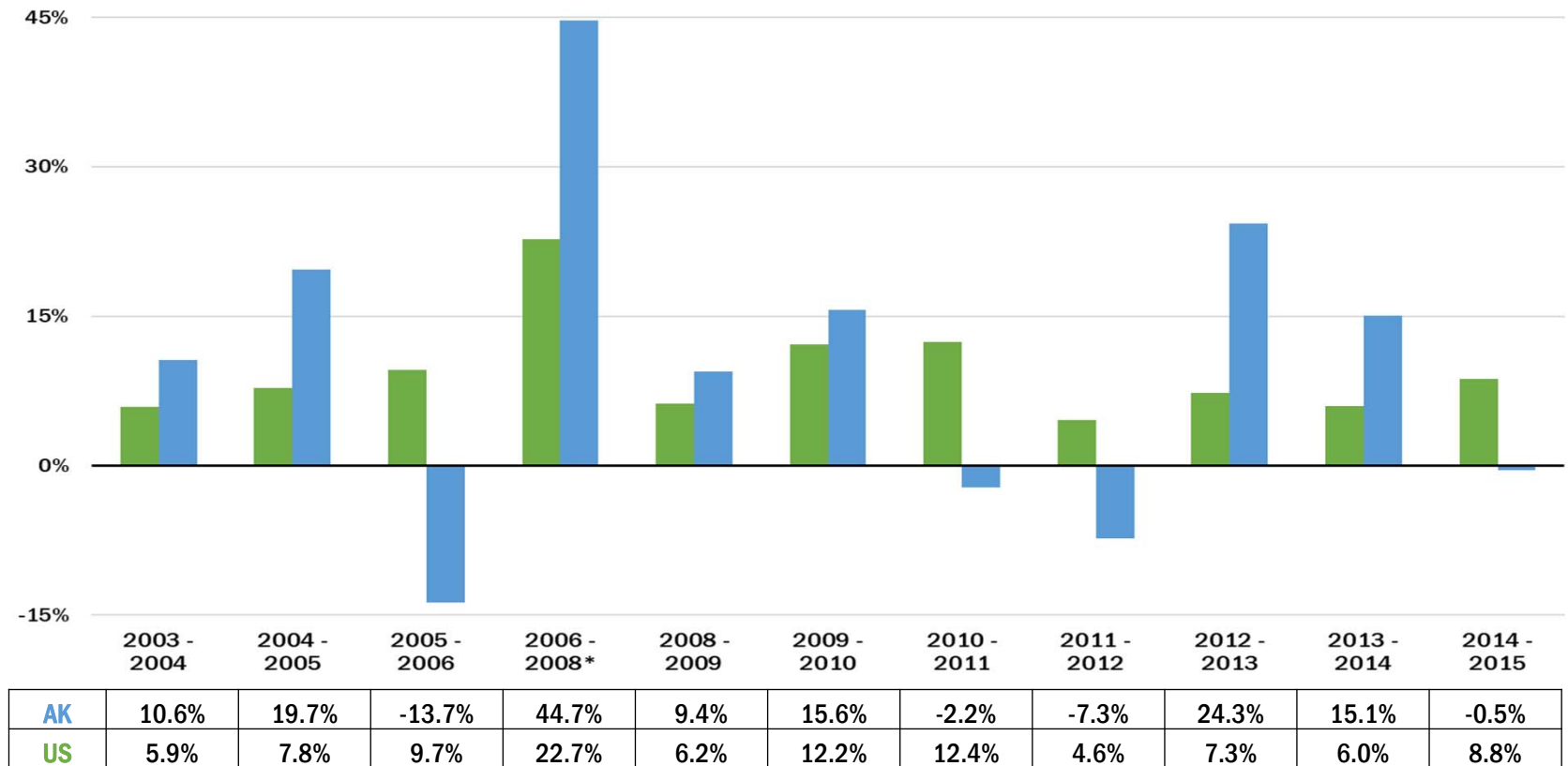
Premiums are “agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured person and plan sponsor.”

Family Coverage refers to a “health plan that covers the enrollee and members of his/her immediate family (spouse and/or children).”

A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

S4F4. Changes in Annual Growth of Average Annual Family Deductibles for Family Coverage in Employer-Sponsored Health Insurance: Alaska and the United States, 2003 - 2015

Since 2003, changes in annual growth of average annual family deductibles in **Alaska** compared to the **United States** have been inconsistent.



*Note:

Annual growth was calculated for 2006 – 2008, a two-year growth rate, because data were not available for 2007. The Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003 - 2016. Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search
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Terms and Definitions**Family Coverage**

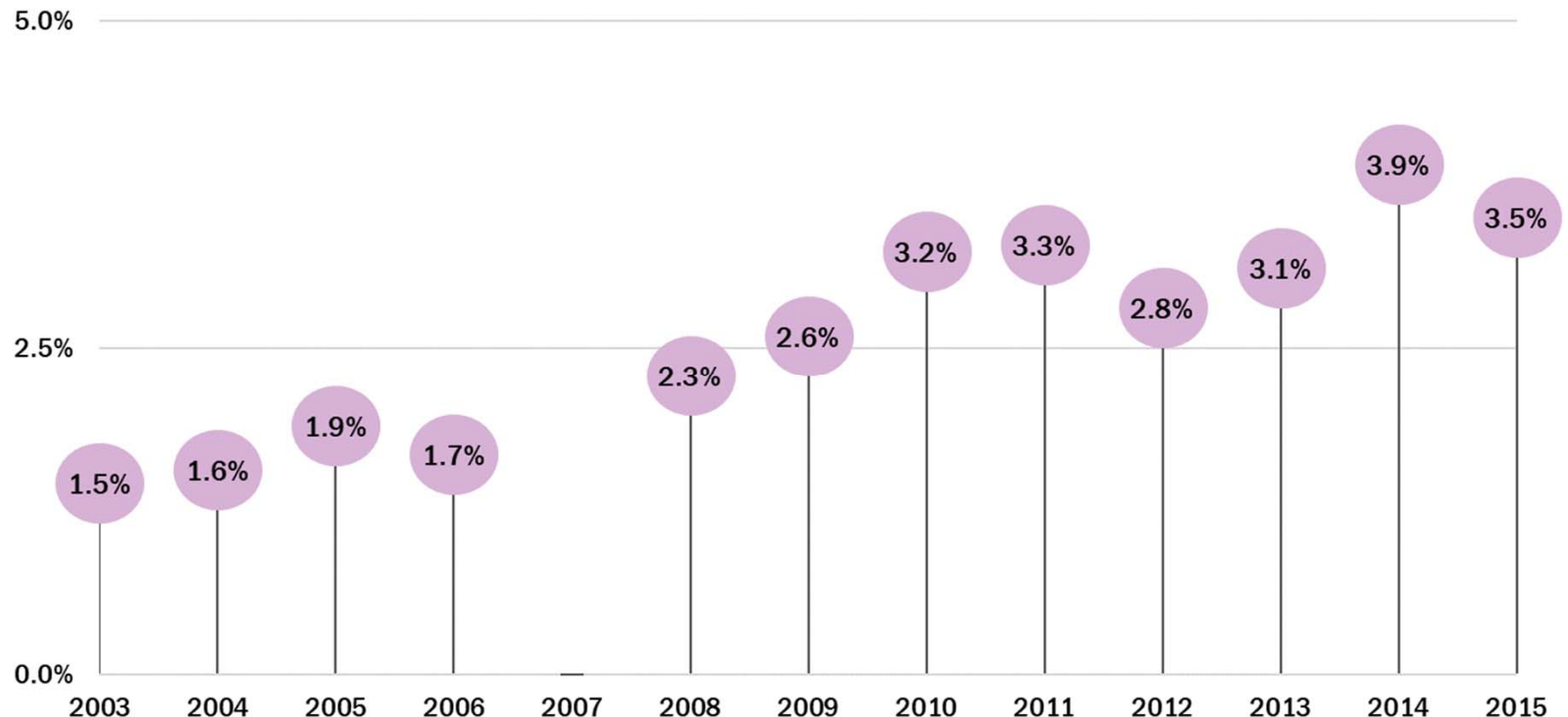
refers to a “health plan that covers the enrollee and members of his/her immediate family (spouse and/or children).”

A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

Median Household Income refers to the middle income of all households. So, if you listed out the incomes of all state households in order from smallest to largest, the median household income would be the amount in the middle of the list that divides this income distribution into two even halves.

S4F5. Average Annual Family Deductibles for Family Coverage For Private Employer-Sponsored Health Insurance Compared to Median Household Income: Alaska, 2003 – 2015 (Part 1)

Between 2003 and 2014, **average annual deductibles** for family coverage in Alaska more than doubled as a percentage of median household income.



Deductible	\$974	\$1,077	\$1,289	\$1,112	*	\$1,609	\$1,761	\$2,036	\$1,991	\$1,846	\$2,295	\$2,641	\$2,629
Income	\$66,801	\$69,092	\$67,833	\$66,323	\$72,010	\$70,443	\$68,054	\$62,887	\$60,525	\$65,705	\$73,743	\$67,707	\$75,112

***Note:**

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAOID=53&ChooseCategory=6&keyword=

Data Sources:

1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003 - 2016.

Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search

2) U.S. Census Historical Income Tables (2017)

Table H-8. Median Household Income by State, 1984-2015

<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

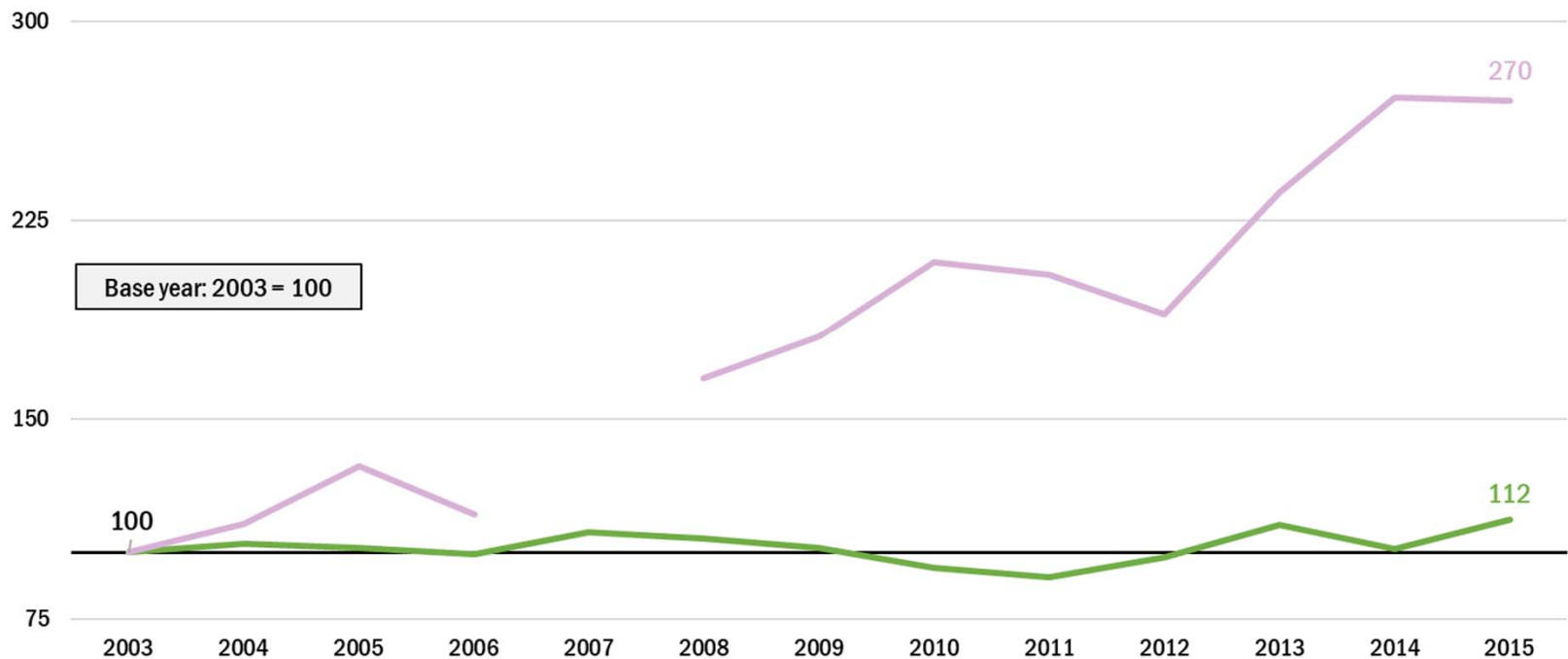
Family Coverage refers to a "health plan that covers the enrollee and members of his/her immediate family (spouse and/or children)."

A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

Median Household Income refers to the middle income of all households. So, if you listed out the incomes of all state households in order from smallest to largest, the median household income would be the amount in the middle of the list that divides this income distribution into two even halves.

S4F5. Average Annual Family Deductibles for Family Coverage For Private Employer-Sponsored Health Insurance Compared to Median Household Income: Alaska, 2003 – 2015 (Part 2)

Since 2003, indexed growth in **average annual deductibles** for family coverage in Alaska has increased by 2.7 times, whereas **median household income** has fluctuated.



Indexed Median Household Income and Average Annual Family Deductible. Since Alaska Median Household Incomes (MHI) values are much larger than Average Annual Family Deductible (AAFD) numbers, indexing these values allows us to compare changes in MHI and AAFD in Alaska across the years. Data in this figure are an index of Alaska MHI and AAFD since 2003. This index uses values for MHI and AAFD from 2003 as the base. Each value of MHI and AAFD is divided by the appropriate 2003 value (MHI: \$66,801; AAFD: \$2974) then multiplied by 100 to arrive at an indexed value.

For AAFD: 2003: $\$974/\$974 = 1 \times 100 = 100$ 2004: $\$1,077/\$974 = 1.11 \times 100 = 111$ 2005: $\$1,289/\$974 = 1.32 \times 100 = 132$

Note:

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see: https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAQID=53&ChooseCategory=6&keyword=

Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2003 - 2016. Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year). https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search
- 2) U.S. Census Historical Income Tables (2017) Table H-8. Median Household Income by State, 1984-2015 <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Terms and Definitions

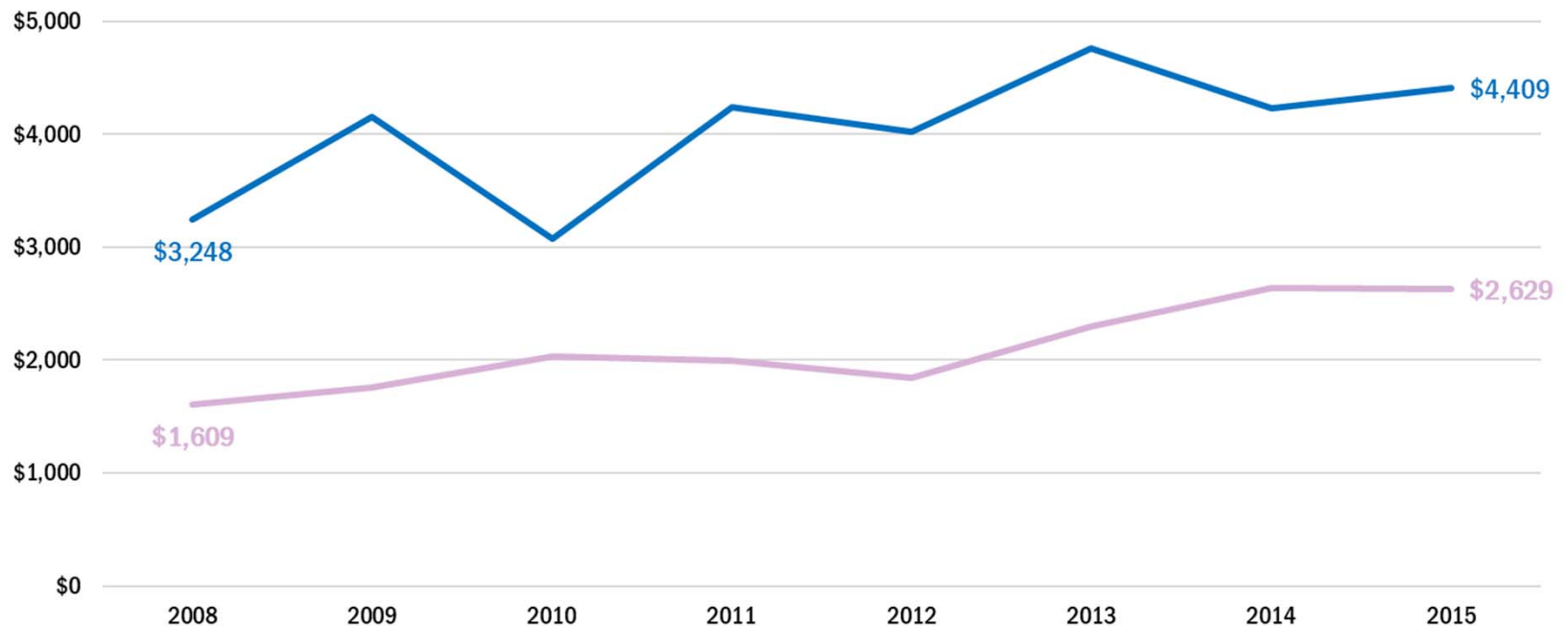
Family Coverage refers to a "health plan that covers the enrollee and members of his/her immediate family (spouse and/or children)."

A **deductible** is the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.

Employee Contributions are payments or "health plan contributions from employees that are deducted from their paychecks. Typically, both the employee and employer contribute to the cost of the health care premium." Contributions are usually pre-tax and are either voluntary or mandatory if the employee is required to receive health care benefits from their employer.

S4F6. Average Annual Family Deductibles Compared to Employee Contribution for Family Coverage: Alaska, 2008 – 2015

Average annual deductibles have steadily increased since 2008 in Alaska, whereas employee contributions for family coverage have fluctuated.



