Beneficiary Travel (BT)

User Manual

Revised for Patch DGBT*1*25

September 2015

Department of Veterans Affairs

Office of Information and Technology (OIT)

Product Development

Revision History

Date	Version	Description	Author
April, 2002		Originally released	
February, 2008	1.0	Patch 14, 15 (ability to change rates removed)	T Dawson, A Scott
8/24/2012	2.0	Updated User Manual based on 2012 enhancements	G. Hunter
8/29/2012	2.0	Updated draft based on CH comments	G. Hunter
8/30/2012	2.0	Updated draft 7 based on AM comments	G. Hunter
8/30/2012	2.0	Updated draft 8 based on AM comments	G. Hunter
9/3/12	2.0	Draft 11	A. David McLeod
9/4/12	2.0	Draft 12	G. Hunter
11/27/2012	2.0	Draft 13 – updated based on changes during Alpha testing Section 4.1, section 4.2	G. Hunter
12/17/2012	2.0	Draft 14 – updated based on PS comments	G. Hunter
01/01/2013	2.0	Draft 15 – added index	G. Hunter
01/08/2013	2.0	Final – accepted PS changes	G. Hunter
01/15/2013	2.0	Final – added additional HPS comments	G. Hunter
2/22/2013	2.0	Removed Report of Claim Amounts from Sub Menu and add it to Main Menu. Corrected font on section 4.1. Corrected formating of paragraphs.	R.Sanchez
2/25/2013	2.1	Updated Table on Content	R.Sanchez
12/2013	2.2	Updated for patch 21. Removed summary of Distance Enter/Edit menu option and section for Distance Enter/Edit menu option which was removed from the application; pages 6, 34. Revised mileage prompt; page 20.	R. Sutton, A. Scott
3/5/2014	2.3	Modified the following sections to add VFA changes: Introduction, 4.2 "Waiver Expiration", "Income and Status Display from Means and Co-pay tests", and "Previous Income Information Retrieval", and glossary	C. Wills
9/2015	DGBT*1*25	Corrected misspelling of "processing", p 20.	R Sutton, T Downing

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1. Introduction

The Beneficiary Travel application allows mileage claims to be created quickly and easily. Options on the Beneficiary Travel menu provide access to functions to determine and issue beneficiary travel pay. Travel reimbursement is given to specific categories of eligible Veterans, some of whom are subject to monthly deductibles. 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 eligible for this waiver have income limitations in which case an income certification form is completed and signed yearly by the Veteran, and noted in the system. Once processed in the system cash reimbursement is paid on VA Form (VAF) 70-3542d, Voucher for Cash Reimbursement of Beneficiary Travel Expenses.

Non-employee attendants identified as Caregiver or enrolled as Collaterals for the Transplant program will be issued travel reimbursement under the Caregiver or Collateral's name. All other non-employee attendants who are eligible for travel reimbursement will be issued payment under the Veteran's name in the computer.

The Beneficiary Travel Enhancement project in 2012 added features for easy creation of Special Mode claims, deductible waiver, income information retrieval, as well as automatic determination of eligibility for Veterans to receive Beneficiary Travel reimbursement payments. The enhancement project added a series of reports with standard metrics to be run at the local level. These reports can be displayed on the monitor, printed out locally, or exported as a delimited text file to be imported into spreadsheet software (e.g. Excel). After being exported from the BT system, these reports can be sent from the local facilities to the Chief Business Office (CBO) to be aggregated into national reports for metrics and planning purposes.

Note: Veterans Financial Assessment (VFA) – Means Tests less than 1 year old from the VFA Start Date and forward will be considered valid (current) and will not expire.

2. Orientation

2.1.   Is this Chapter for You?

If you are just learning to use Veterans Health Information Systems and Technology Architecture (VistA) software, this chapter will introduce you to a small but important part of the VistA world—signing on, entering data, and getting out. You do not have to be a computer expert or know a lot of technical terms to use VistA software. You do have to follow instructions. And, in general, you need to be curious, flexible, and patient. This chapter will help you to get started. If you are an experienced VistA user, this chapter can serve as a reminder.

2.2.   How Does VistA Work?

VistA software packages use the computer in an interactive fashion. An interactive system involves a conversation with the computer. The computer asks you to supply information and immediately processes it. You will be interacting with the software by responding to prompts (the questions) in the program. Your responses are recognized by the computer when you complete the interaction by pressing the Return or Enter key.

This software is "menu driven." A menu is a screen display which lists all of the choices (options) available. You will see only the menus, options, and functions, which you have security clearance to use. Once you have made a selection, the software can display another menu (submenu) or you might be asked to answer questions which allow the computer to perform tasks.

2.2.1.   Exiting an Option

In most cases, when you begin an option you will continue through it to a normal ending. At times however, you might want to exit the option to do something else. To stop what you are doing, enter a caret ^, which can also be referred to as an up-arrow or circumflex (Shift-6 on most keyboards). You can use the caret at almost any prompt to terminate the line of questioning and return to the previous level in the routine. Continue entering the caret to completely exit the system.

2.2.2.   Entering Data

Each response that you type must be followed by pressing the Return key (or Enter key) to indicate you have completed that entry. In many cases, you need only enter the first few letters (called shortcut synonyms) of an option or field, and the computer fills in the rest. Shortcut synonyms help increase speed and accuracy.

If a prompt has no "default response" and you want to bypass the question, press the Return or Enter key and the computer will go on to the next question. You will be allowed to bypass a question only if the information is not required to continue with the option. If the prompt has a default response, entering Return or Enter is the same as entering the default response.

Some typists use the lower case L for the number 1 and the letter O for zero. Please keep in mind that with this software the number 1 and the letter l are not interchangeable. Also, the number 0 and the letter O are not interchangeable.

2.2.3. Obtaining Help

If you need assistance while interacting with the software, enter a question mark or two to receive on-line help.

> `?`   Entering a single question mark at a prompt will provide a brief help message.

> `??`   Using two question marks will provide a more detailed help message, but may also start displaying a long list of responses to choose from.

2.2.4. Responding to Prompts

When the computer prompts you with a question, typically a colon : will follow. Several types of prompts may be used including yes/no, select, and default. Prompts usually ask for information that is later stored as a field in a file, like the basic prompt shown below.

> `DATE OF BIRTH:`   Enter a value, like March 3, 1960, then press the Return or Enter key.

2.2.5. Select Prompt

If the answer to the prompt is a choice of several alternatives, the question can appear prefixed with the word Select, as below.

> `Select PATIENT NAME:`

2.2.6. Yes/No Prompt

If the question requires either a Yes or No response (in which case simply Y or N, upper or lower case, is acceptable), the question will usually be followed by a question mark rather than a colon.

> `ARE YOU SURE?`

Sometimes, the text of the question will include, within parentheses, the different allowable responses that you can make to that question.

> `ARE YOU SURE (Y/N)?`

2.2.7. Default Prompt

Sometimes the question that the computer is asking has a standard expected answer. This is known as the default response. In order to save you the trouble of typing the most probable answer, the computer provides the answer followed with a double slash //. Either you enter nothing (also known as a null response) by pressing the Return key to accept the default response as your answer, or you can type a different response.

> `IS IT OKAY TO DELETE?  NO//`

2.2.8. Invalid Response

The computer software checks each answer immediately after it is entered. Whenever the computer determines that an answer is invalid for any reason, it usually beeps, displays two questions marks, and repeats the question on a new line.

2.2.9.   LAYGO

VistA software checks your answers against an internally stored table of valid answers. If your answer is not stored in this table but the Learn-As-You-GO (LAYGO) mode is allowed, the computer adds your response as one of those valid answers.

2.2.10.   Entering Dates and Times

When the acceptable answer to a question is a date, use the following answer formats. Note that the response is not case sensitive; upper or lower case input is acceptable.

```
Examples of Valid Dates:
     JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
     T   (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
     T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
   If the year is omitted, the computer uses the CURRENT YEAR.
   If only the time is entered, the current date is assumed.
   Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
   You may enter a time, such as NOON, MIDNIGHT or NOW.
```

The year portion of the date can be left off; normally the system will assume current year. Occasionally, the software will allow you to enter a time-of-day in connection with a date, for example, 4:00 P.M. on July 20, 1994. To do this, type the date in one of the above forms followed by an at sign @, followed by the time. For example, you might enter:

```
    20 JUL 94@4PM
```

In this mode, you can enter time either as military (four digit) time, hour AM/PM, or hour:minute:second AM/PM, or simply NOW (or Now or now) for the current date/time.

The colon : can be omitted. AM/PM can also be omitted if the time being entered is between 6 A.M. and 6 P.M. Thus, today at 3:30 P.M. can be entered as:

```
    T@330
```

Use MID as a response to mean 12:00 A.M. (midnight) and NOON as a response to mean 12:00 P.M. for time associated with dates.

```
    T+3W@MID
```

2.2.11.   Making Corrections

When you want to delete an answer previously entered without substituting any other answer, enter an at sign @ as a response to that prompt. This leaves the answer blank.

```
    DATE OF BIRTH:  May 21, 1946//@
```

In this example, the date on file has been erased and now there is no answer to the "DATE OF BIRTH" prompt; it is null.

The system will ask you to confirm that you really intend to delete the information.
Note: You may not be able to delete a response if the information is required.

```
     ARE YOU SURE?
```

This question is a safety feature, giving you a chance to change your mind now, without re-editing later.

2.2.12. Spacebar Recall Feature

When using this software, you might want to answer a prompt with a code meaning *the same as before*. For prompts that ask you to select one of several existing entries, the computer is capable of remembering what your last response was the last time you answered the same prompt. This feature is called spacebar recall and employs the spacebar and Return keys. Different hardware and software configurations support this feature to different degrees.

You generally can repeat information you entered the last time you responded to this prompt by entering a space and pressing the Return or Enter key. For example, you might wish to do a series of procedures for one patient. Each time (after the first), you are asked for the patient's name, you can enter a space and press the Return key and the computer will enter the same patient. The example below assumes that the user entered 5EAST at the last Select WARD: prompt.

```
     Select WARD:  <space><return>    5EAST
```

3. Beneficiary Travel Menu

Below is an overview of the BT menu and option structure as it appears to users, followed by a summary of each option.

```
-------------------------------------------------------------------------------------------

          Bene Travel Account file Enter/Edit
          Claim Enter/Edit
          Edit the BT Dashboard configuration file
          Income Certification Eligibility
          Parameter Rates Enter/Edit
          Report of Claim Amounts
          Reprint of 70-3542d form
   EDL    Edit Denial Letters Template
          View of Claim
   MAN    Manual Deductible Waiver
   ALT    BT Alternate Income Enter/Edit
   RDL    Reprint Denial of Benefits Letters
   RPTS   Beneficiary Travel Reports ...
-------------------------------------------------------------------------------
```

3.1. Beneficiary Travel Reports Submenu

```
-------------------------------------------------------------------------------------------
SUM          Summary Report
AUD          Audit Report
CL           Clerk Report
PAT          Travel Pattern Report
SP           Special Mode Report
FISC         Fiscal Report

-------------------------------------------------------------------------------------------
```

3.2. Summary of Main Menu items

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.

EDIT THE BT DASHBOARD CONFIGURATION FILE
This option allows the BT Supervisor or ADPAC to add VA and non-VA Institutions and CBOC's and their treating specialties. Alternate addresses can be entered if the address in the Institution file returns a zero (0) on the BT Dashboard.

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.

EDIT DENIAL LETTERS TEMPLATE
The Edit Denial Letters Template option allows supervisors the ability to change the denial letters if necessary due to CBO or legislative changes. These changes will be directly into the templates and will affect all future denial letters once the changes have been made.

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

MANUAL DEDUCTIBLE WAIVER
The Manual Deductible Waiver option allows the user to be able to enter manual waiver information into the system.

BT ALTERNATE INCOME ENTER/EDIT
The BT Alternate Income Enter/Edit option allows the user to enter or edit an alternate income for either POW or Hardship cases.

REPRINT DENIAL OF BENEFITS LETTERS
The Reprint Denial of Benefits Letters option allows the user to reprint a denial of benefits letter for a Veteran.

BENEFICIARY TRAVEL REPORTS…
The Beneficiary Travel Reports option allows the user to access a sub-menu of report options. These reports can be displayed, printed, or exported as text files.

3.3.   Summary of Reports Sub-Menu Options

SUMMARY REPORT
The Summary Report option allows the user to print a total report for either Special Mode or Mileage claims to be used for reporting metrics and planning purposes. This report can also be exported as a text file for import into other software.

AUDIT REPORT
The Audit Report option allows the user to print a full report of Mileage claims to be used by the CBO for aggregation for National reporting metrics. This report can also be exported as a text file for import into other software.

CLERK REPORT
The Clerk Report option allows the user to print either a full or total report for either Special Mode or Mileage claims based on entry clerk. This report can also be exported as a text file for import into other software.

TRAVEL PATTERN REPORT

The Travel Pattern Report option allows the user to print a full report of Mileage claims to be used to analyze mileage travel patterns. This report can also be exported as a text file for import into other software.

SPECIAL MODE REPORT
The Special Mode Report option allows the user to print either a full or total report of Special Mode claims for a specified date range. This report can also be exported as a text file for import into other software.

FISCAL REPORT
The Fiscal Report option allows the user to print a sub-set of the fields on the 70-3542d Voucher form for a specified date range. This report can also be exported as a text file for import into other software.

4. User Instructions

4.1. 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 was 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 typically be 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.

Warning about adding or editing accounts.

As of the BT Enhancements patch DGBT*1.0*20 release, entries in the BENEFICIARY TRAVEL ACCOUNT file 392.3 must conform to new rules. The Beneficiary Travel Supervisor or ADPAC can make the necessary changes through the Bene Travel Account file Enter/Edit option.

A. All accounts for mileage claims that are not of Type 4 (ALL OTHER) or Type 5 (C&P) should be inactivated. Or, if any of the accounts with types other than 4 or 5 need to remain active, the account type should be changed to 4 or 5. A facility can have more than one account of type 4 or type 5, but the default will be the first active account that the system detects.

B. A facility can have only one active special mode account (Type 3). It must contain the exact characters "SPECIAL MODE – NON-EMERGEN" in the text of the .01 ACCOUNT field. A 3-digit account code can precede or follow the required text. All other Type 3 entries must be inactivated.

4.2. 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.

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.

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.

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. Enter the amount of the Common Carrier fee(s) when the claimant presents receipt(s) of the actual incurred cost for travel by a mode other than privately owned vehicle and the mode was not medically necessary or the use of a privately owned vehicle was reasonably accessible. The entry prompts the system to compare the amount entered to the allowed mileage reimbursement for the same travel by privately owned vehicle. The system will determine the lesser cost and display it as the amount payable. If the Common Carrier fee is determined to be the lesser cost, the Applied Deductible is waived.

If the Common Carrier fee was determined to be "required" as medically necessary or a privately owned vehicle was not reasonably accessible then the fees will be entered in the Common Carrier field and the full amount of the receipt reimbursed as the amount payable without deductible.

If C&P account type is selected, you will also be asked whether or not the visit is a C&P review visit. Review visits are no longer paid at a different rate than the standard mileage. Answering Yes or No at this prompt will not change the rate per mile used to calculate the amount payable. Assigning the C&P account to a claim will automatically waive the Applied Deductible.

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 using this option.

The system will issue a warning message in the REMARKS area of the administrative information screen if there is an income discrepancy or deductible change.

Special Mode Trip Tracking
Prior to enhancement patch DGBT*1*20, VA *Special Mode* payments were handled outside the BT software. VA Medical Center (VAMC) facilities adopted various labor-intensive solutions to track special mode trips including paper and electronic spreadsheets and BT "clinics" in VistA. The following features

enable travel clerks and supervisors to fully capture and track Special Mode Transportation Authorization and Special Mode Transportation Vendor Billing.

The initial steps in creating a *Special Mode* claim are the same as for creating a *Mileage* claim.

- From the main Beneficiary Travel Menu, **Claim Enter/Edit** option, the user will create a claim.
- The user will specify the division, patient, and date for the claim.
- The user will verify that the patient passes eligibility requirements for BT reimbursement.

The system will then ask the user if they are creating a *Mileage* or a *Special Mode* claim. If this is a *Mileage* claim, then the system will process the remainder of the claim using the existing logic for mileage claims. If the user indicates that this is a *Special Mode* claim, then the system will prompt for the *Mode of Transportation*. The user must select one response from the following choices.

- *Air Ambulance Fixed*
- *Air Ambulance Rotary*
- *ALS(Advanced Life Support) Ambulance*
- *BLS (Basic Life Support) Ambulance*
- *Stretcher (Ambulette)*
- *Wheelchair Van*
- *Other*

If *Other* is selected from the above list, the user will be asked to enter up to 25 characters of text describing the mode of transportation.

Next, the user will be asked if this trip was pre-authorized. If the user response is *NO*, then the system will ask whether or not authorization for the BT claim is *approved* or *denied*. If it is *denied*, the system will deny the claim, issue an Appeal Rights document, and prompt for the *Vendor*. The user must select a *Vendor* from the list of vendors already in the system.

