TOIYABE
INDIAN HEALTH PROJECT

Toiyabe Indian Health Project

U.S. Department of Veterans Affairs Reimbursement Agreement for Veterans

Introduction

- The Toiyabe Indian Health Project was founded in 1968 as a coordinated tribal healthcare program representing nine Indian tribes within Inyo and Mono Counties.
- TIHP operates three clinics in Bishop, Lone Pine and Coleville. The Coleville Clinic has been awarded a New Access Point grant from the Health Resources and Services Administration (HRSA) and opened on 2/18/14.

Toiyabe's Mission and Values

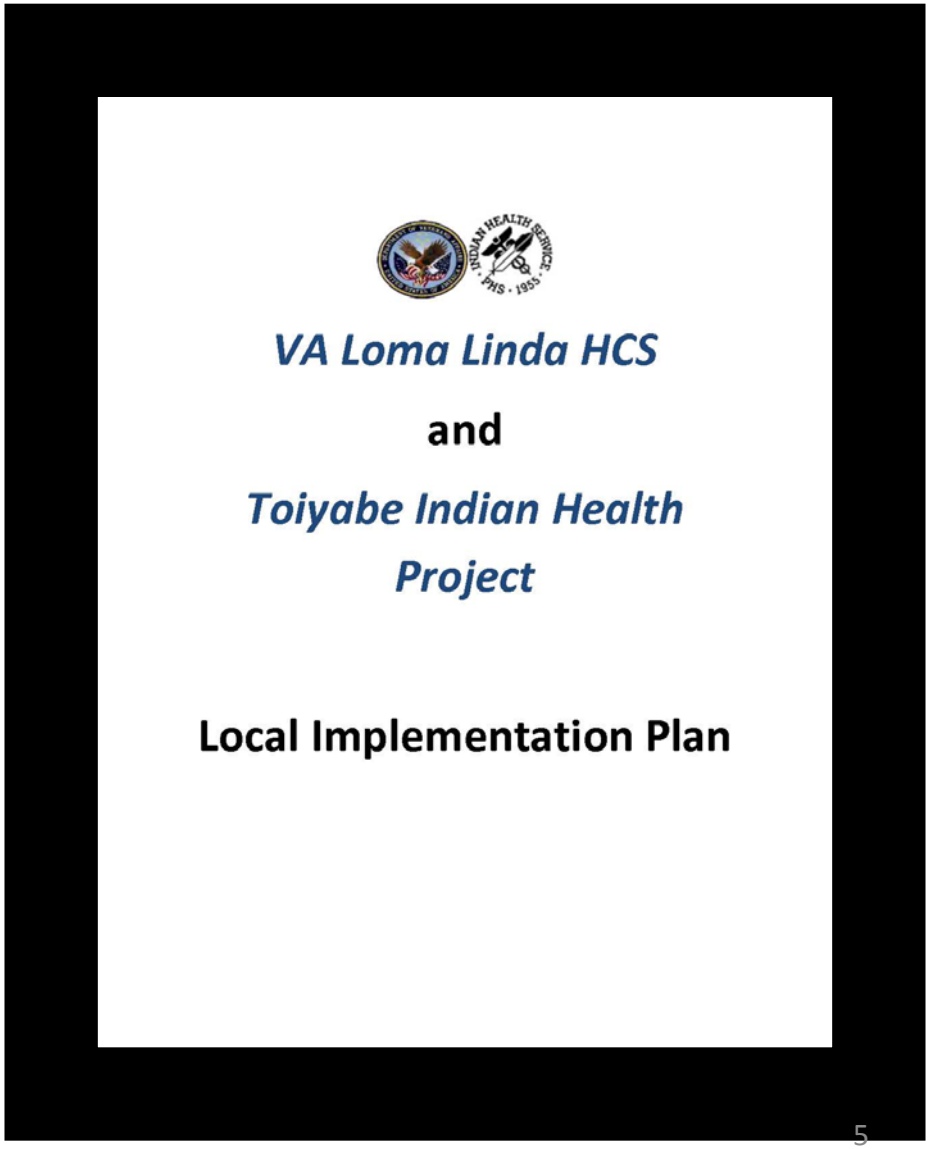
- The mission of Toiyabe Indian Health Project (TIHP) is to improve and establish programs, policies and actions which focus on developing and maintaining healthy individuals, families and Indian communities while fostering tribal sovereignty, self-sufficiency and cultural values.
- Our values are to improve the quality of life for all member tribes and empower Indian communities to be physically, emotionally, spiritually and mentally healthy.

