



U.S. Department  
of Veterans Affairs  
VA Caribbean Healthcare System

# Visual Guide

# COMPLETE YOUR TRAVEL CLAIMS ONLINE

for Veterans and their Caregivers

Veteran Transportation Programs and  
Health Services Administration





# Welcome

A new option has been made available for patients eligible for travel reimbursement, with which they will be able to submit their trips online.

The Beneficiary Travel Self Service System (BTSSS) aims to streamline reimbursement payments, minimize errors when completing them, and be accessible from any electronic device.

## Important Considerations

If you are claiming your travel benefits for the first time, you must ensure that you meet the following requirements:

- **Elegibility Criteria**
- **A bank account linked to your record**
- **A My HealthVet Premium account**

# If you have one of this verified profile platforms:

## Veteran Travel Claim Entry

Choose a secure VA Partner to sign into Veteran Travel Claim Entry:  
Don't have one? [Register for a Sign-In Partner](#) or [Learn More](#)

	Sign in with DS Logon		Sign in with VA PIV Card		Sign in with ID.me
	Sign in with LOGIN.GOV		Sign in with My HealthVet		

Select another  
VA website

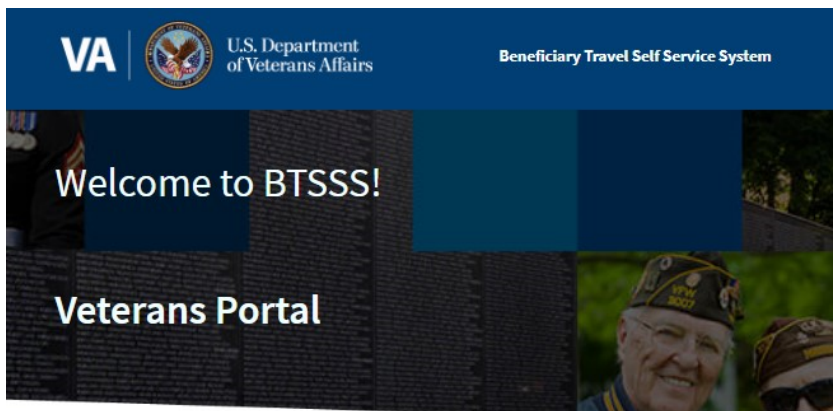
## Start your claim here:

<https://dvagov-btsss.dynamics365portals.us>



# Step 1

You have just entered the official  
BTSSS portal. Next, click  
**"Proceed to My Dashboard"**.



As a reminder, by logging in through Access VA, you accepted the [terms of VA System use](#).

**Proceed to My Dashboard**



If you are a JAWS user, please refer to the [JAWS Job Aid](#) before using BTSSS.

In this space, you will be able to see a summary of your claim history and appointments. It should look similar to the following image:

## Dashboard

### Updates to your BTSSS Dashboard

Your dashboard shows your draft claims, claims that have had a status change in the last 30 days, and appointments in the last 30 days. Use the menu to see your entire history of claims and appointment, and your deductible status.

If your contact, mailing, or banking information changed recently, please [review your profile](#).

If you need to update your address, you must visit "Patient One Stop" before proceeding with your online claim.

If you need to update your bank account, you must visit "Cashier" before proceeding with your online claim. Do not submit changes in this portal.

## Claims

Filter claims table

No Filter

Claim Name	Claim Number	Claim Status	Claim Last Updated	Appointment Details	Facility Name
<a href="#">Claim created by, 10/6/2023</a>		Denied	10/6/2023 4:20:14 PM	Vista - 672 SAJ OPA LAB AM 8/2/2023 5:20 AM	San Juan VA Medical Center

## Appointments

Your appointments table shows appointments in the last 30 days.

Appointment Name	Appointment Date/Time	Appointment Status	Associated Claim	Facility Name
<a href="#">VistA - 672 SAJ PACT PINO.3.NP</a>	10/27/2023 1:30:00 PM	FUTURE	<a href="#">Create</a>	San Juan VA Medical Center

# Step 2

In the "CLAIMS" tab, you will click on the blue button "+Create New Claim" to start the claim.