If the claim has not been denied, the system will then prompt the user for the *Vendor* associated with the claim. The user will must select a *Vendor* from the list of vendors already in the system.

The user will then enter the following information.

a) Departure Location for the trip (defaults to the patient *Address*).
b) Destination Location for the trip (defaults to the *Address* of the selected division).
c) Any additional remarks for the claim.
d) Information from the Vendor's Invoice. This includes the following fields. *Note*: *[R] indicates that the user is required to enter a value for the field. [O] indicates that the field is optional:*

    i.   *Invoice number* [R]
    ii.   *Date* that the bill was received [O]
    iii.   Whether the trip was *Round-Trip* or *One-Way* [R]
    iv.   How many *Total Miles* were traveled [R]
    v.   *Base Rate* Fee [R]
    vi.   *Mileage* Fee [R]

vii.   *No-Show/No-Load* Fee [O]
viii.   *Wait Time* Fee [O]
 ix.   *Extra Crew* Fee [O]
  x.   *Special Equipment* Fee [O]
 xi.   *Total Invoice Amount* [R]

If the value entered for *Total Invoice Amount* does not equal the sum of the component fees, then the user will be prompted to correct the claim before continuing. The user will then enter any final remarks and complete the claim.

Net Income Display

The BT system will display the Veteran's *Net Income* instead of *Gross Income*. *Net Income* is defined as the Veteran's *Gross Income* minus the following *Deductibles*:

a.   Education costs for the Veteran only. (Does not include education costs attributed to family members.)

b.   Adjusted medical costs for the Veteran and family members

c.   Funeral costs

Note: *There will be times when no value for Income is displayed. For more information, please see the* **Income and Status Display from Means and Co-pay tests** *section below.*

Automatic Deductible Zero

The BT system will determine if the deductible should be waived for Veterans who report *Income* below the appropriate pension threshold. The BT system will automatically set the *Deductible* for a claim to zero ($0) if any of the following conditions are true:

a)   The Veteran receives a VA Pension. This includes:
  i.   Veterans with a VA Pension
  ii.   Veterans with a VA Pension and Aid and Attendance (A&A)

b)   Veterans with a VA Pension and House Bound (HB). The Veteran meets the criteria for low-income eligibility. This includes:
  i.   Low income by means test (MT)/prescription (Rx) co-pay test outcome
  ii.   Projected income test, such as those from an offline income test that is entered manually into the BT system, determines income below thresholds

c)   The *Mode of Transportation* selected for the claim is *Common-Carrier*

Automatic Eligibility Determination

The BT system will correctly determine if a Veteran is eligible for BT reimbursement. There are several checks that the BT system will make when determining eligibility, as well as several checks that require input from the user.

When the BT user starts a claim, the system will perform the following three automatic checks:

a) If the Veteran is *Service Connected* (SC) 30% or greater, then he will be eligible for BT reimbursement. Otherwise, go to step b.
b) If the Veteran receives a VA pension, then he will be eligible for BT reimbursement. Otherwise, go to step c.
c) If the Veteran is below the low income eligibility thresholds based upon his current means test or Rx co-pay test, then he will be eligible for BT reimbursement. Otherwise, go to step d.

If any of the above automatic checks (a, b, or c) indicate that the Veteran is eligible for BT reimbursement then the BT system will ask the user if they want to continue the claim or deny for other reasons. If the user continues the claim processing for this determination is complete.

If, however, the Veteran does not qualify using tests outlined above, the BT system will ask the user for additional information in order to determine if the Veteran is eligible for BT reimbursement:

d) The BT system will ask the user if the Veteran is traveling for a SC appointment. If the user responds *YES* then the Veteran will be eligible for BT reimbursement. Otherwise, go to step g.
e) The BT system will ask the user if the Veteran is traveling for a C&P appointment. If the user responds *YES* then the Veteran will be eligible for BT reimbursement.

If either of the above manual checks (d or e) indicate that the Veteran is eligible for BT reimbursement then the processing for this determination is complete. If, however, the Veteran does not qualify using either of the manual tests outlined above, the BT system will inform the user that the Veteran does not qualify for BT reimbursement. The BT system will then ask the user if they want to continue with the claim anyway. If the user responds *NO* then the claim will be denied and this part of the processing is complete. *NOTE: At this point in the processing the BT system will auto-generate a BT Denial of Benefits Letter.*

If the user responds *YES* then the BT system will ask the user to specify the reason why the claim is being continued even though the Veteran has not been found eligible for BT reimbursement. The list of possible reasons is:

*   *Caregiver*
*   *Transplant*
*   *Other*

If the user selects *OTHER*, then the BT system allows the user to manually enter a reason why the claim is being continued even though the Veteran has not been found eligible for BT reimbursement. Once the user enters a reason, the eligibility-checking process is complete and the user can continue with the claim.

If the system determines that the Veteran is eligible for reimbursement based on the three automatic checks above (a, b, or c) the system will continue with the claim. The user will be then offered another question to allow for the denial of claims based on reasons such as non-qualifying appointment or claim older than 30 days.

The question will be stated as:

```
Answer NO if you want to deny claim for any reason. Want to continue? Yes//
```

Answering No here will start the denial workflow allowing the user to select the appropriate denial reason to generate the denial letter.

Answering Yes here will continue processing the claim.

BT Deductible Tracking
The BT system will count the total number of one-way and round trips the Veteran has made to any VAMC under account 829 (i.e. mileage claims only) in the current calendar month. This total will be displayed as a message on the Beneficiary Travel Claim Information screen.

The BT system will retrieve the total dollar amount deducted for the current calendar month for all trips made to any VAMC. This value is displayed as a message on the Beneficiary Travel Claim information screen.

The BT system will determine if the Veteran has qualified to have the deductible waived for a mileage claim. The deductible will be waived if any of the following conditions are met:

a. The Veteran has made at least 6 trips under account 829 (i.e. mileage claims only) to any VAMC in the current calendar month. For the purposes of this requirement each round trip is counted as 2 trips and each one-way trip is counted as 1 trip. For example, the BT system will waive the deductible if the Veteran has made 4 one-way trips and one round trip to any VAMC in the current calendar month.
b. The total amount already deducted for the Veteran in the current calendar month is greater than or equal to eighteen ($18) dollars.
c. The Veteran has an approved manual waiver on file with any site in the BT system
d. The Veteran receives a VA pension.
e. The Veteran meets the criteria for low-income eligibility.
f. The clerk selects Common Carrier as Mode of Transportation.

The BT system displays a message on the Beneficiary Travel Claim Information screen indicating whether or not the Veteran has qualified to have the deductible waived for a mileage claim.

Lastly, if the Veteran qualifies to have the deductible waived for a mileage claim (account 829) the BT system sets the deductible amount to $0 in the claim.

Waiver Expiration
If the Veteran has an authorized Waiver to the Deductible in effect, the BT system will display a message to the user on the Beneficiary Travel Claim Information screen indicating when the Waiver expires. The expiration date for the waiver will be calculated as follows:

a. If the Veteran qualifies for the waiver because they receive a VA pension then the system will display *PENSION* as the expiration date.
b. If the Veteran qualifies for the waiver because they are below the low-income eligibility thresholds based upon a current Rx co-pay test then the system will display the date when the associated test Rx co-pay expires.

c. If the Veteran qualifies for the waiver because they are below the low-income eligibility thresholds based upon a current Means Test then the system will display the text "MEANS TEST DO NOT EXPIRE".

d. For all other cases the system will display "12/31/xx".

Income and Status Display from Means and Co-pay tests
The BT system displays *Income* and *Status* on the Beneficiary Travel Claim Information screen. This will be achieved by performing the following steps:

1. If the Veteran has a valid Rx co-pay record on file which was performed within the last year and has a status of *Non Exempt*, then the *Income* field will remain blank and the *BT Income* field will display *INELIGIBLE*.

2. If the Veteran does not have a valid RX co-pay test on file and does have a valid means test (MT) on file which was conducted within the last year, then the system will display the Veteran's *Net Income* in the *Income* Field.

3. If the Veteran has or one or more RX co-pay records on file, but was not performed within the last year, then the *Income* field will remain blank. In addition, the *Status* field will display *EXPIRED*.

4. If the Veteran does not have a valid Means Test on file, then the Income field will remain blank. In addition, the Status field will display EXPIRED.

Display Last Address Change Date
The BT system will display the *Date* of the last change to the Veteran's *Address*. This date is retrieved from the *Address Change* log in the *Eligibility* and *Enrollment* data in VistA. The date of the most recent address change will be displayed on the Beneficiary Travel Claim Information screen just below the address information, and above the eligibility information. The format for the date display is:

Date Address Last Changed: MMM DD, YYYY

Message on Service Connected Appointment Only
The BT system displays a message to the user if the Veteran is only eligible for *SC Conditions* if the Veteran is less than 30% SC, and does not pass the *Low-Income Eligibility* test, then the BT system will display "*BT Alert: ELIGIBLE FOR SC APPOINTMENTS ONLY*" on the Beneficiary Travel Claim Information screen. The message will be displayed just above the Veteran's *Income*.

Previous Income Information Retrieval
There will be times when changes in a Veteran's administrative eligibility for BT or changes in BT rules/regulations grant a Veteran reimbursement of travel for claims that were previously denied or never requested by the Veteran. To correctly process such claims the BT system will do the following:

1) When a claim is entered for a previous year, the BT system will locate and use the income information from the Veteran's MT or Rx co-pay test that was in effect at the time the trip was made. BT will check to see if the Veteran had a valid Rx co-pay test created during the 364 days prior to the date of the travel. BT system will locate and use the income information from the Veteran's MT that was in effect at the time the trip was made.
2) This prior-year income value will be used when determining if the Veteran is eligible to receive BT reimbursement and/or a deductible waiver for that claim.
3) This prior-year income value will also be displayed on the Beneficiary Travel Claim Information screen in a manner that distinguishes it from the Veteran's current income.

Common Carrier Mode of Transportation
The BT system captures additional information when a Veteran uses a Common Carrier as the means of transportation for a trip. The BT system asks the user if the method of transportation for a mileage claim was Common Carrier. If the user responds *YES* then the BT system asks the user to specify the type of Common Carrier by selecting a value from choices in the BT database.

If the user selects a Common Carrier other than *BUS* the BT system will ask for the *Common Carrier Reimbursement Amount* as well as the *Date of Reimbursement*:

If the user selects *BUS* as the Common Carrier mode of transportation, the BT system will then ask for the type of Bus Ticket. The options are: *TICKET* or *PASS*.
   a. Selecting *TICKET* indicates that this was a one-time use ticket (i.e. not a bus pass).
   b. If the user selects *PASS*, then the BT system will require the user to enter the *Date* when the Bus Pass expires.

After the user enters the required information for the *BUS* Common Carrier mode of transportation, the BT system will ask the user for the *Common Carrier Reimbursement Amount* as well as the *Date of Reimbursement*.
If the Veteran has an existing valid claim in the BT system for which the mode of transportation is *BUS PASS*, and the *Date* when the *BUS PASS* expires is be greater than the current date, then the Beneficiary Travel Claim Information screen will display the following:

BT Alert: BUS PASS ISSUED - EXPIRES MMM DD, YYYY

MMM DD, YYYY is the *Date* when the *Bus Pass* expires. The message will be displayed directly above the Veteran's *Income* information.

Denial of Benefits
If the claim is denied for any reason, the BT system allows the user to generate a Denial of Benefits letter when it has been determined that the Veteran is not eligible for BT reimbursement. After the claim is denied, the system will do the following:

1. Ask if the user wants to issue a Denial of Benefits Letter to the Veteran. If the user responds *NO* the processing for this feature is complete.
2. If the user responds *YES*, the BT application asks the user what type of Denial of Benefits Letter to generate. The valid responses are limited to the following choices:

- **30 Day Application Requirement**   Selected if the request for payment consideration was received more than 30 calendar days from the date the Veteran completed travel associated with his appointment, or the date he became administratively eligible for payment of Beneficiary Travel benefits. *NOTE: this option is available upon denial of either Special Mode or Mileage claims.*

- **NSC High Income**   Selected if the Veteran is Non-Service Connected (NSC) with income above the established low income threshold or his income is not on file to determine a low income status exists for consideration of payment. *NOTE: this option available upon denial of either Special Mode or Mileage claims.*

- **SC <30% Non-SC Appointment**   Selected if the Veteran is SC with a rating of less than 30%, with income above the established low income threshold or not on file to determine if a low income status exists, and his medical appointment was not coded as treating his service connected condition(s). *NOTE: this option is available upon denial of either Special Mode or Mileage claims.*

- **Non-Qualified Appointment**   Selected if the Veteran's appointment(s) associated with his date of travel do not qualify for payment. *NOTE: this option is available upon denial of Special Mode or Mileage claims.*

- **Non-Veteran**   VistA lists the Veteran's enrollment category as a Non-Veteran. *NOTE: this option is available upon denial of either Special Mode or Mileage claims.*

- **Medical Review (Special Mode claims)**   Selected if pre-authorization was not obtained before using special mode transport and the BT medical review team determined the Veteran's condition at the time of transport failed to qualify

as an emergency to authorize payment. *NOTE: this option is only available when the type of claim being denied is Special Mode.*

3. The BT system will then save the user response with the claim and generate the appropriate Denial of Benefits letter based upon the user response to step 2 above. The user will also be asked to select the printer to be used.

Claim Enter/Edit Examples:

Example 1: ENTERING A MILEAGE TRAVEL CLAIM

```
Select Beneficiary Travel Claim  MENU option:  CL
Select DIVISON: Albany
Select PATIENT: ?
    Answer with PATIENT NAME, or SOCIAL SECURITY NUMBER, or last 4 digits
    of SOCIAL SECURITY NUMBER, or first initial of last name with last
    4 digits of SOCIAL SECURITY NUMBER
 Do you want the entire 87-Entry PATIENT List? N  (No)
Select PATIENT: DGBTPATIENT,TESTING A
Select TRAVEL CLAIM DATE/TIME: NOW// ??
     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T   (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR.  Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.
     If only the time is entered, the current date is assumed.
     Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
     You may enter a time, such as NOON, MIDNIGHT or NOW.
     You may enter  NOW+3'  (for current date and time Plus 3 minutes
       *Note--the Apostrophe following the number of minutes)
     Time is REQUIRED in this response.

Time is required when adding a new CLAIM date.
If there is more than one claim per date, select by number to edit.

Enter a 'P' to display Past CLAIM dates for editing.

Select TRAVEL CLAIM DATE/TIME: NOW//

Are you sure you want to add a new claim? YES//
```

At this point the Administrative Screen opens to display information about the claimant that is used by the BT clerk to determine if the claim will be paid or denied. Items displayed include:

- Primary and secondary administrative eligibility
- Current Income on file by Means Test, Co-pay test, Alternate Income test, or BT Income Certification
- Deductible Waiver status
- Calendar month one way and round-trips recorded within the BT package at any VA facility
- Deductible Applied within the calendar month at any VA facility
- Date of Last Address Change display (from Registration package)
- Eligible for SC Only
- Bus Pass payment display

The BT package is designed to automatically determine administrative eligibility for payment by reviewing the claimant's Primary and Secondary Eligibility, Income, and Appointments within VistA. If the system does not determine the claimant is eligible it will ask a series of questions for the BT clerk to further define the eligibility and approve completion of the claim for payment or deny the claim and issue a denial letter.

If the system determines that the Veteran is eligible for reimbursement based on the three automatic checks, the system will continue with the claim. The user will be asked another question to allow for the denial of claims based on reasons such as non-qualifying appointment or claim older than 30 days:

```
Answer NO if you want to deny claim for any reason. Want to continue? Yes//
```

Answering NO here will start the denial workflow allowing the user to select the appropriate denial reason to generate the denial letter.

