

## COMPENSATION FOR INJURY

### **Confidentiality**

Medical information and records related to an individual's claim are confidential and should not be discussed unless the information exchange is necessary to obtain medical assistance or to process the required documentation.

### **Coverage**

The State of Alaska Workers' Compensation Act provides for compensation and/or medical care for state employees who sustain injuries related to the performance of his/her duty. This includes off-shift hours when assigned to an incident or staging area or when in travel status. State of Alaska employees, including EFF, are covered by State of Alaska Worker's Compensation, even when on a federal fire, disaster, or on assignment to the Lower 48. The Incident Agency is ultimately responsible for ensuring that compensation for injury cases are properly handled.

**Provider** - The worker's compensation insurance adjuster for State of Alaska employees is:

*TriStar Risk Management*  
*P.O. Box 240369*  
*Anchorage, AK 99524-0369*  
*Phone: (888)538-9847*  
*Fax: (562)506-0330*  
[info@tristargroup.net](mailto:info@tristargroup.net)

### **Work Injuries/Illnesses Generally Covered**

- Accidental injury arising out of, or in the course of, employment
- Breakage of prosthetic devices which function as part of the body such as eyeglasses/contact lenses, hearing aids, or dentures as a direct result of duty performance, e.g., a limb falls and breaks an employee's glasses
- Occupational diseases or infections such as dermatitis due to plant poison or chemical irritant or excessive smoke inhalation on a fireline
- Injury caused by the willful act of a third person directed against an employee because of his employment

### **Conditions Which May Void Coverage of Worker's Compensation**

- Willful misconduct of employee
- Injuries or death of an employee caused by their intention to bring about the injury or death of themselves or another person
- Intoxication of the injured employee
- Being under the influence of an illegal drug or the misuse of prescribed drugs

### **Filing Procedures and Responsibilities**

*The Division, (incident/Area) must report any event involving death or in-patient hospitalization to the Regional Forester Tim Dabney (907)451-2670 cell (907)750-1290 and the Division's Safety Officer Thomas Greiling (907)761-2647 cell (907)631-8506 within 8 hours.*

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The State of Alaska uses the State of Alaska Department of Labor's **Employee Report of Occupational Injury or Illness to Employer** (Form 07-6100), **Supervisor's Accident Investigation Report** (Form 02-932, form # does not appear form), **Employer Report of Occupational Injury or Illness** (07-6101), and **Physician's Report** (07-6102), to document work-related injuries and illnesses.

When an employee has been, or claims to have been, injured or becomes ill from work-related causes, Forms 07-6100 and 02-932, must be completed and submitted **immediately** to the applicable Finance Section, Area Admin, or Regional Admin. The Area Admin or Regional Admin must complete 07-6101. Failure to file forms and supporting documentation within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee. An employee may file form 07-6100 at any time without penalty. No one has the authority to deny an employee the right to file.

Upon receipt of form 07-6100, Supervisor's Report, and form 07-6101 will be forwarded by the Regional Office to the Division of Worker's Compensation, [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov), and the Division of Forestry's Safety Officer, Thomas Greiling, [thomas.greiling@alaska.gov](mailto:thomas.greiling@alaska.gov).

#### Incident Supervisor's Responsibility

- Be sure the employee has been provided first aid and/or medical treatment if needed.
- Assure the completion of 07-6100 by the injured employee, work comp specialist, supervisor, finance unit, or agency admin.
- The supervisor must complete a Supervisor's Accident Investigation Report Form 02-932. The form will be submitted with the original Employee Report of Occupational Injury or Illness Form 07-6100, it will be included in the injury package send to the Finance Section, Area, or Regional Admin, whichever is applicable.

At no time should employees comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related.

Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related.

#### **Chugachmiut Crew**

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent we are aware of the information. This form along with any physician's reports or medic forms from the incident will be faxed to Chugachmiut attention of Phyllis Wimberley at (907)743-0644 and then mailed to:

Phyllis Wimberley  
Human Resources & Administration Division Director  
1840 Bragaw St. Suite 110  
Anchorage, AK 99508-3463  
PH: (907)562-4155  
FAX: (907)743-0644

Any questions during normal work hours should go to Phyllis at (907)562-4155, [Phyllis@chugachmiut.org](mailto:Phyllis@chugachmiut.org). After hours or on weekends, please call Daisy Barnes at (907)562-4155 ext 145, [Daisy@chugachmiut.org](mailto:Daisy@chugachmiut.org).