TIHP Work Prior to Agreement

- In 2013, TIHP began work to increase our involvement in care for Veterans
- We held a series of individual & group sessions with Veterans, and local and state VA leadership
- We then began work to formalize our agreement with the VA
- We received vital support from our TIHP Board of Directors

TIHP Work Prior to Agreement, cont'd.

- We developed a Local Implementation Plan with the VA, & both organizations reviewed and approved it
- We provided an overview and orientation of our Local Implementation Plan with local tribes and our staff
- We determined our site readiness and ultimately utilized our CMS certification to verify our commitment to high quality care



Veterans Affairs Renewed Commitment to Tribes

- Toiyabe Indian Health Project has recently formalized a “Direct Care Services Reimbursement Agreement” with the Veterans Affairs.
- The goal of the agreement is to provide *improved access* by Toiyabe Indian Health Project for direct care services for eligible Veterans, and to formalize the mechanism for reimbursement by the Veterans Affairs.

How Do We Accomplish That?

- Now that our reimbursement agreement has been signed and is in place, we've begun providing training to our enrollment and billing staff
- Enrollment and billing staff assist local Veterans with applying for Veterans Affairs Health Benefits
- We've completed the forms to allow electronic billing claims processing by the VA (Emdeon)

Veterans Affairs 10-10EZ Form

- The VA 10-10EZ is the form to apply for health benefits
- Clinic staff should ask every patient if they or anyone in their household served in the military
- Offer to assist Veteran to enroll for health benefits using: VA 10-10EZ Form found @ www.va.gov

OMB Approved No. 2900-0091
Estimated Burden Avg. 45 min.

Department of Veterans Affairs

APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME *(Last, First, Middle Name)*
2. OTHER NAMES USED
3. MOTHER'S MAIDEN NAME
4. GENDER ☐ MALE ☐ FEMALE
5. ARE YOU SPANISH, HISPANIC, OR LATINO? ☐ YES ☐ NO
6. WHAT IS YOUR RACE? *(You may check more than one.) (Information is required for statistical purposes only.)* ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN ☐ ASIAN ☐ WHITE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
7. SOCIAL SECURITY NUMBER
8. VA CLAIM NUMBER
9. DATE OF BIRTH *(mm/dd/yyyy)*
9A. PLACE OF BIRTH *(City and State)*
10. RELIGION
11. PERMANENT ADDRESS *(Street)*
11A. CITY
11B. STATE
11C. ZIP CODE
11D. COUNTY
11E. HOME TELEPHONE NUMBER *(Include area code)*
11F. E-MAIL ADDRESS
11G. CELLULAR TELEPHONE NUMBER *(Include area code)*
12. TYPE OF BENEFIT(S) APPLYING FOR *(You may check more than one)* ☐ ENROLLMENT/HEALTH SERVICES ☐ DENTAL
13. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? *(for listing of facilities visit www.va.gov/directory)*
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? ☐ YES ☐ NO I am only enrolling in case I need care in the future.
15. CURRENT MARITAL STATUS *(Check one)* ☐ MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED ☐ UNKNOWN
16. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN
16A. NEXT OF KIN'S HOME TELEPHONE NUMBER *(Include area code)*
16B. NEXT OF KIN'S WORK TELEPHONE NUMBER *(Include area code)*
17. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT *(if different than 16)*
17A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER *(Include area code)*
17B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER *(Include area code)*

