Veterans Travel Reimbursement Process—for travel eligible veterans

Beneficiary Travel Self Service System

From a computer or smart phone go to:
https://eauth.va.gov/accessva/

AccessVA



Getting Started U.S. Department of Veterans Affairs Choose I am a Veteran AccessVA See any your Access to VA POR ADOLT ACCUSED A COMMITTEE w to AccessVA. A solution for accessing VA's entire services. their your entegery to see evaluable applications you can alon in estite Jan a Family Member Jam a Service Membe 1 am a VA Business Partner Veteran Travel I am a VA Employee or Authorized Contract Claim Entry 16 Login

Choose a secure Partner to sign into the Veteran Travel Claim Entry.

Don't have one ? Reg ster for a Sign-in Partner

Sign in with
DS Logon

D. me
Sign in with
ID.me

DS togon National Heb Center

800-83-0937, 800-477-8227
Follow the prompts for "E Penchts"

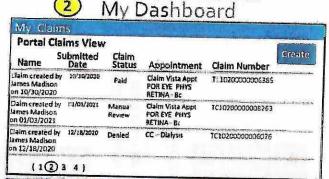
Sign in with
ID.me
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State haused (D, (Dehens Ucanes) and a 2nd to IVA to Card)

Sign in with
Premium Account
My Health e Vet

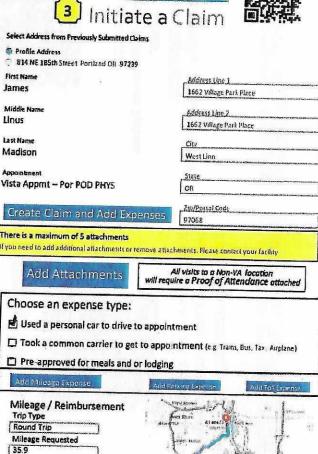
Veteran may need to upgrade to the Premium Service (Free)

Next

NOTE To update the Profile Information send the Information send the Information send the Information for the Informatio



Name	pointment Appt Date	Associated Claim	Facility Name	Owner
Coold 19 Nurse	1/23/2021	Create Claim	Peritand VA Medical Center	Fortland VAMC
CC Dielysu	01/30/2021	Create Claim	Fresenius Kidney Care Lebanon	Portland VAM
vista GI Uro by James Madison on 10/30/2020	10/30/2020	2020/10/30 Vista Appt POR GI Urology	Roseburg VA Medical Lenter	Rosburg VAM:



Expense Line Items
Type Date Description Requested Submitted

Microscopy 27,54 S7,54 Ean Deicte

Total 57,54

Challenge Mileage

No Oyes

Submit Claim for Processing

Beneficiary Travel Agreement Notice

Penalty Statement: There are severe criminal and civil penalties including fines or imprisonment, or both for knowingly submitting a false, fictitious, or fraudulent claim

Sufficient

Helpful Hints:

Cost

14.9

* Direct Deposit is required Submit form to Agent Cashler if not already receiving beneficiary travel via direct deposit (This is different than monthly Comp and Pension payments)

WHY USE THE BTSSS PORTAL?

- ONLINE TRAVEL PORTAL WHERE YOU CAN SUBMIT AND TRACK YOUR TRAVEL CLAIMS
- YOU CAN NOW LOG ON AND CREATE AN ACCOUNT USING (D.ME or DS LOGON or MYHEALTHEVET

HOW DO I GET PAID?

