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 Worker's 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:

Harbor Adjustment Services
1900 West Benson Blvd. Suite 101
Anchorage, AK 99517
Phone: (907) 277-1377
Toll Free: 1-800-478-1377
Fax: (907) 277-4143
Doa.drm.has@alaska.gov

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 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" (Form 07-6101), and the State of Alaska's "Supervisor's Accident Investigation Report" (Form 02-932, the form # does not appear on the blank form at the end of the chapter) 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 07-6101 must be completed and submitted **immediately** to the applicable Finance Section, Area Admin, or Regional Admin. Failure to file Form 07-6101 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 07-6101 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.

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 07-6101 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.

Completion of the State of Alaska Report of Occupational Injury or Illness Form 07-6101

- Block 26 (date returned to work) - Make sure this block is completed. If the employee did not leave work or returned to work the next day without additional time off, write in "**no time loss.**"
- Fill in all the blanks, even if it means putting "not applicable" or "NA."

Injured/ill Employee's Responsibility

- Obtain first aid or medical treatment immediately and notify their supervisor.
- Complete the "Employee's Notice to Employer" section of Form 07-6101 Report of Occupational Injury or Illness, page 11 of this chapter.

Incident Supervisor's Responsibility

- Be sure the employee has been provided first aid and/or medical treatment if needed.

- Assure the completion of the employer portion of Form 07-6101 by the appropriate supervisor, finance unit, or agency admin unit.

The supervisor must complete a Supervisor's Accident Investigation Report (Form 02-932, see page 12) **IF:**

- the supervisor doubts the validity of the employee's claim
- there are obvious ambiguities
- a serious accident has occurred
- a death is involved

This form should be submitted with the original **Report of Occupational Injury or Illness Form** to the Finance Section, Area, or Regional Admin, whichever is applicable.

Chugachmiut Crews

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

Phyllis Wimberley
Chugachmiut Human Resources
1840 Bragaw St. Suite 110
Anchorage, AK 99508-3463

Any questions during normal work hours should go to Phyllis at 907-334-0142. After hours or on weekends, please call Charlie Sink at 907-907-529-7910.

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

State of Alaska Crews or Employees on Outside 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 Report of Occupational Injury or Illness form if they seek any medical treatment, have a work-related injury or illness, or use APMC.
If APMC is utilized, the Report of Occupational Injury or Illness 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 Report of Occupational Injury or Illness and sent immediately to the respective Area or Regional administrative personnel.

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.

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 One Card, then charge the employee's commissary.
- The employee or Supervisor/Agency Administrator can contact the State's workers' comp adjustor directly at 800-478-1377.

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

- Northern Region Admin in Fairbanks is Karen Gordon at (907) 451-2662
- Coastal Region Admin in Palmer is Michelle Demaline at (907) 761-6205

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 very strict guidelines for what they will cover and what they won't.

Documents with these guidelines can be found on pages 13 and 14. Please refer to the crew list on pages 9 & 10 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 employee, or paid by One Card or other means, and deducted from the employee's pay via commissary.

A Report of Occupational Injury or Illness must be completed and submitted.

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.

Always maintain a copy of all documentation for the final fire package regardless of what agency forms are used.

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

OFFICE	PHONE	PRIMARY	ALTERNATE
COASTAL	(907) 761-6289	Lynn Doscher	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Burns	Valerie Hendrickson
KKAO/Soldotna	(907) 260-4200	Leana Moore	Carol Prior
SWAO/McGrath	(907) 524-3010	Naomi Norback	Carolyn Nelson
VCRAO/Glennallen	(907) 822-5534	Laura Hood	Gary Mullen
NORTHERN	(907) 451-2662	Karen Gordon	Jo Bante
FAO/Fairbanks	(907) 451-2600	Tina Donahue	K.T. Pyne
DAO/Delta	(907) 895-4225	Joanne Singer	Al Edgren
TAO/Tok	(907) 883-5134	Sandra Gabbard	Jeff Hermanns
SER/Ketchikan	(907) 225-3070	Melinda Byron	Patricia Palkovic
Chugachmiut	(907) 334-0142	Phyllis Wimberley	

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 state representative), the forms will be scanned or faxed to the individual's home unit.