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**Tanana Chiefs Crew**

After initial medical treatment, management of the employee's care will be transferred to Tanana Chiefs Conference (TCC) staff. The injured firefighter is to call MEDCORE at 1(800)553-8041, to speak to a Registered Nurse (RN). The RN will give the TCC employee a case number and follow up instructions.

The employee may wish to complete the Employee Report of Occupational Injury or Illness to Employer form 07-6100, and scan to TCC, attention Holly Weaver at [holly.weaver@tanachiefs.org](mailto:holly.weaver@tanachiefs.org) then mail original to:

Holly Weaver  
122 First Avenue – Suite 600  
Fairbanks, AK 99701

Any questions during normal work hours should go to Holly at (907)452-8251 ext. 3282. After hours or on weekends please call in the following order:

Clinton Northway      (907)978-0075  
Will Putman              (907)347-8068

**University of Alaska Fairbanks Crew**

Notify Bryan Uher of any injury.

Bryan Uher  
4280 Geist Rd  
Fairbanks, Alaska 99709  
[bmuh@alaska.edu](mailto:bmuh@alaska.edu)  
Phone: (907)474-2613  
Cell: (907)322-4655

**Emergency Medical Care**

Emergency medical care should be obtained from the nearest qualified physician or hospital. Employees will be responsible for all medical expenses if the injury/illness is not covered by worker's compensation. Before leaving the medical treatment facility, the employee or accompanying Admin will need to obtain a doctor's work release. If the employee does not receive a full release, any restrictions or limitations should be provided by the doctor in writing. Employees will not be allowed to return to work without the doctor's written release to work.

**Prescriptions**

All employees should bring with them enough of their prescribed medication to last the entire assignment. Situations arise where it is necessary to obtain a prescription while on an incident due to injury or illness. The employee will be responsible for the charges if the adjustor determines the injury or illness is not work-related. If the work relatedness of the injury or illness is questionable, the medications are charged to the employee's commissary. The employee can seek reimbursement from the adjustor.

Prescriptions can be paid for as follows:

- Injured employee pays up front and seeks reimbursement from adjustors
- Pharmacy direct-bills the respective Area/Region which then charges the cost to the employee as a commissary item

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- Pharmacy charges the adjustor directly (if not work-related, employee will be responsible for the charges)

**State of Alaska Crews or Employees on Out of State Assignment**

Federal Agency Provided Medical Care (APMC) may be utilized for State of Alaska employees and crews on a federal or out-of-state assignment. Refer to the Interagency Incident Business Management Handbook for explanation of APMC coverage and forms required.

All State of Alaska employees must fill out the Employee Report of Occupational Injury or Illness to Employer form (07-6100) if they seek any medical treatment, have a work-related injury or illness, or use APMC. If APMC is utilized, the 07-6100 should clearly specify at the top, “**APMC UTILIZED**” to avoid duplicate payment. Any federal or medical forms filled out (i.e. physician’s statement) should be attached to the original 07-6100.

**Authorization Letter from the Director of the Division of Forestry**

The intent of this letter is to show Canadian authorities, and Canadian medical providers that State of Alaska Workers Compensation will cover Alaskan crews and overhead on fires in Canada for work-related injuries or illnesses. (See supplement)

This letter should be offered to a provider only when treatment is refused for a truly work-related injury or illness. If treatment is refused due to payment method, there are three choices:

- The employee can pay and request reimbursement from the State’s adjustor.
- The Supervisor or Agency Admin can charge it on a State P-Card, then charge the employee’s commissary.
- The employee or Supervisor/Agency Administrator can contact **TriStar** at (888)538-9847

If there are any questions, contact the home unit’s Regional Administrative Officer:

- Northern Region Admin in Fairbanks at (907) 451-2663

**Non-work-related Medical Treatment for Alaska Natives (including American Indians)**

Prior to seeking treatment, be sure to notify the employee that:

- Worker’s compensation does not cover non-work-related medical treatment.
- Their contract health organization will only cover emergency care.
- The employee may ultimately be responsible for all expenses incurred.