## Claims

[What Does My Claim Status Mean?](#) Visit the help page for more information.

Filter claims table

No Filter



Claim Name	Claim Number	Claim Status	Claim Last Updated	Appointment Details	Facility Name
<a href="#">Claim created by 10/6/2023</a>	TC202310016501604	Denied	10/6/2023 4:20:14 PM	Vista - 672 SAJ OPA LAB AM 8/2/2023 5:20 AM	San Juan VA Medical Center

If your appointment is not listed **"try reloading your appointments"**.

## Choose an Appointment

Select one of your appointments from the table below to create a new claim.

Descriptive Name	Date and Time ↑	Appointment Facility	City	State	Actions
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What do I do if my appointment isn't on this page?  
First, **try reloading your appointments**. If you still don't see your appointment, contact us.



# Select San Juan VA.

## Choose a Facility

Appointments may be missing from the Choose an Appointment page for one of two common reasons:

- BTSSS is out of sync with your electronic health record. You can reload the appointments BTSSS shows by selecting the facility on this page. The [Facility Directory](#) can help you select the correct one.
- The facility where you had your missing appointment is not part of your travel benefits profile. If this page does not show the right facilities, [contact your local travel clerk](#).

Facility Name ↓	City	State	Actions
Atlanta VA Medical Center	Decatur	GA	<a href="#">Select</a>
San Juan VA Medical Center	San Juan	PR	<a href="#">Select</a>

## Step 3

Select an appointment to claim. Please note that you have a **30-day** period to submit your claim starting from the date of your appointment.

Press "SELECT"

## Choose an Appointment

Select one of your appointments from the table below to create a new claim.

Descriptive Name	Date and Time ↑	Appointment Facility	City	State	Actions
Vista - 672 SAJ PACT PINO 3 NP	10/27/2023 01:30 PM	San Juan VA Medical Center	San Juan	PR	<a href="#">Select</a>

In cases to claim an appointment through "COMMUNITY CARE" and is not listed, you can click on "CREATE NEW ONE" to create it.

What do I do if my appointment isn't on this page?

First, [try reloading your appointments](#). If you still don't see your appointment, [create new one](#)

# Step 4

In this page the details of the appointment will display, including your first and last name, residential address, and the destination location of your appointment. Do not make changes in this portal.

Keep the option "**PROFILE ADDRESS**" selected.

Appointment Name: Vista - 672 SAJ PACT PINO 3 NP

First Name:

Middle Name:

Last Name

Select Address

Profile Address

CIUDAD JARDIN,  
-65.9002

CANOVANAS, PR, 00729, 18.37985,

Street Address (\*Required)

CIUDAD JARDIN

Street Address Line 2

City (\*Required)

CANOVANAS

State/Province/Region (\*Required)

Puerto Rico

Postal Code (\*Required)

00729

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Continue

# Step 5

In this area, you will have the opportunity to **“ADD EXPENSES”** as mileage, tolls and others to your claim.

Select the correct option in the drop down menu and click **“ADD SELECTED EXPENSE”**.

## Claim Details

Add and review your claim expenses and receipts for this appointment.

View Claim Information ▾

Facility Responsible for Payment (\*Required)

San Juan VA Medical Center

## Add Expenses

Select an expense type

Select Expense ▾

Add Selected Expense 

## Attachments

You can upload up to 5 attachments. If you need to add more attachments to your claim, contact the VA Medical Center and ask to speak with the Beneficiary Travel Department.

Add Attachments 


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For VA Community Care appointments or other expenses that need evidence, add documentation in **“ATTACHMENTS”**.

When adding your mileage expense, you will be able to validate your residential address and the destination location for that appointment. Scroll all the way down the page, and click "**CONTINUE**".