The Individual's Home Unit:
The Home Unit will scan the documents to the Regional Office, and from there it will be scanned or faxed to **both**:

Department of Administration
Division of Personnel
Kirk Thorsteinson
P.O. Box 110201
Juneau, Alaska 99811

Phone: (907) 465-5052
Fax: (907) 465-5850
Email: doa.dop.roi@alaska.gov

Division Safety Officer (with ANY personally identifying information blacked out)
Rocky Ansell
101 Airport Rd.
Palmer, AK 99645

Phone: (907) 761-6247
Fax: (907) 761-6273

State of Alaska employee's Regional Office always gets the original paperwork. From there it will be routed to the Division of Personnel.

It is advisable to keep a fax confirmation with the paperwork copies.

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. Staple the appropriate original federal compensation for injury documentation (CA-1, CA-2, or CA-16) to the federal employee's original timesheet.

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

Other BLM Employees
Fax the forms to the home unit within 48 hours.

US Forest Service
Fax and mail the original to:
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 5, during the hours of 7am and 6pm, Monday through Friday, Mountain Time. Their emergency and after hours number is 505-280-7691. Their fax number is 866-339-8583.

State of Alaska
Department of Natural Resources
Division of Forestry
Northern Regional Office

Sean Parnell, Governor

3700 Airport Way
Fairbanks, Alaska 99709-4699
Phone: (907) 451-2660
Fax: (907) 451-2690

Date: _____

To Health Care Provider

The following individual is a State of Alaska employee on an incident assignment. This letter is your authorization to provide treatment for any potential worker's compensation injuries or illnesses.

Name: _____

Social Security Number: _____

Please provide the necessary care to this employee and submit invoices/bills to:

Harbor Adjustment Services
1900 West Benson Blvd. Suite 101
Anchorage, AK 99517
Phone: (907) 277-1377
Toll Free: 1-800-478-1377
Fax: (907) 277-4143

If you have any questions regarding State of Alaska employees, call:
Northern Region Administrative Assistance at 907-451-2662
Coastal Region Administrative Assistance at 907-761-6205

Your assistance is greatly appreciated.

Sincerely,

John "Chris" Maisch
State Forester

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
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	MLL
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

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
Pilot Station	ANMC	AFS	GAD	PST
Ruby	TCC	AFS	GAD	RBY
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
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

Alaska Department of Labor and Workforce Development
Alaska Workers' Compensation Board
P.O. Box 115512, Juneau, AK 99811-5512

REPORT OF OCCUPATIONAL INJURY OR ILLNESS

AWCB Case Number

EMPLOYEE: Answer ALL questions 1-20, sign, and give to your employer immediately.

1. Last Name: Smith | First Name: John | Initial: J.
2. Telephone Number: 907-451-2160
3. Date of Birth: 1/20/1950
4. Sex: ☒ M ☐ F
5. Social Security Number: 123-45-6789
6a. Mailing Address: 12 My Way Road
7a. Residence Address: 12 My Way Road
6b. City: Palmer | State: AK | ZIP Code: 99645
7b. City: Palmer | State: AK | ZIP Code: 99645
8. Place (city/town/village/camp) where injury/occupational illness happened: Anchor Point, AK
9. Date of Injury or Exposure to Disease: 6/7/0X
10. On Employer's Premises? ☐ Yes ☒ No
11. Name and Address of Attending Physician: Dr. Henry Thomas 516 Johnson Dr.
12. Hospitalized In-Patient? ☐ Yes ☒ No
13. Name of Hospital: N/A
City: Palmer | State: AK | ZIP Code: 99645
Hospital Address: N/A | State | ZIP Code
14. Describe Part(s) of Body Injured / Nature of Occupational Illness ☐ Left ☒ Right: Hand
15a. Describe How the Injury or Illness Happened: was unloading truck with crew and
15b. as I was pulling a box out of a pick-up when adjacent pump kit fell
15c. sideways and hit my hand.