In addition, the two contract health agencies, ANMC and Tanana Chiefs, have strict guidelines for what they will cover and what they won’t. Documents with these guidelines can be found on pages 12 and 13. Please refer to the crew list on pages 8 and 9 of this chapter to determine which agency is medically responsible for the employee.

If a non-work-related injury, illness, dental problem interferes with the capacity to work, and medical attention is warranted, reasonable effort should be made to find the closest Indian Health Care provider where services may be obtained. Call the provider to be certain the employee’s visit will be covered. If not, a non-Indian Health Care Provider, dentist or doctor can be utilized, but the charge for the visit and any medications or prosthetic devices will be paid by the

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employee, or paid by P-Card or other means, and deducted from the employee’s pay via commissary.

When receiving treatment by a non-Indian Health Services Provider, or as soon as possible afterwards, contact the Tanana Chiefs Contract Health or the Alaska Native Medical Center Contract, depending on the residence of the employee, to notify them of the treatment being provided to their client to see if the treatment will be covered by ANMC or TCC. If the medical treatment is being sought on a weekend or after hours, call the appropriate Native health agency at the numbers shown below as soon as possible during their normal business hours. Both contract health agencies in Alaska will only pay for emergency medical treatment.

Tanana Chiefs Contract Health

(907) 451-6682, ext. 3613 or 1-800-770-8254, ext. 3613

Alaska Native Medical Center Contract Health

(907) 563-2662 or 1-800 478-1636

**Non-work-related Medical Treatment for Non-Natives**

If the employee is not an American Indian or Alaska Native, seek medical treatment in the most practical and expedient manner. The employee should be informed that worker’s compensation does not cover non-work-related problems, and they will be responsible for all medical expenses if their claim is denied by the Worker’s Compensation Adjustor. A Report of State of Alaska Report of Occupational Injury or Illness must be completed and submitted.

*A Medical Log will be provided for the final fire package to the Home Unit.*

**Timekeeping Adjustments**

Normally, pay on the day of injury consists of time worked, including travel to medical treatment, or base wage, whichever is greater.

**State Compensation for Injury Contacts**

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	(907) 761-6289	Melody Diermyer	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Vietmeier	Valerie Hendrickson
KKAO/Soldotna	(907) 260-4200	Mary Gaiser	Stephani Milette
SWAO/McGrath	(907) 524-3010	Seth Ross	Melody Diermyer
VCRAO/Glennallen	(907) 822-5534	Beth Cender	Gary Mullen
NORTHERN	(907) 451-2663	Jacquelyn Bailey	Heather Fetters
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cynthia Beatus
DAO/Delta	(907) 895-4225	Joanne Singer	Mike Goyette
TAO/Tok	(907) 883-5134	Sylvia Jacobson	Jeffrey Hermanns
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton

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### **Routing State of Alaska Forms**

#### *Employee and Supervisor:*

When all required State of Alaska forms have been completed and signed by the employee and supervisor (or other appropriate representative), the forms will be scanned or faxed from incident to the individual's home unit.

#### *The Individual's Home Unit:*

The Home Unit will audit and scan the documents to the Regional Office, and from there it will be scanned to:

**Department of Administration, Division of Personnel** [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)  
**And Division of Forestry, Safety Officer, Thomas Greiling** [thomas.greiling@alaska.gov](mailto:thomas.greiling@alaska.gov)

### **State of Alaska employee's Regional Office always gets the original paperwork.**

It is advisable to keep a fax/scan confirmation with the paperwork copies. After Area office has submitted all paperwork to Regional Admin, Area office copies should be shredded.

### **Federal Worker's Compensation Claims Distribution**

Financial Services (located at BLM-AFS on Ft. Wainwright) coordinates federal worker's compensation claims for Alaska BLM employees. Financial Services may coordinate claims for other federal employees (Forest Service, Fish and Wildlife, etc.) if they receive treatment in Fairbanks, or if requested to do so by an Incident Management Team or host agency.