## Add Mileage Expense

### Step 1 of 2: Verify Addresses

[View Appointment Details](#) 

Date (\*Required)

Month

October

Day

27

Year

2023

State/Province/Region (\*Required)

Puerto Rico

Postal Code (\*Required)

00729

Destination Address

Street Address (\*Required)

10 Casia St.

Street Address Line 2

City (\*Required)

San Juan

State/Province/Region (\*Required)

Puerto Rico

Postal Code (\*Required)

00921

Trip Type (\*Required)

What are the policies for trip types?

Round Trip

Cancel

**Continue**

On the next page, your residential address information will appear again, along with a map showing suggested routes to complete your claim. The blue shaded option is recommended to be kept selected. Click **“SAVE”**.

## Add Mileage Expense

### Step 2 of 2: Confirm Mileage and Reimbursement Amount

#### View Appointment Details

Date: 10/27/2023  
Trip Description:  
Trip Type: Round Trip  
Starting Address: CIUDAD JARDIN  
CANOVANAS, PR, 00729  
Destination Address: 10 Casia St.  
San Juan, PR, 00921

#### Mileage/Reimbursement

Approved Mileage: 35.04  
Reimbursement Amount: \$14.54

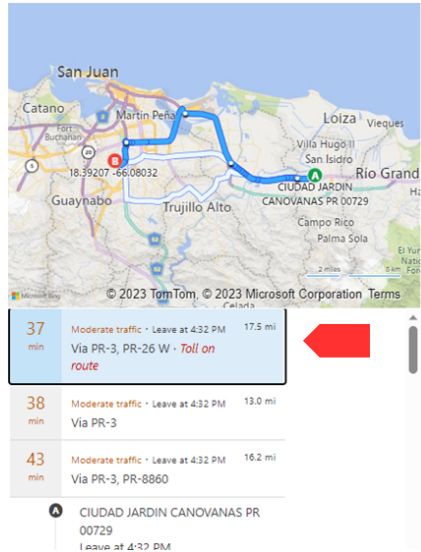
#### How were these numbers calculated?

Would you like to challenge the calculated mileage?

- Yes  
 No

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Save



On the next page, you will be able to see in the **"EXPENSE ITEMS"** area a table that includes the date you are claiming, the mileage traveled, and the amount of money you are requesting for reimbursement.

## Claim Details

Add and review your claim expenses and receipts for this appointment.

[View Claim Information](#) ▾

Facility Responsible for Payment (\*Required)

San Juan VA Medical Center

**Add Expenses**

Select an expense type

Select Expense ▾

[Add Selected Expense](#)

## Expense Items

Type	Date ↓	Description	Requested	Submitted	Actions
Mileage	10/27/2023	(Miles: 35.04)	\$14.54	\$0.00	<a href="#">Edit</a> <a href="#">Delete</a>
Total				\$0.00	

If you would like to claim toll expenses, please click once again **"ADD EXPENSES"** then select **"TOLLS"**. Review all required sections in red. In **"Location Description"** write the tolls you paid. For example: From Cabo Rojo to San Juan. In **"Cost"** line include the approximate amount. For example: 3.50 without dollar sign.

# Step 6

After reviewing the expenses to claim, you have the opportunity to add any relevant evidence to support your claim as **“Attachments”**. Then, check the box that says **“I agree to the terms in the above paragraph”** to validate that you agree with the terms and conditions of this claim.

## Attachments

You can upload up to 5 attachments. If you need to add more attachments to your claim, contact the VA Medical Center and ask to speak with the Beneficiary Travel Department.

[Add Attachments](#)

Please read and accept the agreement notice below.

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

**Please review and certify the statements are true:**

- I have incurred a cost in relation to the travel claimed.
- I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens, and have not used any Government-owned conveyance or incurred any expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel that is not herein claimed.
- I have not 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.

By clicking the checkbox below I certify the above is true and the information provided for this claim is correct and factual.

I agree to the terms in the above paragraph. (Required)

[Save and finish this claim later.](#)

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**Submit**

• [Need Help?](#)

**Remember to click “SUBMIT”**

**Complete Your  
Travel Claims Online.**

**Remember that we  
have a team and  
assistance available  
at "Patient One Stop,"  
Administrative  
Building, First Floor**



# Notes