Data Sources:

- 1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2006 - 2016. Table X.D.1 Employee contribution distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).
https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.1&searchMethod=1&Action=Search
 Table II.F.3 Average family deductible (in dollars) per employee enrolled with family coverage in a health insurance plan that had a deductible at private-sector establishments by firm size and State: United States, (by year).
https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=-1&tableSubSeries=&searchText=Table+II.F.3&searchMethod=1&Action=Search

Appendix S4F2. Employee and Private Employer Contributions to Family Health Insurance Plan: Alaska, 2006 – 2015

	Employee Contribution	Employer Contribution	Average Family Premiums
2015	\$4,409	\$16,680	\$21,089
2014	\$4,229	\$15,484	\$19,713
2013	\$4,759	\$15,956	\$20,715
2012	\$4,018	\$13,883	\$17,902
2011	\$4,244	\$11,830	\$16,074
2010	\$3,079	\$11,152	\$14,232
2009	\$4,151	\$10,031	\$14,182
2008	\$3,248	\$10,135	\$13,383
2007	*	*	*
2006	\$2,870	\$9,328	\$12,198

	Employee Contribution as percent of Average Family Premiums	Employer Contribution as percent of Average Family Premium
2015	20.9%	79.1%
2014	21.5%	78.5%
2013	23.0%	77.0%
2012	22.4%	77.5%
2011	26.4%	73.6%
2010	21.6%	78.4%
2009	29.3%	70.7%
2008	24.3%	75.7%
2007	*	*
2006	23.5%	76.5%

***Note:**

Data are not available for 2007 because the Agency for Healthcare Research and Quality did not collect data for the Insurance/Employer Component of the Medical Expenditures Panel Survey (MEPS).

For more information, please see:

https://meps.ahrq.gov/mepsweb/about_meps/faq_answers.jsp?FAQID=53&ChooseCategory=6&keyword=

Data Sources:

1) U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey (MEPS), 2017. Data retrieved for 2006 - 2016.

Table X.D.1 Employee contribution distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.1&searchMethod=1&Action=Search

Table X.D.2 Employer cost distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 90th percentiles, private-sector by State; United States, (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D.2&searchMethod=1&Action=Search

Table X.D–Premium distributions (in dollars) for private-sector employees enrolled in family coverage at the 10th, 25th, 50th (median), 75th, and 95th percentiles, private-sector by State; United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=10&tableSubSeries=&searchText=X.D&searchMethod=1&Action=Search

Table II.D.1 Average total family premium (in dollars) per enrolled employee at private-sector establishments that offer health insurance by firm size and State: United States (by year).

https://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=2&subcomponent=2&year=-1&tableSeries=2&tableSubSeries=&searchText=Table+II.D.1&searchMethod=1&Action=Search

2) U.S. Census Historical Income Tables (2017)

Table H-8. Median Household Income by State, 1984-2015

<https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-income-households.html>

Section 5: Medicaid

In this section we examine Medicaid enrollment and spending in Alaska, including federal and state spending.

Section Highlights

- Between 1991 and 2014, Medicaid enrollment in Alaska has increased by nearly 3 times compared to an increase of 2.5 in the United States."
- In 2014, Alaska had the second highest Medicaid spending per enrollee in the nation.
- Medicaid Services budget has remained over half of the total DHSS budget from 2011 through 2018.
- The Health Care component has remained over half of the Medicaid Services budget since FY2012, but the Senior/Disabilities component increased in FY2017.

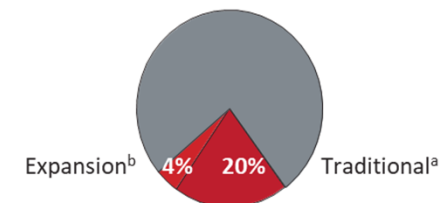
Tables and Figures

- S5F1. Growth in Indexed Medicaid (excludes CHIP) Enrollment: Alaska and the United States, 1991 - 2014
- S5F2. Trends in Total Monthly Medicaid and CHIP Enrollment: Alaska and the United States, January 2014 - March 2018
- S5F3. Growth in Indexed Medicaid and CHIP Enrollment: Alaska and the United States, 2013 - 2017
- S5T1. Medicaid (excludes CHIP) Spending: Alaska and the United States, 2014
- S5F4. Medicaid (excludes CHIP) Spending per Enrollee by State: 2014
- S5F5. Medicaid (excludes CHIP) Spending per Capita by State: 2014
- S5F6. Medicaid Services Budget as a Share of Alaska Department of Health and Social Services (DHSS) Budget (in millions) and Growth Rates: FY2011 - FY2018
- S5F7. Medicaid Services Budget (in millions) by Funding Source: Alaska, FY2011 - FY2018
- S5F8. Medicaid Services Budget (in thousands) by Component and Growth: Alaska, FY2012 and FY2017
- S5F9. Medicaid Services Budget by Component: Alaska, FY2012 and FY2017

Appendices

- Appendix S5F1. Medicaid (excludes CHIP) Enrollment (in thousands): Alaska and the United States, 1991 - 2014
- Appendix S5F2,F3. Medicaid and CHIP Monthly Enrollment Numbers: Alaska and the United States, January 2014 - March 2018
- Appendix S5F5. Medicaid (excludes CHIP) Spending per Capita by State: 2014
- Appendix S5F7. Medicaid Services Budget (in millions) by Funding Source: Alaska, FY2011 - FY2018

In 2017, the percentage of Alaskans covered by Medicaid is up to 24%.



Enrollment February 2017: 176,118

^aLow-income children, pregnant women, families, the elderly, the blind, and the permanently disabled.

^bAges 19-64 not eligible for another type of Medicaid or Medicare, incomes up to 138% of federal poverty level.

Source: Alaska Department of Health and Social Services

Terms and Definitions

Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see:

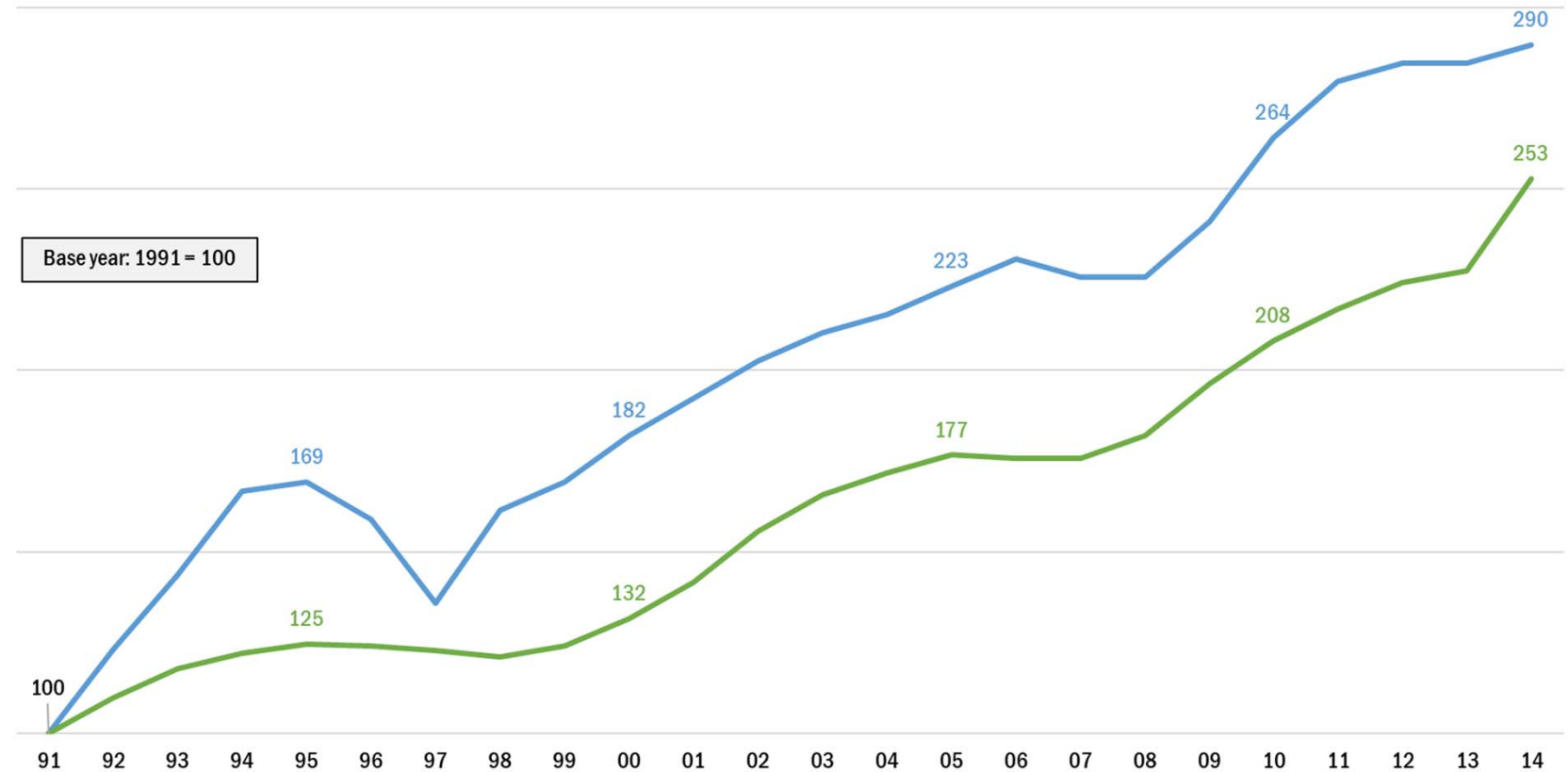
<https://www.medicaid.gov/medicaid/eligibility/>

Indexed Medicaid Enrollment. Since Medicaid enrollment numbers are reported in thousands, the United States numbers are much larger than Alaska numbers. Indexing enrollment numbers allows us to compare changes in Medicaid enrollment across the years. Data in this figure are an index of Medicaid enrollment in Alaska and the United States since 1991. This index uses enrollment numbers from 1991 as the base enrollment. Each value of Medicaid enrollment is divided by the 1991 enrollment number (Alaska: 39; United States: 25,939) then multiplied by 100 to arrive at an indexed value.

For Alaska:
 1991: $39/39 = 1 \times 100 = 100$
 1992: $48/39 = 1.23 \times 100 = 123$
 1993: $56/39 = 1.44 \times 100 = 144$

S5F1. Growth in Indexed Medicaid (excludes CHIP) Enrollment: Alaska and the United States, 1991 – 2014

Between 1991 and 2014, Medicaid enrollment in **Alaska** has increased by nearly 3 times compared to an increase of about 2.5 times in the **United States**.



Note:

Annual enrollment numbers in this figure are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

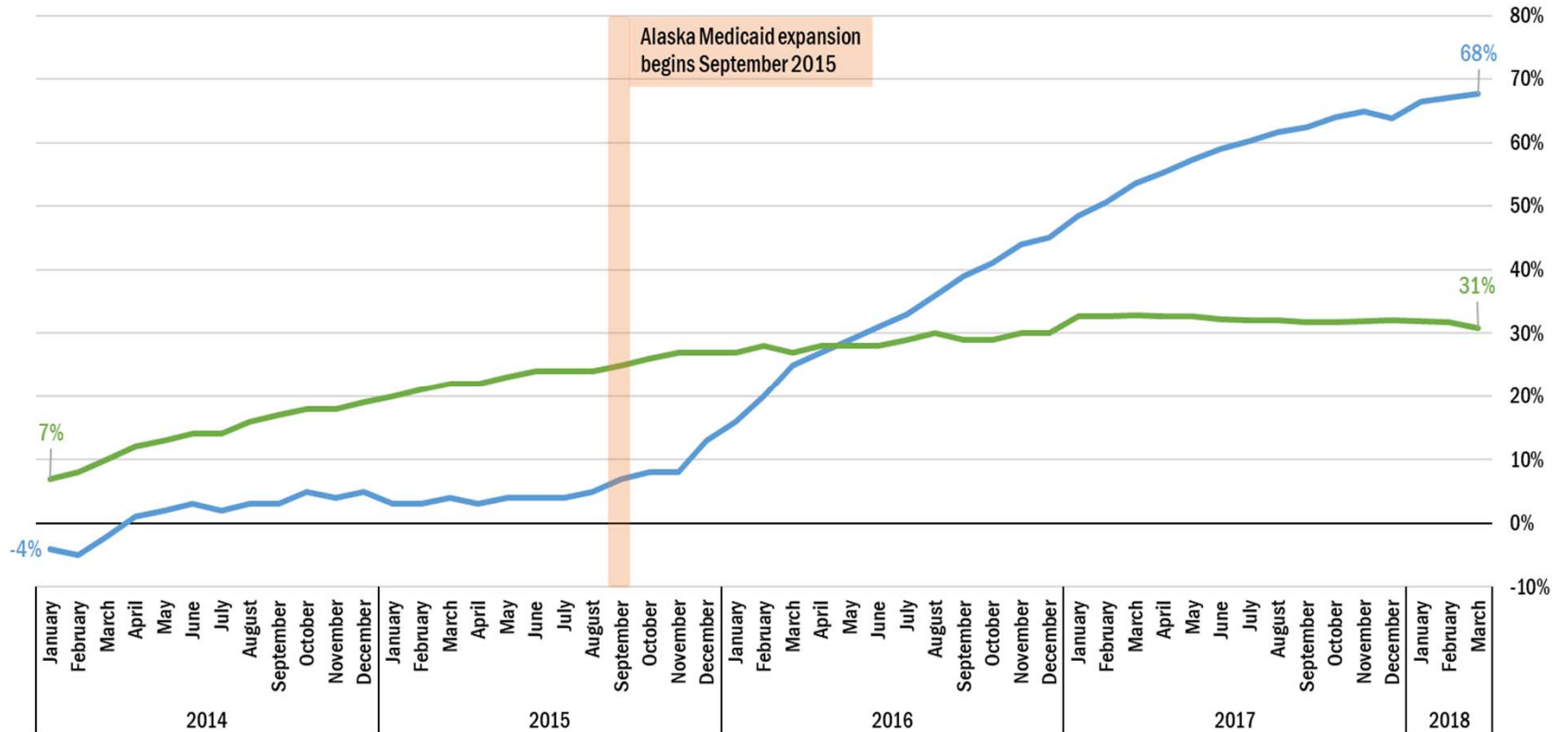
Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see: <https://www.medicaid.gov/medicaid/eligibility/>

The Children's Health Insurance Program (CHIP) is a program within Medicaid that provides health coverage to eligible children under the age of 19 whose parents' income exceeds the financial eligibility requirements to receive Medicaid benefits, but do not earn enough to pay for private insurance.

Pre-ACA enrollment refers to Medicaid and CHIP enrollment numbers before the Affordable Care Act granted funds to states to expand their Medicaid programs. Pre-ACA enrollment is based on nationwide average monthly Medicaid and CHIP enrollment numbers between July to September 2013. Pre-ACA enrollment numbers: Alaska – 122,334 United States – 56,803,091

S5F2. Trends in Total Monthly Medicaid and CHIP Enrollment: Alaska and the United States, January 2014 - March 2018

Medicaid and CHIP enrollment compared to pre-ACA enrollment in the **United States** has steadily increased, but **Alaska** had a large spike in monthly enrollments beginning December 2015 shortly after beginning Medicaid expansion in September.



Note:

Percent Change is based on pre-ACA average monthly Medicaid and CHIP enrollment (July-Sept 2013). Alaska: 122,334; United States: 56,803,091

Monthly enrollment numbers in this figure are from Kaiser Family Foundation. They include Medicaid and Children's Health Insurance Program (CHIP). The Medicaid enrollment numbers include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

For more information: <https://www.medicaid.gov/chip/index.html>

Data Sources:

1) Kaiser Family Foundation, State Health Facts: Medicaid and CHIP (2017)

<http://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?activeTab=graph¤tTimeframe=0&startTimeframe=35&selectedDistributions=total-monthly-medicaidchip-enrollment&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Terms and Definitions

Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see:

<https://www.medicaid.gov/medicaid/eligibility/>

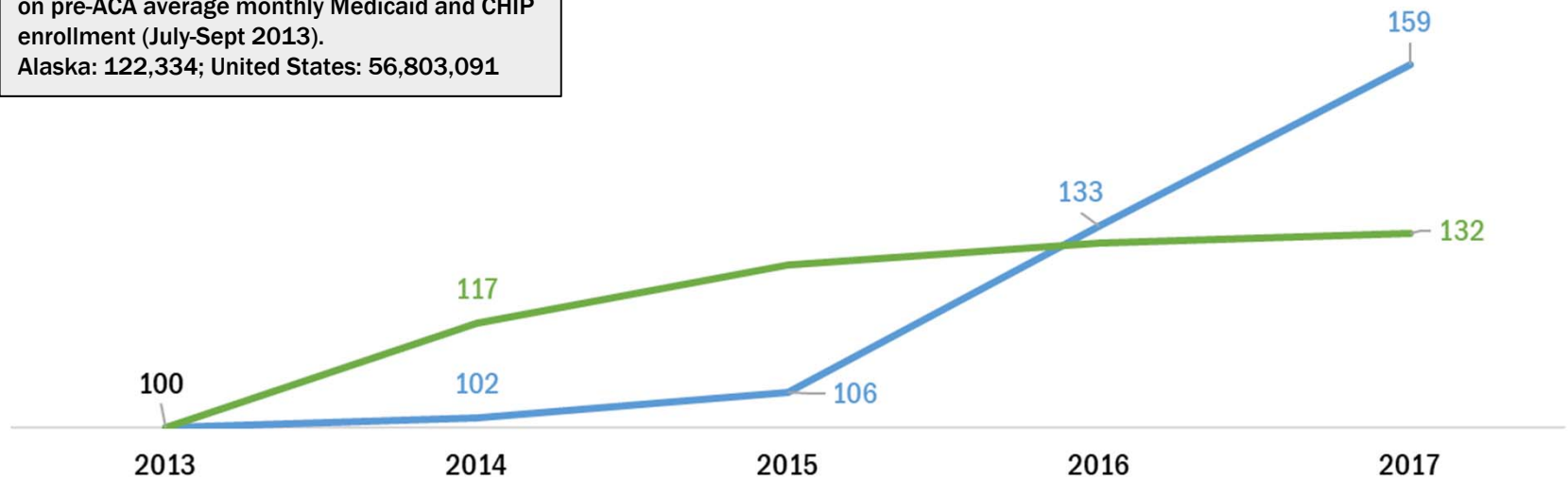
The Children's Health Insurance Program (CHIP)

is a program within Medicaid that provides health coverage to eligible children under the age of 19 whose parents' income exceeds the financial eligibility requirements to receive Medicaid benefits, but do not earn enough to pay for private insurance.