Answering YES here will continue processing the claim.
If the Veteran does not pass the automatic checks then another series of questions will be asked:

```
IS THIS A CLAIM FOR A SERVICE CONNECTED APPOINTMENT? No//
IS THIS A CLAIM FOR A COMP AND PENSION APPOINTMENT? No//

PATIENT IS NOT ELIGIBLE FOR BT REIMBURSEMENT

CONTINUE WITH CLAIM? No// YES
SELECT REASON FOR ELIGIBILITY: ??

Enter a code from the list.

     Select one of the following:

          1          Caregiver
          2          Transplant
          3          Other

SELECT REASON FOR ELIGIBILITY:
This is a required response. Enter '^' to exit
SELECT REASON FOR ELIGIBILITY: 3  Other
SPECIFY OTHER REASON FOR ELIGIBILITY: ??

Is this a Mileage or Special Mode Claim?: M// ILEAGE
   Enter 'M' for Mileage Claim or RETURN to continue processing Mileage
claim or 'S' for Special Mode Claim.

     Select one of the following:

          M          MILEAGE
          S          SPECIAL MODE
```

The package now displays past claim information, patient visits, admissions, and appointments associated with the date of claim as listed in the VistA structure. Upon completion of the review the clerk is then prompted to confirm the date/time of the claim and asked to continue completing the claim.

```
Select Account: ?
   Answer with BENEFICIARY TRAVEL ACCOUNT, or ACCOUNT NUMBER
   Choose from:
   829 ALL OTHER        829
   827 C&P         827
ATTENDANT/PAYEE: ?
     Enter the name in 'Last,First Middle' format between 3-30 characters.
     With the exception of the comma, period, space, hyphen, dash and
     apostrophe punctuation characters should be avoided.

Please enter mileage obtained from BT Dashboard ...

MILEAGE/ONE WAY: ?
     Type a Number between 0 and 10000, 0 Decimal Digits

     If patient used a common carrier, then the mileage entered here would be
     only the mileage needed to get to the common carrier pick up point.
MILEAGE/ONE WAY: 1

ONE WAY / ROUND TRIP: ??
     Choose from:
       1          ONE WAY
       2          ROUND TRIP
ONE WAY / ROUND TRIP: 2

COMMON CARRIER USED? NO// ?
Enter either 'Y' or 'N'.
```

```
COMMON CARRIER USED? NO//
```

Note: The mileage claim workflow is unchanged if "Common Carrier used?" is answered NO.

```
MEALS & LODGING: 0//
     Type a Dollar Amount between 0 and 10000, 2 Decimal Digits
FERRY, BRIDGES, ETC.:0//
     Type a Dollar Amount between 0 and 10000, 2 Decimal Digits
MOST ECON.COST: 0//
     Type a Dollar Amount between 0 and 10000, 2 Decimal Digits
DEDUCTIBLE AMOUNT: 6//
     Type a Dollar Amount between 0 and 10000, 2 Decimal Digits
REMARKS:  ??
     Answer must be 1-79 characters in length and not containing a "".
```

The BT Clerk needs to review the summary information for completeness before printing the voucher. Print the voucher and enter electronic signature if applicable. Review the printed voucher for accuracy.

Note: If "Common Carrier used?" is answered YES then new questions will be asked.

```
COMMON CARRIER USED? NO// YES
COMMON CARRIER MODE: ?
        Enter the mode of transportation used for this Beneficiary Travel Claim.
   Answer with BENEFICIARY TRAVEL MODE OF TRANSPORTATION, or NUMBER
   Choose from:
   1           AIRPLANE
   2           BUS
   3           HIRED CAR/VAN
   4           METRO TRANSIT
   5           NON-PROFIT VAN
   6           TAXI

        You may enter a new BENEFICIARY TRAVEL MODE OF TRANSPORTATION, if you wish
        ANSWER MUST BE 3-30 CHARACTERS IN LENGTH, ENTER THE TYPE OF
        TRANSPORTATION USED FOR BENEFICIARY TRAVEL

COMMON CARRIER MODE: TAXI
      ...OK? Yes//   (Yes)
```

Note: This is the standard Common Carrier workflow for all Modes except BUS.

```
COMMON CARRIER DATE REIMBURSED: AUG 30,2012// ?
     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T   (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR. Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.

     Enter a date which is less than or equal to NOW.
     Enter date reimbursement was given for use of common carrier. No future
     dates allowed.
COMMON CARRIER DATE REIMBURSED: AUG 30,2012//   (AUG 30, 2012)
COMMON CARRIER FEE: ?
     Type a dollar amount between 0 and 1000000, 2 decimal digits.
COMMON CARRIER FEE: 25
COMMON CARRIER REQUIRED: ?
     Is Common Carrier required?
     Choose from:
      1         YES
      0         NO
COMMON CARRIER REQUIRED: Y  YES
MEALS & LODGING: 0// ?
```

Note: If "Common Carrier MODE?" is answered BUS then new questions will be asked.

```
COMMON CARRIER MODE: BUS// BUS
        ...OK? Yes//    (Yes)

BUS PASS OR TICKET: ?
     Choose whether the patient has a monthly bus pass or a single use ticket.
     Choose from:
       P        PASS
       T        TICKET
BUS PASS OR TICKET: P  PASS
BUS PASS EXPIRATION DATE: ?
     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T   (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR.  Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.
     Enter the expiration date for the patient's bus pass.
BUS PASS EXPIRATION DATE: 9/30  (SEP 30, 2012)
COMMON CARRIER DATE REIMBURSED: AUG 30,2012// ?
     Examples of Valid Dates:
       JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
       T   (for TODAY),  T+1 (for TOMORROW),  T+2,  T+7,  etc.
       T-1 (for YESTERDAY),  T-3W (for 3 WEEKS AGO), etc.
     If the year is omitted, the computer uses CURRENT YEAR.  Two digit year
       assumes no more than 20 years in the future, or 80 years in the past.

     Enter a date which is less than or equal to NOW.
     Enter date reimbursement was given for use of common carrier. No future
     dates allowed.
COMMON CARRIER DATE REIMBURSED: AUG 30,2012//
COMMON CARRIER FEE: 25// ?
     Type a dollar amount between 0 and 1000000, 2 decimal digits.
COMMON CARRIER FEE: 25//
COMMON CARRIER REQUIRED: YES// ?
     Is Common Carrier required?
     Choose from:
       1        YES
       0        NO
```

Note: If "COMMON CARRIER REQUIRED?" is answered NO then Common Carrier Fee will ignored and the Most Economical amount will be compared to any entered mileage amount to determine the lesser amount to be paid.

Note: If "COMMON CARRIER REQUIRED?" is answered YES then Common Carrier Fee will be paid regardless of any Most Economical amount entered.

Expected Output:
  Voucher form VA 70-3542d

Example 2: DENIAL OF BENEFITS DURING MILEAGE TRAVEL CLAIM ENTRY

In this example, the patient has no unexpired Means or Co-pay tests, so no income amount is included in the informational display.

```
                 Beneficiary Travel Claim Information <Screen 1>

  Claim Date: AUG 30,2012@21:23

        Name: DGBTPATIENT,TESTING A     PT ID: 000-00-0450P     DOB: MAY 4,1950

     Address: 2821 ANYWHERE STREET
              LATHAM, NEW YORK  12110

     Date Address Last Changed: JUN 14, 2012

 Eligibility: SC LESS THAN 50%               SC%: 10

 Disabilities:   FOREARM MUSCLE INJURY (10%-SC)

  BT Alert: ELIGIBLE FOR SC APPOINTMENTS ONLY

  Income:  (Year: 2012)              Source of Income:  COPAY TEST
  No. of Dependents: 1               MT Status: NOT APPLICABLE

  BT Income: INELIGIBLE
  TOTAL TRIPS THIS MONTH: 1 ONE WAY, 1 RD TRIP     WAIVER GRANTED: NO
  TOTAL DEDUCTIBLE THIS MONTH: 9
Continue processing claim? YES//

 Answer NO if you want to deny claim for any reason. Want to continue? Yes//
```

The question above will only display if automatic eligibility checks are passed.
The following two questions will be skipped if eligibility is automatic.

```
 IS THIS A CLAIM FOR A SERVICE CONNECTED APPOINTMENT? No// ?
 IS THIS A CLAIM FOR A COMP AND PENSION APPOINTMENT? No// ?

 PATIENT IS NOT ELIGIBLE FOR BT REIMBURSEMENT

CONTINUE WITH CLAIM? No//

 Not Eligible: PATIENT AGREES WITH DENIAL OF CLAIM


     Select one of the following:

          M          MILEAGE
          S          SPECIAL MODE

 Is this a Mileage or Special Mode Claim?: M// ILEAGE

 CLAIM HAS BEEN DENIED AND DENIAL OF BENEFITS LETTER WILL BE ISSUED

 Select Denial Reason: ?
     Answer with BENEFICIARY TRAVEL DENIAL REASONS
    Choose from:
    30 DAY APPLICATION REQUIREMENT
    NON-QUALIFIED APPOINTMENT
    NON-VETERAN
    NSC HIGH INCOME
    SC<30% NON-SC APPOINTMENT

 Select Denial Reason: 30 DAY APPLICATION REQUIREMENT
 ISSUE DENIAL OF BENEFITS LETTER? // ?
```

```
ENTER 'YES' OR 'NO'.

ISSUE DENIAL OF BENEFITS LETTER? // YES



DEVICE: HOME//   UCX/TELNET    Right Margin: 80//

                    DEPARTMENT OF VETERANS AFFAIRS
                              1ALBANY
                           33384 88TH ST
                      ALBANY, NEW YORK 12112


                                                   AUG 30,2012
                                                   500/136B
                                                   D0450P
      Beneficiary Travel Payment Decision

      Dear Veteran,

      We regret to inform you that your request for the VA to reimburse the
      cost of your transportation to and from your medical appointment on
      AUG 30,2012 is denied.

      For our office to authorize reimbursement of your transportation costs
      you must meet administrative eligibility and application rules found
      within the Beneficiary Travel regulations at 38 Code of Federal
      Regulations Part 70, " Beneficiary Travel under 38 U.S.C. 111 within
      the United States .

      Your bill has been denied for the following reason:

      Your request for payment consideration was received greater than 30
      calendar days from the date you completed travel associated with your
      date you completed travel associated with your appointment or the date
      you became administratively eligible for payment of Beneficiary Travel
      benefits.

      If you disagree with this decision follow the instructions on the
      enclosed VA Form 4107VHA, "Your Rights to Appeal Our Decision."  The
      Notice of Disagreement should be delivered to the Beneficiary Travel
      Supervisor at your local facility.  A second review of your case will
      be conducted at that time to ensure all facts surrounding the decision
      were considered to determine if the denial met all regulatory
      guidelines or to reverse the original decision.  If we do not rule in
      your favor, you will be provided a Statement of Case, which describes
      the facts, laws, regulations, and reasons for our decision


      Sincerely,


      JOHN CLERK
      Beneficiary Program Specialist


PLEASE COMPLETE THE INVOICE INFORMATION.

              Beneficiary Travel Claim Information <Screen 2>

        Name: DGBTPATIENT,TESTING A       PT ID: 000-00-0450P   DOB: MAY 4,1950

              Date/Time           Account         Deductible    Amt. Paid

Past Claims:  AUG 15,2012@09:00   829 ALL OTHER       $0.00        $41.50
              AUG  9,2012@17:21   829 ALL OTHER       $3.00        $24.38
              AUG  8,2012@10:00   829 ALL OTHER       $6.00         $2.30
```

```
   Visits For: AUG 30,2012 * * * * CURRENTLY AN INPATIENT * * * *

 Admitted On: JUN 23,2012@16:31:18      Ward Location: TESTWARD

 Appointments: NONE RECORDED FOR THIS DATE

 Complete claim for AUG 30,2012@21:23? Yes// ?

          ENTER 'Y'ES OR 'N'O

 Complete claim for AUG 30,2012@21:23? Yes//   (Yes)

             Beneficiary Travel Claim Information <Enter/Edit>

       Name: DGBTPATIENT,TESTING A    PT ID: 000-00-0450P    DOB: MAY 4,1950
```

NOTE: If the total invoice does not equal the sum of the component fees, the system will prompt the clerk to correct the claim before continuing.

This concludes the Special Mode claim. The claim does not print. However, the information is stored for reporting, tracking, and audit purposes.

Example 3: ENTERING A SPECIAL MODE TRAVEL CLAIM

```
Select PATIENT:    TDGGLYN,ZLUB S       1-11-01    000004667P    NO     NSC VET
ERAN      BE/BR/BO/

Enter a 'P' to display Past CLAIM dates for editing.
Time is required when adding a new CLAIM.

Select TRAVEL CLAIM DATE/TIME: NOW//    (JAN 14, 2013@10:12)JAN 14,2013@10:12

Are you sure you want to add a new claim? Yes//    (Yes)


                Beneficiary Travel Claim Information <Screen 1>

  Claim Date: JAN 14,2013@10:12

        Name: TDGGLYN,ZLUB S          PT ID: 000-00-4667P     DOB: JAN 11,1901

     Address: 999 ESSEX STREET
              WOOD MILL CONV HOME
              ST RICHARDS, DISTRICT OF COLUMBIA  12345

     Date Address Last Changed: DEC 31, 2003

Eligibility: AID & ATTENDANCE

  Income:                            Source of Income:
  No. of Dependents:                 MT Status: EXPIRED

  BT Income: NOT RECORDED
                                      WAIVER EXPIRES: PENSION


  TOTAL TRIPS THIS MONTH: 1 ONE WAY, 0 RD TRIP     WAIVER GRANTED: YES
  TOTAL DEDUCTIBLE THIS MONTH: 0
Continue processing claim? YES//

Answer NO if you want to deny claim for any reason. Want to continue? Yes//
  (Yes)

Eligible: Recipient of VA Pension



     Select one of the following:

         M         MILEAGE
         S         SPECIAL MODE

Is this a Mileage or Special Mode Claim?: M// SPECIAL MODE

MODE OF TRANSPORTATION: ALS AMBULANCE

WAS TRIP PRE-AUTHORIZED? YES

SELECT VENDOR:    OPERATION LIFE SAFETY            PH:202 833-9999  NO:872606
ORD ADD:1329 18TH STREET NW                 FMS:
        WASHINGTON, DC 20036-6516           CODE:           FAX:

        ...OK? Yes//    (Yes)

PLACE OF DEPARTURE [LINE 1]: 999 ESSEX STREET//
PLACE OF DEPARTURE [LINE 2]: WOOD MILL CONV HOME//
CITY OF DEPARTURE: ST RICHARDS//
STATE OF DEPARTURE: DISTRICT OF COLUMBIA  Replace
ZIP CODE/DEPARTURE: 12345//

DESTINATION [LINE 1]: LOWELL VCCC//
```

```
DESTINATION [LINE 2]: 130 MARSHALL ROAD
DESTINATION [LINE 3]:
CITY: LOWELL//
STATE OF DESTINATION: MASSACHUSETTS//
ZIP CODE/DESTINATION: 01852//

INVOICE NUMBER: 654321

INVOICE DATE: T   (JAN 14, 2013)

ONE WAY/ROUND TRIP:ONE WAY TRIP

TOTAL MILES: 445

BASE RATE FEE: 100

MILEAGE FEE: 341

NO-SHOW/NO-LOAD FEE:

WAIT TIME FEE:

EXTRA CREW FEE:

SPECIAL EQUIPMENT FEE:

TOTAL INVOICE: 886

TOTAL INVOICE DOES NOT EQUAL THE SUM OF THE COMPONENT FEES.
YOU MUST CORRECT THE CLAIM BEFORE CONTINUING


BASE RATE FEE: 100//

MILEAGE FEE: 341//

NO-SHOW/NO-LOAD FEE:

WAIT TIME FEE:

EXTRA CREW FEE:

SPECIAL EQUIPMENT FEE:

TOTAL INVOICE: 441

REMARKS:


                Beneficiary Travel Claim Information <Screen 2>

        Name: TDGGLYN,ZLUB S            PT ID: 000-00-4667P   DOB: JAN 11,1901

             Date/Time           Account           Deductible    Amt. Paid

Past Claims: JAN  9,2013@11:14   921 INTERFACILI       $0.00        $0.42
             JAN  4,2013@10:26                         $0.00        $0.00
             MAY  2,1990@11:00   825 EMERGENCIES       $0.00      $316.00
             SEP 29,1989@10:00   825 EMERGENCIES       $0.00       $64.00
             AUG 10,1989@12:30   826 INTERFACILI       $0.00       $64.00


  Visits For: JAN 14,2013

Appointments: NONE RECORDED FOR THIS DATE

Complete claim for JAN 14,2013@10:12 ? Yes//   (Yes)

FILING..... COMPLETED...

PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

```
                    Beneficiary Travel Claim Information <Display>

   Claim Date: JAN 14,2013@10:12        Division: LOWELL VCCC

Name: TDGGLYN,ZLUB S                   PT ID: 000-00-4667P     DOB: JAN 11,1901

Depart From: 999 ESSEX STREET             To: LOWELL VCCC
             ST RICHARDS, DC 12345            130 MARSHALL ROAD
                                              LOWELL, MA  01852

Eligibility: AID & ATTENDANCE             SC%: 0

Account: 826 SPECIAL MODE - NON-EMERGENT

Mode/Trans: ALS AMBULANCE                 One Way/Round Trip:      ONE WAY
Carrier: OPERATION LIFE SAFETY            Total Miles Traveled:    445.00
Invoice: 654321                           Base Rate Fee:          $100.00
Date Received: JAN 14,2013                Mileage Fee:            $341.00
Pre-Authorized: YES                       No-Show/No Load Fee:      $0.00
Payment: APPROVED                         Wait Time Fee:            $0.00
Auth. Person: TRAVCLRK,ABCD               Extra Crew Fee:           $0.00
                                          Equipment Fee:            $0.00
                                          Total Invoice Amount:   $441.00

Remarks:
<I>nformation, <D>isplay claim, <E>dit claim, or <Q>uit Quit//


Select PATIENT:
```

Example 4: DENIAL OF BENEFITS DURING SPECIAL MODE TRAVEL CLAIM ENTRY

NOTE: This example does not show any income for 2012 because the Rx Copay Test is older than 365 days.