For BLM-Alaska Fire Service employees, fax the relevant forms to AFS – Financial Services within 48 hours. All **originals** to go to BLM – Alaska Fire Service.

Alaska Fire Service  
Financial Services  
P.O. Box 35005  
Ft. Wainwright, AK 99703  
Phone: (907) 356-5780  
Fax: (907) 356-5784

#### Other BLM Employees

Fax the forms to the home unit within 48 hours.

#### US Forest Service

Fax and mail the original to:  
Fax: (866)339-8583  
US Forest Service, ASC-HRM-Annex  
Attn: Workers' Compensation  
3900 Masthead St. NE  
Albuquerque, NM 87109

If any questions please call the Forest Service Workers' Comp office at (877)372-7248 and press 2, option 2, during the hours of 7am and 6pm, Monday through Friday, Mountain Time.

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*If a USFS employee is seriously injured, please call the following in descending order until contact is made:*

1. Chugiach Duty Officer (907) 743-9433
2. Tom Hudson (907) 743-9435 Cell (907) 240-1208
3. Bobbi Scopa (503) 915-8725
4. Gary Lehnhausen (907) 230-4106
5. David Summer (503) 703-4334

If the injured is a Chugach National Forest employee, contact Kent Kohlhasse (907)743-9442.  
For a Tongass National Forest employee, contact Charlie Struli (907)772-5882.

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**DESIGNATED INTERAGENCY EFF CREW LIST**

<b>LOCATION</b>	<b>NATIVE MEDICAL CLINIC</b>	<b>AGENCY</b>	<b>REGION OR AREA OFFICE</b>	<b>3-LETTER DESIGNATION</b>
Allakaket/Alatna	TCC	AFS	TAD	AET
Ambler	ANMC	AFS	GAD	ABL
Aniak	TCC	DOF	SWS	ANI
Beaver	TCC	AFS	UYD	WBQ
Buckland	ANMC	AFS	GAD	7K5
Chalkyitsik	TCC	AFS	UYD	CIK
Chevak	ANMC	DOF	SWS	VAK
Copper River	ANMC	DOF	CRS	GKN
Delta	TCC	DOF	DAS	BIG
Eagle	TCC	AFS	UYD	EAA
Fairbanks	TCC	DOF	FAS	FAI
Ft. Yukon	TCC	AFS	UYD	FYU
Galena	TCC	AFS	GAD	GAL
Grayling	ANMC	AFS	GAD	KGX
Holy Cross	ANMC	AFS	GAD	4Z4
Hooper Bay	ANMC	DOF	SWS	HPB
Hughes	TCC	AFS	TAD	HUS
Huslia	TCC	AFS	GAD	HSL
Kalskag, Lower	ANMC	DOF	SWS	KLG
Kalskag, Upper	ANMC	DOF	SWS	KLG
Kaltag	TCC	AFS	GAD	KAL
Kenai	ANMC	DOF	KKS	ENA
Kiana	ANMC	AFS	GAD	IAN
Koyuk	ANMC	AFS	GAD	KKA
Koyukuk	TCC	AFS	GAD	KYU
Marshall	ANMC	AFS	GAD	3A5
Mat-Su	ANMC	DOF	MSS	PAQ
McGrath	ANMC	DOF	SWS	MCG
Mentasta	ANMC	DOF	TAS	MEN
Minto	TCC	AFS	TAD	51Z
Mt. Village	ANMC	AFS	GAD	MOU
Nenana	TCC	DOF	FAS	ENN
Nikolai	TCC	DOF	SWS	5NI
Nondalton	ANMC	DOF	SWS	5NN
Noorvik	ANMC	AFS	GAD	ORV
Northway	TCC	DOF	TAS	ORT
Nulato	TCC	AFS	GAD	NUL

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DESIGNATED INTERAGENCY EFF CREW LIST