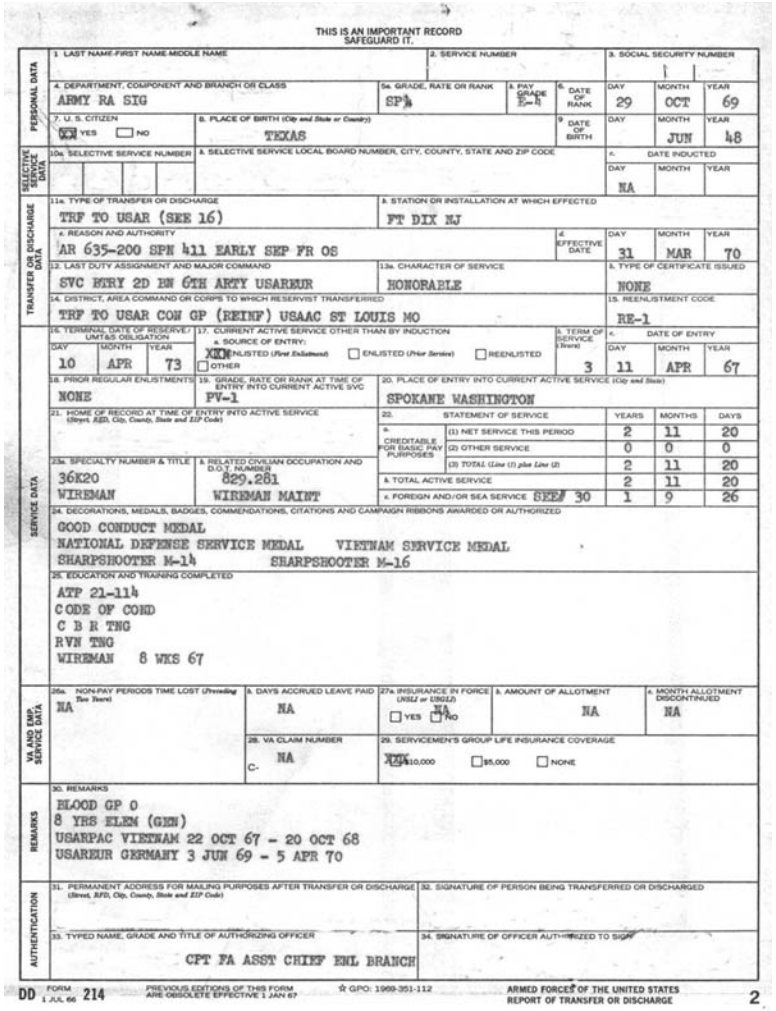
SECTION II - INSURANCE INFORMATION *(Use a separate sheet for additional information)*

1. ENTER HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER *(include coverage through spouse or other person)*
2. NAME OF POLICY HOLDER
3. POLICY NUMBER
4. GROUP CODE
5. ARE YOU ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO
5A. EFFECTIVE DATE *(mm/dd/yyyy)*
6. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? ☐ YES ☐ NO
6A. EFFECTIVE DATE *(mm/dd/yyyy)*
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B? ☐ YES ☐ NO
7A. EFFECTIVE DATE *(mm/dd/yyyy)*
8. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD
9. MEDICARE CLAIM NUMBER

VA FORM FEB 2011 **10-10EZ** PREVIOUS EDITIONS OF THIS FORM ARE NOT TO BE USED **PAGE 1**

Veterans Affairs DD-214 Form

- Veterans will need their DD-214 form verifying their separation from active duty→
- If they don't have their DD-214, they can request a copy of that online at: www.dd214.us
- Inform Veterans that enrollment may take 2 weeks & provide them local VA contact information-it's important to work closely with your local VA office



THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME
2. SERVICE NUMBER
3. SOCIAL SECURITY NUMBER
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY RA SIG
5a. GRADE, RATE OR RANK: SP4
5. PAY GRADE
6. DATE OF RANK: DAY 29 MONTH OCT YEAR 69
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): TEXAS
9. DATE OF BIRTH: DAY MONTH JUN YEAR 48