S5F3. Growth in Indexed Medicaid and CHIP Enrollment: Alaska and the United States, 2013 – 2017

Since Medicaid expansion under the ACA began in September 2015, **Alaska** has seen a steady increase in Medicaid and CHIP enrollment exceeding that of the **United States**.

Indexed Medicaid and CHIP enrollment is based on pre-ACA average monthly Medicaid and CHIP enrollment (July-Sept 2013).
Alaska: 122,334; United States: 56,803,091



Indexed Medicaid and CHIP Enrollment. Since Medicaid and CHIP enrollment numbers in the United States numbers are much larger than Alaska numbers, indexing enrollment numbers allows us to compare changes in Medicaid and CHIP enrollment across the years. Data in this figure are an index of Medicaid and CHIP enrollment in Alaska and the United States since 2013. This index uses pre-ACA enrollment numbers from 2013 as the base enrollment. Each value of Medicaid and CHIP enrollment is divided by the 2013 enrollment number (Alaska: 122; United States: 56,803) then multiplied by 100 to arrive at an indexed value.

For Alaska: 2013: $122/122 = 1 * 100 = 100$ 2014: $124/122 = 1.02 * 100 = 102$ 2015: $129/122 = 1.06 * 100 = 106$

Note:

Monthly enrollment numbers in this figure are from Kaiser Family Foundation. They include Medicaid and Children's Health Insurance Program (CHIP). The Medicaid enrollment numbers include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

For more information: <https://www.medicaid.gov/chip/index.html>

Data Sources:

1) Kaiser Family Foundation, State Health Facts: Medicaid and CHIP (2017)

<http://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?activeTab=graph¤tTimeframe=0&startTimeframe=35&selectedDistributions=total-monthly-medicaidchip-enrollment&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Terms and Definitions

Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities.

For more information on Medicaid eligibility, please see:

<https://www.medicaid.gov/medicaid/eligibility/>

An Enrollee is an individual eligible for and currently receiving Medicaid benefits and services.

Per Enrollee Medicaid spending refers to the total Medicaid spending divided by the total number of Medicaid enrollees.

Per Capita Medicaid spending refers to the total Medicaid spending divided by the total population.

S5T1. Medicaid (excludes CHIP) Spending: Alaska and the United States, 2014

In 2014, **Alaska** spent nearly twice as much per Medicaid enrollee than the **United States**.

	Alaska	United States
Total Population	737,000	318,563,000
Total Medicaid Enrollment	113,241*	65,548,000
Percent of Population Enrolled in Medicaid	15%	21%
Total Medicaid Spending (State and Federal FY2014)	\$1,359,000,000	\$446,703,000,000
Per Enrollee Medicaid Spending	\$ 12,001	\$ 6,815
Per Capita Medicaid Spending	\$ 1,844	\$ 1,402

***Note:**

CMS reports Medicaid enrollment numbers in thousands. In our efforts to report per enrollee Medicaid spending, we found there is a deviation from the exact Medicaid enrollment numbers resulting from the use of rounding. When we checked reported per enrollee spending, we found there was a difference of \$26 if we used the reported number of 113,000 Medicaid enrollees ($\$1,359,000,000 / 113,000 = \$12,027$) compared to the reported per enrollee Medicaid spending of \$12,001. Therefore, we adjusted the reported Medicaid enrollment number of 113,000 to 113,241 for consistency in our report.

Annual enrollment numbers in this figure are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

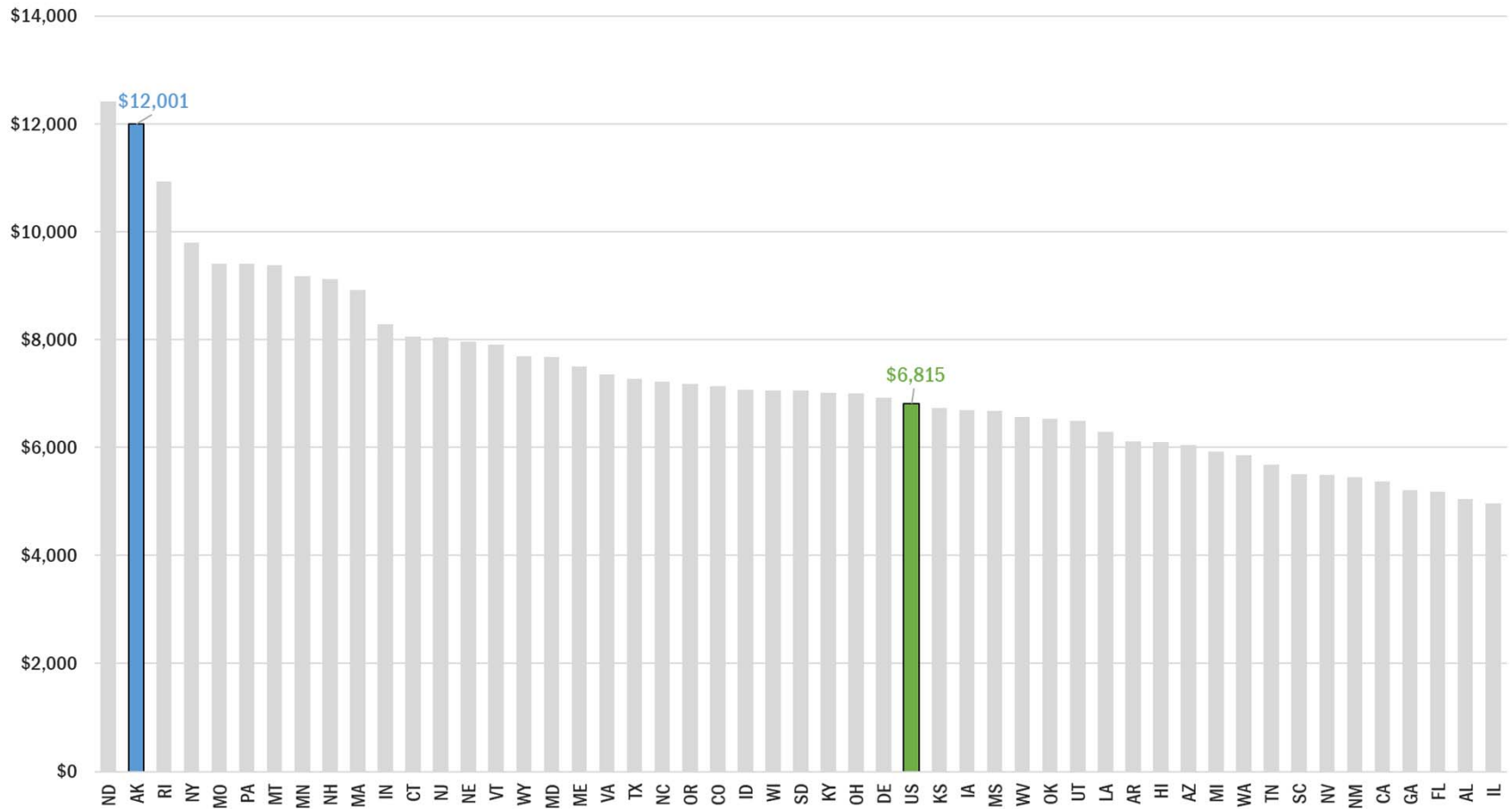
Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see: <https://www.medicaid.gov/medicaid/eligibility/>

An Enrollee is an individual eligible for and currently receiving Medicaid benefits and services.

Per Enrollee Medicaid spending refers to the total Medicaid spending divided by the total number of Medicaid enrollees.

S5F4. Medicaid (excludes CHIP) Spending per Enrollee by State: 2014

Alaska had the second highest Medicaid spending per enrollee nationwide in 2014.



Note:

Annual enrollment numbers in this figure are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

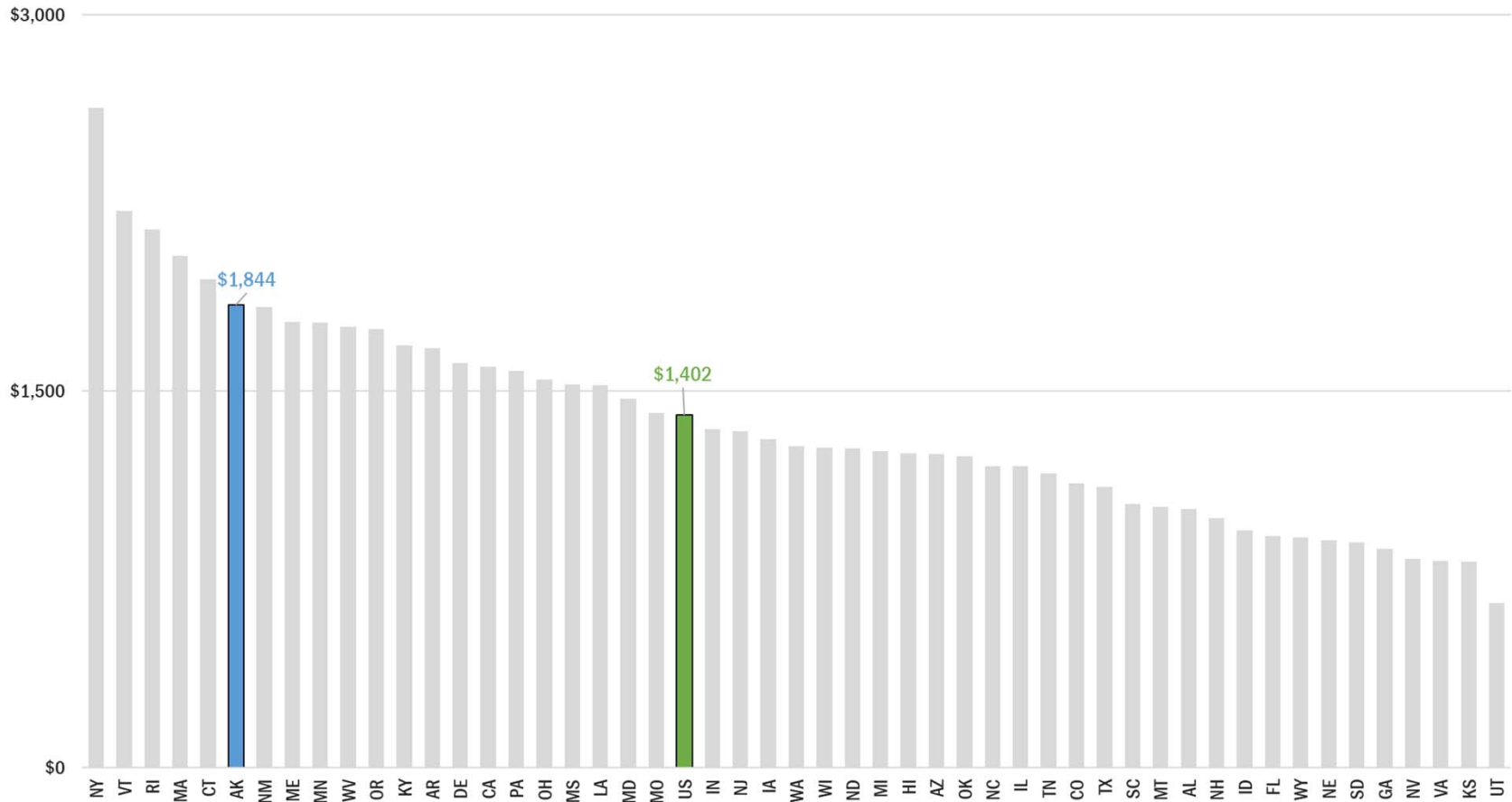
Terms and Definitions

Medicaid is a joint federal and state funded insurance program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see: <https://www.medicaid.gov/medicaid/eligibility/>

Medicaid Spending per Capita refers to the total Medicaid spending divided by the total population. Medicaid spending per capita is calculated by dividing the total Medicaid spending in each state by that state's total population and multiplying this value by 1,000. This value is multiplied by 1,000 because population numbers from the Centers for Medicare and Medicaid Services (CMS) is provided in thousands.

S5F5. Medicaid (excludes CHIP) Spending per Capita by State: 2014

In 2014, **Alaska** had the 6th highest Medicaid spending per capita **nationwide**.



Note:

Annual enrollment numbers in this figure are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Terms and Definitions

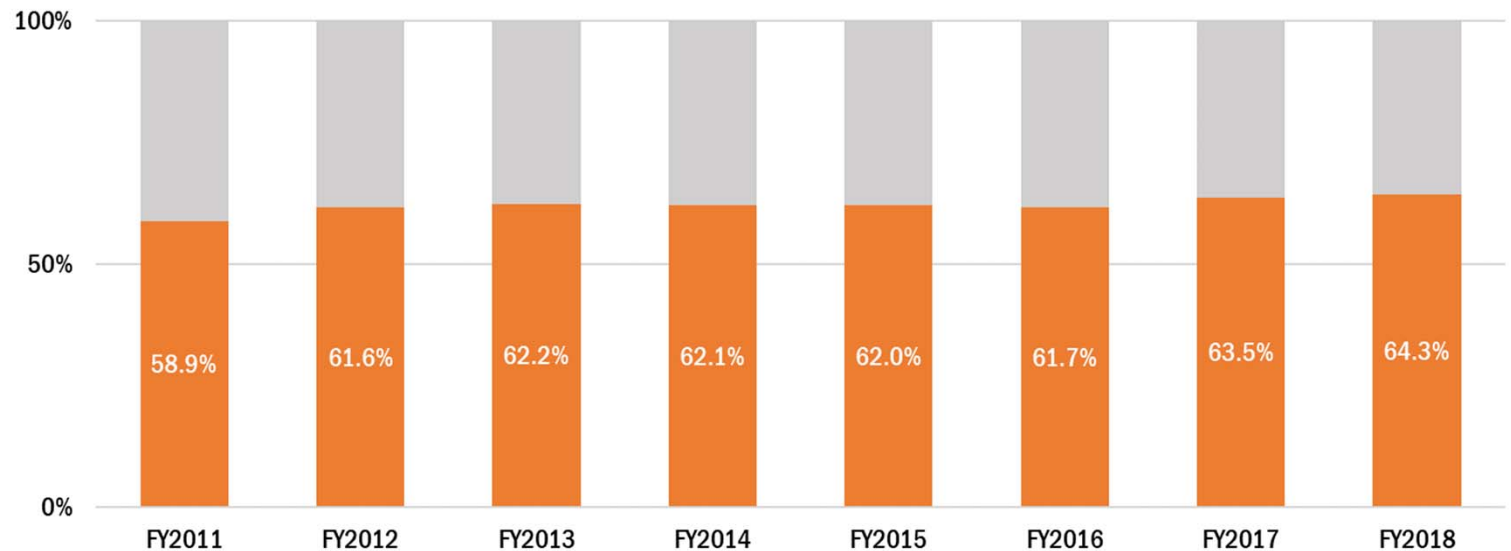
Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

A **Results Delivery Unit** is a "group of program activities (called components) organized to achieve a specific goal."

A **component** is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F6. Medicaid Services Budget as a Share of Alaska Department of Health and Social Services (DHSS) Budget (in millions) and Growth Rates: FY2011 - FY2018 (Part 1)

Medicaid Services budget has remained over half of the total DHSS budget from FY2011 through FY2018.



Medicaid Services	\$1,326,516	\$1,515,014	\$1,644,968	\$1,646,670	\$1,669,141	\$1,617,238	\$1,734,356	\$1,741,738
Total DHSS	\$2,252,677	\$2,457,963	\$2,643,596	\$2,653,426	\$2,690,554	\$2,622,872	\$2,729,832	\$2,707,920

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary_hss.pdf

Terms and Definitions

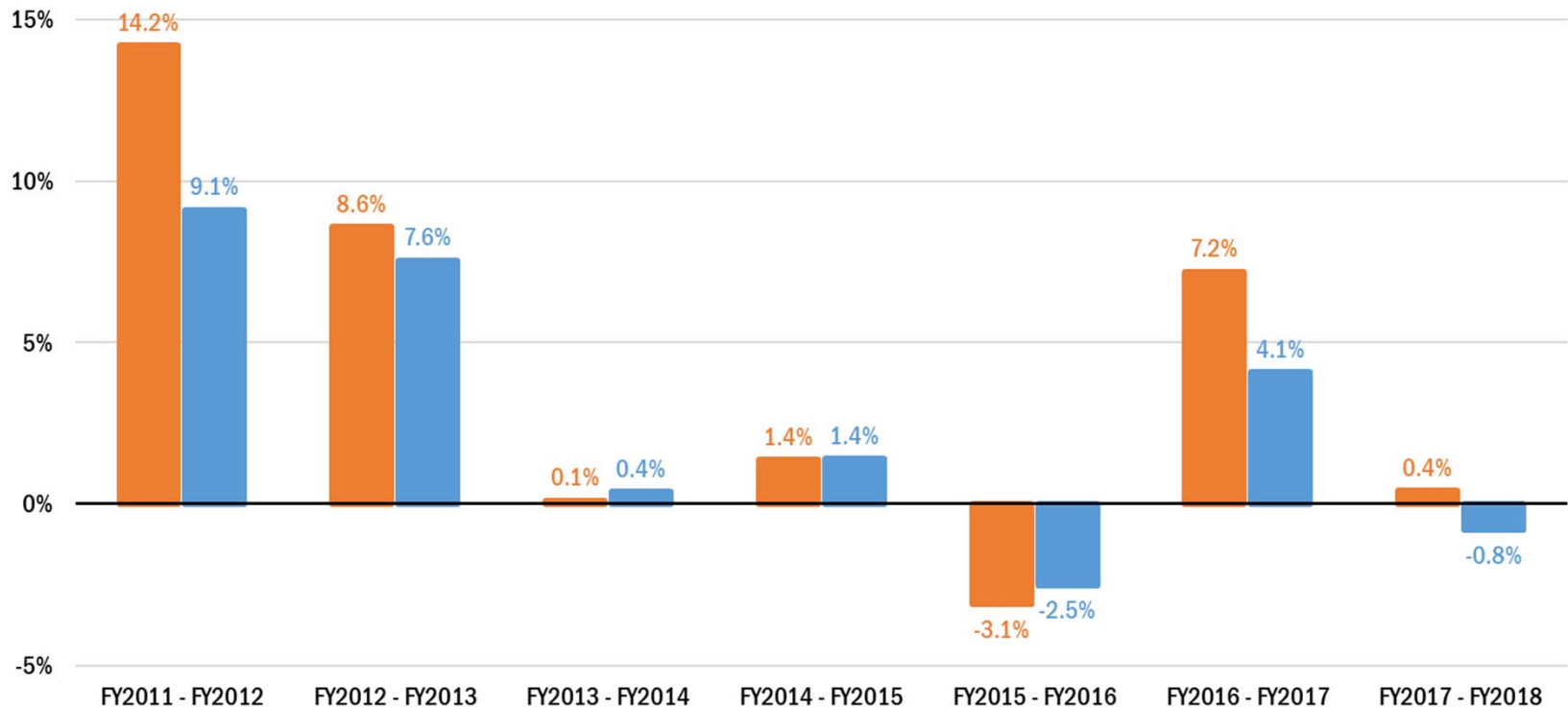
Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

A Results Delivery Unit is a "group of program activities (called components) organized to achieve a specific goal."