16. To all health care providers:
You are authorized to provide my employer (named in box 18), its workers' compensation liability insurance company (box 21), and its claims adjuster (box 22), information concerning any health care advice, testing, treatment, or supplies provided to me for the injury or illness described above in box 14. This information will be used to evaluate my entitlement to receive benefits, including payment of medical benefits, under the Alaska Workers' Compensation Act. This authorization is valid for a one-year period from the date of my signature (box 17a). I know I have a right to receive a copy of this authorization and agree a photographic copy of this authorization is as valid as the original.

Employee/Patient's signature: John Smith

17. If Employee Unavailable for Signature, explain circumstances in this space:
17a. Date Signed: 6/7/0X

EMPLOYER: Review employee 18-20, answer questions 21-49.

18. Employer's Name: SOA / Natural Resource
19. Employer's Alaska Address (If different from mailing): Coastal
20. Employer's Mailing Address (street and number): 101 Airport Road
21. Name of Insurer: State of Alaska Self Insurance Program
20a. City: Palmer | State: AK | ZIP Code: 99645
20b. Telephone: 907-761-2622
22. Full Name of Adjusting Company: Harbor Adjustment Services
23. Date Employer First Knew of Injury: 6/7/0X
24. Date/Time (a.m./p.m.) Employee Left Work: Date 6/7/0X Time 2:00pm
22a. Mailing Address (street and number): 1900 West Benson Blvd. Suite 101
25. Off work after Injury or Illness? ☐ Yes ☒ No ☐ 3 or more days
26. Date Returned to Work: 6/8/0X
27. Death (Y/N) Date: N
22b. City: Anchorage | State: AK | ZIP: 99517
22c. Telephone: 907-277-1377
28. Location Where Injury or Illness Happened: Anchor Point, AK
29. Employee's Occupation: EFF (Emergency Fire Fighter)
30. Date Hired by Employer: 5/4/0X
31. Earnings Calculated By: ☒ Hr. ☐ Day ☐ Output ☐ Wk. ☐ Mo. ☐ Year
32. Rate of Pay: $11.98 per HR
33. Days Employee Works per Week ☐ 3 or Less ☐ 4 ☐ 5 ☐ 6 ☒ 7
34. Describe Scheduled Days Off: Ø
35. Workday Began: ☒ AM ☐ PM
36. Employee Paid for day injured or ill? ☒ Yes ☐ No
37. Employer EIN #: 92-6001185
38. Give Details of How Injury or Illness Happened: John picked up a box out of a pick-up.
38a. This made another box unstable and it fell on his right hand.
39. Injury/Illness Due to Machine Product Failure? ☐ Yes ☒ No
40. Mechanical Guard/Safeguards Provided? ☐ Yes ☒ No
41. List any machine/substance/object causing injury: N/A
42. If Machine, What Part? N/A
43. Names and Addresses of Witnesses: Nikolai Team and Strike Team leader Frank Paul
PO Box 38 Tok, AK
44. If Injury/Illness Caused by Anyone Besides Employee, Give Name/Address: N/A
45. Dependents (in case of death), Names/Addresses: N/A
46. If you Doubt Validity of Injury or Illness, State Reason: N/A
47. Signature of Authorized Employer Representative: Grant Writer
48. Title: IC Type III
49. Date Signed: 6/8/0X

WARNING TO EMPLOYEES AND EMPLOYERS: AS23.30.250 imposes civil penalties for fraud as well as certain false or misleading statements or acts. Criminal penalties for theft by deception (including fines and incarceration) apply to knowingly made false statements, claims, or employee misclassifications.

Distribution: **Original – Workers' Compensation Division; Copy – Adjuster; Copy – Employer; Copy – Employee**

STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

Job or Activity at Time of Accident _____ Date of Accident _____

Exact Location _____ Time _____

1. **WHAT HAPPENED?** _____

Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** _____

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

OPERATION FACTORS TO BE CONSIDERED:

Proper Equipment	***Proper Material***	***People***
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** _____

What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** _____

Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** _____

How will it help us meet our objective – ACCIDENT PREVENTION?

