



# ALASKA NATIVE MEDICAL CENTER



Dear Traveler:

This letter outlines the required guidelines that need to be followed in order for the Alaska Native Medical Center's (ANMC) Purchased/Referred Care Services (PRC) 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 be an Alaska resident and are 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>". If an IHS facility is not available, seek care at the closest medical facility.

ANMC PRC must have eligibility documentation (Certificate of Indian Blood or tribal enrollment card issued by a federally recognized tribe) on file. Emergent medical care for outpatient or inpatient services **must be reported to ANMC PRC within 72-hours (including weekends and holidays) after receiving medical treatment.** The patient or the patient's family has the ultimate responsibility of notifying PRC by calling (800) 478-1636. When the ANMC PRC office is closed, you can leave a message on our secure voicemail message system. Leave your full name, date of birth and a contact telephone number. PRC staff will return your call the next business day.

ANMC PRC is not an insurance program. Residents of the Annette Island, Tanana Chiefs Conference, Southeast Alaska Regional Health Consortium, or Ketchikan Indian Corporation are covered by their respective PRC program.

**Services not covered 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.

**Travelers must provide medical records, within 30 days, 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, PRC is unable to authorize payment. If payment is approved, it is the patient or patient's family ultimate responsibility to ensure that PRC receives all claims and applicable insurance information in a timely manner. PRC 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 PRC within 72-hours from the beginning of treatment, must still provide PRC with the medical records, and can submit receipts to PRC 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 PRC 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 PRC 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 PRC if requested.

Please call PRC at **800-478-1636** should you have additional questions or concerns. Thank you and have a safe trip.

**Mailing address:**  
ANMC / I-PRC  
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.anmc.org](http://www.anmc.org)

# TANANA CHIEFS CONFERENCE

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*Purchased/Referred Care*, 201 1<sup>st</sup> Ave Suite 121, 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:

Thank you for asking about Purchased/Referred Care 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 Purchased/Referred Care 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 Purchased/Referred Care 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 Purchased/Referred Care 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 Purchased/Referred Care 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

\_\_\_\_\_  
Purchased/Referred Care Witness

cc: CAIHC medical records

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

**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	6A8
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

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  
SLC – State Logistics Center                      Dispatch: (907) 451-2680

**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.

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 worker's compensation claims and procedures.

## **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 (ABA) criteria as warranting immediate referral to an accredited burn center.

During these rare events, close consultation must occur between the attending physician, the firefighter, the Agency Administrator or designee and/or firefighter representative, the firefighter's physician (if they have one), and the burn center to assure that the best possible care for the burn injuries is provided.

### **Burn Injury Criteria**

- Partial thickness burns (second degree) involving greater than 10% 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
- Inhalation injury is suspected
- Burn injury in someone with preexisting medical disorders that could complicate management, prolong recovery or affect mortality (e.g., diabetes).
- Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit.
- 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

### **Severity Determination**

- First Degree (Superficial) Red, sometimes painful
- Second Degree (Partial Thickness) Skin may be red, blistered, swollen, painful to very painful
- Third Degree (Full Thickness) Whitish, charred, or translucent, no pin prick sensation in burned area

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 2020; see Chapter 7, page 177 for additional burn injuring information.

<https://www.nifc.gov/PUBLICATIONS/redbook/2020/RedBookAll.pdf>

**STATE OF ALASKA  
WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

**Subject: Notice to employees regarding procedures for Workers' Compensation (WC) payments, pay, and leave adjustments. This procedure applies to all leave eligible State employees except those covered under the Public Safety Employees Association (PSEA State Troopers, Airport Safety Officers and Correctional Officers who qualify for injury leave).**

You or your supervisor filed a Report of Occupational Injury or Illness. The State's insurance adjuster will make a determination as to your eligibility for WC payments. If you qualify, you should receive your first WC payment from the adjuster within 21 days from the date of disability. Subsequent WC payments should be received every 14 days while you remain eligible. Most employees receive approximately 80% of their net weekly wage. Note: Some exceptions are employees who have worked less than 13 weeks, seasonal employees, and individuals who work a second job. Some collective bargaining union agreements may provide additional benefits.

**FIRST THREE DAYS AFTER DATE OF WORK-RELATED INJURY/ILLNESS**

You will not receive WC payments for this "three-day waiting period". However, you will be able to use your available leave to remain in pay status with the State of Alaska.

**APPROXIMATELY DAY 3 TO 21 AND FORWARD**

If you are determined eligible the State's insurance adjuster will begin making WC payments to you. The WC payments are yours to keep; this is compensation for time loss from work due to injury/illness. You will continue to use your available leave to cover work missed due to injury/illness for the portion that is not covered by WC.

In the beginning there may be a **duplication of payments\*** to you: WC payments and payments for your leave from the State of Alaska. This will require an adjustment to your State of Alaska paycheck and leave account.

Once the State of Alaska has been notified by the adjuster that you are eligible and receiving WC payments, you will be placed in WC leave without pay (LWOP) status with the State of Alaska for the portion of time the WC adjuster is paying you. The portion of time not covered by WC payments will be paid using your available leave with the State of Alaska. The amount of paid leave plus the WC payments should be about the same in total as your usual State of Alaska paycheck.

**APPROXIMATELY DAY 29**

If your time loss from work due to WC injury/illness extends beyond 28 days, you will be paid retroactively by the WC adjuster for the initial "three-day waiting period". Because this is also a **duplicate payment\*** it will require an adjustment to your State of Alaska paycheck and leave account.

**\*ADJUSTMENT PROCESS**

The required adjustments will be made to your pay and leave accounts for any **duplicate payments**. A portion of your leave will be returned to your leave balance and the dollar amount you were paid for that leave will be deducted from your State of Alaska paycheck. Your department Human Resource Office and Technical Service Group will notify you about the timing and amount of deductions to your paycheck.

**ADDITIONAL INFORMATION**

- ✓ Time that is not covered by your leave and paid by WC payments will be WC LWOP
- ✓ WC LWOP will substantially reduce your State of Alaska paycheck
- ✓ Your leave accrual will be reduced by periods of WC LWOP
- ✓ Your Merit Anniversary date and leave base date may be adjusted due to WC LWOP
- ✓ Once your leave is exhausted you will default into full WC LWOP
- ✓ You may need to make other arrangements for any automated deductions, i.e., loan payments
- ✓ WC LWOP may affect health insurance eligibility and deferred compensation contributions
- ✓ WC LWOP may affect your Public Employees' Retirement (PERS) time. If you wish to buy back your service time reduction contact the Division of Retirement and Benefits at 465-4460

**If you have any questions,  
Please contact your department's Human Resource Office/Technical Service Group**