<b>LOCATION</b>	<b>NATIVE MEDICAL CLINIC</b>	<b>AGENCY</b>	<b>REGION OR AREA OFFICE</b>	<b>3-LETTER DESIGNATION</b>
Pilot Station	ANMC	AFS	GAD	PST
Ruby	TCC	AFS	GAD	RBV
Scammon Bay	ANMC	DOF	SWS	SCM
Selawik	ANMC	AFS	GAD	WLK
Shageluk	ANMC	DOF	SWS	SHX
Shungnak	ANMC	AFS	GAD	SHG
Sleetmute	ANMC	DOF	SWS	SLQ
Stebbins	ANMC	AFS	GAD	WBB
Stevens Village	TCC	AFS	UYD	SVS
St. Marys	ANMC	AFS	GAD	KSM
St. Michael	ANMC	AFS	GAD	5S8
Tanacross	TCC	DOF	TAS	TSG
Tanana	TCC	AFS	TAD	TAL
Tetlin	TCC	DOF	TAS	3T4
Tok	TCC	DOF	TAS	6K8
Upper Tanana	TCC	DOF	TAS	TSG
Venetie	TCC	AFS	UYD	VEE

**AFS Areas:**

GAD - Galena Zone, Galena      Dispatch: (907) 356-5891      Toll Free: (800) 237-3644  
TAD - Tanana Zone, Tanana      Dispatch: (907) 356-5578      Toll Free: (800) 237-3652  
UYD - Upper Yukon Zone, Fairbanks      Dispatch: (907) 356-5553

**DOF Areas:**

Coastal Region

KKS – Kenai-Kodiak Area, Soldotna      Dispatch: (907) 260-4233  
MSS - Mat-Su Area, Palmer      Dispatch: (907) 761-6240  
SWS - Southwest Area, McGrath      Dispatch: (907) 524-3368

Northern Region

CRS – Valdez-Copper River Area, Glennallen      Dispatch: (907) 822-8627  
DAS - Delta Area, Delta      Dispatch: (907) 895-2107  
FAS - Fairbanks Area, Fairbanks      Dispatch: (907) 451-2626  
TAS - Tok Area, Tok      Dispatch: (907) 883-5134

**Native Medical Clinics:**

TCC – Tanana Chiefs Conference      (800) 478-1636  
ANMC –Alaska Native Medical Center      (800) 770-8251 x 3613

## State of Alaska Department of Natural Resources Division of Forestry

### Burn Injury Protocol

#### Filing Procedures and Responsibilities

***The Area must report any event involving death or in-patient hospitalization to the Regional Forester and the Division's Safety Officer within 8 hours.***

The State of Alaska uses the State of Alaska Department of Labor's "Report of Occupational Injury or Illness to Employer" (Form 07-6100), and the State of Alaska's "Supervisor's Accident Investigation Report" (Form 02-932) to document work-related injuries and illnesses. When an employee has been, or claims to have been, injured or becomes ill from work-related causes, Form 07-6100 must be completed and submitted immediately to the applicable Finance Section, Area Admin, or Regional Admin. Failure to file Form 07-6100 within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee. An employee may file one of these reports at any time. No one has the authority to deny an employee the right to file.

See that copies of the Form 07-6100 and Form 02-932 (Supervisor's Accident Investigation Report) are faxed immediately to the employee's home unit. Copies are also provided to the Division of Forestry's Safety Officer with any personal identifying information such as name, address, or social security number blacked out.

At no time should employees comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related.

Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related. After learning an employee has been, or claims to have been, injured, Form 07-6100 must be completed and submitted immediately to the applicable Finance Section, Area Admin, or Regional Admin. If an employee chooses not to file, the supervisor may file on the employee's behalf, relaying whatever information is available to them.

(See ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK, Chapter 4 for additional information)

The agency administrator or designee for the incident will coordinate with the employee's home unit to identify a Worker's Compensation liaison to assist the injured employee with workers compensation claims and procedures.

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## **Required Treatment for Burn Injuries**

The following standards will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization, and evaluation are completed; the agency administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g. Crew Boss, Medical Unit Leader, Compensation for Injury Specialist, etc.) should coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is immediately referred to the nearest regional burn center. It is imperative that action is expeditious, as burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. These criteria are based upon American Burn Association criteria as warranting immediate referral to an accredited burn center.

The decision to refer the firefighter to a regional burn center is made directly by the attending physician or may be requested of the physician by the agency administrator or designee having jurisdiction and/or firefighter representative.