- FILE YOUR CLAIM 24/7, 365 DAYS A YEAR
 FROM YOUR SMART PHONE OR COMPUTER
- . TRACK THE PAYMENT OF YOUR CLAIM
- UPLOAD/CHANGE YOUR
 BANKING ACCOUNT INFORMATION



PLAYLIST
"Beneficiary Travel Self-Service System
BTSSS"

https://www.youtube.com/playlist? list=PL3AQ_JVoBEyzInt68Eq_mPBdyZfkvq0Wu



1. Beneficiary Travel Self-Service System (BTSSS) Introduction 1 of 6

https://youtu.be/7INUiyQT4gM



2. How to Access BTSSS and Create Your Login 2 of 6 https://youtu.be/RaglivHSAnc



3. BTSSS: How to set up Direct Deposit and Access BTSSS using login options, 3 of 6 https://youtu.be/T-joySVMhso



4. BTSSS: How to submit a travel reimbursement claim for a VA facility appointment 4 of 6

https://youtu.be/axBYPuhZcoo



5. BTSSS: How to submit a travel reimbursement claim for a non-VA facility appointment

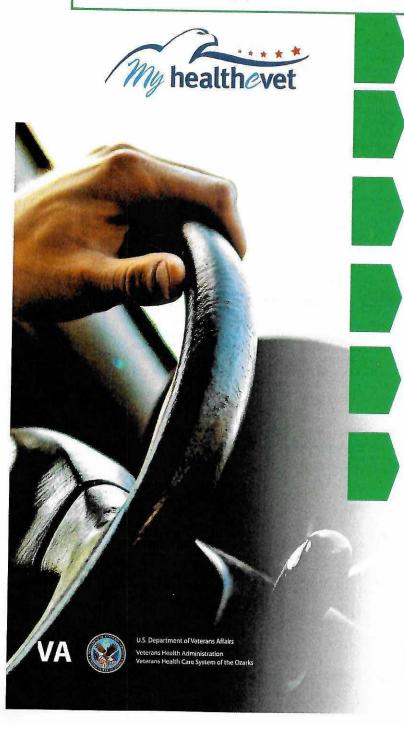
5 of 6 https://voutu.be/ai LYF3al-s



 BTSSS: How to check the status of your travel reimbursement claim
 of 6 https://youtu.be/HWH7Lell72s

My HealtheVet Offers Easy Access to VA Travel Pay Portal

Quick and Easy Access to the VA Travel Pay Portal. You can now use your My HealtheVet Premium account to sign in to the Beneficiary Travel Self-Service System (BTSSS) Travel Pay Portal. Eligible Veterans can now: Submit BT claims online 24/7, 365 days a year from a computer or mobile device, track the status of submitted BT claims, use self-help tools to make BT claim submission, and reduce BT processing time for submitting claims. Trouble accessing your account? CALL 855-574-7292 (HELP-DESK)



Create BTSSS Account; visit: www.access.va.gov

Through My HealtheVet: Sign in to My HealtheVet with your secure account credentials.

From the My HealtheVet homepage, select Personal Information from the top toolbar.

From the dropdown menu, select Pay or Receive Funds.

Do you have direct depost? Yes: Skip this step No: Complete VA's Direct Deposit Form (VA Form 10091)

Select VA Medical Travel Pay to access the BTSSS portal without signing in again.



