



# **Beneficiary Travel**

## **User Manual**

Version 1.0

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# Table of Contents

<b>Introduction</b> .....	<b>1</b>
<b>Orientation</b> .....	<b>3</b>
On-Line Help .....	3
<b>Beneficiary Travel Menu</b> .....	<b>4</b>
Bene Travel Account file Enter/Edit.....	4
Claim Enter/Edit .....	5
Distance Enter/Edit .....	6
Income Certification Eligibility .....	7
Parameter Rates Enter/Edit .....	8
Report of Claim Amounts .....	9
Reprint of 70-3542d form .....	10
View of Claim .....	11
<b>Glossary</b> .....	<b>12</b>

# Introduction

There are no major changes in this version from PIMS V. 5.3. The purpose of this version is to create Beneficiary Travel into its own namespace (DGBT) separate from the Registration package (DG).

The options in this menu provide the ability to perform the functions involved in issuing beneficiary travel pay. Travel reimbursement is provided to specified categories of eligible veterans. Issuance of travel pay to the veterans in some of these categories is subject to a deductible per visit and per month. The deduction requirement may be waived for any veteran who meets specific criteria subject to the approval of the local medical center director or designee. Some of the categories have income limitations. An income certification form is completed and signed yearly by the veteran. Cash reimbursement is paid on VAF 70-3542d, Voucher for Cash Reimbursement of Beneficiary Travel Expenses.

Non-employee attendants who are eligible for travel reimbursement will be issued travel pay under the veteran's name in the computer.

Payment for travel by special mode (ambulance, hired car, handicapped van, etc.) may be authorized if medically necessary and approved BEFORE travel begins. Exception to this would be in cases of medical emergency where delay would be hazardous to life or health.

For claims with an account type of ALL OTHER, the system will compute the amount payable from factors such as account type, parameter set up of deductible amount per visit and per month, one-way or round-trip mileage, and applied costs. The amount payable for claims with an account type of C&P will also be computed by the system. The following is a brief description of the major function of each of the beneficiary travel options.

## BENE TRAVEL ACCOUNT FILE ENTER/EDIT

This option allows the supervisor to enter/edit data in the BENE TRAVEL ACCOUNT file.

## CLAIM ENTER/EDIT

This option is used to enter new beneficiary travel claims into the system or edit existing ones. VAF 70-3542d, Voucher for Cash Reimbursement of Beneficiary Travel Expenses, may be printed through this option for the appropriate account types.

## DISTANCE ENTER/EDIT

This option is used to enter or edit the distance in miles between cities and towns and the primary treating medical center.

## INCOME CERTIFICATION ELIGIBILITY

The Income Certification Eligibility option is used to file basic income certification. However, it does not replace the manual completion of the income certification form.

#### PARAMETER RATES ENTER/EDIT

This option allows the user to define and edit the site specific beneficiary travel parameters.

#### REPORT OF CLAIM AMOUNTS

The Report of Claim Amounts option allows the user to print a variety of statistical reports for a specified date range.

#### REPRINT OF 70-3542d FORM

This option is used to reprint the standard preformatted beneficiary travel form for cash reimbursement.

#### VIEW OF CLAIM

This option allows the user to review a previously entered travel claim for a patient.

# Orientation

## *On-Line Help*

When the format of a response is specific, there usually is a HELP message provided for that prompt. HELP messages provide lists of acceptable responses or format requirements which provide instruction on how to respond.

A HELP message can be requested by typing a "?" or "??". The HELP message will appear under the prompt, then the prompt will be repeated. For example, perhaps you see the prompt

*FACILITY TREATING SPECIALTY:*

and you need assistance answering. You enter ? and the HELP message would appear.

*Enter the TREATING SPECIALTY assigned to this patient with this movement.*

*This must be an active treating specialty.*

*Answer with FACILITY TREATING SPECIALTY NAME*

*FACILITY TREATING SPECIALTY:*

For some prompts, the system will list the possible answers from which you may choose. Any time choices appear with numbers, the system will usually accept the number or the name.

A HELP message may not be available for every prompt. If you enter a "?" or "???" at a prompt that does not have a HELP message, the system will repeat the prompt.

# Beneficiary Travel Menu

## **Bene Travel Account file Enter/Edit**

The Bene Travel Account file Enter/Edit option is used to make new entries in the BENE TRAVEL ACCOUNT file (#392.3) or edit existing entries.

This file is currently distributed with the following accounts.