```
                    Beneficiary Travel Claim Information <Screen 1>

  Claim Date: AUG 30,2012@21:27

        Name: DGBTPATIENT,TESTING A     PT ID: 000-00-0450P     DOB: MAY 4,1950

     Address: 2821 ANYWHERE STREET
              LATHAM, NEW YORK  12110

     Date Address Last Changed: JUN 14, 2012

 Eligibility: SC LESS THAN 50%                 SC%: 10

Disabilities:   FOREARM MUSCLE INJURY (10%-SC)

  BT Alert: ELIGIBLE FOR SC APPOINTMENTS ONLY

  Income:  (Year: 2012)                Source of Income:  COPAY TEST
  No. of Dependents: 1                 MT Status: NOT APPLICABLE

  BT Income: INELIGIBLE
  TOTAL TRIPS THIS MONTH: 1 ONE WAY, 1 RD TRIP     WAIVER GRANTED: NO
  TOTAL DEDUCTIBLE THIS MONTH: 9
Continue processing claim? YES//
IS THIS A CLAIM FOR A SERVICE CONNECTED APPOINTMENT? No// y  (Yes)

 Eligible: Patient stated SERVICE CONNECTED APPOINTMENT




     Select one of the following:

        M        MILEAGE
        S        SPECIAL MODE

Is this a Mileage or Special Mode Claim?: S// PECIAL MODE

MODE OF TRANSPORTATION: ALS AMBULANCE//

WAS TRIP PRE-AUTHORIZED? NO//
IS AUTHORIZATION APPROVED? YES// NO

CLAIM HAS BEEN DENIED AND DENIAL OF BENEFITS LETTER WILL BE ISSUED

Select Denial Reason: ?
    Answer with BENEFICIARY TRAVEL DENIAL REASONS
   Choose from:
   30 DAY APPLICATION REQUIREMENT
   MEDICAL REVIEW
   NON-QUALIFIED APPOINTMENT
   NON-VETERAN
   NSC HIGH INCOME
   SC<30% NON-SC APPOINTMENT

Select Denial Reason: MEDICAL REVIEW
ISSUE DENIAL OF BENEFITS LETTER? // YES



 DEVICE: HOME//   UCX/TELNET    Right Margin: 80//

                       DEPARTMENT OF VETERANS AFFAIRS
                              1ALBANY
                             33384 88TH ST
                        ALBANY, NEW YORK 12112
```

```
                                                AUG 30,2012
                                                500/136B
                                                D0450P
    Beneficiary Travel Special Mode Payment Decision

    Dear Veteran,

    We regret to inform you that your request for the VA to provide
    payment for the cost of the special mode transportation you received
    on AUG 30,2012 is denied.

    Special mode of transportation includes ambulance, stretcher van,
    wheelchair van or any mode of transportation specially designed to
    transport a disabled person.  In order for the VA to reimburse for a
    special mode of transportation; you must meet the administrative
    eligibility criteria of 38 Code of Federal Regulations Part
    70,"Beneficiary Travel under 38 U.S.C. 111 within the United States,
    and VA must determine that your medical condition required the type of
    special mode transport. In addition  the travel must be pre-authorized
    except in emergencies where a delay would be hazardous to life or
    health. Finally  the application for payment must be submitted to our
    office within thirty calendar days of the date of service to be
    eligible for consideration.

    Your bill has been denied for the following reason:

    Pre-authorization was not obtained before using special mode
    transport, and our medical review team determined your condition at
    the time of transport failed to qualify as an emergency to authorize
    payment.

    If you disagree with this decision follow the instructions on the
    enclosed VA Form 4107VHA, "Your Rights to Appeal Our Decision."  The
    Notice of Disagreement should be delivered to the Beneficiary Travel
    Supervisor at your local facility.  A second review of your case will
    be conducted at that time to ensure all facts surrounding the decision
    were considered to determine if the denial met all regulatory
    guidelines or to reverse the original decision.  If we do not rule in
    your favor, you will be provided a Statement of Case, which describes
    the facts, laws, regulations, and reasons for our decision.



    Sincerely,




    JOHN CLERK
    Beneficiary Program Specialist


PLEASE COMPLETE THE INVOICE INFORMATION.

SELECT VENDOR: VENDOR #1// ?
    Answer with VENDOR NUMBER, or NAME, or DUN & BRADSTREET #, or
       FMS VENDOR CODE, or SYNONYM:
   1          VENDOR #1                        PH:            NO:    1
ORD ADD:123 SMITH LANE                  FMS:
                                        CODE:          FAX:




Select a Vendor from the list only.

SELECT VENDOR: VENDOR #1//   VENDOR #1               PH:            NO:    1
ORD ADD:123 SMITH LANE                  FMS:
                                        CODE:          FAX:

        ...OK? Yes//    (Yes)
```

```
PLACE OF DEPARTURE [LINE 1]: 2821 ANYWHERE STREET  Replace
PLACE OF DEPARTURE [LINE 2]:
CITY OF DEPARTURE: LATHAM//
STATE OF DEPARTURE: NEW YORK//
ZIP CODE/DEPARTURE: 12110//

DESTINATION [LINE 1]: DBA//
DESTINATION [LINE 2]: 1ALBANY//
DESTINATION [LINE 3]: 33384 88TH ST//
CITY: ALBANY//
STATE OF DESTINATION: NEW YORK//
ZIP CODE/DESTINATION: 12112//

INVOICE NUMBER: 3433//

INVOICE DATE: AUG 30, 2012//   (AUG 30, 2012)

ONE WAY/ROUND TRIP:ROUND TRIP//

TOTAL MILES: 100//

BASE RATE FEE: 200//

MILEAGE FEE: 50//

NO-SHOW/NO-LOAD FEE:

WAIT TIME FEE:

EXTRA CREW FEE:

SPECIAL EQUIPMENT FEE:

TOTAL INVOICE: 250//

REMARKS:

              Beneficiary Travel Claim Information <Screen 2>

       Name: DGBTPATIENT,TESTING A      PT ID: 000-00-0450P  DOB: MAY 4,1950

            Date/Time            Account          Deductible    Amt. Paid

Past Claims:  AUG 15,2012@09:00   829 ALL OTHER         $0.00       $41.50
              AUG  9,2012@17:21   829 ALL OTHER         $3.00       $24.38
              AUG  8,2012@10:00   829 ALL OTHER         $6.00        $2.30


  Visits For: AUG 30,2012 * * * * CURRENTLY AN INPATIENT * * * *

 Admitted On: JUN 23,2012@16:31:18    Ward Location: TESTWARD

Appointments: NONE RECORDED FOR THIS DATE

Complete claim for AUG 30,2012@21:27 ? Yes//   (Yes)

FILING..... COMPLETED...

PRESS RETURN TO CONTINUE OR '^' TO STOP....

              Beneficiary Travel Claim Information <Display>

  Claim Date: AUG 30,2012@21:27      Division: DBA

Name: DGBTPATIENT,TESTING A          PT ID: 000-00-0450P    DOB: MAY 4,1950

 Depart From: 2821 ANYWHERE STREET          To: 1ALBANY
              LATHAM, NY 12110                  33384 88TH ST
                                               ALBANY, NY  12112
```

```
Eligibility: SC LESS THAN 50%                 SC%: 0

Account: 826 SPECIAL MODE - NON-EMERGENT

Mode/Trans: ALS AMBULANCE              One Way/Round Trip:    ROUND TRIP
Carrier: VENDOR #1                     Total Miles Traveled:      100.00
Invoice: 3433                          Base Rate Fee:            $200.00
Date Received: AUG 30,2012             Mileage Fee:               $50.00
Pre-Authorized: NO                     No-Show/No Load Fee:        $0.00
Payment: DENIED                        Wait Time Fee:              $0.00
Auth. Person: ENGLEBACH,ROB            Extra Crew Fee:             $0.00
                                       Equipment Fee:              $0.00
                                       Total Invoice Amount:     $250.00


Remarks:
<I>nformation, <D>isplay claim, <E>dit claim, or <Q>uit Quit//
```

NOTE: If the total invoice does not equal the sum of the component fees, the system will prompt the clerk to correct the claim before continuing.

This concludes the Special Mode claim. If a Special Mode claim is denied, the claim does not print. However, the information is stored for reporting, tracking, and audit purposes.

Expected Output:
Denial of Benefit letter

Example 5: SAMPLE CLAIM VOUCHER

```
|==============================================| VOUCHER FOR CASH REIMBURSEMENT OF BENEFICIARY TRAVEL EXPENSES |
|    DGBTPATIENT,TESTING A             19       |==============================================================|
|    2821 ANYWHERE STREET             001       | 2.  Name and Address of Issuing Health Care Facility         |
|                                               |                                                              |
|    LATHAM                   NY     12110      |                                                              |
|                                               |                                                              |
|    0450P  NM    05041950        10            |                    1ALBANY                                   |
|                                               |                    33384 88TH ST                             |
|            3 010    7                         |                    ALBANY, NY  12112                         |
| 1.  Patient Data Card Information             |                                                              |
|==============================================================================================================|
| 3.  Fiscal Symbols                                                                                           |
|==============================================================================================================|
| 4.  From (Place of Departure)                 | 5.  To (Destination)                                         |
|        2821 ANYWHERE STREET                   |                    DBA                                       |
|        LATHAM, NY  12110                      |                    33384 88TH ST                             |
|                                               |                    ALBANY, NY  12112                         |
|                                               |                                                              |
|==============================================================================================================|
| 6.  Miles Traveled     | 7.  Authorized Mileage Rate:  | 8.  MileageAllowance (Item 6 X Item 7) | 8a. CommonCarrier Fee |
|      11 miles          |          $0.415  per mile     |              $4.57                      |      $0.00            |
|==============================================================================================================|
| 9.  Meals & Lodging Costs | 10.  Ferry, Bridges, Etc.  | 11.  Total (Sum of 8, 8a, 9, and 10)                      |
|      $0.00                |          $4.00             |              $8.57                                        |
|==============================================================================================================|
| 12.  Most Economical     | 13.  Total (Sum of 9 and 12) | 14.  AMOUNT CLAIMED AND PAYABLE *                         |
|      Public Trans. Costs |                              |        MINUS     $0.00   APPLIED DEDUCTIBLE               |
|      $12.00              |          $12.00              |                  $8.57                                    |
|==============================================================================================================|
| * The amount payable is the amount entered in Item 14.                                                       |
|==============================================================================================================|
| I CERTIFY THAT THE CLAIMANT REPORTED FOR AN AUTHORIZED SERVICE ON THE DATE SHOWN.  (Authority VA Regulation 6100 & PL 100-322) |
|==============================================================================================================|
| 15.  Date/Time of Claim  | 16.  Signature of Certifying Official                                             |
|      JUL 29,2012@19:54    |       BARRY DELLINGER                                                            |
|==============================================================================================================|
| 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   |
| Dept. of Veterans Affairs for transportation, meals, or lodging in connection with my authorized travel that is not herein |
| claimed.  I hereby claim the amount entered in Item 14 above.  I certify that the claim is correct and just and that payment |
| has not been received.                                                                                       |
| I hereby acknowledge receipt, in  cash  or  check to be mailed, of the amount in Item 14 above, in full payment of this claim. |
|==============================================================================================================|
| 17.  Signature of Payee                                              | 18.  Date                             |
|     TESTING A DGBTPATIENT                                            |                                       |
|==============================================================================================================|
|     REMARKS:  This is a test for Mileage type Patient                           ACCOUNT: 829                |
|==============================================================================================================|
|    TOTAL TRIP                                 | TOTAL MONTHLY DEDUCTIBLE                                     |
```

```
|      1 WAY = 2                                       |  $20.91                                                          |
|         RT = 6                                       |                                                                  |
|======================================================================================================================|
|                                              AUDIT BLOCK                                                             |
|----------------------------------------------------------------------------------------------------------------------|
|      AMOUNT PAID FOUND CORRECT                       |  Remarks                                                        |
|------------------------------------------------------ |                                                                |
|      Auditor's Initials            Date             |                                                                  |
|======================================================================================================================|
VA Form 70-3542d
```

4.3. Edit the BT Dashboard Configuration File

BT Dashboard calculates the driving mileage from the patient's address to a configured set of institutions. This option is used to configure BT Dashboard to provide information about a destination site. The data entered will be displayed on the BT Dashboard. The information may contain such items as: available care specialties, alternate addresses, and comments containing hours of operation, and contact information to help the clerk determine if care is available at a closer facility when determining the mileage to reimburse.

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

If this option is not on your menu, ask your supervisor or ADPAC to add or change configuration data as needed.

There should be only one configuration record to edit. It will be displayed if you enter "??" at the first prompt in this option:

```
Select BENEFICIARY TRAVEL DASHBOARD CONFIG NAME: ??
```

You should select the entry that is displayed. After configuration is complete, this record will contain a list of VA Institutions and, if desired, a list of Non-VA Institutions and related information. The BT Dashboard ignores any additional records. When adding or changing data for CBOC's and other facilities through this option, you must select this record and enter the facility information starting at the VA INSTITUTION prompt as shown below:

```
Select BENEFICIARY TRAVEL DASHBOARD CONFIG NAME: ??
Select BENEFICIARY TRAVEL DASHBOARD CONFIG NAME: ?
    Answer with BENEFICIARY TRAVEL DASHBOARD CONFIG NAME:
  YOURFACILITY

      You may enter a new BENEFICIARY TRAVEL DASHBOARD CONFIG, if you wish
      NAME MUST BE 3-30 CHARACTERS, NOT NUMERIC OR STARTING WITH
      PUNCTUATION
 NAME: YOURFACILITY VAMC
 Select VA INSTITUTION: YOUR CBOC
 Are you adding 'YOUR CBOC' as a new VA INSTITUTION (the
 1ST for this BENEFICIARY TRAVEL DASHBOARD CONFIG)? No// Y  (Yes)
   ACTIVE: 1  YES
   ALTERNATE ADDRESS: 3111 MAIN STREET
   Select SPECIALTY: SPECIALTY 1
   Are you adding 'SPECIALTY 1' as a new SPECIALTY (the 1ST for this VA
 INSTITUTION)? No// Y  (Yes)
   Select SPECIALTY:
 Select VA INSTITUTION:
 Select NON-VA INSTITUTION: INSTITUTION 2
   Are you adding 'INSTITUTION 2' as a new NON-VA INSTITUTION (the 1ST
 for this BENEFICIARY TRAVEL DASHBOARD CONFIG)? No// Y  (Yes)
   ACTIVE: 1  YES
   ADDRESS: 3112 MAIN
   Select SPECIALTY: SPECIALTY 2
   Are you adding 'SPECIALTY 2' as a new SPECIALTY (the 1ST for this
 NON-VA INSTITUTION)? No// Y  (Yes)
   Select SPECIALTY:
 Select NON-VA INSTITUTION: ^
```

4.4. 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.

BT clerks may use this functionality to enter Veteran income not addressed with the alternate income entries of Hardship or POW. It should be noted that any entry made here will not be considered primary for making payment decisions. Rather it would be used to validate why a clerk authorized a payment based on income the system did not automatically populate. The system does NOT automatically use this information to determine payment.

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

4.5.   Parameter Rates Enter/Edit

The Parameter Rates Enter/Edit option is used to establish site specific parameters for the Beneficiary Travel package. You must hold the DGBT SUPERVISOR key to access this option.

Note: Under direction of the Chief Business Office, as of February 1, 2008 this feature has had some selections removed.

Listed below is a brief explanation of each site parameter.

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 venders (COREFLS). In order for this field to be turned on, the CoreFLS package (CSL) must be installed in your system. By default this is set to NO and no editing is allowed, the software uses the vendor/carriers from the VENDOR file (#440).

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.

NOTE: Some sites use the value in the FISCAL SYMBOLS field of the rates record for printing on the forms or reports. If your site requires this information, use the following FileMan instructions to update this field in the current rates record. Under direction of the Central Business Office do not change any of the other rate record fields.

```
-------------------------------------------------------------------------------------------------
VA FileMan 22.0


Select OPTION: ENTER OR EDIT FILE ENTRIES


INPUT TO WHAT FILE: PATIENT TEAM ASSIGNMENT// 43.1  MAS EVENT RATES (8 entries)
EDIT WHICH FIELD: ALL// FISCAL SYMBOLS THEN EDIT
FIELD:


Select MAS EVENT RATES DATE: 020108   FEB 01, 2008
FISCAL SYMBOLS:    <enter symbol for your site here>


-------------------------------------------------------------------------------------------------
```

4.6.   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. 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.

Data items printed on the travel form include patient name, address, social security number, name and address of issuing facility, departure and destination, miles traveled, other expenses, authorized mileage rate, amount claimed and payable, total trips one way and roundtrip, total deductible, and common carrier fee.

Note: VAF 70-3542d text was modified by the DGBT*1.0*20 enhancement patch as follows:

1. The static text that previously read "*The amount payable shall be the amount entered in Item 11 or item 13, whichever is less. Exception: If public transportation is not reasonably accessible or would be medically inadvisable, the amount payable shall be the amount entered in item 11*" has been changed to "*The amount payable is the amount entered in item 14*".
2. The form was modified to include the total number of 1-way and round trips taken by the Veteran in the current calendar month. Additionally, the form displays the total monthly deductible for the Veteran. Common Carrier fee field has been added to the form and included in the total.

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

Input Data:
  Patient
  Claim Date

Expected Output:
Voucher form for selected date

```
-----------------------------------------------------------------------------------------------------------------------
Select Beneficiary Travel Menu Option: VRPT  Reprint of 70-3542d form
Select PATIENT NAME:    DGBTPATIENT,TESTING A        5-4-50    0450P **Pseu
do SSN**     YES      SC VETERAN
 Enrollment Priority: GROUP 3    Category: IN PROCESS    End Date: 10/31/2011


Only claims with ACCOUNT TYPE of ALL OTHER or C&P are listed as choices.