The person responsible for making the referral to a regional burn center shall use sound professional and medical judgment in making this referral. The following burn injury criteria may be used as a guide in making the referral:

### **Burn Injury Criteria**

- Partial thickness burns (second degree) involving greater than 5% Total Body Surface Area (TBSA)
- Burns (second degree) involving the face, hands, feet, genitalia, perineum, or major joints.
- Third degree burns of any size are present.
- Electrical burns, including lightning injury are present.
- When there is any doubt as to the severity of the burn injury, the recommended action should be to facilitate the immediate referral and transport of the firefighter to the nearest burn center.

Additional guidance regarding federal employees and a list of possible burn care facilities may be found at: [http://ameriburn.org/verification\\_verifiedcenters.php](http://ameriburn.org/verification_verifiedcenters.php)

Link to the Interagency Standards for Fire & Aviation Operations 2010; see Chapter 7 for additional burn injuring information.

<https://www.nifc.gov/PUBLICATIONS/redbook/2013/Chapter07.pdf>

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Dear Traveler:

This letter outlines the required procedures that need to be followed in order for the Alaska Native Medical Center’s (ANMC) Contract Health Services (CHS) program to consider authorizing payment for **emergency medical care** while traveling outside the State of Alaska. “**Emergency**” means any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual. You must maintain Alaska residency and may be required to provide proof that Alaska residency has been maintained. Indian Health Service (IHS) facilities must be utilized when they are available. Prior to departing Alaska, you can verify if there is an IHS facility close to where you will be traveling by checking the web site at “[http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices\\_index.asp](http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp)”. If you decide not to seek care at an available IHS facility, ANMC CHS will be unable to authorize payment for the medical care.

ANMC CHS must have eligibility documentation (Certificate of Indian Blood or tribal enrollment card issued by a federally recognized tribe) on file at ANMC. If emergent medical care is required, ***CHS must be notified within 72-hours (including weekends and holidays) from the beginning of medical treatment or admission to a health care facility.*** The patient or the patient’s family has the ultimate responsibility of notifying CHS by calling (800) 478-1636. During those times the ANMC CHS office is closed you can leave a voice mail message. Leave your full name, date of birth and a contact telephone number. CHS staff will return your call the next business day. ANMC CHS is not an insurance program and does not provide coverage for travelers who are residents of the following service units: Annette Island, Tanana Chiefs Conference, Southeast Alaska Regional Health Consortium, or Ketchikan Indian Corporation.

**Services that shall not be authorized by ANMC Contract Health include:**

Routine obstetrical care.	Medications purchased while traveling.
Routine or emergent dental care.	Inpatient/outpatient mental health services.
Routine/non-emergent care and follow-up appointments.	Inpatient/outpatient substance abuse services.

**You are required to provide, within 30-days, the medical records for all out-of-state medical care you receive. This can be accomplished by signing a release of information form from the facility to ANMC. The records will be reviewed by medical professionals to determine if the care you received is emergent. If upon medical review, the medical care received is considered non-emergent, CHS is unable to authorize payment. If payment is approved, it is the patient or patient’s family ultimate responsibility to ensure that CHS receives all claims and applicable insurance information in a timely manner. CHS is unable to authorize payment for delinquent accounts due to untimely submission of claims and/or insurance information.** For those traveling outside the United States, traveler is required to pay up-front for the medical care they receive, must still notify CHS within 72-hours from the beginning of treatment, must still provide CHS with the medical records, and can submit receipts to CHS for reimbursement consideration upon returning to Alaska.

For individuals moving outside the State of Alaska, you are encouraged to register and utilize the services available at the closest IHS facility. You can access the list of IHS facilities on-line at the internet address provided above. ANMC CHS cannot guarantee that you will be eligible to receive services at any of these facilities because each area has its’ local policies for determining who is eligible to receive care at that facility. **As a mover, ANMC CHS is only able to provide coverage for emergent medical services for 180-days from the date you left Alaska.**

Lastly, as a traveler or mover, you are required to provide proof, with date, of when you left Alaska should you need financial assistance with medical care. This can be accomplished by your saving and providing those airline tickets or itineraries to CHS if requested.