A component is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F6. Medicaid Services Budget as a Share of Alaska Department of Health and Social Services (DHSS) Budget (in millions) and Growth Rates: FY2011 - FY2018 (Part 2)

Since FY2012, **Medicaid Services budget** and **total DHSS budget** growth rates went in the same direction until FY2017 to FY2018 when **Medicaid Services budget** went up and **total DHSS budget** went down.

**Data Sources:**

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary_hss.pdf

Terms and Definitions

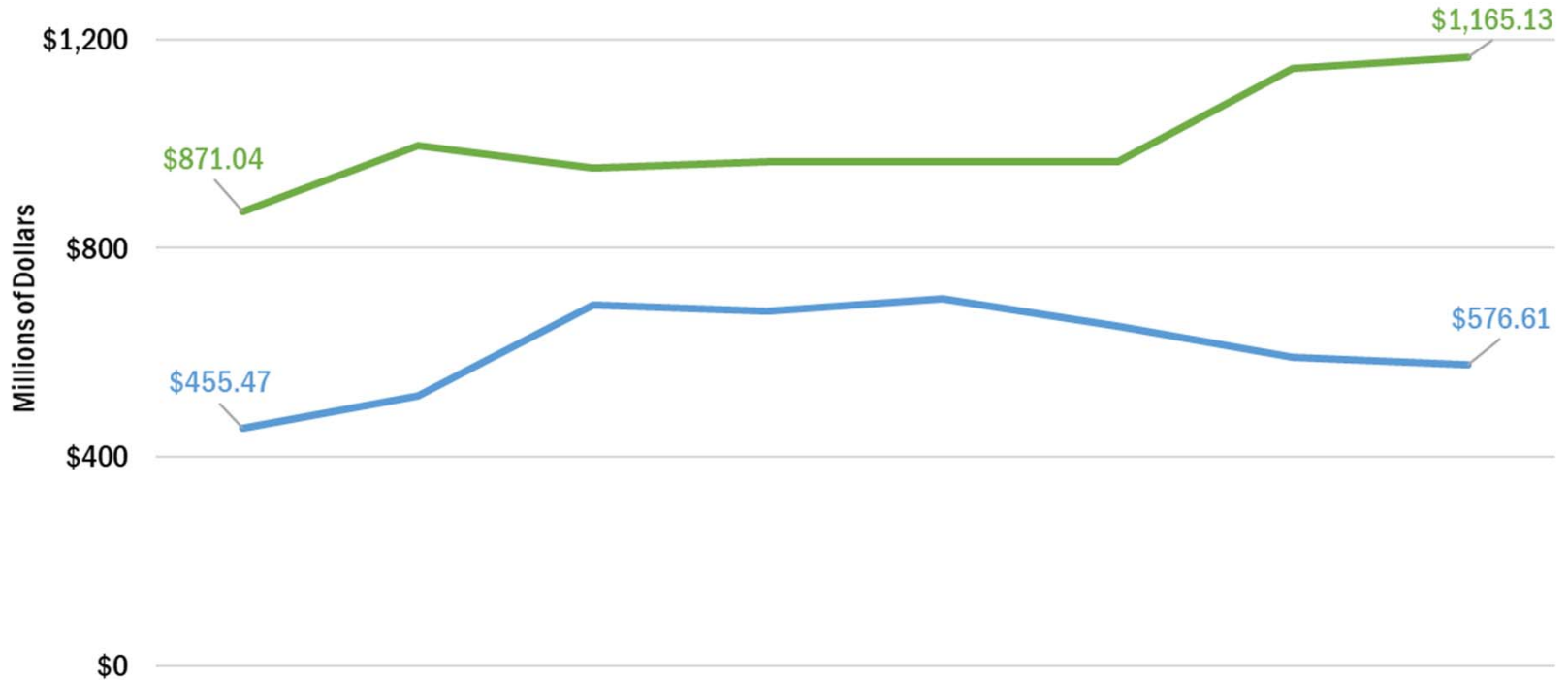
Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

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A **component** is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F7. Medicaid Services Budget (in millions) by Funding Source: Alaska, FY2011 - FY2018 (Part 1)

State and Federal portion of Medicaid Services budget: FY2011 - FY2018



	FY2011	FY2012	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018
State*	\$455.47	\$518.17	\$692.09	\$680.35	\$702.87	\$651.01	\$591.01	\$576.61
Federal	\$871.04	\$996.84	\$952.88	\$966.32	\$966.27	\$966.23	\$1,143.34	\$1,165.13

***Note:**

On average, between FY2011 and FY2018, 98% of state funding is from the Unrestricted General Fund (UGF).

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, UGF/DGF/Other/Fed Summary by Component (3 Scenario) (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary3scen_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary3scen_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary3scen_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary3scen_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary3scen_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary3scen_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary3scen_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary3scen_hss.pdf

Terms and Definitions

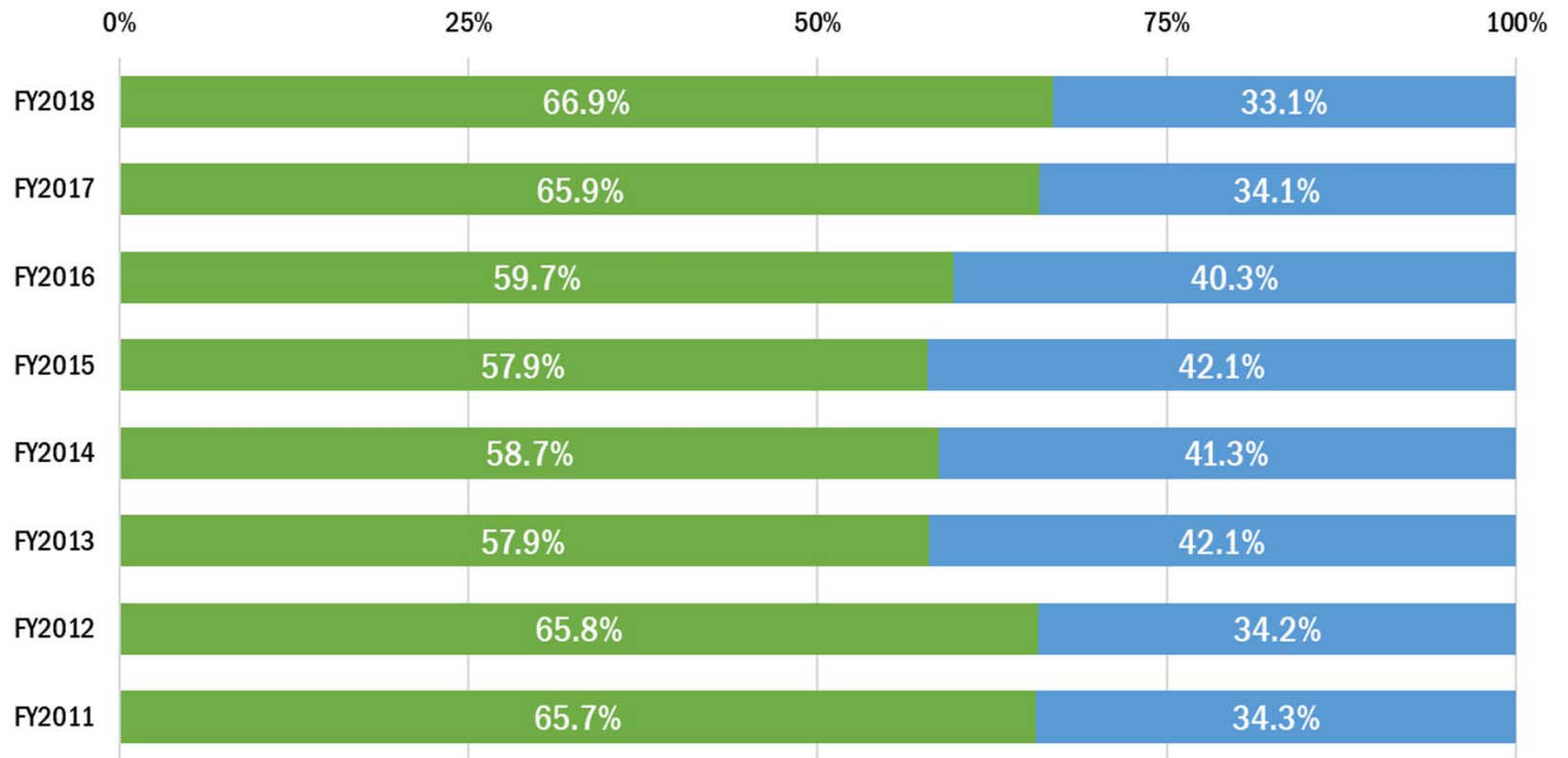
Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

A Results Delivery Unit is a "group of program activities (called components) organized to achieve a specific goal."

A component is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F7. Medicaid Services Budget (in millions) by Funding Source: Alaska, FY2011 - FY2018 (Part 2)

From FY2011 to FY2018, the **Federal** portion of the Alaska Medicaid Services budget has consistently been higher than **State** funding sources.



Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, UGF/DGF/Other/Fed Summary by Component (3 Scenario) (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary3scen_hss.pdf

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary3scen_hss.pdf

FY2013: https://www.omb.alaska.gov/ombfiles/13_budget/HSS/Enacted/13compsummary3scen_hss.pdf

FY2014: https://www.omb.alaska.gov/ombfiles/14_budget/HSS/Enacted/14compsummary3scen_hss.pdf

FY2015: https://www.omb.alaska.gov/ombfiles/15_budget/HSS/Enacted/15compsummary3scen_hss.pdf

FY2016: https://www.omb.alaska.gov/ombfiles/16_budget/HSS/Enacted/16compsummary3scen_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary3scen_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary3scen_hss.pdf

Terms and Definitions

Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

Under the umbrella of Medicaid Services, Alaska allocates funds for five (5) major sub-components of Medicaid, which are:

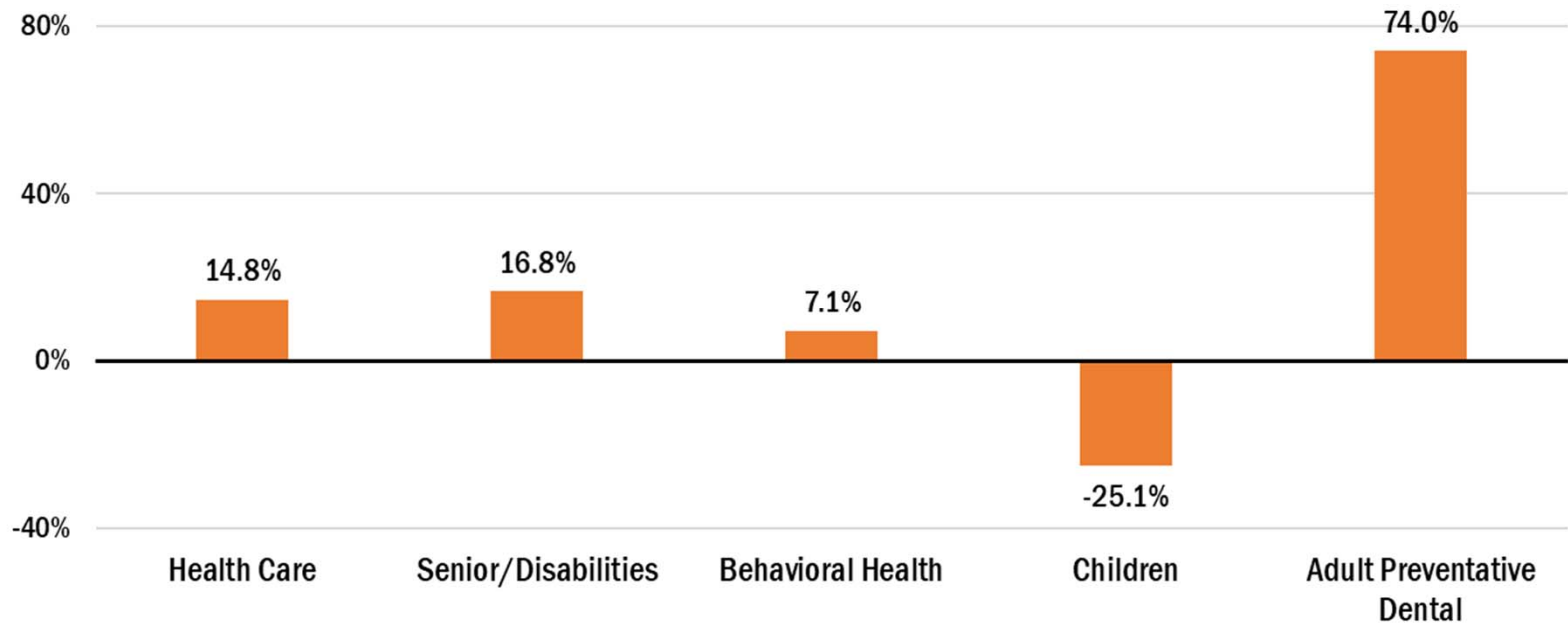
- 1) Behavioral Health Medicaid Services
- 2) Children's Medicaid Services
- 3) Adult Preventative Dental Medicaid Services
- 4) Health Care Medicaid Services
- 5) Senior/Disabilities Medicaid Services

A **Results Delivery Unit** is a "group of program activities (called components) organized to achieve a specific goal."

A **component** is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F8. Medicaid Services Budget (in thousands) by Component and Growth: Alaska, FY2012 and FY2017 (Part 1)

Between FY2012 and FY2017, within Medicaid Services budget, adult preventative dental component had the highest growth.

**Note:**

Data for FY2018 are not available for the Children's Medicaid Services component. "In FY2013, the Children's Medicaid Services component was transferred from the Office of Children's Services to the Division of Behavioral Health for the behavioral treatment of children in residential care. The Department has removed the Children's Medicaid Services component and transferred it into the Division of Behavioral Health, Behavioral Health Services Medicaid Services component."

For more information: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Proposed/comp2661.pdf

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).

FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf

FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

Terms and Definitions

Medicaid Services is a results delivery unit (RDU) of the Alaska Department of Health and Social Services' operating budget.

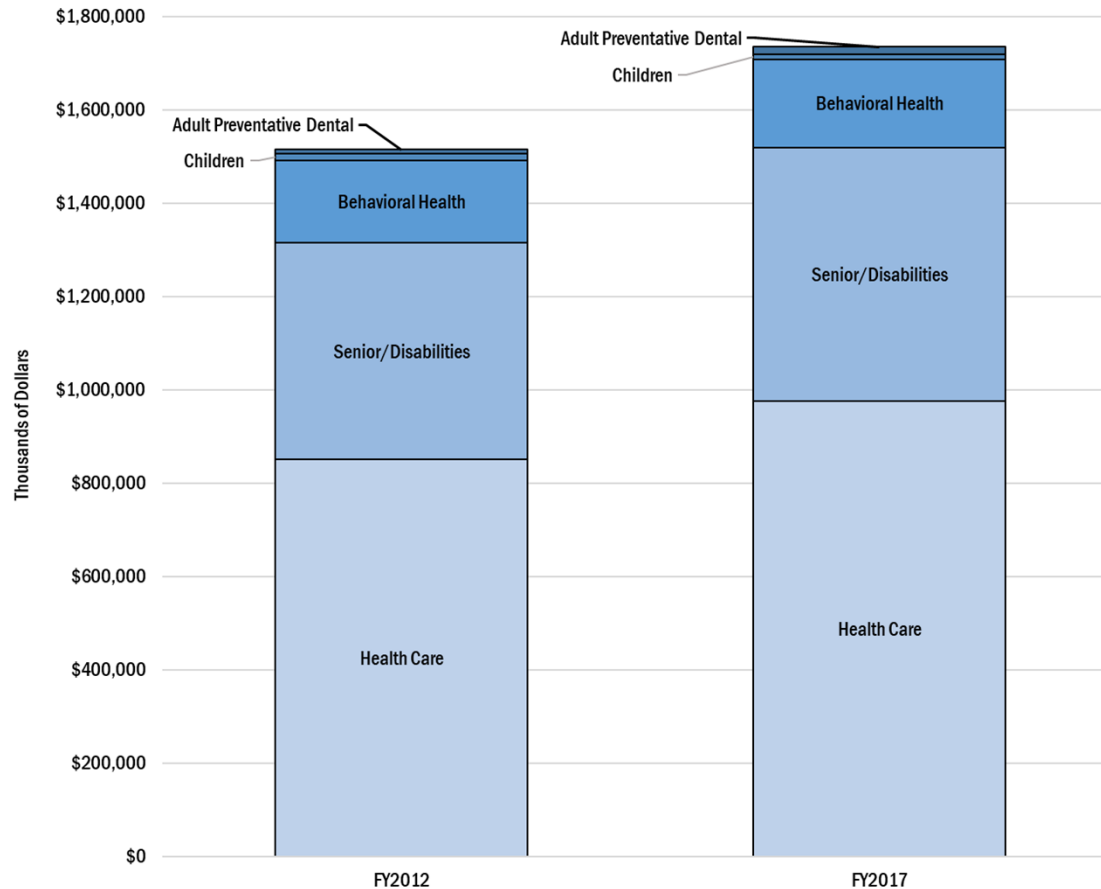
Under the umbrella of Medicaid Services, Alaska allocates funds for five (5) major sub-components of Medicaid, which are:
 1) Behavioral Health Medicaid Services
 2) Children's Medicaid Services
 3) Adult Preventative Dental Medicaid Services
 4) Health Care Medicaid Services
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A Results Delivery Unit is a "group of program activities (called components) organized to achieve a specific goal."