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**

Cost of lost wage and medical expenses? ..... _____

Damage to State property or equipment? ..... _____

Damage to third parties, property and people? ..... _____

TOTAL _____

Investigated By _____ Date _____

Unit/Division/Department _____

FORMS\INVESTIG

ALASKA NATIVE
MEDICAL CENTER

February 9, 2010

TO WHOM IT MAY CONCERN:

This letter outlines the required procedures that must 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. First and foremost, Indian Health Service (IHS) facilities must be utilized when they are available. If individuals decide not use IHS facilities, ANMC CHS will not authorize payment for the medical care he/she may have received from private providers. "**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.

ANMC must have eligibility documentation (Certificate of Indian Blood or tribal enrollment card issued by a federally recognized tribe) on file for each individual seeking authorization by CHS. If emergent 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 the CHS by calling (800) 478-1636. If the ANMC CHS office is closed, the individual is able to leave his/her name and a contact telephone number and CHS staff will return the 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 (Metlakatla), Interior (Tanana Chiefs), Southeast Alaska Regional Health Consortium, or Ketchikan Indian Corporation.

Services that will not be authorized by ANMC CHS:

Routine obstetrical care is not considered emergent.	Medications purchased while traveling will not be reimbursed.
Routine or emergent dental care is not covered.	Inpatient/outpatient mental health services are not covered.
Routine and follow-up appointments are not covered.	Inpatient/outpatient substance abuse services are not covered.
Injuries resulting from employment.	Pre-existing conditions.

Individuals are required to provide the medical records for all out-of-state services he/she needs before final payment authorization is given. The records will be reviewed to determine if the care received is medically emergent. If upon review, the care received is considered not emergent, CHS will deny payment and the patient is financially responsible for all costs. For those traveling outside the United States, traveler is required to pay up-front for the emergent care they receive, must notify CHS within 72 hours from the beginning of treatment, and can submit receipts to CHS for reimbursement upon returning to Anchorage.

For those moving outside the State of Alaska, he/she should register and utilize the services available at the closest IHS facility. ANMC CHS staff can provide a list of IHS facilities but cannot guarantee anyone will be eligible to receive services at any of these facilities. Each area has local policies that determines who is eligible to receive care at that facility. ANMC CHS will provide coverage only for emergent medical services for 180 days from the date the individual left Alaska. Individuals will be required to provide proof, with date, of when he/she left Alaska.

This intent of this letter is to only provide instruction on ANMC's CHS requirements and is not a guarantee of payment for those individuals traveling outside the State of Alaska. Individuals can call CHS at 800-478-1636 if there are additional questions or concerns. Have a safe trip.

Sincerely,

Iris Gray, Director
Contract Health Services

The Alaska Native Tribal Health Consortium and Southcentral Foundation jointly own and manage the Alaska Native Medical Center under the terms of Public Law 105-83. These parent organizations have established a Joint Operating Board to ensure unified operation of health services provided by the Medical Center.
www.anthc.org/ps/contracthealthsvc

TANANA CHIEFS CONFERENCE

CONTRACT HEALTH SERVICES, 1408 - 19th Avenue, Suite 398, Fairbanks, Alaska 99701-5903
Telephone: 907-451-6682, ext. 3613; 1-800-770-8251, ext. 3613 Fax: 907-459-3813
Hours: Monday through Friday, 8:30 am to 4:00 pm, Alaska Time

Date Issued: Date leaving Alaska: Date returning to Alaska: To:

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

State of Alaska Dept 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" (Form 07-6101), and the State of Alaska's "Supervisor's Accident Investigation Report" (Form 02-932, the form # does not appear on the blank form at the end of the chapter) 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 07-6101 must be completed and submitted immediately to the applicable Finance Section, Area Admin, or Regional Admin. Failure to file Form 07-6101 within the required time may subject the Area/Region's operating budget to a penalty. 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 07-6101 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 07-6101 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.

DOF Burn Protocol 07-08-2010

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 nay 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://www.blm.gov/nifc/st/en/prog/fire/im.html

Link to the Interagency Standards for Fire & Aviation Operations 2010; see Chapter 7 for additional burn injuring information.
http://www.nifc.gov/policies/red_book.htm

DOF Burn Protocol 07-08-2010