Select Claim DATE/TIME:

     1.    JUL 29,2012@23:57 (D)
     2.    JUL 29,2012@19:54
     3.    JUL 15,2012@11:45
     4.    JUL 13,2012@17:04
     5.    JUL 13,2012@15:26

Type '^' to Stop, or
Choose 1-5: 2  JUL 29,2012@19:54

This needs to be printed at 132 columns
DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 132
```

```
                                                            |=================================================================|
   DGBTPATIENT,TESTING A                 19                 |  VOUCHER FOR CASH REIMBURSEMENT OF BENEFICIARY TRAVEL EXPENSES   |
   2821 ANYWHERE STREET                  001                |=================================================================|
                                                            | 2.  Name and Address of Issuing Health Care Facility            |
   LATHAM                        NY      12110              |                                                                 |
                                                            |                                                                 |
   000-00-0450P  NM      05041950        10                 |                         1ALBANY                                 |
                                                            |                         33384 88TH ST                           |
          3 010    7                                        |                         ALBANY, NY  12112                       |
                                                            |                                                                 |
  1.  Patient Data Card Information                         |                                                                 |
|===========================================================================================================================|
| 3.  Fiscal Symbols                                                                                                        |
|===========================================================================================================================|
| 4.  From (Place of Departure)                         | 5.  To (Destination)                                              |
|         2821 ANYWHERE STREET                          |                      DBA                                          |
|         LATHAM, NY  12110                             |                      33384 88TH ST                                |
|                                                       |                      ALBANY, NY  12112                            |
|                                                       |                                                                   |
|===========================================================================================================================|
| 6.  Miles Traveled    | 7.  Authorized Mileage Rate:  | 8.  MileageAllowance (Item 6 X Item 7) | 8a. CommonCarrier Fee |
|       11 miles        |            $0.415  per mile    |                   $4.57                |           $0.00       |
|===========================================================================================================================|
| 9.  Meals & Lodging Costs  | 10.  Ferry, Bridges, Etc.  | 11.  Total (Sum of 8, 8a, 9, and 10)                         |
|        $0.00               |            $4.00           |                    $8.57                                      |
|===========================================================================================================================|
| 12.  Most Economical       | 13.  Total (Sum of 9 and 12)  | 14.  AMOUNT CLAIMED AND PAYABLE *                          |
|      Public Trans. Costs   |                               |        MINUS      $0.00  APPLIED DEDUCTIBLE                |
|        $12.00              |            $12.00             |                   $8.57                                   |
|===========================================================================================================================|
| * The amount payable is the amount entered in Item 14.                                                                    |
|===========================================================================================================================|
|  I CERTIFY THAT THE CLAIMANT REPORTED FOR AN AUTHORIZED SERVICE ON THE DATE SHOWN.  (Authority VA Regulation 6100 & PL 100-322) |
|===========================================================================================================================|
| 15.  Date/Time of Claim   | 16.  Signature of Certifying Official                                                         |
|     JUL 29,2012@19:54     |      BARRY DELLINGER                                                                           |
|===========================================================================================================================|
|  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     |
|  Dept. of Veterans Affairs for transportation, meals, or lodging in connection with my authorized travel that is not herein  |
|  claimed.  I hereby claim the amount entered in Item 14 above.  I certify that the claim is correct and just and that payment |
|  has not been received.                                                                                                      |
|  I hereby acknowledge receipt, in  cash  or  check to be mailed, of the amount in Item 14 above, in full payment of this claim. |
|===========================================================================================================================|
| 17.  Signature of Payee                                                          | 18.  Date                              |
|      TESTING A DGBTPATIENT                                                        |                                        |
|===========================================================================================================================|
|      REMARKS:  This is a test for Mileage type Patient                              ACCOUNT: 829                           |
|===========================================================================================================================|
|      TOTAL TRIP                                | TOTAL MONTHLY DEDUCTIBLE                                                  |
|      1 WAY = 2                                 | $20.91                                                                   |
|        RT = 5                                  |                                                                          |
|===========================================================================================================================|
|                                                 AUDIT BLOCK                                                                |
|---------------------------------------------------------------------------------------------------------------------------|
|      AMOUNT PAID FOUND CORRECT                  | Remarks                                                                  |
|---------------------------------------------------------------------------------|                                        |
|      Auditor's Initials              Date       |                                                                          |
|===========================================================================================================================|
VA Form 70-3542d
```

4.7. Edit Denial Letters Template

The Edit Letters Template option allows supervisors the ability to change the denial letters if necessary due to CBO or legislative changes. These changes will be made directly into the templates and will affect all future denial letters once the changes have been made. A programming instruction imbedded in the template text tells the system to use the claim date. These characters should never be changed: "`|VAR("DGBTCDT(1)")|`"

Each site will have the ability to modify the template files that the BT system uses when generating Denial Letters for both Special Mode and Mileage claims. A new security key has been added to the BT system. Users with the **DGBT EDIT DENIAL LTRS** key can access the BT option, Edit Denial Letters Template (EDL), and modify the text of each template.

*Note 1: The BT system contains the **textual** content of each template only. If the printed denial letter has any special graphical content (e.g. logos) the non-textual information will be on pre-printed paper.*

*Note 2: The BT system contains only **one** version of the textual content for each of the two denial letters. If the user re-prints an old copy of a denial letter it is incumbent upon the user to ensure that the text matches that of the old denial letter. Otherwise it is possible to reprint an old denial letter using the incorrect template text.*

Input Data:
   Text of template changes

Expected Output:
New version of Template

Example 1: EDITING A DENIAL LETTER TEMPLATE

```
Select Beneficiary Travel Menu Option: EDL  Edit Denial Letters Template

     Select one of the following:

        M          MILEAGE DENIAL TEMPLATE
        S          SPECIAL MODE DENIAL TEMPLATE

SELECT TEMPLATE TYPE: MILEAGE DENIAL TEMPLATE

     Select one of the following:

        1          MILEAGE TEMPLATE 1
        2          MILEAGE TEMPLATE 2

SELECT WHICH MILEAGE LETTER: 1  MILEAGE TEMPLATE 1
```

MILEAGE DENIAL LETTER TEMPLATE PART 1
```
==[ WRAP ]==[ INSERT ]========< MILEAGE DENIAL LETTER >======[ <PF1>H=Help ]====

Beneficiary Travel Payment Decision

Dear Veteran,

We regret to inform you that your request for the VA to reimburse the
cost of your transportation to and from your medical appointment on
|VAR("DGBTCDT(1)")| is denied.

For our office to authorize reimbursement of your transportation costs
```

you must meet administrative eligibility and application rules found
within the Beneficiary Travel regulations at 38 Code of Federal
Regulations Part 70, " Beneficiary Travel under 38 U.S.C. 111 within the
United States .

Your bill has been denied for the following reason:

<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======

     Select one of the following:

         M   MILEAGE DENIAL TEMPLATE
         S   SPECIAL MODE DENIAL TEMPLATE

SELECT TEMPLATE TYPE: MILEAGE DENIAL TEMPLATE

     Select one of the following:

         1   MILEAGE TEMPLATE 1
         2   MILEAGE TEMPLATE 2

SELECT WHICH MILEAGE LETTER: 2 MILEAGE TEMPLATE 2

MILEAGE DENIAL LETTER TEMPLATE PART 2
==[WRAP]==[INSERT]========< MILEAGE DENIAL LETTER >======[<PF1>H=Help]====

If you disagree with this decision follow the instructions on the
enclosed VA Form 4107VHA, "Your Rights to Appeal Our Decision." The
Notice of Disagreement should be delivered to the Beneficiary Travel
Supervisor at your local facility. A second review of your case will be
conducted at that time to ensure all facts surrounding the decision were
considered to determine if the denial met all regulatory guidelines or to
reverse the original decision. If we do not rule in your favor, you will
be provided a Statement of Case, which describes the facts, laws,
regulations, and reasons for our decision

Sincerely,

|VAR("DGBTCDT(2)")|

|VAR("DGBTCDT(3)")|

<=======T=======T=======T=======T=======T=======T=======T=======T=======T>======

     Select one of the following:

         M   MILEAGE DENIAL TEMPLATE
         S   SPECIAL MODE DENIAL TEMPLATE

SELECT TEMPLATE TYPE:
This is a required response. Enter '^' to exit

     Select one of the following:

         M   MILEAGE DENIAL TEMPLATE
         S   SPECIAL MODE DENIAL TEMPLATE

SELECT TEMPLATE TYPE: ^

Press RETURN to continue...

4.8.   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.

Example 1: VIEWING A CLAIM

Note: In this example, the patient has a denied claim on July 15. This is indicated by the (D) next to the claim date.

```
Select Beneficiary Travel Menu Option: view of Claim
Select PATIENT NAME: DGBTPATIENT,TESTING A
DGBTPATIENT,TESTING A        5-4-50    0450P **Pseudo SSN**
    YES    SC VETERAN
 Enrollment Priority: GROUP 3   Category: IN PROCESS    End Date: 10/31/2011

Select Claim DATE/TIME:

    1.   JUL 29,2012@22:04
    2.   JUL 29,2012@19:54
    3.   JUL 15,2012@11:45 (D)
    4.   JUL 13,2012@17:04
    5.   JUL 13,2012@15:26

Type '^' to Stop, or
Choose 1-5: 1  JUL 29,2012@22:04


                 Beneficiary Travel Claim Information <Display>

  Claim Date: JUL 29,2012@22:04        Division: DBA

Name: DGBTPATIENT,TESTING A           PT ID: 0450P    DOB: MAY 4,1950

 Depart From: 2821 ANYWHERE STREET          To: 1ALBANY
              LATHAM, NY 12110                  33384 88TH ST
                                                ALBANY, NY  12112

Eligibility: SC LESS THAN 50%               SC%: 0

Account: 826 SPECIAL MODE - NON-EMERGENT

Mode/Trans: WHEELCHAIR VAN                 One Way/Round Trip:     ONE WAY
Carrier: VENDOR #1                         Total Miles Traveled:     24.00
Invoice: 232                               Base Rate Fee:            $1.00
Date Received: JUL 29, 2012                Mileage Fee:              $1.00
Pre-Authorized: YES                        No-Show/No Load Fee:      $0.00
Payment: APPROVED                          Wait Time Fee:            $0.00
Auth. Person: BRODNY,PAVEL B               Extra Crew Fee:           $0.00
                                           Equipment Fee:            $0.00
                                           Total Invoice Amount:     $2.00

Remarks:
```

4.9. Manual Deductible Waiver

The BT system allows a user to enter a manual deductible waiver for a Veteran. Manual Deductible Waiver (MAN), has been added to the Beneficiary Travel menu to enter the waiver information. After selecting this option, the user selects the associated patient, and the BT system will then gather the following waiver information:

    a. The deductible waiver request date
    b. Whether or not the deductible waiver was authorized
    c. Remarks
    d. The individual who approved/denied the deductible waiver

The BT system uses the information entered by the user when determining if the Veteran has qualified to have the deductible waived for a mileage claim.

All manual waivers will expire on 12/31/xx of the year they are approved. Additionally, all manual waiver information will be made available to all BT sites via Remote Data View (RDV), however only the BT site at which the manual waiver was approved will be permitted to change or edit the waiver.

This option only waives the mileage deductible. it does not change Veteran eligibility for BT reimbursement. The Alternate Income option will affect both eligibility for BT reimbursement and deductible waiver.

Input Data:
   Patient
   Waiver Date
   Waiver Authorized
   Waiver Granted By
   Waiver Approval Date
   Waiver Remarks

Expected Output:
Waiver information stored in system

Example 1: ENTERING A MANUAL DEDUCTIBLE WAVIER

```
Select Beneficiary Travel Menu Option: MAN  Manual Deductible Waiver

Select PATIENT: DGBTTEST,EIGHT
DGBTTEST,EIGHT        9-27-87    2787P **Pseudo SSN**     NO
    NSC VETERAN

Enter 'P' for past requests

DEDUCTIBLE WAIVER REQUEST DATE AND TIME: NOW//   (JUL 29, 2012@23:40)

DEDUCTIBLE WAIVER AUTHORIZED YES
DEDUCTIBLE WAIVER GRANTED BY: DOE, JOHN          SUPERVISOR
WAIVER APPROVAL DATE: TODAY//   (JUL 29, 2012)
DEDUCTIBLE WAIVER REMARKS: Test of Ded. waiver.
NAME: DGBTTEST,EIGHT DEDUCTIBLE WAIVER REQUEST DATE: Jul 29, 2012@23:40
GRANTED BY: DOE, JOHN ON DATE: JUL 29,2012
Complete waiver request? YES//
```

4.10. BT Alternate Income Enter/Edit

In some cases Veterans are not required to have MT's, and it is possible for a Veteran to have MT or Rx co-pay income information in VistA that is not representative of their actual income. For example, this might be the case if the Veteran has lost his job since his last MT or Rx co-pay test was performed. To account for this the BT system allows the user to manually enter income information for Veterans who are currently experiencing a hardship condition. The BT Alternate Income Enter/Edit option allows the user to enter or edit an alternate income for either POW or Hardship cases. Alternate Income expiration dates will vary based on reason for Alternate Income. POW income will expire one year from date of entry, while Hardship income will expire at the end of the current calendar year 12/31/XX. Both incomes will be evaluated for meeting BT criteria using a calculator external to the BT package. This calculator is a tool distributed by the CBO to be used by clerks to determine eligibility outside of the standard registration package. Any income entered into the system is considered to be under the current thresholds for the year. The system will not compare the entered income against any thresholds currently in the system.

The BT system will use the values entered by the user for alternate income instead of any MT or Rx co-pay income information when performing the following checks:

- When determining if the Veteran is eligible for BT benefits because he meets the criteria for low income eligibility
- When determining if the Veteran qualifies for a waiver of the deductible
- When displaying the calculated net income

Note: The BT system will use the values entered by the user for alternate income even if current MT or Rx co-pay income data exist. In other words, data entered for alternate income will override any MT or Rx co-pay income information.

Input Data:
    Patient
    Date of Alternate Income
    Alt. Income Amount
    Reason for Alternate Income

Expected Output:
Alt. Income information stored in system

Example 1: ENTERING ALTERNATE INCOME

```
Select Beneficiary Travel Menu Option: BT Alternate Income Enter/Edit

Select PATIENT: DGBTPATIENT,THREE        3-24-70    2470P **Pseudo SSN**
 YES     SC VETERAN
 Enrollment Priority: GROUP 2    Category: IN PROCESS    End Date:

Begin Date:  (6/29/2012 - 7/29/2012): Jul 29, 2012//   (JUL 29, 2012)

        Name: DGBTPATIENT,THREE        PT ID: 2470P    DOB: MAR 24,1970

     Address: 832 NOWHERE ST
              APT 333
              LATHAM, NEW YORK  12110

Eligibility: SC LESS THAN 50%              SC%: 35          POW:NO
```

```
  Income:  (Year: 2012)              Source of Income:
  No. of Dependents: 0

Continue Processing Alternate Income? Yes//   (Yes)
Begin of Alt. Income: Jul 29, 2012
Enter the Alternate Income: 5000
Enter the Reason for Alternate Income: H// ardship

        Name: DGBTPATIENT,THREE        PT ID: 2470P     DOB: MAR 24,1970

     Address: 832 NOWHERE ST
              APT 333
              LATHAM, NEW YORK  12110
 Eligibility: SC LESS THAN 50%              SC%: 35           POW:NO

  Income:  $5,000  (Year: 2012)    Source of Income:  Alt. Income Hardship
                                       (Expire: Dec 31, 2012)
  No. of Dependents: 0             MT Status:  NOT APPLICABLE

Hardship: $5000 Begin: Jul 29, 2012 Expire: Dec 31, 2012 has been Saved

EXITING Patient
```

4.11. Reprint Denial of Benefits Letters

Reprint Denial of Benefits Letters (RDL) has been added to the Beneficiary Travel menu to reprint any Denial of Benefits letters for previously denied claims. After selecting this option and specifying the patient and date of the claim, if the BT system can locate the denied claim, the denied claim will be displayed and the user will be asked to select the printer for printing the denial letter.

Input Data:
    Patient
    Claim Date

Expected Output:
Denial Letter for selected date

Example 1: REPRINTING DENIAL OF BENEFITS LETTER

```
Select Beneficiary Travel Menu Option: RDL  Reprint Denial of Benefits Letters


Select PATIENT:    DGBTPATIENT,TESTING A         5-4-50    0450P **Pseudo SS
N**      YES     SC VETERAN
 Enrollment Priority: GROUP 3    Category: IN PROCESS     End Date: 10/31/2011


    1.   JUL 29, 2012@23:57
    2.   JUL 05, 2012@17:49
    3.   JUL 04, 2012@14:17
    4.   JUL 04, 2012@14:10
    5.   MAY 17, 2012@12:37


Type '^' to exit date list, or <RETURN> to display more dates
Select CLAIM: 1
DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80//
```

4.12. Beneficiary Travel Reports

Submenu: RPTS Beneficiary Travel Reports
Reporting capabilities provided by the BT system allow users to do the following:

- Run any report manually on demand
- Specify the timeframe for the data to be included in the report
- Export results from any report into Microsoft Excel
- Print or queue any report to a facility printer

The report selection criteria will be Start and End Dates based on Claim entry date. Start and End names will be based on the Veteran's last name with a default of AAA and ZZZ. Depending on the type of report they can be run as Mileage or Special Mode reports. Another criteria will be the detail level of Full or Total.