A component is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F8. Medicaid Services Budget (in thousands) by Component and Growth: Alaska, FY2012 and FY2017 (Part 2)

Between FY2012 and FY2017, the proportion of each component within the Medicaid Services budget have remained roughly the same as the total budget increased.



Note:

Data for FY2018 are not available for the Children's Medicaid Services component. "In FY2013, the Children's Medicaid Services component was transferred from the Office of Children's Services to the Division of Behavioral Health for the behavioral treatment of children in residential care. The Department has removed the Children's Medicaid Services component and transferred it into the Division of Behavioral Health, Behavioral Health Services Medicaid Services component."

For more information: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Proposed/comp2661.pdf

Data Sources:

- 1) Office of Management and Budget, Office of the Governor, State of Alaska
 Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).
 FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf
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Terms and Definitions

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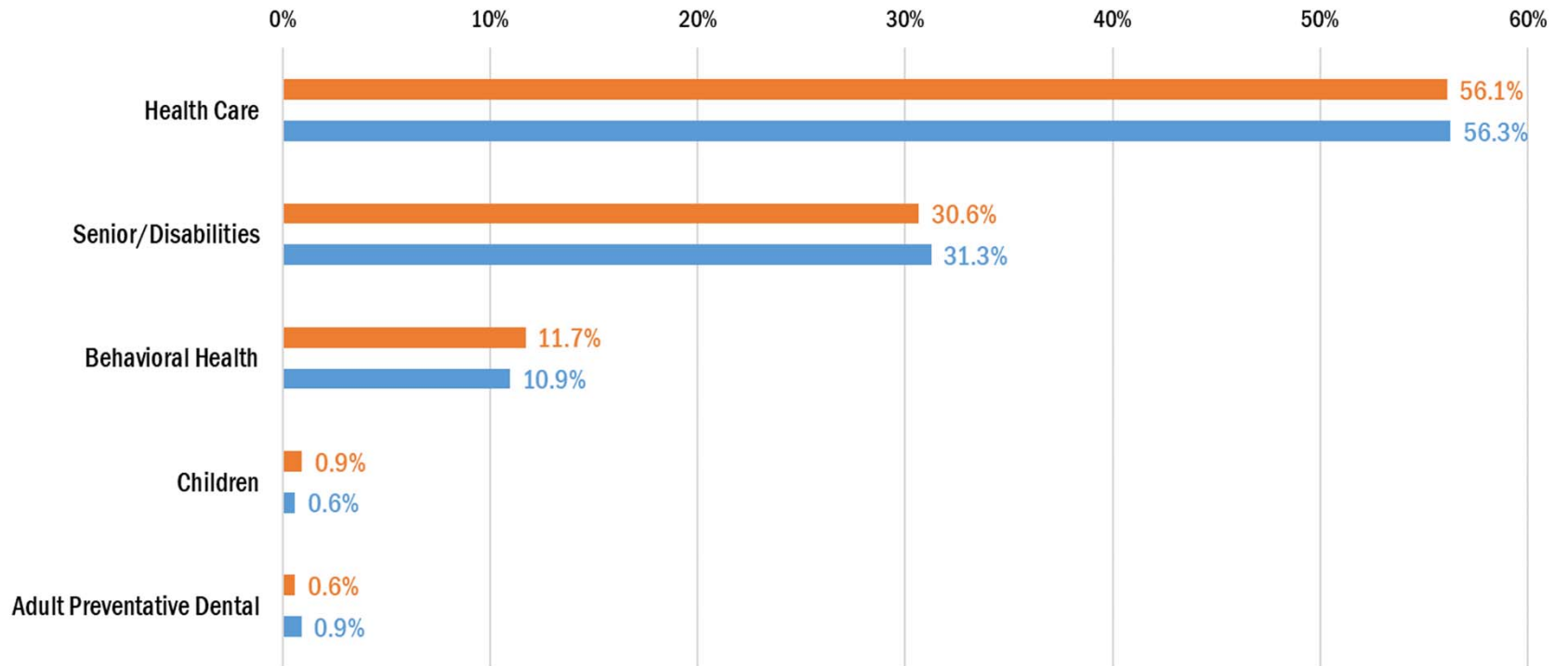
Under the umbrella of Medicaid Services, Alaska allocates funds for five (5) major sub-components of Medicaid, which are:
 1) Behavioral Health Medicaid Services
 2) Children's Medicaid Services
 3) Adult Preventative Dental Medicaid Services
 4) Health Care Medicaid Services
 5) Senior/Disabilities Medicaid Services

A **Results Delivery Unit** is a "group of program activities (called components) organized to achieve a specific goal."

A **component** is a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."

S5F9. Medicaid Services Budget by Component: Alaska, FY2012 and FY2017

The Health Care component has remained over half of the Medicaid Services budget since **FY2012**, but the Senior/Disabilities component increased slightly in **FY2017**.



Note:

Data for FY2018 are not available for the Children's Medicaid Services component. "In FY2013, the Children's Medicaid Services component was transferred from the Office of Children's Services to the Division of Behavioral Health for the behavioral treatment of children in residential care. The Department has removed the Children's Medicaid Services component and transferred it into the Division of Behavioral Health, Behavioral Health Services Medicaid Services component."

For more information: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Proposed/comp2661.pdf

Data Sources:

- 1) Office of Management and Budget, Office of the Governor, State of Alaska
 Department of Health and Social Services Enacted Operating Budgets, Component Summary (by fiscal year).
 FY2012: https://www.omb.alaska.gov/ombfiles/12_budget/HSS/Enacted/12compsummary_hss.pdf
 FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary_hss.pdf

Appendix S5F1. Medicaid (excludes CHIP) Enrollment (in thousands): Alaska and the United States, 1991 – 2014

	Medicaid Enrollment (in thousands)			
	Alaska		United States	
	Number	Growth Rate	Number	Growth Rate
2014	113	1.8%	65,548	11.1%
2013	111	0.0%	58,974	1.4%
2012	111	1.8%	58,141	3.4%
2011	109	5.8%	56,235	4.2%
2010	103	9.6%	53,961	6.0%
2009	94	6.8%	50,913	7.8%
2008	88	0.0%	47,242	3.6%
2007	88	-2.2%	45,608	0.1%
2006	90	3.4%	45,557	-0.6%
2005	87	3.6%	45,816	2.9%
2004	84	2.4%	44,532	3.7%
2003	82	3.8%	42,955	6.4%
2002	79	5.3%	40,384	9.8%
2001	75	5.6%	36,770	7.7%
2000	71	7.6%	34,149	6.2%
1999	66	4.8%	32,152	2.4%
1998	63	18.9%	31,390	-1.4%
1997	53	-14.5%	31,850	-1.0%
1996	62	-6.1%	32,182	-0.5%
1995	66	1.5%	32,338	2.1%
1994	65	16.1%	31,667	3.7%
1993	56	16.7%	30,528	7.2%
1992	48	23.1%	28,465	9.7%
1991	39	-	25,939	-
AAGR		5.0%		4.2%

Note:

Annual enrollment numbers are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Appendix S5F2,F3. Medicaid and CHIP Monthly Enrollment Numbers: Alaska and the United States, January 2014 - March 2018

Monthly enrollment numbers are from Kaiser Family Foundation. They include Medicaid and Children's Health Insurance Program (CHIP). The Medicaid enrollment numbers include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

For more information: <https://www.medicaid.gov/chip/index.html>

		Alaska	% Change*	United States	% Change*
2018	March	205,235	68%	73,910,380	31%
	February	204,311	67%	74,449,117	32%
	January	203,654	66%	74,603,082	32%
2017	December	200,369	64%	74,638,575	32%
	November	201,672	65%	74,526,179	32%
	October	200,627	64%	74,501,832	32%
	September	198,742	62%	74,475,075	32%
	August	197,834	62%	74,649,833	32%
	July	196,121	60%	74,646,180	32%
	June	194,534	59%	74,706,667	32%
	May	192,409	57%	74,990,050	33%
	April	189,922	55%	75,027,667	33%
	March	187,821	54%	75,101,541	33%
	February	184,392	51%	75,011,673	33%
	January	181,723	49%	75,033,246	33%
2016	December	176,799	45%	74,165,854	30%
	November	175,661	44%	74,817,285	30%
	October	172,804	41%	74,749,018	29%
	September	169,380	39%	74,775,144	29%
	August	166,625	36%	74,843,252	30%
	July	162,869	33%	73,628,614	29%
	June	160,450	31%	73,431,793	28%
	May	158,220	29%	73,380,499	28%
	April	155,700	27%	73,180,440	28%
	March	152,314	25%	72,863,897	27%
	February	146,935	20%	73,051,223	28%
	January	142,301	16%	72,894,837	27%
2015	December	137,868	13%	72,701,268	27%
	November	132,412	8%	72,481,885	27%
	October	131,650	8%	71,835,349	26%
	September	130,815	7%	70,897,287	25%
	August	128,082	5%	72,824,063	24%
	July	127,401	4%	72,672,694	24%
	June	126,985	4%	72,454,815	24%
	May	126,766	4%	71,990,204	23%
	April	126,496	3%	71,594,742	22%
	March	126,603	4%	71,409,679	22%
	February	125,881	3%	70,946,607	21%
	January	125,747	3%	70,379,483	20%
2014	December	127,888	5%	69,919,366	19%
	November	127,718	4%	69,212,472	18%
	October	128,229	5%	68,944,587	18%
	September	126,202	3%	68,408,525	17%
	August	126,513	3%	67,927,806	16%
	July	125,254	2%	67,147,446	14%
	June	125,558	3%	67,034,080	14%
	May	124,912	2%	66,423,553	13%
	April	123,212	1%	64,430,235	12%
	March	119,767	-2%	64,270,142	10%
	February	116,720	-5%	62,274,659	8%
	January	117,483	-4%	61,671,967	7%

***Note:**

Percent Change is based on pre-ACA average monthly Medicaid/CHIP enrollment (July-Sept 2013).
Alaska: 122,334; United States: 56,803,09

Data Sources:

1) Kaiser Family Foundation, State Health Facts: Medicaid and CHIP (2017)

<http://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?activeTab=graph¤tTimeframe=0&startTimeframe=35&selectedDistributions=total-monthly-medicaidchip-enrollment&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Appendix S5F5. Medicaid (excludes CHIP) Spending per Capita by State: 2014

Annual enrollment numbers are from Centers for Medicare and Medicaid Services (CMS). It appears CMS annual Medicaid enrollment numbers do not include children enrolled in Children's Health Insurance Program (CHIP). Medicaid annual enrollment numbers appear to include low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

	Total Medicaid Spending (In Millions)	Total Population (In Thousands)	Medicaid Spending per Capita
Alabama	\$4,983	4,843	\$1,029
Alaska	\$1,359	737	\$1,844
Arizona	\$8,371	6,720	\$1,246
Arkansas	\$4,960	2,967	\$1,672
California	\$61,761	38,681	\$1,597
Colorado	\$6,038	5,350	\$1,129
Connecticut	\$6,994	3,592	\$1,947
Delaware	\$1,506	935	\$1,611
Florida	\$18,285	19,889	\$919
Georgia	\$8,761	10,087	\$869
Hawaii	\$1,770	1,416	\$1,250
Idaho	\$1,540	1,634	\$942
Illinois	\$15,397	12,868	\$1,197
Indiana	\$8,868	6,595	\$1,345
Iowa	\$4,059	3,108	\$1,306
Kansas	\$2,372	2,899	\$818
Kentucky	\$7,425	4,413	\$1,683
Louisiana	\$7,082	4,648	\$1,524
Maine	\$2,362	1,331	\$1,775
Maryland	\$8,771	5,967	\$1,470
Massachusetts	\$13,758	6,750	\$2,038
Michigan	\$12,481	9,916	\$1,259
Minnesota	\$9,665	5,453	\$1,772
Mississippi	\$4,569	2,992	\$1,527
Missouri	\$8,566	6,061	\$1,413
Montana	\$1,061	1,023	\$1,037

	Total Medicaid Spending (In Millions)	Total Population (In Thousands)	Medicaid Spending per Capita
Nebraska	\$1,700	1,881	\$904
Nevada	\$2,348	2,833	\$829
New Hampshire	\$1,319	1,329	\$992
New Jersey	\$11,934	8,925	\$1,337
New Mexico	\$3,822	2,083	\$1,835
New York	\$51,821	19,719	\$2,628
North Carolina	\$11,911	9,934	\$1,199
North Dakota	\$939	740	\$1,269
Ohio	\$17,935	11,594	\$1,547
Oklahoma	\$4,799	3,877	\$1,238
Oregon	\$6,929	3,968	\$1,746
Pennsylvania	\$20,221	12,791	\$1,581
Rhode Island	\$2,261	1,054	\$2,145
South Carolina	\$5,061	4,828	\$1,048
South Dakota	\$763	853	\$894
Tennessee	\$7,655	6,545	\$1,170
Texas	\$30,080	26,945	\$1,116
United States	\$446,703	318,563	\$1,402
Utah	\$1,920	2,942	\$653
Vermont	\$1,390	627	\$2,217
Virginia	\$6,834	8,317	\$822
Washington	\$9,005	7,054	\$1,277
West Virginia	\$3,249	1,849	\$1,757
Wisconsin	\$7,329	5,758	\$1,273
Wyoming	\$534	584	\$914

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS), Health Expenditures by State of Residence: summary tables, 1991-2014 (June 2017)

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Appendix S5F7. Medicaid Services Budget (in millions) by Funding Source: Alaska, FY2011 - FY2018

Medicaid Services Spending by Funding Source (in millions)					
	Federal	State UGF	Other State	State DGF	Total
FY2018	\$1,165.13	\$564.23	\$11.90	\$0.47	\$1,741.74
FY2017	\$1,143.34	\$580.16	\$10.42	\$0.43	\$1,734.36
FY2016	\$966.23	\$641.17	\$8.04	\$1.80	\$1,617.24
FY2015	\$966.27	\$693.03	\$8.04	\$1.80	\$1,669.14
FY2014	\$966.32	\$670.51	\$8.04	\$1.80	\$1,646.67
FY2013	\$952.88	\$675.48	\$14.27	\$2.35	\$1,644.97
FY2012	\$996.84	\$501.56	\$14.27	\$2.35	\$1,515.01
FY2011	\$871.04	\$438.86	\$14.27	\$2.35	\$1,326.52

Medicaid Services Spending by Funding Source (in millions)					
	Federal	State UGF	Other State	State DGF	Total
FY2018	66.9%	32.4%	0.7%	0.0%	100%
FY2017	65.9%	33.5%	0.6%	0.0%	100%
FY2016	59.7%	39.6%	0.5%	0.1%	100%
FY2015	57.9%	41.5%	0.5%	0.1%	100%
FY2014	58.7%	40.7%	0.5%	0.1%	100%
FY2013	57.9%	41.1%	0.9%	0.1%	100%
FY2012	65.8%	33.1%	0.9%	0.2%	100%
FY2011	65.7%	33.1%	1.1%	0.2%	100%

Note:

State Unrestricted General Fund (UGF) refers to funds that are not required to be spent on any specific program or project and "may be used for any purpose permitted by the fund."

State Designated General Fund (DGF) refers to funds that are restricted and must be spent on specific programs or projects.

Other State funds refer to funds from one-time items, adjustments, and proposed budget changes.

Data Sources:

1) Office of Management and Budget, Office of the Governor, State of Alaska

Department of Health and Social Services Enacted Operating Budgets, UGF/DGF/Other/Fed Summary by Component (3 Scenario) (by fiscal year).

FY2011: https://www.omb.alaska.gov/ombfiles/11_budget/HSS/Enacted/11compsummary3scen_hss.pdf

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FY2017: https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Enacted/17compsummary3scen_hss.pdf

FY2018: https://www.omb.alaska.gov/ombfiles/18_budget/HSS/Enacted/18compsummary3scen_hss.pdf

Section 6: Affordable Care Act

In this section, we look at effectuated enrollment in health plans through the Marketplace offered under the Affordable Care Act (ACA) in Alaska and the United States. Effectuated enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date. There are two separate Marketplaces under the ACA: Individual and Small-Business. Data in this section are from the Individual Marketplace.

Section Highlights

- Since December 2014, quarterly effectuated enrollment in a Marketplace qualified health plan in Alaska has grown more than the United States until March 2016.
- The proportion of Alaskans enrolling in the Bronze Plan has steadily increased from 26.4% in 2014 to 47.1% in 2016.
- The majority of all people enrolled in the Marketplace are receiving the Advance Premium Tax Credit (APTC) and around half of all enrolled receive the Cost-Sharing Reduction (CSR) discount in Alaska and nationwide.

Tables and Figures

- S6F1. Growth in Quarterly Indexed Effectuated Enrollment in a Marketplace Qualified Health Plan: Alaska and the United States, Quarters Ending December 2014 - March 2016
- S6F2. Quarterly Effectuated Enrollment in a Marketplace Qualified Health Plan by Category: Alaska and the United States, Quarters Ending December 2014 - March 2016
- S6F3. Percent of Effectuated Enrollment in a Marketplace Qualified Health Plan receiving Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016
- S6F4. Growth in Number of Effectuated Enrollees in Marketplace Qualified Health Plan receiving Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016
- S6F5. Percentage of Marketplace Effectuated Enrollees Receiving both APTC and CSR Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016

Appendices

- Appendix S6F2. Quarterly Effectuated Enrollment in a Marketplace Qualified Health Plan by Category: Alaska and the United States, Quarters Ending December 2014 - March 2016
- Appendix S6F3,F4,F5. Quarterly Marketplace Effectuated Enrollment: Total and Number Receiving Financial Assistance by type of Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016

The Affordable Care Act

Congress passed the Affordable Care Act (ACA, also known as Obamacare) in 2010, to reduce the number of Americans without health-care insurance. It's a complex and controversial law with many provisions we can't begin to describe in this short summary. But broadly speaking, the law:

- Prevents insurance companies from denying individual policies to people with “pre-existing conditions”—conditions that might be expensive to cover. Previously, companies could deny coverage to people with many different kinds of medical problems when they tried to buy individual policies. In 2018, that provision of the law still stands, but there are efforts underway to weaken it.
- Offers federal subsidies so Americans with lower incomes can afford health insurance. The subsidies are available only to those who buy individual policies through the insurance “marketplaces” established under the ACA. There are two types of subsidy: federal tax credits to help pay for insurance premiums, and a cost-sharing subsidy to help pay for out-of-pocket costs, for visits to doctors or stays in hospitals. Those with incomes between 100% and 400% of the federal poverty guidelines qualify for subsidized premiums, and those with incomes between 100% and 250% of the guidelines can also get subsidies for out-of-pocket costs. (Because Alaska's living costs are higher, the poverty guidelines for Alaska are higher. In 2017, the guideline for a single person in Alaska is \$15,060; for a family of four it's \$30,750.)
- Until 2019, requires all Americans to carry health insurance or pay tax penalties. This requirement was intended to increase the number of younger, healthier people taking out policies—so the higher costs of older, sicker people would be spread among more people, to help keep premiums lower. But Congress has eliminated it, effective in 2019.

