

New 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



1 Getting Started

U.S. Department of Veterans Affairs

Choose I am a Veteran

AccessVA

Welcome to AccessVA. A solution for accessing VA's online services.

Click your category to see available applications you can sign in with:

- I am a Veteran
- I am a Family Member
- I am a Service Member
- I am a VA Business Partner
- I am a VA Employee or Authorized Contractor

1a **Veteran Travel Claim Entry**

1b **Login**

3 Initiate a Claim

Select Address from Previously Submitted Claims

Profile Address
814 NE 18th Street Portland OR 97239

First Name
James

Middle Name
Linus

Last Name
Madison

Appointment
Vista Appt - Por POD PHYS

Address Line 1
1662 Village Park Place

Address Line 2
1662 Village Park Place

City
West Linn

State
OR

Zip/Postal Code
97068

Create Claim and Add Expenses

There is a maximum of 5 attachments

If you need to add additional attachments or remove attachments, please contact your facility

Add Attachments

All visits to a Non-VA location will require a Proof of Attendance attached

Choose an expense type:

- ☒ Used a personal car to drive to appointment
- ☐ Took a common carrier to get to appointment (e.g. Trains, Bus, Taxi, Airplane)
- ☐ Pre-approved for meals and or lodging

Add Mileage Expense

Add Parking Expense

Add Toll Expense

Mileage / Reimbursement

Trip Type

Round Trip

Mileage Requested

35.9

Cost

14.9

Challenge Mileage
☒ No ☐ Yes

Add Expense

Expense Line Items

Type	Date	Description	Requested	Submitted	
Mileage	02/19/2020	Miles 18.18	\$7.54	\$7.54	Edit Delete
			Total \$7.54		

4 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

☒ I agree to the term:

Submit Claim

Helpful Hints:

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

Next

Proceed to Profile Review

NOTE: To update the Profile Information send the info to the Enrollment Office

Then

Proceed to My Dashboard

2 My Dashboard

My Claims

Portal Claims View

Name	Submitted Date	Claim Status	Appointment	Claim Number
Claim created by James Madison on 10/30/2020	10/30/2020	Paid	Claim Vista Appt POR EYE PHYS RETINA - Bc	T11020000006365
Claim created by James Madison on 01/03/2021	01/03/2021	Manual Review	Claim Vista Appt POR EYE PHYS RETINA - Bc	TC10200000006263
Claim created by James Madison on 12/18/2020	12/18/2020	Denied	CC - Dialysis	TC102000000036076

(1 2 3 4)

My Appointments

Portal Appointments View

Name	Appt Date	Associated Claim	Facility Name	Owner
David 19 Nurse	1/23/2021	Create Claim	Portland VA Medical Center	Portland VAMC
CC Dialysis	01/30/2021	Create Claim	Fresenius Kidney Care Lebanon	Portland VAMC
Vista GI Uro by James Madison on 10/30/2020	10/30/2020	2020/10/30 Vista Appt POR GI Urology	Roseburg VA Medical Center	Roseburg VAMC

(1 2 3 4)

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 ID.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_JVoBEyzJnt68Eq_mPBdyZfkvg0VWu](https://www.youtube.com/playlist?list=PL3AQ_JVoBEyzJnt68Eq_mPBdyZfkvg0VWu)



1. Beneficiary Travel Self-Service System (BTSSS)

Introduction 1 of 6

<https://youtu.be/7INUivQT4gM>



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-iovSVMhso>



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

<https://youtu.be/axBYPuhZcoo>




5. BTSSS: How to submit a travel reimburse- ment claim for a non-VA facility appointment 5 of 6 https://youtu.be/ai_LYF3al-s




6. BTSSS: How to check the status of your travel reimbursement claim 6 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 deposit?
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**

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Veterans Health Care System of the Ozarks



Department of Veterans Affairs

VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Section A. Traveler's Information

1.a Name of Person Claiming Travel Reimbursement (Last, First, Middle)	1.b Claimant's SSN
	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, Attendant or Donor is checked.**

☐ Veteran
 ☐ Caregiver (National Caregiver Program)
 ☐ Attendant (Medically authorized by VA)
 ☐ Donor (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)

Section B. Trip Information

1.a I am claiming travel reimbursement from address: (Street, City, State, Zip)	1.b Date Trip Began (mm/dd/yyyy)	1.c Travel by: (e.g., car, train, bus, taxi)
	2.b Date Trip Ended (mm/dd/yyyy)	2.c Travel by: (e.g., car, train, bus, taxi)

2.a I am claiming return travel reimbursement to the address in B.1.a above

☐ YES
 ☐ NO (if no, provide the Street, City, State, Zip below)

3. I am claiming reimbursement of expenses other than mileage, such as tolls, parking, lodging, meals. ☐ YES ☐ NO

(If yes, itemize expenses below and provide a receipt for each expense claimed. Use reverse if additional space is required)

a.
b.
c.
d.
e.
f.
g.
h.

4. Treating Facility Name (VA or Non-VA location)	5. Treating Facility Address (Optional)
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Section C. Statements and Certifications

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

Certification: I have incurred a cost in relation to the travel claimed. I have not obtained transportation at Government expense, through the use of Government owned conveyance, or Government purchased tickets/tokens, or received other transportation resources at no-cost to me. I am the only person claiming for the travel listed. I have not previously received payment for the transportation claimed. I certify that the above information is correct.

Signature of Claimant	Date (mm/dd/yyyy)
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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.