825 EMERGENCIES  
\*826 INTERFACILITY  
826 SPECIAL MODE - NON-EMERGEN  
827 C&P EXAMINATIONS  
\*827 SPECIAL MODE  
\*828 ALL OTHER  
829 ALL OTHER  
\*829 C&P  
921 INTERFACILITY

\* Inactive accounts

This option would be typically used when Fiscal Service has made a change to an account name or number or added a new account. Accounts may not be deleted, only inactivated. When a change occurs, the old entry is inactivated and the correct entry added.

Entry of a new account must be made in the format: account number - <space> - account name (upper case).

Only holders of the DGBT SUPERVISOR security key may access this option.

## **Claim Enter/Edit**

The Claim Enter/Edit option is used to enter new travel claims into the system or edit existing ones. Travel may be paid to the veteran or his attendant or to a carrier such as hired car, ambulance company, etc.

An account type of ALL OTHER or C&P signifies payment to the veteran or his attendant and allows for the printing of VAF 70-3542d, Voucher for Cash Reimbursement of Beneficiary Travel Expenses. For account types other than ALL OTHER or C&P, this option is used mainly for data storage and report purposes. No other forms can be generated through the Beneficiary Travel Menu at this time.

The user will be notified if an attempt is made to enter a claim for a date on which other claims already exist for the selected patient. This is a safeguard against duplicate claims.

Depending on the account type of the claim entered, you may be prompted for such information as whether travel is one-way or round-trip, one-way mileage, deductible amount, attendant/payee, mode of transportation, authorizing person (must be in NEW PERSON file), and carrier.

The system also prompts for most economical cost of travel. For claims with an ALL OTHER account type (or C&P account type if not paying at a fixed amount), an entry should be made at this prompt only if the cost of available public transportation is less than the cents-per-mile cost. For claims with the EMERGENCY, INTERFACILITY, or SPECIAL MODE account types, the cost of service should be entered at this prompt. When C&P account type claims are to be paid at a fixed amount, that amount should be entered here. If C&P account type is selected, you will also be prompted for whether or not the visit is a C&P review visit. C&P review visits are paid travel at a different rate than the standard mileage rate.

Different prompts will appear depending on whether you are adding a new claim or editing an existing one. These prompts concern the place of departure and destination. The prompts do not appear when entering a new claim as the system automatically fills in the patient's address and the health care facility's address.

Depending on how the site parameter is set at your facility, the "other expenses" prompts (meals & lodging, ferry, bridges, etc.) may or may not be asked when utilizing this option.

If you have the ASK OTHER EXPENSES site parameter set to YES, you must also have MEALS & LODGING and FERRY, BRIDGES, ETC. set to zero to indicate that you want the amount you entered for MOST ECON. COST to be the fixed amount you want as the amount payable.

The system will issue a warning message into the REMARKS field if there is an income discrepancy or deductible change.

## **Distance Enter/Edit**

The Distance Enter/Edit option is used to enter or edit the distance in miles between cities/towns and the treating medical center division. The state, zip code, one-way mileage, medical center division, and most economical cost is asked for each city or town entered. Multiple divisions may be entered for each city. The mileage amount entered here for a city/town will determine the default in the mileage prompt of the Claim Enter/Edit option when entering a new travel claim from that particular city.

If any of the following conditions are present when you enter this option, you will be given the opportunity to correct them: zip code is missing, default mileage is missing or set to zero, ADDITIONAL INFORMATION field is set to YES and REMARKS field is blank.

It is not mandatory to utilize this option before a travel claim can be entered. However, doing so will facilitate the quick issuing of travel pay as the mileage from the veteran's home city to the medical center will already be in the system and not have to be looked up and entered during claim entry.

Only users holding the DGBT SUPERVISOR key may access this option.

## **Income Certification Eligibility**

The Income Certification Eligibility option is used to file basic income certification. It is mainly used to store data and for reporting purposes. At this time, the use of this option will not replace the manual completion of the income certification form.

A new certification date may be entered or an existing date may be edited/deleted. The option allows for the entering/editing of income (amount certified), certification date, and eligibility for travel pay. The data entered here is displayed on the Information Screen of the Claim Enter/Edit option.

Since income certification is done annually, use of this option should be infrequent.

## **Parameter Rates Enter/Edit**

The Parameter Rates Enter/Edit option is used to enter or edit the site-specific Beneficiary Travel parameters. All rates in these parameters are established yearly by Central Office. All rates should be entered with two decimal digits (i.e., 6.00).