Originally, the ACA also required states to expand the number of Americans who qualify for Medicaid. States administer Medicaid, but the federal and state governments share the costs. Under terms of the ACA, the federal government pays all the costs of newly-eligible people in the early years and most of the costs in later years.

But in 2012, the U.S. Supreme Court ruled it unconstitutional to require states to expand Medicaid—so states can now choose whether to make more people eligible. Alaska's governor, Bill Walker, expanded the state's program in September 2015. What did that change?

- The expansion covers single people 19 to 64, with incomes up to 138% of the federal poverty guidelines, who would not otherwise qualify. The traditional Medicaid program covers specific low-income groups: children, single-parent families, pregnant women, and the elderly and disabled.

In 2014, Americans began buying individual plans through ACA marketplaces, which offer plans that meet ACA requirements and are eligible for subsidies. These are generally people who don't have access to group health insurance, and many couldn't previously afford insurance.

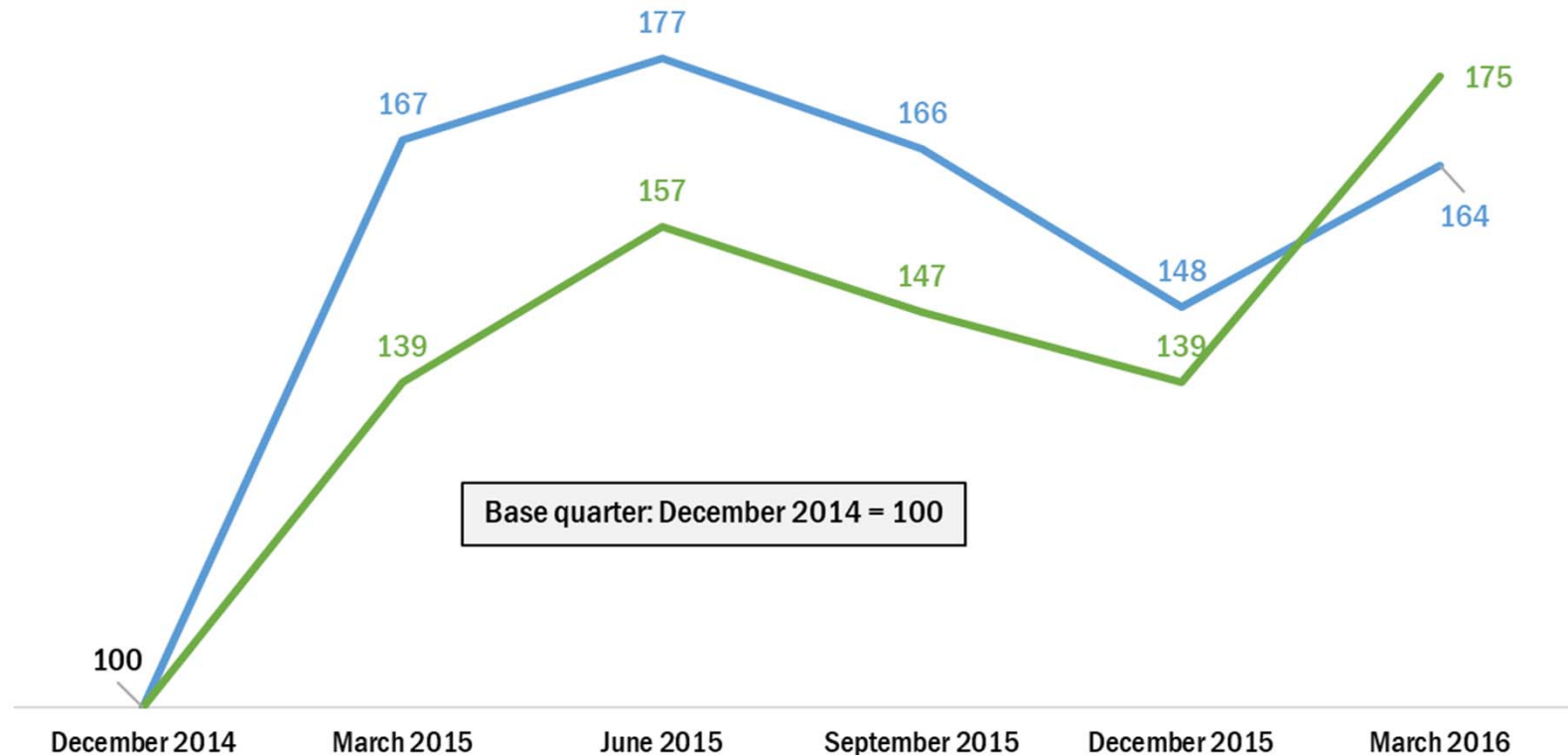
Terms and Definitions

The **Health Insurance Marketplace** is a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).

Effectuated Enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

S6F1. Growth in Quarterly Indexed Effectuated Enrollment in a Marketplace Qualified Health Plan: Alaska and the United States, Quarters Ending December 2014 - March 2016

Since December 2014, quarterly effectuated enrollment in a Marketplace qualified health plan in **Alaska** has grown more than the **United States** until March 2016.



Indexed Effectuated Enrollment. Since Marketplace effectuated enrollment numbers in the United States numbers are much larger than Alaska numbers, indexing enrollment numbers allows us to compare changes in quarterly effectuated enrollment across the years. Data in this figure are an index of Marketplace effectuated enrollment in Alaska and the United States since December 2014. This index uses enrollment numbers from December 2014 as the base enrollment. Each value of Marketplace effectuated enrollment is divided by the December 2014 enrollment number (Alaska: 10,951; United States: 6,337,860) then multiplied by 100 to arrive at an indexed value.

For Alaska:

Dec. 2014: $10951/10951 = 1*100 = 100$

Mar. 2015: $18320/10951 = 1.67*100 = 167$

June 2015: $19380/10951 = 1.77*100 = 177$

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016.

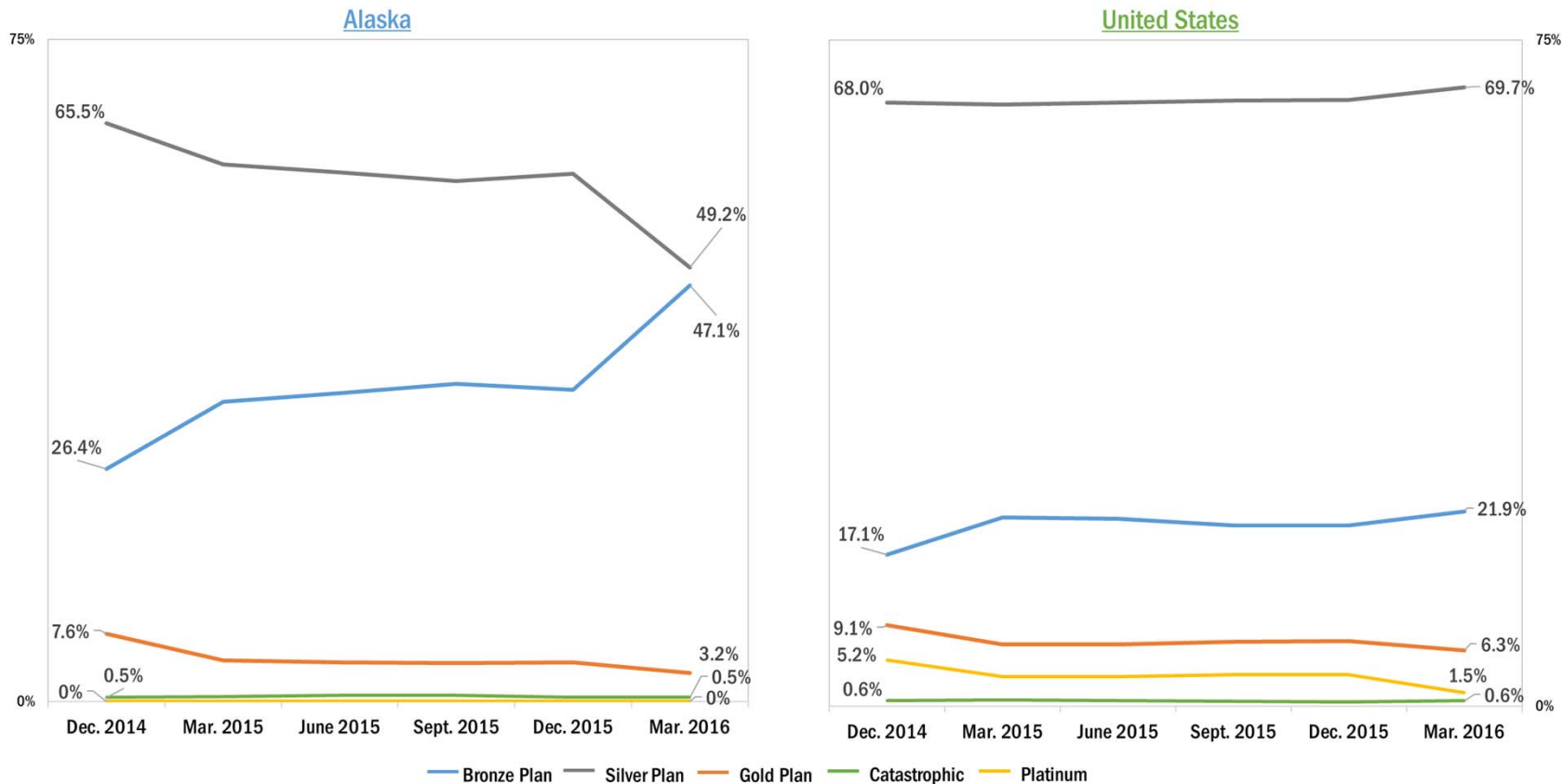
<https://data.cms.gov/Marketplace-Qualified-Health-Plan-QHP-/Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>

S6F2. Quarterly Effectuated Enrollment in a Marketplace Qualified Health Plan by Category: Alaska and the United States, Quarters Ending December 2014 - March 2016

Effectuated Enrollment

refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

From December 2014 to March 2016, the proportion of Alaskans enrolled in the **Bronze Plan** has increased, while both **Silver Plan** and **Gold Plan** enrollments have declined. Enrollment in the **Silver Plan** in the United States has been consistently higher than either the **Bronze Plan** or the **Gold Plan**.



The Marketplace qualified health plans offered under the Affordable Care Act (ACA) are: The **Bronze Plan** has the lowest monthly premium of the "metal" categories, but the highest costs when care is needed. This means deductibles are high and "can be thousands of dollars a year." The **Silver Plan** has a moderate premium as well as moderate costs when care is needed. Deductibles are lower the Gold Plan, but monthly premiums are higher, which means more "routine care" is paid for by your insurance. The **Gold Plan** has a high monthly premium, but costs and deductibles are low when care is needed. The **Platinum Plan** has the highest monthly premium of the "metal" categories, but the lowest costs when care is needed. With low deductibles, the plan pays for care earlier than the Bronze or Silver plans. This plan is recommended if you "use a lot of care and are willing to pay a high monthly premium, knowing nearly all other costs will be covered." The **Catastrophic Plan** is designed for people under the ages of 30 or who have "certain exemptions," such as hardships or affordability exemptions. This plan has low monthly premiums, but very high deductibles.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (March 2017). Total Effectuated Enrollment by Metal Level and State: Quarterly from December 2014 to March 2016. <https://data.cms.gov/Marketplace-Eligible-Uninsured-People-for-Outreach/Total-Effectuated-Enrollment-by-Metal-Level-and-St/qjxg-St4j/486>

Terms and Definitions

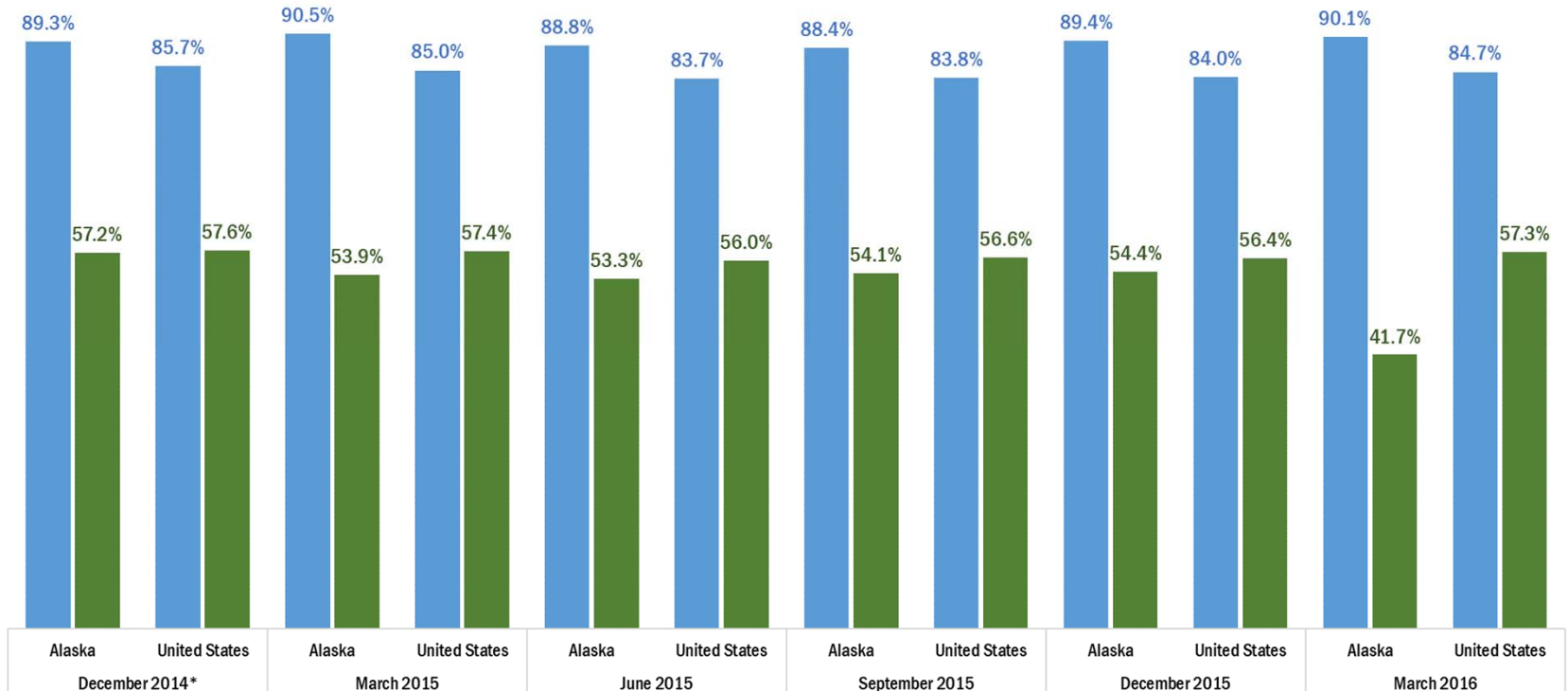
The Health Insurance Marketplace is a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).

Effectuated Enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

Financial Assistance refers to individuals or families who receive assistance, such as the Advance Premium Tax Credit (APTC) or the Cost-Sharing Reduction (CSR) discount, to help make their insurance more affordable.

S6F3. Percent of Effectuated Enrollment in a Marketplace Qualified Health Plan receiving Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016

The majority of Marketplace enrollees received the **Advance Premium Tax Credit (APTC)** and around half received the **Cost-Sharing Reduction (CSR)** discount in Alaska and nationwide. Individuals may be eligible to receive APTC, CSR, or both.



There are two types of financial assistance, or subsidy: **federal tax credits (APTC)** to help pay for insurance premiums, and a **cost-sharing subsidy (CSR)** to help pay for out-of-pocket costs, for visits to doctors or stays in hospitals. Those with incomes between 100% and 400% of the federal poverty guidelines qualify for subsidized premiums, and those with incomes between 100% and 250% of the guidelines can also get subsidies for out-of-pocket costs. Because Alaska's living costs are higher, the poverty guidelines for Alaska are higher. In 2017, the guideline for a single person in Alaska is \$15,060; for a family of four it's \$30,750.

The **Advance Premium Tax Credit (APTC)** is a "federal subsidy available to individuals and families who earn less than 400% of the Federal Poverty Level (FPL). This subsidy helps to pay part of your health insurance premiums in order to make your insurance more affordable."

The **Cost Sharing Reduction (CSR)** discount lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings."