Please call CHS at **800-478-1636, select option 1 then select the option corresponding to the first letter of your last name** should you have additional questions or concerns. Thank you and have a safe trip.

**Mailing address:**  
ANMC /I-CHS  
4315 Diplomacy Dr.  
Anchorage, AK 99508

**Physical Location:**  
Inuit Building  
4141 Ambassador Dr. #148  
Anchorage, AK 99508

**Office: (907) 729-2470  
or (800) 478-1636  
Fax: (907) 729-2483  
[www.anthc.org/ps/contracthealthsvc](http://www.anthc.org/ps/contracthealthsvc)**

This letter is not a guarantee of payment for medical services.

Updated: 9/02/10

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**TANANA CHIEFS CONFERENCE**

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CONTRACT HEALTH SERVICES, 1717 W. Cowles St., Fairbanks, Alaska 99701  
Telephone: 907-451-6682, ext. 3613; 1-800-770-8251, ext. 3613 Fax: 907-459-3813  
Hours: Monday through Friday, 8:00 am to 5:00 pm, Alaska Time

Date Issued: \_\_\_\_\_, Date leaving Alaska: \_\_\_\_\_, Date returning to Alaska: \_\_\_\_\_ To: \_\_\_\_\_

DOB: \_\_\_\_\_ CHART: \_\_\_\_\_

Thank you for asking about Contract Health funding for emergent medical services while you are outside of Alaska. Tanana Chiefs Conference may cover you for emergency medical services for 180 days (6 months) from the date you leave Alaska. *You may be asked to show proof of the date you departed Alaska.*

Services not funded include non-emergency care, care for conditions you had before you left Alaska, dental care, services received in a foreign country (ask about care in Canada), etc.

Some examples of non-emergency health needs, which are not usually covered:

- Urinary tract infections
- Colds
- Sinus infections
- Diarrhea/Vomiting
- Minor rashes
- Medication refills

Here is how to receive funding for your care and other options for you to consider:

⇒ **You must use Indian Health Service clinics and hospitals if they are available to you.**

Take with you proof that you are an Indian Health Service beneficiary, such as your BIA Certificate of Indian Blood or your tribal enrollment card. Corporation cards may not be recognized as proof of Indian Health Service eligibility.

⇒ **In a truly life threatening emergency, get the care you need.**

You then have 72 hours to call Contract Health and request funding. If you use the ER for healthcare that is not an emergency, YOU may be responsible for the bill. The ER is a place where **only** specialized emergency care is received.

Examples of emergency that may be treated in the ER:

- Heart attacks
- Serious falls
- Severe bleeding
- Poisonings
- Serious burns
- Serious injuries from car accidents

⇒ **You must receive prior funding authorization from Contract Health FOR EACH VISIT if additional visits are needed.**

You may be responsible for paying the bill if you receive care without first having funding approved. When you call Contract Health for funding authorization, please have the following information available:

1. Name of the CAIHC doctor or nurse and the date and time you spoke with the person
2. Patient's name, birth date
3. Nature of the emergency (diagnosis if known)
4. Name, address, and telephone number of the private doctor, clinic, and/or hospital
5. The appointment date and time or the date(s) care was received
6. Name of patient's insurance company(ies) and policy number(s) or Medicaid number
7. The date you left Alaska and the date you plan to return to Alaska

⇒ **Sign the provider's "Assignment of Benefits" forms.**

⇒ **Give the provider all your insurance information.**

All other payers must be billed before Contract Health can make payment as the final payer.

⇒ **Sign doctor and hospital "Release of Information" forms.** These forms allow the doctor and hospital to send copies of your medical records to CAIHC. Payment cannot be made until these records are received at CAIHC.

I have read and understand the above information.

Have a safe and speedy return to Alaska!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Health Services Witness

cc: CAIHC medical records

ALASKA NATIVE HEALTH RESOURCE ADVOCATE PROGRAM 1-866-575-6757  
THIS NUMBER IS FOR LOCATING I.H.S. CLINICS ONLY!

1 out of state CAIHC travel letter, revised 12/15/03

**ALASKA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

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