Only holders of security key DGBT SUPERVISOR may access this option.

Listed below is a brief explanation of the site parameters.

### **BT CERTIFYING OFFICIAL**

This is the name of the official which will appear on all VA Forms 70-3542d, Cash Reimbursement of Beneficiary Travel Expenses. If this field is left blank, the user's name will be printed followed by DESIGNEE OF CERTIFYING OFFICIAL.

### **COREFLS ACTIVE**

This field determines if the Beneficiary Travel software uses vendors/carriers from the nationally held database of vendors (COREFLS). In order for this field to be turned on, the CoreFLS package (CSL) must be installed in your system. By default (NO), the software uses the vendor/carriers from the VENDOR file (#440). YES or NO.

### **BT OTHER EXPENSES ASKED**

This field is used to determine if the MEALS & LODGING and FERRY, BRIDGES, ETC. prompts will be asked in the Beneficiary Travel Claim Enter/Edit option. YES or NO.

### **EFFECTIVE DATE**

New travel rates are determined each fiscal year. The rates should be entered each year with the effective date of Oct 1. Changing values for the current or past fiscal year could result in changes to claims already entered.

### **DEDUCTIBLE AMOUNT/VISIT**

This is the deductible amount to be applied per visit.

### **DEDUCTIBLE AMOUNT/MONTH**

This is the monthly maximum deductible amount.

### **MILEAGE RATE**

This is the amount of travel pay paid per mile.

### **FISCAL SYMBOLS**

These are the fiscal symbols for beneficiary travel for the selected fiscal year. May be left blank.

### **C&P REVIEW VISIT MILEAGE RATE**

This is the amount of travel pay paid per mile for compensation and pension examination review visits.

## **Report of Claim Amounts**

The Report of Claim Amounts option can be used to print a variety of statistical reports for beneficiary travel for a specified claim date range. You may choose between standard claims report or payable claims statistics report.

The payable claims statistics report prints the travel claim statistics for the ALL OTHER and C&P payment categories for a selected date range. The report is sorted by account and patient and includes the following data fields: name, patient ID, claim date/time, total mileage amount, deductible amount, amount payable, and remarks.

The standard reports are broken down by division and can be sorted by account, patient, account type, or carrier. One, many, or all accounts/patients/account types/carriers may be selected.

The ACCOUNT is equivalent to the Fund Control Point while the ACCOUNT TYPE is a grouping of like accounts. For example, as of 10-1-90, "828 ALL OTHER" was changed to "829 ALL OTHER". A new entry (829) was added to the BENEFICIARY TRAVEL ACCOUNT file (#392.3) and the old entry (828) was inactivated. There now exists more than one account with the same "type".

If there are no patients who meet the criteria selected, the report will read "NO PATIENTS FOUND".

You may choose to print a full report or a report showing totals only. Each report will supply individual totals as well as division and grand totals. The data displayed in the Totals Only report includes the sort-by category (account, patient name, account type, carrier), deductible amount, amount payable, and the total amount for the date range selected. Choosing to display the Full Report will provide additional information such as patient name, patient ID#, date of claim, carrier, and the deductible and payable amounts for each individual claim. The total number of patients will be displayed for the account type and carrier reports whether Totals Only or Full Report is selected.

## **Reprint of 70-3542d form**

The Reprint of 70-3542d form option is used to reprint the standard preformatted beneficiary travel form for cash reimbursement, when necessary. This form is VA Form 70-3542d, Voucher for Cash Reimbursement of Beneficiary Travel Expenses. Once the patient name has been entered, all the previously entered travel claim dates/times for that patient with an account type of ALL OTHER or C&P will be automatically listed for selection.

Some of the data items printed on the travel form include patient name, address, social security number, name and address of issuing facility, authorized mileage rate, and amount claimed and payable.

The form must be printed at a 132 column margin width.

## **View of Claim**

The View of Claim option is used to review a previously entered travel claim for a patient. Once the patient name has been entered, all the travel claim dates/times for that patient will be automatically listed for selection.

The Beneficiary Travel Claim Information Display screen will be shown for the selected claim. Some of the data items displayed may include: patient's name, social security number, date of birth, eligibility; "depart from" and "to" addresses; whether claim is for one-way or round-trip mileage; cost of meals, ferry, bridges, lodging; account type, and amount payable.

This option is used for viewing only. Claims may not be entered or edited here.

# Glossary

C&P      Compensation and Pension

PIMS      Patient Information Management System

VISTA      Veterans Health Information Systems and Technology Architecture