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016. <https://data.cms.gov/Marketplace-Qualified-Health-Plan-QHP-/Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>

Terms and Definitions

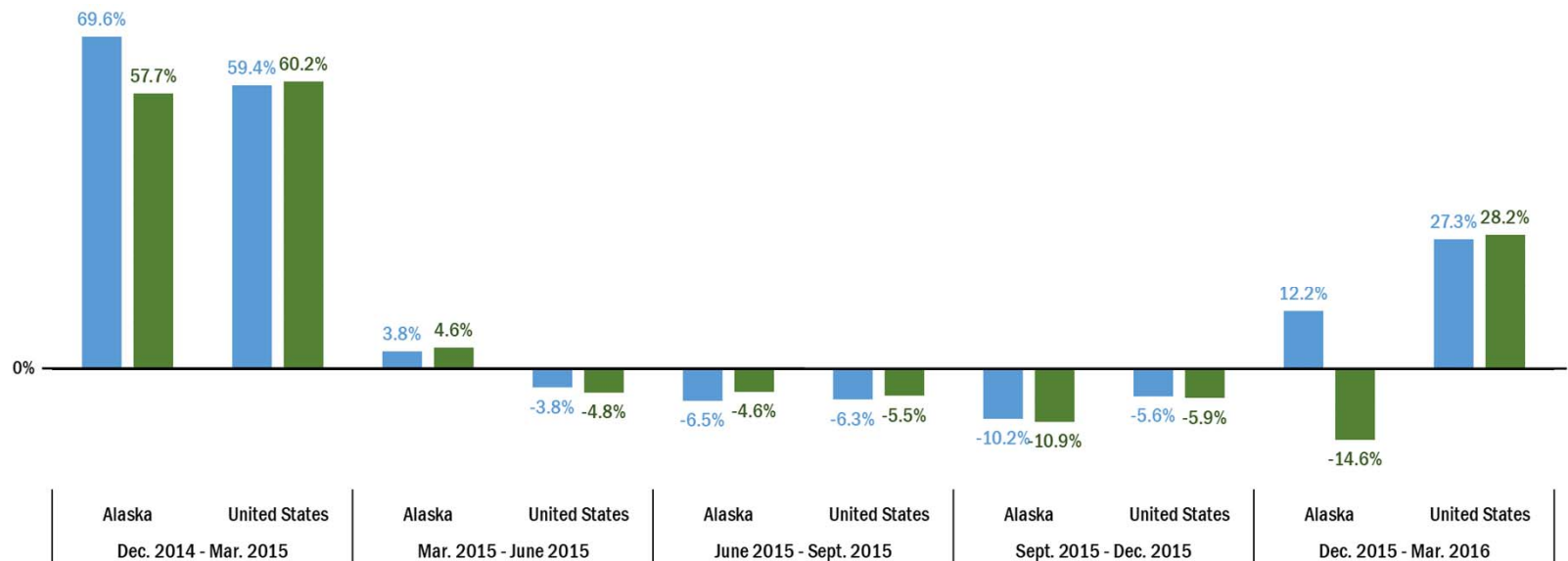
The **Health Insurance Marketplace** is a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).

Effectuated Enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

Financial Assistance refers to individuals or families who receive assistance, such as the Advance Premium Tax Credit (APTC) or the Cost-Sharing Reduction (CSR) discount, to help make their insurance more affordable.

S6F4. Growth in Number of Effectuated Enrollees in Marketplace Qualified Health Plan receiving Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016

Between December 2014 and March 2016, the direction of change in the number of enrollees receiving the **Advance Premium Tax Credit (APTC)** and the **Cost-Sharing Reduction (CSR)** in Alaska and nationwide went in the same direction, except in Alaska from December 2015 – March 2016.



There are two types of financial assistance, or subsidy: **federal tax credits (APTC)** to help pay for insurance premiums, and a **cost-sharing subsidy (CSR)** to help pay for out-of-pocket costs, for visits to doctors or stays in hospitals. Those with incomes between 100% and 400% of the federal poverty guidelines qualify for subsidized premiums, and those with incomes between 100% and 250% of the guidelines can also get subsidies for out-of-pocket costs. Because Alaska’s living costs are higher, the poverty guidelines for Alaska are higher. In 2017, the guideline for a single person in Alaska is \$15,060; for a family of four it’s \$30,750.

The **Advance Premium Tax Credit (APTC)** is a "federal subsidy available to individuals and families who earn less than 400% of the Federal Poverty Level (FPL). This subsidy helps to pay part of your health insurance premiums in order to make your insurance more affordable."

The **Cost Sharing Reduction (CSR)** discount lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings."

Data Sources:

- Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016. <https://data.cms.gov/Marketplace-Qualified-Health-Plan-QHP-Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>
- Centers for Medicare & Medicaid Services (CMS) (June 2017). 2017 Effectuated Enrollment Snapshot. <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>

Terms and Definitions

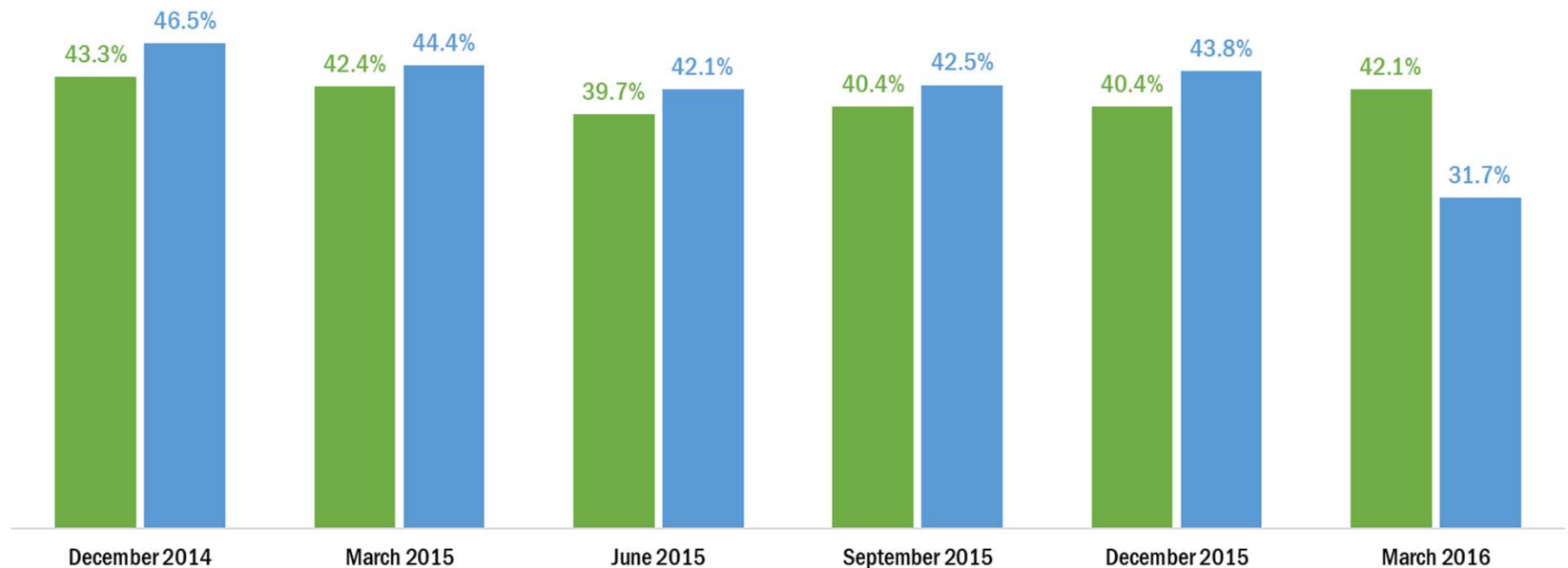
The **Health Insurance Marketplace** is a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).

Effectuated Enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

Financial Assistance refers to individuals or families who receive assistance, such as the Advance Premium Tax Credit (APTC) or the Cost-Sharing Reduction (CSR) discount, to help make their insurance more affordable.

S6F5. Percentage of Marketplace Effectuated Enrollees Receiving both* APTC and CSR Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016 (Part 1)

Since December 2014, **Alaska** had higher percentages of quarterly effectuated enrollees receiving both APTC and CSR financial assistance than the **United States** until March 2016.



There are two types of financial assistance, or subsidy: **federal tax credits (APTC)** to help pay for insurance premiums, and a **cost-sharing subsidy (CSR)** to help pay for out-of-pocket costs, for visits to doctors or stays in hospitals. Those with incomes between 100% and 400% of the federal poverty guidelines qualify for subsidized premiums, and those with incomes between 100% and 250% of the guidelines can also get subsidies for out-of-pocket costs. Because Alaska's living costs are higher, the poverty guidelines for Alaska are higher. In 2017, the guideline for a single person in Alaska is \$15,060; for a family of four it's \$30,750.

The **Advance Premium Tax Credit (APTC)** is a "federal subsidy available to individuals and families who earn less than 400% of the Federal Poverty Level (FPL). This subsidy helps to pay part of your health insurance premiums in order to make your insurance more affordable."

The **Cost Sharing Reduction (CSR)** discount lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings."

*Author estimates. Effectuated enrollees receiving APTC and CSR was calculated by adding together the number receiving APTC or CSR; then subtracting total effectuated enrollment from this sum; and dividing the remainder by total enrollment to get the percentage receiving both APTC and CSR.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016. <https://data.cms.gov/Marketplace-Qualified-Health-Plan-QHP-/Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>

Terms and Definitions

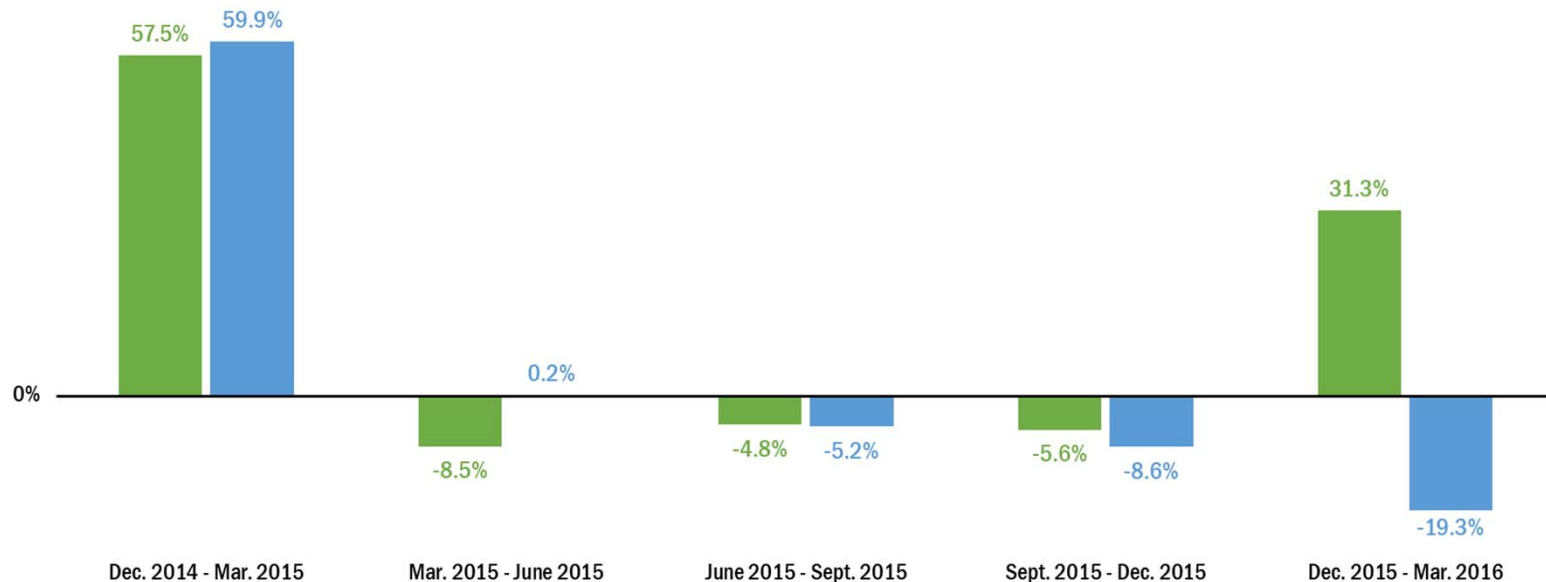
The **Health Insurance Marketplace** is a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).

Effectuated Enrollment refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.

Financial Assistance refers to individuals or families who receive assistance, such as the Advance Premium Tax Credit (APTC) or the Cost-Sharing Reduction (CSR) discount, to help make their insurance more affordable.

S6F5. Percentage of Marketplace Effectuated Enrollees Receiving both* APTC and CSR Financial Assistance: Alaska and the United States, Quarters Ending December 2014 - March 2016 (Part 2)

Between December 2015 and March 2016, changes in the quarterly growth of effectuated enrollees receiving both APTC and CSA financial assistance in **Alaska** and **nationwide** went in opposite directions.



There are two types of financial assistance, or subsidy: **federal tax credits (APTC)** to help pay for insurance premiums, and a **cost-sharing subsidy (CSR)** to help pay for out-of-pocket costs, for visits to doctors or stays in hospitals. Those with incomes between 100% and 400% of the federal poverty guidelines qualify for subsidized premiums, and those with incomes between 100% and 250% of the guidelines can also get subsidies for out-of-pocket costs. Because Alaska's living costs are higher, the poverty guidelines for Alaska are higher. In 2017, the guideline for a single person in Alaska is \$15,060; for a family of four it's \$30,750.

The **Advance Premium Tax Credit (APTC)** is a "federal subsidy available to individuals and families who earn less than 400% of the Federal Poverty Level (FPL). This subsidy helps to pay part of your health insurance premiums in order to make your insurance more affordable."

The **Cost Sharing Reduction (CSR)** discount lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings."

*Author estimates. Effectuated enrollees receiving APTC and CSR was calculated by adding together the number receiving APTC or CSR; then subtracting total effectuated enrollment from this sum; and dividing the remainder by total enrollment to get the percentage receiving both APTC and CSR.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016. <https://data.cms.gov/Marketplace-Qualified-Health-Plan-QHP-/Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>

Appendix S6F2. Quarterly Effectuated Enrollment in a Marketplace Qualified Health Plan by Category: Alaska and the United States, Quarters Ending December 2014 - March 2016

	December 2014				March 2015				June 2015			
	Alaska		United States		Alaska		United States		Alaska		United States	
	#	%	#	%	#	%	#	%	#	%	#	%
Bronze	2,889	26.4%	1,082,446	17.1%	6,224	34.0%	2,164,213	21.2%	6,771	34.9%	2,096,542	21.1%
Silver	7,174	65.5%	4,307,304	68.0%	11,144	60.8%	6,903,699	67.8%	11,613	59.9%	6,761,363	68.0%
Gold	837	7.6%	579,046	9.1%	849	4.6%	707,576	6.9%	865	4.5%	695,377	7.0%
Platinum	0	0.0%	328,790	5.2%	0	0.0%	341,832	3.4%	0	0.0%	332,624	3.3%
Catastrophic	51	0.5%	40,274	0.6%	103	0.6%	69,877	0.7%	131	0.7%	63,174	0.6%
Total Enrollment	10,951	100.0%	6,337,860	100.0%	18,320	100.0%	10,187,197	100.0%	19,380	100.0%	9,949,080	100.0%

	September 2015				December 2015				March 2016			
	Alaska		United States		Alaska		United States		Alaska		United States	
	#	%	#	%	#	%	#	%	#	%	#	%
Bronze	6,557	36.0%	1,899,370	20.4%	5,708	35.3%	1,788,315	20.4%	8,476	47.1%	2,427,537	21.9%
Silver	10,740	59.0%	6,353,089	68.2%	9,656	59.8%	5,993,766	68.3%	8,853	49.2%	7,721,983	69.7%
Gold	789	4.3%	679,019	7.3%	718	4.4%	645,390	7.4%	584	3.2%	697,157	6.3%
Platinum	0	0.0%	328,554	3.5%	0	0.0%	310,784	3.5%	0	0.0%	166,846	1.5%
Catastrophic	121	0.7%	53,291	0.6%	74	0.5%	42,290	0.5%	82	0.5%	67,807	0.6%
Total Enrollment	18,207	100.0%	9,313,323	100.0%	16,156	100.0%	8,780,545	100.0%	17,995	100.0%	11,081,330	100.0%

	Quarterly Growth in Marketplace Effectuated Enrollment by Qualified Health Plan Category									
	Dec. 2014 - Mar. 2015		Mar. 2015 - June 2015		June 2015 - Sept. 2015		Sept. 2015 - Dec. 2015		Dec. 2015 - Mar. 2016	
	Alaska	United States	Alaska	United States	Alaska	United States	Alaska	United States	Alaska	United States
Bronze	115%	100%	9%	-3%	-3%	-9%	-13%	-6%	48%	36%
Silver	55%	60%	4%	-2%	-8%	-6%	-10%	-6%	-8%	29%
Gold	1%	22%	2%	-2%	-9%	-2%	-9%	-5%	-19%	8%
Platinum	-	4%	-	-3%	-	-1%	-	-5%	-	-46%
Catastrophic	102%	74%	27%	-10%	-8%	-16%	-39%	-21%	11%	60%
Total	67%	61%	6%	-2%	-6%	-6%	-11%	-6%	11%	26%

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (March 2017). Total Effectuated Enrollment by Metal Level and State: Quarterly from December 2014 to March 2016.
<https://data.cms.gov/Marketplace-Eligible-Uninsured-People-for-Outreach/Total-Effectuated-Enrollment-by-Metal-Level-and-St/qixg-8t4j/486>

**Appendix S6F3,F4,F5. Quarterly Marketplace Effectuated Enrollment:
Total and Number Receiving Financial Assistance by type of Assistance:
Alaska and the United States,
Quarters Ending December 2014 - March 2016**

	December 2014		March 2015		June 2015	
	Alaska	United States	Alaska	United States	Alaska	United States
Total Enrollment	10,951	6,337,860	18,320	10,187,197	19,380	9,949,080
Advance Premium Tax Credit	9,778	5,430,106	16,583	8,656,210	17,207	8,329,966
Cost-Sharing Reduction	6,264	3,651,200	9,877	5,850,936	10,331	5,572,833
Both APTC and CSR**	5,091	2,743,446	8,140	4,319,949	8,158	3,953,720

	September 2015		December 2015		March 2016	
	Alaska	United States	Alaska	United States	Alaska	United States
Total Enrollment	18,207	9,313,323	16,156	8,780,545	17,995	11,081,330
Advance Premium Tax Credit	16,087	7,809,152	14,445	7,375,489	16,205	9,389,609
Cost-Sharing Reduction	9,856	5,266,991	8,785	4,955,281	7,500	6,353,551
Both APTC and CSR**	7,736	3,762,820	7,074	3,550,225	5,710	4,661,830

****Note:**

Author estimates. Effectuated enrollees receiving APTC and CSR was calculated by adding together the number receiving APTC or CSR; then subtracting total effectuated enrollment from this sum; and dividing the remainder by total enrollment to get the percentage receiving both APTC and CSR.