```
RPTS    Beneficiary Travel Reports ...
--------------------------------------------------------------------------------------------------------
SUM         Summary Report
AUD         Audit Report
CL          Clerk Report
PAT         Travel Pattern Report
SP          Special Mode Report
FISC        Fiscal Report


--------------------------------------------------------------------------------------------------------
```

4.12.1. Summary Report

The Summary Report provides statistical totals for analysis of facility BT funds expended, claims processed, claim denials, alternate transportation usage, and Veteran eligibility demographics during a specified timeframe.

The Summary Report option allows the user to print a total report for either Special Mode or Mileage claims to be used for reporting metrics and planning purposes. This report can also be exported as a text file for import into other software.

Input Data:
    Start Date
    End Date
Type of Report:
Excel document:

Expected Output:
   Display version for monitor or printer, or text file to import into Excel

Example 1: SUMMARY MILEAGE REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports

Select Beneficiary Travel Reports Option: SUM  Summary Report
START DATE: T-55  (JUN 05, 2012)
END DATE: T  (JUL 30, 2012)

     Select one of the following:

        M         MILEAGE
        S         SPECIAL MODE

Which claim type do you want to run?: MILEAGE

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 132
```

```
BT SUMMARY REPORT     PRINT DATE: JUL 30, 2012@01:16:57                                                 PAGE 1
Jun 05, 2012 TO Jul 30, 2012
CLAIM TYPE: MILEAGE
DIVISION: DBA
==================================================================================================================
DIVISION                              ENTERED     ACCT CLAIMS   MILEAGE CC FEE     MOST ECON   M&L       F&B
        DED        PAYABLE
==================================================================================================================
DBA                                   Jun 07, 2012 829  1       22    $0.00        $11.00      $21.00    $32.00
        $6.00      $26.00
DBA                                   Jun 11, 2012 829  2       12    $333.00      $10.00      $20.00    $30.00
        $0.42      $30.00
DBA                                   Jun 20, 2012 829  4       700   $0.00        $0.00       $0.00     $0.00
        $24.00     $266.50
DBA                                   Jun 22, 2012 829  1       45    $0.00        $0.00       $0.00     $0.00
        $3.00      $15.68
DBA                                   Jul 01, 2012 829  1       200   $0.00        $0.00       $0.00     $0.00
        $3.00      $77.00
DBA                                   Jul 02, 2012 829  1       400   $0.00        $0.00       $0.00     $0.00
```

```
     $6.00        $160.00
DBA                                 Jul 05, 2012 829  2      100     $0.00        $0.00       $0.00     $0.00
     $6.00        $35.50
DBA                                 Jul 10, 2012 829  1       10     $0.00        $0.00      $10.00     $0.00
     $3.00        $11.15
Please press return to continue or 'ˆ' to stop

BT SUMMARY REPORT     PRINT DATE: JUL 30, 2012@01:16:57                                            PAGE 2
Jun 05, 2012 TO Jul 30, 2012
CLAIM TYPE: MILEAGE
DIVISION: DBA
==========================================================================================================
DIVISION                            ENTERED     ACCT CLAIMS   MILEAGE CC FEE     MOST ECON   M&L      F&B
        DED       PAYABLE

==========================================================================================================
DBA                                 Jul 11, 2012 829  1        6     $0.00        $0.00       $0.00     $0.00
     $2.49        $0.00
DBA                                 Jul 13, 2012 829  3      141     $0.00        $0.00       $0.00     $0.00
    $12.42        $46.10
DBA                                 Jul 15, 2012 829  1      200    $50.00       $26.00       $0.00     $0.00
     $0.00        $26.00
DBA                                 Jul 24, 2012 829  2       60    $57.85       $72.50      $58.00    $54.00
     $0.00        $98.65
DBA                                 Jul 25, 2012 829  3       66    $20.00        $0.00       $0.00     $0.00
     $7.66        $19.73
DBA                                 Jul 29, 2012 829  1       11     $0.00       $12.00       $0.00     $4.00
     $0.00        $8.57




BT SUMMARY REPORT     PRINT DATE: JUL 30, 2012@01:16:57                                            PAGE
3
Jun 05, 2012 TO Jul 30, 2012
CLAIM TYPE: MILEAGE
DIVISION: DBA
==========================================================================================================
DIVISION                            ENTERED     ACCT CLAIMS   MILEAGE CC FEE     MOST ECON   M&L      F&B
        DED       PAYABLE

==========================================================================================================

==========================================================================================================
                                                 CLAIMS   MILEAGE CC FEE     MOST ECON   M&L      F&B
        DED       PAYABLE
                                                   24      1973   $460.85    $131.50     $109.00   $120.00
    $73.99       $820.88
==========================================================================================================


REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR 'ˆ' TO STOP...
```

Example 2: SUMMARY MILEAGE REPORT FOR EXPORT TO EXCEL

```
Select Beneficiary Travel Reports Option: Select Beneficiary Travel Reports Option: SUM  Summary
Report
START DATE: T-55  (JUN 05, 2012)
END DATE: T  (JUL 30, 2012)

     Select one of the following:

          M          MILEAGE
          S          SPECIAL MODE

Which claim type do you want to run?: MILEAGE

Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on the 'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;512;999  VIRTUAL TELNET

DATE ENTERED^DIVISION^ACCT^# CLAIMS^MILEAGE^CC FEE^MOST ECONOMIC^M & L^FERRIES AND BRIDGES^DEDUCTIBLE^AMOUNT
PAYABLE
Jun 07, 2012^DBA^829^1^22^0.00^11.00^21.00^32.00^6.00^26.00
Jun 11, 2012^DBA^829^2^12^333.00^10.00^20.00^30.00^0.42^30.00
Jun 20, 2012^DBA^829^4^700^0.00^0.00^0.00^0.00^24.00^266.50
Jun 22, 2012^DBA^829^1^45^0.00^0.00^0.00^0.00^3.00^15.68
Jul 01, 2012^DBA^829^1^200^0.00^0.00^0.00^0.00^3.00^77.00
Jul 02, 2012^DBA^829^1^400^0.00^0.00^0.00^0.00^6.00^160.00

REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

4.12.2. Audit Report

The Audit Report provides information to audit claims for accuracy. The Audit Report option allows the user to print a full report of Mileage claims to be used by the CBO for aggregation for National reporting metrics. This report can also be exported as a text file for import into other software. These reports are wider than normal reports and the right margin will need to be increased to 255 characters.

Input Data:
  Start Date
  End Date
  Start Name
  End Name
Excel document:

Expected Output:
  Display version for monitor or printer, or text file to import into Excel

Example 1: AUDIT REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports


Select Beneficiary Travel Reports Option: AUD  Audit Report
       ************* BT  Audit Report *************

START DATE: T-30  (JUN 30, 2012)
END DATE:   T  (JUL 30, 2012)
START NAME : AAA//
END NAME   : ZZZ//

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 255 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 255



************* BT Audit Report 06/30/12-07/30/12 ************* Page: 1
------------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------
DATE ENT  CLAIM DATE  PATIENT NAME          SSN           ELIG               SC %  ACCT  R/O  MILEAGE CC MODE  CC FEE   ECON    DED
PAYABLE  DEP ADDRESS       DEP CITY      DEP STATE      DEP ZIP DIV  REMARKS

------------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------
07/01/12  06/29/12    DGBTPATIENT,TESTING A  000-00-0450P  SC LESS THAN 50%   10    829   R    200            $0.00    $0.00   $3.00    $77.00
2821 ANYWHERE STREE LATHAM       NEW YORK       12110    DBA

07/02/12  07/02/12    DGBTPATIENT,TESTING A  000-00-0450P  SC LESS THAN 50%   10    829   R    400            $0.00    $0.00   $6.00
$160.00  2821 ANYWHERE STREE LATHAM       NEW YORK       12110    DBA

07/05/12  05/03/12    DGBTPATIENT,THREE      702-03-2470P  SC LESS THAN 50%   35    829   R    50             $0.00    $0.00   $6.00    $14.75
832 NOWHERE ST      LATHAM       NEW YORK       12110    DBA

07/05/12  07/05/12    DGBTPATIENT,THREE      702-03-2470P  SC LESS THAN 50%   35    829   R    50             $0.00    $0.00   $0.00    $20.75
832 NOWHERE ST      LATHAM       NEW YORK       12110    DBA

07/10/12  07/10/12    DGBTTEST,EIGHTEEN      202-09-1687P  NSC                      829   O    10             $0.00    $0.00   $3.00    $11.15
762 SUSETTA         LAKELAND     FLORIDA        33801    DBA

07/11/12  07/11/12    DGBTPATIENT,TESTING A  000-00-0450P  SC LESS THAN 50%   10    829   R    6              $0.00    $0.00   $2.49    $0.00
2821 ANYWHERE STREE LATHAM       NEW YORK       12110    DBA

07/13/12  07/12/12    DGBTPATIENT,TESTING A  000-00-0450P  SC LESS THAN 50%   10    829   R    40             $0.00    $0.00   $6.00    $10.60
2821 ANYWHERE STREE LATHAM       NEW YORK       12110    DBA

PRESS RETURN TO CONTINUE OR '^' TO STOP
```

```
-----------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------
DATE ENT  CLAIM DATE   PATIENT NAME          SSN           ELIG              SC %  ACCT   R/O  MILEAGE CC MODE   CC FEE   ECON    DED
PAYABLE  DEP ADDRESS        DEP CITY      DEP STATE      DEP ZIP DIV  REMARKS

-----------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------
07/13/12 07/13/12    DGBTPATIENT,TESTING A   000-00-0450P  SC LESS THAN 50%   10   829    R    100              $0.00    $0.00   $6.00   $35.50
2821 ANYWHERE STREE LATHAM       NEW YORK      12110   DBA

07/13/12 07/13/12    DGBTPATIENT,TESTING A   000-00-0450P  SC LESS THAN 50%   10   829    O    1                $0.00    $0.00   $0.42   $0.00
2821 ANYWHERE STREE LATHAM       NEW YORK      12110   DBA

07/15/12 07/15/12    DGBTPATIENT,TESTING A   000-00-0450P  SC LESS THAN 50%   10   829    R    200    TAXI      $50.00   $26.00  $0.00   $26.00
2821 ANYWHERE STREE LATHAM       NEW YORK      12110   DBA

07/24/12 05/10/12    DGBTTEST,EIGHT          202-09-2787P  HOUSEBOUND              829    R    10     AIRPLANE  $22.00   $55.00  $0.00   $81.15
48 CENTRAL AVE      DOVER        NEW HAMPSHIRE  03820   DBA

07/24/12 07/15/12    DGBTPATIENT,POW         602-01-0160P  SC LESS THAN 50%        829    R    50     TAXI      $35.85   $17.50  $0.00   $17.50
123 OAK ST          LATHAM       NEW YORK      12110   DBA

07/25/12 07/11/12    DGBTTEST,GOOFY          000-00-2650P  SC LESS THAN 50%        829    R    60               $0.00    $0.00   $6.00   $18.90
DBA

07/25/12 07/18/12    DGBTTEST,GOOFY          000-00-2650P  SC LESS THAN 50%        829    R    4                $0.00    $0.00   $1.66   $0.00
DBA
```

PRESS RETURN TO CONTINUE OR '^' TO STOP

```
-----------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------
DATE ENT  CLAIM DATE   PATIENT NAME          SSN           ELIG              SC %  ACCT   R/O  MILEAGE CC MODE   CC FEE   ECON    DED
PAYABLE  DEP ADDRESS        DEP CITY      DEP STATE      DEP ZIP DIV  REMARKS

-----------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------
07/25/12 07/19/12    DGBTTEST,GOOFY          000-00-2650P  SC LESS THAN 50%        829    O    2      TAXI      $20.00   $0.00   $0.00   $0.83
DBA

07/29/12 07/29/12    DGBTPATIENT,TESTING A   000-00-0450P  SC LESS THAN 50%   10   829    O    11               $0.00    $12.00  $0.00   $8.57
2821 ANYWHERE STREE LATHAM       NEW YORK      12110   DBA  This is a test for Mileage typ
e Patient
```

REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR '^' TO STOP....