Scan QR Code My HealtheVet



Scan QR Code BTSSS Access

OMB Number: 2900-0798 Estimated Burden: 15 minutes

Department of Veterans Affairs	VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES			
Section A.	Traveler's Information	FIRAVELE	XPENSES	
1.a Name of Person Claiming Travel Reimbursement (Last, First, Middle)		1.b Claimant's SSN	77	
		1.c Claimant's Date of	Birth (mm/dd/yyyy)	
2.a Claimant's status: (check one) Complete 3.a, 3.b, 3.c and 3.d if Caregiver	r, Attendant or Donor is checked.	1		
(National Caregiver Program) (Medically a	ttendant Donor uthorized by VA) (VA Transplant	Care) Other		
3.a Name of Veteran (Last, First, Middle)		3.b Veteran's SSN		
		3.c Veteran's Date of	Birth (mm/dd/yyyy)	
	3. Trip Information	1		
1.a I am claiming travel reimbursement from address: (Street, City, State, Zip)		1.b Date Trip Began	1.c Travel by:	
		(mm/dd/yyyy)	(e.g., car, train, bus taxi)	
2.a I am claiming return travel reimbursement to the address in B.1.a above		2.b Date Trip Ended	2.c Travel by:	
YES NO (if no, provide the Street, City, State, Zip b	elow)	(mm/dd/yyyy)	(e.g., car, train, bus,	
3. I am claiming reimbursement of expenses other than mileage, such as tolls, part (If yes, itemize expenses below and provide a receipt for each expense claimed. Upon a.		L] NO		
b.				
C.				
d.				
е.				
f.		· · · · · · · · · · · · · · · · · · ·		
g.				
h.				
4. Treating Facility Name (VA or Non-VA location)	5. Treating Facility Address (Optional)			
	ments and Certifications			
Penalty Statement: There are severe criminal and civil penalties including fine Slaim	or imprisonment, or both, for knowingly	y submitting a false, ficti	tious, or fraudulent	
Certification: I have incurred a cost in relation to the travel claimed. I have not owned conveyance, or Government purchased tickets/tokens, or received other ravel listed. I have not previously received payment for the transportation cla	obtained transportation at Government	expense, through the us		
ignature of Claimant	and the above miomation	Date (mm/dd/		
		- In (minda)	11111	

INSTRUCTIONS FOR COMPLETING VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Who is Eligible for Reimbursement of Travel Expenses

- 1. Veterans rated by VA 30% or more service-connected for travel relating to any condition
- 2. Veterans rated by VA less than 30% for travel relating to their service-connected condition
- 3. Veterans receiving VA pension benefits for travel relating to any condition
- 4. Veterans with annual income below the maximum applicable annual rate of pension for any condition
- 5. Veterans who are unable to defray the cost of travel (as defined in current Beneficiary Travel regulations)
- 6. Veterans traveling in relation to a Compensation and Pension (C&P) examination
- 7. Certain Veterans in certain emergency situations
- 8. Beneficiaries of other Federal Agencies when authorized by that agency
- 9. Allied beneficiaries when authorized by appropriate foreign government agency
- 10. Certain non-Veterans when related to care of a Veteran (Caregivers under the National Caregivers Program, medically required attendants, VA transplant care donor and support person, or other claimants subject to current regulatory guidelines)

Instructions

- 1. The claimant or legal representative of claimant may complete this form.
- 2. Allied beneficiaries and beneficiaries of other federal agencies are not required to complete Section A, Question 3a-c.
- 3. The form may be presented in person or mailed to VA health care facility where care was provided. Addresses of VA health care facilities can be found at: http://www.va.gov/directory Note: The claim for travel benefits may also be done in person at a VA health care facility.
- 4. Application for travel reimbursement must be done within 30 days of travel. Exception: application beyond 30 days may occur when claim is a result of change in Beneficiary Travel eligibility.
- 5. Receipts are required for allowable non-mileage expenses, e.g., bridge, road and tunnel tolls; parking; ferry fares; meals; lodging, and transport by bus, train, taxi or other public transportation. Prior approval is required for meals and lodging.
- 6. Application will be evaluated to determine eligibility for travel benefits and services received. If eligible, the claim will be processed for payment at currently authorized rate subject to any required deductibles.
- 7. Payment will be by electronic funds transfer (EFT) unless other arrangements have been made.
- 8. For assistance in completing the form, call 1-877-222-VETS (8387)

The Paperwork Reduction Act of 1995 requires VA to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of this Act. We anticipate the time expended by individuals who must complete this form will average 3 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. This information is collected under 38 CFR 70 and is intended to fulfill the need for Veterans and beneficiaries to claim Beneficiary Travel benefits and for VA to determine the individual's eligibility for the benefit.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 111 to determine your eligibility for Beneficiary Travel benefits and will be used for that purpose. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law; possible disclosures include those described in the "routine use" identified in the VA systems of records 24VA19 Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.