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE
c. DATE INDUCTED: DAY NA MONTH YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: TRF TO USAR (SEE 16)
b. STATION OR INSTALLATION AT WHICH EFFECTED: FT DIX NJ
c. REASON AND AUTHORITY: AR 635-200 SPN 411 EARLY SEP FR OS
d. EFFECTIVE DATE: DAY 31 MONTH MAR YEAR 70
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: SVC BTRY 2D BN 6TH ARTY USAREUR
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NONE
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: TRF TO USAR CON GP (REINF) USAAC ST LOUIS MO
15. REENLISTMENT CODE: RE-1

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY 10 MONTH APR YEAR 73
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER
b. TERM OF SERVICE (Years): 3
c. DATE OF ENTRY: DAY 11 MONTH APR YEAR 67
18. PRIOR REGULAR ENLISTMENTS: NONE
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: PV-1
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): SPOKANE WASHINGTON
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code)
23. STATEMENT OF SERVICE

	YEARS	MONTHS	DAYS
a. (1) NET SERVICE THIS PERIOD	2	11	20
CREDITABLE FOR BASIC PAY PURPOSES (2) OTHER SERVICE	0	0	0
(3) TOTAL (Line (1) plus Line (2))	2	11	20
b. TOTAL ACTIVE SERVICE	2	11	20
c. FOREIGN AND/OR SEA SERVICE SEE# 30	1	9	26

23a. SPECIALTY NUMBER & TITLE: 36K20 WIREMAN
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 829.281 WIREMAN MAINT
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
GOOD CONDUCT MEDAL
NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL
SHARPSHOOTER M-14 SHARPSHOOTER M-16
25. EDUCATION AND TRAINING COMPLETED
ATP 21-114
CODE OF COND
C B R TNG
RVN TNG
WIREMAN 8 WKS 67

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS TIME LOST (Preceding Two Years): NA
b. DAYS ACCRUED LEAVE PAID: NA
27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [X] NO
b. AMOUNT OF ALLOTMENT: NA
c. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: NA
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS
BLOOD GP O
8 YRS ELEM (GEN)
USARPAC VIETNAM 22 OCT 67 - 20 OCT 68
USAREUR GERMANY 3 JUN 69 - 5 APR 70

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code)
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: CPT FA ASST CHIEF ENL BRANCH
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DD FORM 1 JUL 66 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67 ☆ GPO: 1969-351-112 ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE 2

VA and Tribal Health Direct Care Services Reimbursement Agreement

- Our reimbursement sharing agreement provides a mechanism for requesting reimbursement from the VA for health care provided to tribal Veterans
- *Work with your local VA office/staff* to map out the processes to pre-authorize patient care if needed
- Typically, only non-tribal Veterans require pre-authorization for care
- Tribal Veterans do not require preauthorization for care (emergency care requires 72 hour notification to the VA once care is received)

Breaking down Myths

- Many Veterans believe that if they receive health care from the VA, they can't receive health care from tribal health centers
- This isn't true, as they can receive care from both entities
- Many Veterans who visit tribal health clinics are not aware that they are eligible to receive VA health benefits
- If they are granted VA health benefits, it's beneficial for tribal health clinics as it increases their third-party revenues

Collaboration

Utilize Veteran organizations to ramp up Veteran outreach, education and enrollment:

- California Department of Veterans Affairs at: www.cdva.ca.gov
- California Association of County Veterans Service Officers (CACVSO) at: www.cacvso.org
- The American Legion at: www.legion.org/serviceofficers
- Tribal Veteran Representatives

Good Luck!

- It's been an honor to advocate for our Veterans and share this information with you
- Contact Information:
  - David Lent, TIHP, david.lent@toiyabe.us
  - Libby Watanabe, TIHP, libby.watanabe@toiyabe.us