Example 2: AUDIT REPORT FOR EXPORT TO EXCEL

```
Select Beneficiary Travel Reports Option: AUD  Audit Report

       ************** BT  Audit Report **************

START DATE: T-30  (JUN 30, 2012)
END DATE:   T  (JUL 30, 2012)
START NAME : AAA//
END NAME   : ZZZ//


Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on the 'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 255
```

```
DATE ENTERED^CLAIM DATE^PATIENT NAME^SSN^ELIGIBILITY^SC PERCENTAGE^ACCOUNT^R/O^MILES^CC MODE^CC FEE^MOST ECONOMICAL^DEDUCTIBLE AMOUNT^AMOUNT PAYABLE^PLACE OF DEPARTURE^CITY OF DEPARTURE^STATE OF DEPARTURE^ZIP CODE OF DEPARTURE^DIVISION^REMARKS
07/01/12^06/29/12^DGBTPATIENT,TESTING A^000-00-0450P^SC LESS THAN 50%^10^829^R^200^^0.00^0.00^3.00^77.00^2821 ANYWHERE STREET^LATHAM^NEW YORK^12110^DBA^
07/05/12^07/05/12^DGBTPATIENT,THREE^702-03-2470P^SC LESS THAN 50%^35^829^R^50^^0.00^0.00^0.00^20.75^832 NOWHERE ST^LATHAM^NEW YORK^12110^DBA^
07/10/12^07/10/12^DGBTTEST,EIGHTEEN^202-09-1687P^NSC^^829^O^10^^0.00^0.00^3.00^11.15^762 SUSETTA^LAKELAND^FLORIDA^33801^DBA^
07/11/12^07/11/12^DGBTPATIENT,TESTING A^000-00-0450P^SC LESS THAN 50%^10^829^R^6^^0.00^0.00^2.49^0.00^2821 ANYWHERE STREET^LATHAM^NEW YORK^12110^DBA^
07/24/12^05/10/12^DGBTTEST,EIGHT^202-09-2787P^HOUSEBOUND^^829^R^10^AIRPLANE^22.00^55.00^0.00^81.15^48 CENTRAL AVE^DOVER^NEW HAMPSHIRE^03820^DBA^
07/24/12^07/15/12^DGBTPATIENT,POW^602-01-0160P^SC LESS THAN 50%^^829^R^50^TAXI^35.85^17.50^0.00^17.50^123 OAK ST^LATHAM^NEW YORK^12110^DBA^
07/25/12^07/11/12^DGBTTEST,GOOFY^000-00-2650P^SC LESS THAN 50%^^829^R^60^^0.00^0.00^6.00^18.90^^^^^DBA^
07/25/12^07/18/12^DGBTTEST,GOOFY^000-00-2650P^SC LESS THAN 50%^^829^R^4^^0.00^0.00^1.66^0.00^^^^^DBA^
07/25/12^07/19/12^DGBTTEST,GOOFY^000-00-2650P^SC LESS THAN 50%^^829^O^2^TAXI^20.00^0.00^0.00^0.83^^^^^DBA^
07/29/12^07/29/12^DGBTPATIENT,TESTING A^000-00-0450P^SC LESS THAN 50%^10^829^O^11^^0.00^12.00^0.00^8.57^2821 ANYWHERE STREET^LATHAM^NEW YORK^12110^DBA^This is a test for Mileage type Patient

REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

4.12.3. Clerk Report

The Clerk Report retrieves information about claims entered by a specific BT clerk. The Clerk Report option allows the user to print either a full or total report for either Special Mode or Mileage claims based on entry clerk. This report can also be exported as a text file for import into other software.

Input Data:
  Start Date
  End Date
Type of Report:
All clerks:
Full/Total
Excel document:

Expected Output:
  Display version for monitor or printer, or text file to import into Excel

Example 1: CLERK REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports

Select Beneficiary Travel Reports Option: CL  Clerk Report
START DATE: T-30  (JUN 30, 2012)
END DATE: T  (JUL 30, 2012)

      Select one of the following:

          M         MILEAGE
          S         SPECIAL MODE

Which claim type do you want to run?: MILEAGE
Do you wish to run this report for all clerks? YES//

      Select one of the following:

          F         FULL
          T         TOTAL

Which claim type do you want to run?: FULL

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 255


====================================================================================================================
PATIENT NAME                 SSN      CLERK                         CL DT       ENT DT       ACCT
   DIVISION                           R/O   MILEAGE CC MODE                     CC FEE       ECON      M&L
   F&B      DED      PAYABLE     REMARKS
====================================================================================================================
DGBTPATIENT,TESTING A        000000450P DELLINGER,BARRY             Jun 29, 2012 Jul 01, 2012   829
   DBA                               R     200                                  $0.00        $0.00     $0.00
   $0.00      $3.00    $77.00
DGBTPATIENT,TESTING A        000000450P DELLINGER,BARRY             Jul 02, 2012 Jul 02, 2012   829
   DBA                               R     400                                  $0.00        $0.00     $0.00
   $0.00      $6.00    $160.00
DGBTPATIENT,THREE            702032470P DELLINGER,BARRY             May 03, 2012 Jul 05, 2012   829
   DBA                               R     50                                   $0.00        $0.00     $0.00
   $0.00      $6.00    $14.75
DGBTPATIENT,THREE            702032470P DELLINGER,BARRY             Jul 05, 2012 Jul 05, 2012   829
   DBA                               R     50                                   $0.00        $0.00     $0.00
   $0.00      $0.00    $20.75
```

```
BT CLERK REPORT     PRINT DATE: JUL 30, 2012@01:57:43                                        PAGE
2
Jun 30, 2012 TO Jul 30, 2012
VERSION: FULL
TYPE: MILEAGE
DIVISION: DBA
CLERK: ALL
================================================================================================
PATIENT NAME                    SSN       CLERK                 CL DT       ENT DT      ACCT
    DIVISION                              R/O   MILEAGE CC MODE              CC FEE      ECON      M&L
    F&B     DED     PAYABLE      REMARKS
================================================================================================
DGBTTEST,EIGHTEEN               202091687P ENGLEBACH,ROB        Jul 10, 2012 Jul 10, 2012 829
    DBA                                   O    10                            $0.00       $0.00     $10.00
    $0.00   $3.00   $11.15
DGBTPATIENT,TESTING A           502050450P BRODNY,PAVEL B       Jul 11, 2012 Jul 11, 2012 829
    DBA                                   R    6                             $0.00       $0.00     $0.00
    $0.00   $2.49   $0.00
DGBTPATIENT,TESTING A           502050450P DELLINGER,BARRY      Jul 12, 2012 Jul 13, 2012 829
    DBA                                   R    40                            $0.00       $0.00     $0.00
    $0.00   $6.00   $10.60
DGBTPATIENT,TESTING A           502050450P DELLINGER,BARRY      Jul 13, 2012 Jul 13, 2012 829
    DBA                                   R    100                           $0.00       $0.00     $0.00
    $0.00   $6.00   $35.50

BT CLERK REPORT     PRINT DATE: JUL 30, 2012@01:57:43                                        PAGE
3
Jun 30, 2012 TO Jul 30, 2012
VERSION: FULL
TYPE: MILEAGE
DIVISION: DBA
CLERK: ALL
================================================================================================
PATIENT NAME                    SSN       CLERK                 CL DT       ENT DT      ACCT
    DIVISION                              R/O   MILEAGE CC MODE              CC FEE      ECON      M&L
    F&B     DED     PAYABLE      REMARKS
================================================================================================
DGBTPATIENT,TESTING A           502050450P BRODNY,PAVEL B       Jul 13, 2012 Jul 13, 2012 829
    DBA                                   O    1                             $0.00       $0.00     $0.00
    $0.00   $0.42   $0.00
DGBTPATIENT,TESTING A           502050450P DELLINGER,BARRY      Jul 15, 2012 Jul 15, 2012 829
    DBA                                   R    200   TAXI                    $50.00      $26.00    $0.00
    $0.00   $0.00   $26.00
DGBTTEST,EIGHT                  202092787P DELLINGER,BARRY      May 10, 2012 Jul 24, 2012 829
    DBA                                   R    10    AIRPLANE                $22.00      $55.00    $33.00
    $44.00  $0.00   $81.15
DGBTPATIENT,POW                 602010160P DELLINGER,BARRY      Jul 15, 2012 Jul 24, 2012 829
    DBA                                   R    50    TAXI                    $35.85      $17.50    $25.00
    $10.00  $0.00   $17.50

BT CLERK REPORT     PRINT DATE: JUL 30, 2012@01:57:43                                        PAGE 4
Jun 30, 2012 TO Jul 30, 2012
VERSION: FULL
TYPE: MILEAGE
DIVISION: DBA
CLERK: ALL
================================================================================================
PATIENT NAME                    SSN       CLERK                 CL DT       ENT DT      ACCT
    DIVISION                              R/O   MILEAGE CC MODE              CC FEE      ECON      M&L
    F&B     DED     PAYABLE      REMARKS
================================================================================================
DGBTTEST,GOOFY                  302022650P DELLINGER,BARRY      Jul 11, 2012 Jul 25, 2012 829
    DBA                                   R    60                            $0.00       $0.00     $0.00
    $0.00   $6.00   $18.90
DGBTTEST,GOOFY                  302022650P DELLINGER,BARRY      Jul 18, 2012 Jul 25, 2012 829
    DBA                                   R    4                             $0.00       $0.00     $0.00
    $0.00   $1.66   $0.00
DGBTTEST,GOOFY                  302022650P DELLINGER,BARRY      Jul 19, 2012 Jul 25, 2012 829
    DBA                                   O    2     TAXI                    $20.00      $0.00     $0.00
    $0.00   $0.00   $0.83
DGBTPATIENT,TESTING A           502050450P BRODNY,PAVEL B       Jul 29, 2012 Jul 29, 2012 829
    DBA                                   O    11                            $0.00       $12.00    $0.00
    $4.00   $0.00   $8.57        This is a test for Mileage type Patient

BT CLERK REPORT     PRINT DATE: JUL 30, 2012@01:57:43                                        PAGE 5
Jun 30, 2012 TO Jul 30, 2012
VERSION: FULL
TYPE: MILEAGE
DIVISION: DBA
CLERK: ALL
================================================================================================
GRAND TOTALS:  CLAIMS                       MILEAGE                         CC FEE      ECON      M&L
    F&B     DED     PAYABLE
            16                              1194                            $127.85     $110.50   $68.00
    $58.00  $40.57  $482.70
================================================================================================


REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

Example 2: CLERK REPORT FOR EXPORT TO EXCEL

```
Select Beneficiary Travel Reports Option: CL  Clerk Report
START DATE: T-30  (JUN 30, 2012)
END DATE: T  (JUL 30, 2012)

     Select one of the following:

          M          MILEAGE
          S          SPECIAL MODE

Which claim type do you want to run?: MILEAGE
Do you wish to run this report for all clerks? YES//

     Select one of the following:

          F          FULL
          T          TOTAL

Which claim type do you want to run?: FULL

Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on the 'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 0;512;999    Right Margin:
 80// ^

DEVICE: HOME// 0;512;9999  VIRTUAL TELNET
DATE ENTERED^PATIENT^PATIENT ID^CLERK^CLAIM DATE^DIVISION^ACCT^R/O^MILEAGE^CC MODE^CC FEE^MOST ECONOMIC^M & L^FERRIES &
BRIDGES^DEDUCTIBLE^AMOUNT PAYABLE^REMARK
Jul 01, 2012^DGBTPATIENT,TESTING A^502050450P^DELLINGER,BARRY^Jun 29, 2012^DBA^829^R^200^^0.00^0.00^0.00^0.00^3.00^77.00^
Jul 02, 2012^DGBTPATIENT,TESTING A^502050450P^DELLINGER,BARRY^Jul 02, 2012^DBA^829^R^400^^0.00^0.00^0.00^0.00^6.00^160.00^
Jul 05, 2012^DGBTPATIENT,THREE^702032470P^DELLINGER,BARRY^May 03, 2012^DBA^829^R^50^^0.00^0.00^0.00^0.00^6.00^14.75^
Jul 05, 2012^DGBTPATIENT,THREE^702032470P^DELLINGER,BARRY^Jul 05, 2012^DBA^829^R^50^^0.00^0.00^0.00^0.00^0.00^20.75^
Jul 10, 2012^DGBTTEST,EIGHTEEN^202091687P^ENGLEBACH,ROB^Jul 10, 2012^DBA^829^O^10^^0.00^0.00^10.00^0.00^3.00^11.15^
Jul 11, 2012^DGBTPATIENT,TESTING A^502050450P^BRODNY,PAVEL B^Jul 11, 2012^DBA^829^R^6^^0.00^0.00^0.00^0.00^2.49^0.00^
Jul 13, 2012^DGBTPATIENT,TESTING A^502050450P^DELLINGER,BARRY^Jul 12, 2012^DBA^829^R^40^^0.00^0.00^0.00^0.00^6.00^10.60^
Jul 13, 2012^DGBTPATIENT,TESTING A^502050450P^DELLINGER,BARRY^Jul 13, 2012^DBA^829^R^100^^0.00^0.00^0.00^0.00^6.00^35.50^
Jul 13, 2012^DGBTPATIENT,TESTING A^502050450P^BRODNY,PAVEL B^Jul 13, 2012^DBA^829^O^1^^0.00^0.00^0.00^0.00^0.42^0.00^
Jul 15, 2012^DGBTPATIENT,TESTING A^502050450P^DELLINGER,BARRY^Jul 15, 2012^DBA^829^R^200^TAXI^50.00^26.00^0.00^0.00^0.00^26.00^
Jul 24, 2012^DGBTTEST,EIGHT^202092787P^DELLINGER,BARRY^May 10, 2012^DBA^829^R^10^AIRPLANE^22.00^55.00^33.00^44.00^0.00^81.15^
Jul 24, 2012^DGBTPATIENT,POW^602010160P^DELLINGER,BARRY^Jul 15, 2012^DBA^829^R^50^TAXI^35.85^17.50^25.00^10.00^0.00^17.50^
Jul 25, 2012^DGBTTEST,GOOFY^302022650P^DELLINGER,BARRY^Jul 11, 2012^DBA^829^R^60^^0.00^0.00^0.00^0.00^6.00^18.90^
Jul 25, 2012^DGBTTEST,GOOFY^302022650P^DELLINGER,BARRY^Jul 18, 2012^DBA^829^R^4^^0.00^0.00^0.00^0.00^1.66^0.00^
Jul 25, 2012^DGBTTEST,GOOFY^302022650P^DELLINGER,BARRY^Jul 19, 2012^DBA^829^O^2^TAXI^20.00^0.00^0.00^0.00^0.00^0.83^
Jul 29, 2012^DGBTPATIENT,TESTING A^502050450P^BRODNY,PAVEL B^Jul 29, 2012^DBA^829^O^11^^0.00^12.00^0.00^4.00^0.00^8.57^This is a
test for Mileage type Patient

REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

4.12.4. Travel Pattern Report

The Travel Pattern Report will be used to analyze distance/location to Veteran claims for unique travel patterns. The Travel Pattern Report option allows the user to print a full report of Mileage claims to be utilized for the analysis of mileage travel patterns. This report can also be exported as a text file for import into other software.

Input Data:
  Start Date
  End Date
  Start Name
  End Name
Excel document:

Expected Output:
  Display version for monitor or printer/Text file to import into Excel

Example 1: TRAVEL PATTERN REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports

Select Beneficiary Travel Reports Option: PAT  Travel Pattern Report

        ************** BT Travel Pattern Report **************

START DATE: T-30  (JUN 30, 2012)
END DATE:   T  (JUL 30, 2012)
START NAME  : AAA//
END NAME    : ZZZ//

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 255 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET   Right Margin: 80// 255
```

```
                                          ************** BT Travel Pattern Report 06/30/12-07/30/12 ************* Page: 1
-----------------------------------------------------------------------------------------------------------------------
CLAIM DATE  PATIENT NAME       SSN          ACCT  DEP ADDRESS        DEP CITY    DEP STATE     DEP ZIP R/O MILEAGE PAYABLE CLERK            REMARKS
-----------------------------------------------------------------------------------------------------------------------
06/29/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   200   $77.00   DELLINGER,BARRY
07/02/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   400   $160.00  DELLINGER,BARRY
05/03/12    DGBTPATIENT,THREE      702-03-2470P  829   832 NOWHERE ST      LATHAM     NEW YORK      12110   R   50    $14.75   DELLINGER,BARRY
07/05/12    DGBTPATIENT,THREE      702-03-2470P  829   832 NOWHERE ST      LATHAM     NEW YORK      12110   R   50    $20.75   DELLINGER,BARRY
07/10/12    DGBTTEST,EIGHTEEN      202-09-1687P  829   762 SUSETTA         LAKELAND   FLORIDA       33801   O   10    $11.15   ENGLEBACH,ROB
07/11/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   6     $0.00    BRODNY,PAVEL B
07/12/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   40    $10.60   DELLINGER,BARRY
PRESS RETURN TO CONTINUE OR '^' TO STOP


                                          ************** BT Travel Pattern Report 06/30/12-07/30/12 ************* Page: 2
-----------------------------------------------------------------------------------------------------------------------
CLAIM DATE  PATIENT NAME       SSN          ACCT  DEP ADDRESS        DEP CITY    DEP STATE     DEP ZIP R/O MILEAGE PAYABLE CLERK            REMARKS
-----------------------------------------------------------------------------------------------------------------------
07/13/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   100   $35.50   DELLINGER,BARRY
07/13/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   O   1     $0.00    BRODNY,PAVEL B
07/15/12    DGBTPATIENT,TESTING A  000-00-0450P  829   2821 ANYWHERE STREE LATHAM     NEW YORK      12110   R   200   $26.00   DELLINGER,BARRY
05/10/12    DGBTTEST,EIGHT         202-09-2787P  829   48 CENTRAL AVE      DOVER      NEW HAMPSHIRE 03820   R   10    $81.15   DELLINGER,BARRY
07/15/12    DGBTPATIENT,POW        602-01-0160P  829   123 OAK ST          LATHAM     NEW YORK      12110   R   50    $17.50   DELLINGER,BARRY
07/11/12    DGBTTEST,GOOFY         000-00-2650P  829                                                        R   60    $18.90   DELLINGER,BARRY
07/18/12    DGBTTEST,GOOFY         000-00-2650P  829                                                        R   4     $0.00    DELLINGER,BARRY
PRESS RETURN TO CONTINUE OR '^' TO STOP
```

CLAIM DATE	PATIENT NAME	SSN	ACCT	DEP ADDRESS	DEP CITY	DEP STATE	DEP ZIP	R/O	MILEAGE	PAYABLE	CLERK	REMARKS
07/19/12	DGBTTEST,GOOFY	000-00-2650P	829					O	2	$0.83	DELLINGER,BARRY	
07/29/12 Patient	DGBTPATIENT,TESTING A	000-00-0450P	829	2821 ANYWHERE STREE	LATHAM	NEW YORK	12110	O	11	$8.57	BRODNY,PAVEL B	This is a test for Mileage type

REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR '^' TO STOP....

Example 2: TRAVEL PATTERN REPORT FOR EXPORT TO EXCEL

Note: In this example, the Device options 0;512;999 will be selected for exporting to an Excel file. 512 is the margin width and 999 is the page length.