Data Sources:

1) Centers for Medicare & Medicaid Services (CMS) (August 2017). Total Effectuated Enrollment and Financial Assistance by State: Quarterly from December 2014 to March 2016.
<https://data.cms.gov/Marketplace-Qualified-Health-Plan-OHP-/Total-Effectuated-Enrollment-and-Financial-Assista/v9jz-riug/data>

Glossary of Terms

Term	Definition	Source
<u>Advance Premium Tax Credit (APTC)</u>	A federal subsidy available to individuals and families who earn less than 400% of the Federal Poverty Level (FPL). This subsidy helps to pay part of your health insurance premiums in order to make your insurance more affordable.	https://www.healthcare.gov/glossary/advanced-premium-tax-credit/
<u>Agency</u>	A state department. The following agencies are included in the budget for the State of Alaska: <ol style="list-style-type: none"> 1. Department of Administration 2. Department of Commerce, Community, & Economic Development 3. Department of Corrections 4. Department of Education & Early Development 5. Department of Environmental Conservation 6. Department of Fish and Game 7. Department of Health and Social Services 8. Department of Labor and Workforce Development 9. Department of Law 10. Department of Military and Veterans Affairs 11. Department of Natural Resources 12. Department of Public Safety 13. Department of Revenue 14. Department of Transportation & Public Facilities 15. University of Alaska 	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html
<u>Agency Budget</u>	Refers to the "plan for the yearly distribution of state resources for the ongoing operations of state programs. Operating budget appropriations are made for one fiscal year and any unexpended or unobligated funds lapse, i.e., revert to the fund from which they were appropriated, at the end of the fiscal year." Agency Budget includes the budgets of all departments, but does not include other statewide budget items, such as debt service, state retirement payments, and special appropriations. "	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html
<u>Alaska Pioneer Homes</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) that provides hospice care. The mission of this division is "providing elder Alaskans a home and community, celebrating life through its final breath." Core services include memory care, personal care and assistance, food services, and providing elders a home.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu503.pdf
<u>Average Annual Growth Rates (AAGR)</u>	Calculated by taking the average of all growth rates between years within given time frame, which shows change over time.	Authors' definition
<u>Bronze Plan</u>	A Marketplace qualified health plan offered under the Affordable Care Act (ACA) that has the lowest monthly premium of the "metal" categories, but the highest costs when care is needed. This means deductibles are high and "can be thousands of dollars a year."	https://www.healthcare.gov/choose-a-plan/plans-categories/
<u>Catastrophic Plan</u>	A Marketplace qualified health plan offered under the Affordable Care Act (ACA) that are designed for people under the ages of 30 or who have "certain exemptions," such as hardships or affordability exemptions. This plan has low monthly premiums, but very high deductibles.	https://www.healthcare.gov/choose-a-plan/plans-categories/
<u>Component</u>	Refers to a "detailed budgetary level for a specific activity. One or more components will comprise a Results Delivery Unit (RDU)."	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html

Term	Definition	Source
<u>Consumer Price Index (CPI)</u>	A "measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services." All items (goods and services) are arranged into eight major groups: food and beverages, housing, apparel, transportation, medical care, recreation, education and communication, and other goods and services. The CPI is used as an economic indicator and a means of adjusting dollar values, such as a measure of inflation. Anchorage is the only location reported in the Alaska CPI.	U.S. Department of Labor, Bureau of Labor Statistics, https://www.bls.gov/cpi/cpifaq.htm
<u>Cost Sharing Reduction (CSR)</u>	Refers to a discount lowers the amount you have to pay for deductibles, copayments, and coinsurance. In the Health Insurance Marketplace, cost-sharing reductions are often called "extra savings."	https://www.healthcare.gov/glossary/cost-sharing-reduction/
<u>Deductible</u>	Refers to the amount employees pay for covered health care services before the insurance plan starts to pay. For example, with a \$2,000 deductible, the employee pays the first \$2,000 of covered services and then insurance starts to pay.	https://www.healthcare.gov/glossary/deductible/
<u>Dental Services</u>	Services provided by Doctors of Dental Medicine (D.M.D.), Doctors of Dental Surgery (D.D.S.), or Doctors of Dental Science (D.D.Sc.). These are typically considered dental offices and can include expenditures for teeth cleanings to oral surgery, such as removal of wisdom teeth.	CMS Methodology paper, pg. 4
<u>Designated General Fund (DGF)</u>	Refers to funds that are restricted and must be spent on specific programs or projects.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html
<u>Division</u>	Entities within each agency (state department) that handle specific departmental needs, responsibilities, and goals. For example, divisions within the Alaska State Department of Health and Social Services (DHSS) are: <ol style="list-style-type: none"> 1. Alaska Pioneer Homes 2. Behavioral Health 3. Children's Services 4. Health Care Services 5. Juvenile Justice 6. Public Assistance 7. Public Health 8. Senior and Disabilities Services 	Authors' definition
<u>Division of Behavioral Health</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) that "manage(s) an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships." Core services include identifying behavioral health needs by population and geography; improve behavioral health of all Alaskans; develop and maintain stable, accessible, and sustainable behavioral health system; and provide accessible, quality, active inpatient treatment, etc.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu483.pdf
<u>Division of Children's Services</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) that is comprised primarily of the Office of Children's Services (OCS) with the mission to "work in partnership with families and communities to support the well-being of Alaska's youth and children." Core services include ensuring Alaska's youth and children's safety, permanency, and well-being.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu486.pdf
<u>Division of Juvenile Justice</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) whose mission is to "hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime." Core services include probation, detention, and treatment. The Division of Juvenile Justice also manages youth centers (i.e., McLaughlin Youth Center in Anchorage) Statewide as well as Youth Courts.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu319.pdf

Term	Definition	Source
<u>Division of Public Assistance</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) whose mission is to “promote self-sufficiency and provide for basic living expenses to Alaskans in need.” Core services include determine eligibility for public assistance; issuing benefits; monitoring beneficiary and provider compliance; and individual and family support services. The Division of Public Assistance manages food stamp benefits, Temporary Assistance for Needy Families (TANF), child care benefits, and the energy assistance program.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu73.pdf
<u>Division of Public Health</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) whose mission is to “protect and promote the health of Alaskans.” Core services include investigating health hazards in the community; informing, educating, and empowering people about health issues; developing policies and plans to support individual and community health efforts; and assure adequate and competent public health infrastructure and enforcement of health and safety laws/regulations.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu502.pdf
<u>Division of Senior Disabilities Services</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) whose mission is to “promote health, well-being, and safety for individuals with disabilities, seniors, and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice, and dignity.” Core services include long-term care services, facility and program safety, and workforce; home and community-based services; access; and quality assurance.	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu487.pdf
<u>Effectuated Enrollment</u>	Refers to individuals enrolled in a Marketplace qualified health plan who have paid their premiums and have an active policy as of the given date.	Centers for Medicare & Medicaid Services
<u>Employee Contributions</u>	Payments or "health plan contributions from employees that are deducted from their paychecks. Typically, both the employee and employer contribute to the cost of the health care premium." Contributions are usually pre-tax and are either voluntary or mandatory if the employee is required to receive health care benefits from their employer.	https://www.healthmarkets.com/glossary/employee-contribution/
<u>Employer Contributions</u>	Payments or health plan contributions made by employers towards employees' health insurance premiums provided through the employer.	Authors' definition
<u>Employer-Sponsored Coverage</u>	Refers to health insurance coverage provided by employers to their workers.	Authors' definition
<u>Enrollee (Medicaid)</u>	Individuals who participate in Medicaid for any length of time during the federal fiscal year, including both full and partial benefit enrollees. They may not actually use any services during this period, but they are reported as enrolled in the program and are eligible to receive services in at least one month. Enrollees are presumed to be unduplicated (each person is only counted once), and include both full and partial benefit enrollees.	Kaiser Family Foundation
<u>Family Coverage</u>	Refers to a "health plan that covers the enrollee and members of his/her immediate family (spouse and/or children)."	Medical Expenditure Panel Survey (MEPS) Glossary of Health Insurance Terms; https://meps.ahrq.gov/survey_comp/ic_ques_glossary.pdf
<u>Financial Assistance</u>	Refers to individuals or families who receive assistance, such as the Advance Premium Tax Credit (APTC) or the Cost-Sharing Reduction (CSR) discount, to help make their insurance more affordable.	Authors' definition
<u>Fiscal Year</u>	The “period of time over which the state budgets and accounts for funds, The state fiscal year begins on July 1 each year and ends on June 30 of the following year.”	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html

Term	Definition	Source
<u>Gold Plan</u>	A Marketplace qualified health plan offered under the Affordable Care Act (ACA) that has a high monthly premium, but costs and deductibles are low when care is needed.	https://www.healthcare.gov/choose-a-plan/plans-categories/
<u>Gross State Product (GSP)</u>	The total value of all goods and services produced in a state within a set time frame, which is typically an annual calculation. GSP is the same concept as the Gross Domestic Product (GDP) of the United States (or any country), but on a smaller scale: states.	Authors' definition
<u>Growth Rates</u>	Calculated by finding the percentage change in spending between years. The following formula was used: $((T2 - T1)/T1) * 100$ Where "T" refers to time: T1 is the first time period and T12 is the second time period.	Authors' definition
<u>Health Care Services Division</u>	Division of the State of Alaska Department of Health and Social Services (DHSS) whose mission is to "provide health coverage to Alaskans in need." Core services include ensuring health care facilities statewide are safe and have the capacity to meet client needs; oversee Alaska Medicaid; and ensure access of clients to health care. Priorities include health and wellness across the lifespan; health care access delivery and value; and safe and responsible individuals, families, and communities (strengthen families, protect vulnerable Alaska, and promote personal responsibility and accountable decisions by Alaskans).	Alaska Office of Management and Budget; https://www.omb.alaska.gov/ombfiles/17_budget/HSS/Proposed/rdu485.pdf
<u>Health Care Spending Per Capita</u>	Refers to the total (aggregate) spending on personal health care services (hospital care, physician and clinical services, prescription drugs, dental services, etc.) divided by the population in the state of residence. In other words, all dollars spent in each category of personal health care services and products by state is aggregated and divided by the total population of the given state to obtain a per capita number, which translates to dollars spent per person within the population.	Authors' definition
<u>Health Insurance Marketplace</u>	Refers to a "service that helps people shop for and enroll in affordable health insurance." The Marketplace (or "exchange") offers qualified health plans for individual and family coverage offered under the Affordable Care Act (ACA).	https://www.healthcare.gov/glossary/health-insurance-marketplace-glossary/
<u>Home Health Care</u>	Services provided in the home by "freestanding home health agencies (HHAs)," which are made up of private sector agencies that provide nursing care in the home and may include some of the following as well: physical therapy, medications, medical equipment, 24-hour home care, and dietary and nutritional services.	CMS Methodology paper, pg. 4-5
<u>Hospital Care</u>	Services provided to patients that are billed by a hospital, such as operating room fees, inpatient pharmacy services, and hospital-based nursing home care.	CMS Methodology paper, pg. 2
<u>Indexed Effectuated Enrollment</u>	Since Marketplace effectuated enrollment numbers in the United States numbers are much larger than Alaska numbers, indexing enrollment numbers allows us to compare changes in quarterly effectuated enrollment across the years. Data in this figure are an index of Marketplace effectuated enrollment in Alaska and the United States since December 2014. This index uses enrollment numbers from December 2014 as the base enrollment. Each value of Marketplace effectuated enrollment is divided by the December 2014 enrollment number (Alaska: 10,951; United States: 6,337,860) then multiplied by 100 to arrive at an indexed value.	Authors' definition
<u>Indexed Medicaid Enrollment</u>	Since Medicaid enrollment numbers are reported in thousands, the United States numbers are much larger than Alaska numbers. Indexing enrollment numbers allows us to compare changes in Medicaid enrollment across the years. Data in this figure are an index of Medicaid enrollment in Alaska and the United States since 1991. This index uses enrollment numbers from 1991 as the base enrollment. Each value of Medicaid enrollment is divided by the 1991 enrollment number (Alaska: 39; United States: 25,939) then multiplied by 100 to arrive at an indexed value.	Authors' definition

Term	Definition	Source
<u>Median Household Income</u>	Refers to the middle income of all households. So, if you listed out the incomes of all state households in order from smallest to largest, the median household income would be the amount in the middle of the list that divides this income distribution into two even halves.	Authors' definition
<u>Medicaid</u>	A joint federal and state funded program, administered by the state that provides healthcare assistance to eligible low-income adults, families, children, and people with disabilities. For more information on Medicaid eligibility, please see: https://www.medicaid.gov/medicaid/eligibility/	https://www.medicaid.gov/medicaid/eligibility/
<u>Medicaid Services</u>	A component of the Alaska Department of Health and Social Services' operating budget. Under the umbrella of Medicaid Services, Alaska allocates funds for five (5) major sub-components of Medicaid, which are: 1) Behavioral Health Medicaid Services; 2) Children's Medicaid Services; 3) Adult Preventative Dental Medicaid Services; 4) Health Care Medicaid Services; 5) Senior/Disabilities Medicaid Services	Authors' definition
<u>Medicaid Spending per Capita</u>	Refers to the total Medicaid spending divided by the total population. Medicaid spending per capita is calculated by dividing the total Medicaid spending in each state by that state's total population and multiplying this value by 1,000. This value is multiplied by 1,000 because population numbers from the Centers for Medicare and Medicaid Services (CMS) is provided in thousands.	Authors' definition
<u>Medical costs– Medical Care Consumer Price Index (MC CPI)</u>	Refers to a portion of the Consumer Price Index (CPI) and includes medical care commodities and services. For more information, please see: https://www.bls.gov/cpi/factsheets/medical-care.htm	Authors' definition
<u>Nursing Home Care</u>	Services provided by nursing care facilities and continuing care retirement communities, including facilities operated by Veterans Affairs. Expenditures include spending from private care facilities, state and local government nursing homes, and nursing homes operated by Veterans Affairs. Services include inpatient nursing care services, rehabilitative services, and continuous personal care services. Expenditures are estimated in three parts: "(1) private freestanding nursing care facilities and continuing care retirement facilities; (2) state and local government nursing homes; and (3) nursing home operate by Veterans Affairs."	CMS Methodology paper, pg. 5-6
<u>Other Durable Medical Products</u>	Retail sales of items such as contact lenses, eyeglasses, surgical products, and wheelchairs. Expenditures estimated in two parts: (1) durable goods sold in retail outlets; and (2) expenditures for optical goods sold in Offices of Optometrists.	CMS Methodology paper, pg. 6-7
<u>Other Health, Residential, and Personal Care</u>	Includes care services provided in residential care facilities, ambulance services, and services provided in "non-traditional settings." Expenditures are estimated in three pieces: (1) private residential facilities for intellectually disabled and residential mental health and substance abuse facilities; (2) ambulance services; and (3) "services provided in non-traditional settings." Non-traditional settings including spending for "worksite healthcare, school health, and other types of miscellaneous care funded by federal and state programs. The largest component of spending tin this category is home and community-based waivers under the Medicaid program and include services such as habilitation, respite care, and environmental modifications...care frequently delivered in community centers, senior citizen centers, and through home visits by various medical and non-medical personnel."	CMS Methodology paper, pg. 7-8
<u>Other Professional Services</u>	Services provided by health practitioners other than physicians or dentists, such as nurse practitioners, chiropractors, optometrists, and physical and occupational therapists.	CMS Methodology paper, pg. 4
<u>Per Capita</u>	Refers to the amount of dollars spent divided by the total population, so that you obtain the dollar amount spent per person.	Authors' definition

Term	Definition	Source
<u>Per Enrollee Medicaid Spending</u>	Refers to the total Medicaid spending divided by the total number of Medicaid enrollees.	Authors' definition
<u>Personal Health Care</u>	Total spending in all categories on privately and publicly funded personal health care products and services.	Authors' definition
<u>Personal Health Care Spending</u>	Refers to the total (aggregate) spending on personal health care services and products. These products and services are divided into 9 categories: 1) Hospital Care; 2) Physician and Clinical Services; 3) Dental Services; 4) Nursing Home Care; 5) Home Health Care; 6) Prescription Drugs; 7) Other Professional Services; 8) Other Durable Medical Products; 9) Other Health, Residential, and Personal Care	Authors' definition
<u>Physician and Clinical Services</u>	Services provided by Doctors of Medicine (M.D.) and Doctors of Osteopathy (M.O.) primarily in outpatient settings and laboratories.	CMS Methodology paper, pg. 2-3
<u>Platinum Plan</u>	A Marketplace qualified health plan offered under the Affordable Care Act (ACA) that has the highest monthly premium of the "metal" categories, but the lowest costs when care is needed. With low deductibles, the plan pays for care earlier than the Bronze or Silver plans. This plan is recommended if you "use a lot of care and are willing to pay a high monthly premium, knowing nearly all other costs will be covered."	https://www.healthcare.gov/choose-a-plan/plans-categories/
<u>Premiums</u>	Refers to "agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured person and plan sponsor."	Medical Expenditure Panel Survey (MEPS) Glossary of Health Insurance Terms; https://meps.ahrq.gov/survey_comp/ic_ques_glossary.pdf
<u>Prescription Drugs and other Non-Durable Medical Products</u>	Refers to the "retail sales of human-use dosage-form drugs, biological drugs, and diagnostic products that are available only by a prescription. Other Non-Durable Medical Products include expenditures for the 'retail' sales of non-prescription drugs and medical sundries." <i>Retail</i> refers to sales at pharmacies and drug stores.	CMS Methodology paper, pg. 6
<u>Results Delivery Unit (RDU)</u>	Refers to a "group of program activities (called components) organized to achieve a specific goal."	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html
<u>Silver Plan</u>	A Marketplace qualified health plan offered under the Affordable Care Act (ACA) that has a moderate premium as well as moderate costs when care is needed. Deductibles are lower the Gold Plan, but monthly premiums are higher, which means more "routine care" is paid for by your insurance.	https://www.healthcare.gov/choose-a-plan/plans-categories/
<u>Unrestricted General Fund (UGF)</u>	Refers to funds that are not required to be spent on any specific program or project and "may be used for any purposed permitted by the fund."	Alaska Office of Management and Budget; https://www.omb.alaska.gov/html/informationreports/budget-terminology.html



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