```
Select Beneficiary Travel Reports Option: PAT  Travel Pattern Report

         ************* BT Travel Pattern Report *************

START DATE: T-30  (JUN 30, 2012)
END DATE:   T  (JUL 30, 2012)
START NAME  : AAA//
END NAME    : ZZZ//

Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on the 'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;512;999
```

```
CLAIM DATEˆPATIENT NAMEˆSSNˆACCOUNTˆPLACE OF DEPARTUREˆCITY OF DEPARTUREˆSTATE OF DEPARTUREˆZIP CODE OF DEPARTUREˆR/OˆMILESˆAMOUNT PAYABLEˆWHO ENTERED INTO
FILEˆREMARKS
06/29/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ200ˆ77.00ˆDELLINGER,BARRYˆ
07/02/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ400ˆ160.00ˆDELLINGER,BARRYˆ
05/03/12ˆDGBTPATIENT,THREEˆ702-03-2470Pˆ829ˆ832 NOWHERE STˆLATHAMˆNEW YORKˆ12110ˆRˆ50ˆ14.75ˆDELLINGER,BARRYˆ
07/05/12ˆDGBTPATIENT,THREEˆ702-03-2470Pˆ829ˆ832 NOWHERE STˆLATHAMˆNEW YORKˆ12110ˆRˆ50ˆ20.75ˆDELLINGER,BARRYˆ
07/10/12ˆDGBTTEST,EIGHTEENˆ202-09-1687Pˆ829ˆ762 SUSETTAˆLAKELANDˆFLORIDAˆ33801ˆOˆ10ˆ11.15ˆENGLEBACH,ROBˆ
07/11/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ6ˆ0.00ˆBRODNY,PAVEL Bˆ
07/12/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ40ˆ10.60ˆDELLINGER,BARRYˆ
07/13/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ100ˆ35.50ˆDELLINGER,BARRYˆ
07/13/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆOˆ1ˆ0.00ˆBRODNY,PAVEL Bˆ
07/15/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆRˆ200ˆ26.00ˆDELLINGER,BARRYˆ
05/10/12ˆDGBTTEST,EIGHTˆ202-09-2787Pˆ829ˆ48 CENTRAL AVEˆDOVERˆNEW HAMPSHIREˆ03820ˆRˆ10ˆ81.15ˆDELLINGER,BARRYˆ
07/15/12ˆDGBTPATIENT,POWˆ602-01-0160Pˆ829ˆ123 OAK STˆLATHAMˆNEW YORKˆ12110ˆRˆ50ˆ17.50ˆDELLINGER,BARRYˆ
07/11/12ˆDGBTTEST,GOOFYˆ000-00-2650Pˆ829ˆˆˆˆˆRˆ60ˆ18.90ˆDELLINGER,BARRYˆ
07/18/12ˆDGBTTEST,GOOFYˆ000-00-2650Pˆ829ˆˆˆˆˆRˆ4ˆ0.00ˆDELLINGER,BARRYˆ
07/19/12ˆDGBTTEST,GOOFYˆ000-00-2650Pˆ829ˆˆˆˆˆOˆ2ˆ0.83ˆDELLINGER,BARRYˆ
07/29/12ˆDGBTPATIENT,TESTING Aˆ000-00-0450Pˆ829ˆ2821 ANYWHERE STREETˆLATHAMˆNEW YORKˆ12110ˆOˆ11ˆ8.57ˆBRODNY,PAVEL BˆThis is a test for Mileage type Patient


REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR 'ˆ' TO STOP....
```

4.12.5. Special Mode Report

The Special Mode Report will be used to analyze information on Special Mode claims. The Special Mode Report option allows the user to print either a full or total report of Special Mode claims for a specified date range. This report can also be exported as a text file for import into other software.

Input Data:
  Start Date
  End Date
  Start Name
  End Name
Type of Report:
Excel document:

Expected Output:
  Display Version for monitor or printer/Text file to import into excel

Example 1: SPECIAL MODE REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports


Select Beneficiary Travel Reports Option: SP  Special Mode Report
START DATE: T-30  (JUN 30, 2012)
END DATE: T  (JUL 30, 2012)
START NAME: AAA//
END NAME: ZZZ//

     Select one of the following:


          F         FULL
          T         TOTAL

Which claim type do you want to run?: FULL

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 132
```

```
BT SPECIAL MODE FULL REPORT     PRINT DATE: JUL 30, 2012@02:17:23                                              PAGE
1
Jun 30, 2012 TO Jul 30, 2012
FIRST VETERAN NAME: AAA
LAST VETERAN NAME: ZZZ
DIVISION: DBA
===========================================================================================================================
PATIENT NAME                       CLAIM DATE      MODE                         INV #                              INVOICE DATE
     R/O      MILES   BASE RATE      MILEAGE  NSNL      WAIT FEE  EXT CREW  SPEC EQ   INV AMT   ENTRY DATE
     DIVISION                      VENDOR                         STATUS
===========================================================================================================================
DGBTPATIENT,TESTING A              Jul 03, 2012    ALS AMBULANCE                8484                               Jul 03, 2012
     R         25      $200.00       $50.00  $0.00     $0.00     $0.00     $0.00     $250.00   Jul 03, 2012
     DBA                           VENDOR #1
DGBTPATIENT,THREE                  Jul 05, 2012    ALS AMBULANCE                8833                               Jul 05, 2012
     R         25      $200.00       $50.00  $0.00     $0.00     $0.00     $0.00     $250.00   Jul 05, 2012
     DBA                           VENDOR #1
DGBTPATIENT,TESTING A              Jul 11, 2012    BLS AMBULANCE                123                                Jul 11, 2012
     O         20      $1.00         $1.00   $0.00     $0.00     $0.00     $0.00     $2.00     Jul 11, 2012
     DBA                           VENDOR #1
DGBTPATIENT,TESTING A              Jul 29, 2012    WHEELCHAIR VAN               232                                Jul 29, 2012
     R         24      $1.00         $1.00   $0.00     $0.00     $0.00     $0.00     $2.00     Jul 29, 2012
     DBA                           VENDOR #1
```

```
BT SPECIAL MODE FULL REPORT      PRINT DATE: JUL 30, 2012@02:17:23                              PAGE
2
Jun 30, 2012 TO Jul 30, 2012
FIRST VETERAN NAME: AAA
LAST VETERAN NAME: ZZZ
DIVISION: DBA
=======================================================================================================
GRAND TOTALS:    MILES    BASE RATE      MILEAGE    NSNL      WAIT FEE   EXT CREW   SPEC EQ    INV AMT    CLAIMS
                 94       $402.00        $102.00    $0.00     $0.00      $0.00      $0.00      $504.00    4
=======================================================================================================

REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR 'ˆ' TO STOP....
```

Example 2: SPECIAL MODE REPORT FOR EXPORT TO EXCEL

```
Select Beneficiary Travel Reports Option: SP  Special Mode Report
START DATE: T-30  (JUN 30, 2012)
END DATE: T  (JUL 30, 2012)
START NAME: AAA//
END NAME: ZZZ//

     Select one of the following:

          F          FULL
          T          TOTAL

Which claim type do you want to run?: FULL

Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on  the  'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;512;999  VIRTUAL TELNET


ENTRY DATE^PATIENT^CLAIM DATE^CC MODE^INV #^INV DT^R/O^MILES^BASE RATE^MILE FEE^NO SHOW NO LOAD^WAIT TIME^EXTRA CREW^SPECIAL EQUIPMENT^INV
AMT^DIVISION^VENDOR^STATUS
Jul 03, 2012^DGBTPATIENT,TESTING A^Jul 03, 2012^ALS AMBULANCE^8484^Jul 03, 2012^R^25^200.00^50.00^0.00^0.00^0.00^0.00^250.00^DBA^VENDOR #1^
Jul 05, 2012^DGBTPATIENT,THREE^Jul 05, 2012^ALS AMBULANCE^8833^Jul 05, 2012^R^25^200.00^50.00^0.00^0.00^0.00^0.00^250.00^DBA^VENDOR #1^
Jul 11, 2012^DGBTPATIENT,TESTING A^Jul 11, 2012^BLS AMBULANCE^123^Jul 11, 2012^O^20^1.00^1.00^0.00^0.00^0.00^0.00^2.00^DBA^VENDOR #1^
Jul 29, 2012^DGBTPATIENT,TESTING A^Jul 29, 2012^WHEELCHAIR VAN^232^Jul 29, 2012^R^24^1.00^1.00^0.00^0.00^0.00^0.00^2.00^DBA^VENDOR #1^

REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

4.12.6. Fiscal Report

A new Fiscal Report has been added under the Beneficiary Travel Reports (RPTS) section named Fiscal Report (FISC) of the Beneficiary Travel Menu which allows a user to generate a report of voucher information for a selected facility and a specified date range.

Input Data:
  Start Date
  End Date
Excel document:

Expected Output:
Display Version for monitor or printer/Text file to import into excel

Example 1: FISCAL REPORT DISPLAYED

```
Select Beneficiary Travel Menu Option: RPTS  Beneficiary Travel Reports

Select Beneficiary Travel Reports Option: FISC  Fiscal Report
START DATE: T-10  (JUL 20, 2012)
END DATE: T  (JUL 30, 2012)

Do you want to capture report data for an Excel document? NO//

WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES

DEVICE: HOME//   VIRTUAL TELNET   Right Margin: 80// 132



BT ELECTRONIC VOUCHER REPORT    PRINT DATE: JUL 30, 2012@02:33:24                                      PAGE
1
Jul 20, 2012 TO Jul 30, 2012
DIVISION: DBA
============================================================================================================
NAME                         SSN        CLAIM DATE       ENTRY DATE   CLERK                              ACCT
    ADDRESS
    CITY          ST ZIP       FACILITY
    FACILITY ADDRESS
    DEPARTURE
    DEPARTURE
    DESTINATION
    DESTINATION
    MILES RATE   ALLOW      M&L       F&B       TOTAL       ECON      TOTAL      PAYABLE    1W  RT DED      CC FEE
    REMARKS                                                                FISCAL SYMBOLS
============================================================================================================
DGBTTEST,EIGHT               202092787P  May 10, 2012@16:09   JUL 24, 2012 DELLINGER,BARRY               829
    48 CENTRAL AVE APT 4G
    DOVER          NH 03820      1ALBANY 33384 88TH ST
    ALBANY NY 12112
    48 CENTRAL AVE APT 4G
    DOVER NH 03820
    DBA 33384 88TH ST
    ALBANY NY 12112
    10   .415   $4.15     $33.00    $44.00    $81.15      $55.00    $88.00     $81.15      0   0  $0.00      $22.00

PRESS RETURN TO CONTINUE OR 'ˆ' TO STOP....


============================================================================================================
GRAND TOTALS
MILES  CLMS   ALLOW      M&L       F&B       TOTAL       ECON      TOTAL      PAYABLE    1W  RT DED      CC FEE
137    6    $56.86     $58.00    $58.00    $172.86     $84.50    $142.50    $126.95     0   8  $34.15     $77.85
============================================================================================================

REPORT HAS FINISHED, PRESS RETURN TO CONTINUE OR 'ˆ' TO STOP....
```

EXAMPLE 2: FISCAL REPORT FOR EXPORT TO EXCEL

```
Select Beneficiary Travel Reports Option: FISC  Fiscal Report
START DATE: T-10  (JUL 20, 2012)
END DATE: T  (JUL 30, 2012)

Do you want to capture report data for an Excel document? NO// YES

     Before continuing, please set up your terminal to capture the
     detail report data. On some terminals, this can  be  done  by
     clicking  on the 'Tools' menu above, then click  on  'Capture
     Incoming  Data' to save to  Desktop. This  report  may take a
     while to run.

     Note: To avoid  undesired  wrapping of the data  saved to the
           file, please enter '0;512;999' at the 'DEVICE:' prompt.

DEVICE: HOME// 0;512;999  VIRTUAL TELNET
```

```
NAME^ADD1^ADD2^CITY^STATE^ZIP^ID^FAC^DEP^DEST^MILES^M & L^TOTAL - 11^TOTAL - 13^CL DT^CERT^VOUCH DT^ACCOUNT^DED^CC FEE^PAYABLE
DGBTTEST,EIGHT^48 CENTRAL AVE^APT 4G^DOVER^NH^03820^202092787P^1ALBANY^03820^12112^10^33.00^81.15^88.00^May 10, 2012^DELLINGER,BARRY^JUL 24,
2012^829^0.00^22.00^81.15
DGBTTEST,GOOFY^^^^^^302022650P^1ALBANY^^12112^60^0.00^24.90^0.00^Jul 11, 2012^DELLINGER,BARRY^JUL 25, 2012^829^6.00^0.00^18.90
DGBTPATIENT,POW^123 OAK ST^APT 3G^LATHAM^NY^12110^602010160P^1ALBANY^12110^12112^50^25.00^55.75^42.50^Jul 15, 2012^DELLINGER,BARRY^JUL 24,
2012^829^0.00^35.85^17.50
DGBTTEST,GOOFY^^^^^^302022650P^1ALBANY^^12112^4^0.00^1.66^0.00^Jul 18, 2012^DELLINGER,BARRY^JUL 25, 2012^829^1.66^0.00^0.00
DGBTTEST,GOOFY^^^^^^302022650P^1ALBANY^^12112^2^0.00^0.83^0.00^Jul 19, 2012^DELLINGER,BARRY^JUL 25, 2012^829^0.00^20.00^0.83
DGBTPATIENT,TESTING A^2821 ANYWHERE STREET^^LATHAM^NY^12110^502050450P^1ALBANY^12110^12112^11^0.00^8.57^12.00^Jul 29, 2012^BRODNY,PAVEL B^JUL 29,
2012^829^0.00^0.00^8.57

REPORT HAS FINISHED, TURN OFF CAPTURE, THEN PRESS RETURN TO CONTINUE OR '^' TO STOP....
```

4.12.7. 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 the Standard Claims report or the 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: name, patient ID, claim date/time, total mileage amount, deductible amount, amount payable, and remarks.

The Standard Claims report is broken down by division and can be sorted by account, patient, account type, or carrier. One, many, or all divisions/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.

Example 1: REPORT OF CLAIMS AMOUNTS: PAYABLE CLAIMS STATISTICS, NO DATA

```
Select Beneficiary Travel Reports Option: AMT  Report of Claim Amounts


                  BENEFICIARY TRAVEL REPORT OUTPUTS

                  1.....Payable Claims Statistics

                  2.....Standard Claims Output

Enter Option:  (1-2): 1
Enter Beginning Search Date: :  AUG 03, 2012//   (AUG 03, 2012)
Enter Ending Search Date: :  AUG 03, 2012//   (AUG 03, 2012)

This report requires 132 columns to print

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 132

...SORRY, LET ME THINK ABOUT THAT A MOMENT...
Enter RETURN to continue or '^' to exit:

Payable Claims Report
Report Date: AUG 03, 2012     Page: 1
```

```
Inclusion Dates: Aug 03, 2012 to Aug 03, 2012
For ACCOUNT TYPE: ALL OTHER

                                          Mileage  Amount  Amount
Patient Name           Patient ID   Claim DATE/TME  Amount   Deduct  Payable Remarks
----------------       ------------ ------------------  ------   ------  ------- -----------

No data found for accounts 'ALL OTHER' or 'C&P'
```

Example 2: REPORT OF CLAIMS AMOUNTS: PAYABLE CLAIMS STATISTICS

```
                      BENEFICIARY TRAVEL REPORT OUTPUTS

                   1.....Payable Claims Statistics

                   2.....Standard Claims Output

Enter Option:  (1-2): 1
Enter Beginning Search Date: :  AUG 03, 2012// T-30  (JUL 04, 2012)
Enter Ending Search Date: :  AUG 03, 2012//   (AUG 03, 2012)

This report requires 132 columns to print

DEVICE: HOME//   VIRTUAL TELNET    Right Margin: 80// 132

...HMMM, HOLD ON...
Enter RETURN to continue or '^' to exit:

Payable Claims Report
Report Date: AUG 03, 2012     Page: 1
Inclusion Dates: Jul 04, 2012 to Aug 03, 2012
For ACCOUNT TYPE: ALL OTHER


                                            Mileage  Amount  Amount
Patient Name          Patient ID  Claim DATE/TME     Amount   Deduct  Payable Remarks
----------------      ------------ ------------------  ------   ------  ------- ----------

Division: DBA
=========
DGBTPATIENT,TESTING A  000-00-0450P  JUL 04, 2012@14:10   10.38    3.00    7.38
DGBTPATIENT,TESTING A  000-00-0450P  JUL 04, 2012@14:17   10.38    3.00    7.38
DGBTPATIENT,TESTING A  000-00-0450P  JUL 05, 2012@17:49   83.00    6.00    77.00
DGBTPATIENT,TESTING A  000-00-0450P  JUL 11, 2012@18:47    2.49    2.49    0.00
DGBTPATIENT,TESTING A  000-00-0450P  JUL 12, 2012@12:00   16.60    6.00    10.60
DGBTPATIENT,TESTING A  000-00-0450P  JUL 13, 2012@15:26   41.50    6.00    35.50
DGBTPATIENT,TESTING A  000-00-0450P  JUL 13, 2012@17:04    0.42    0.42    0.00
DGBTPATIENT,TESTING A  000-00-0450P  JUL 15, 2012@11:45   83.00    0.00    26.00
DGBTPATIENT,TESTING A  000-00-0450P  JUL 29, 2012@19:54    4.57    0.00    8.57    This is a
test for Mileage type Patient
DGBTPATIENT,TESTING A  000-00-0450P  JUL 29, 2012@23:57    2.49    0.00    2.49
Enter RETURN to continue or '^' to exit:

Payable Claims Report
Report Date: AUG 03, 2012     Page: 2
Inclusion Dates: Jul 04, 2012 to Aug 03, 2012
For ACCOUNT TYPE: ALL OTHER


                                            Mileage  Amount  Amount
Patient Name          Patient ID  Claim DATE/TME     Amount   Deduct  Payable Remarks
----------------      ------------ ------------------  ------   ------  ------- ----------
DGBTPATIENT,TESTING A  000-00-0450P  JUL 30, 2012@03:08    9.96    0.00    9.96    THIS IS
TEST OF COMMON CARRIER
DGBTPATIENT,POW        602-01-0160P  JUL 15, 2012@12:13   20.75    0.00    17.50
DGBTPATIENT,THREE      702-03-2470P  JUL 05, 2012@20:48   20.75    0.00    20.75
DGBTTEST,EIGHTEEN      202-09-1687P  JUL 10, 2012@19:42    4.15    3.00    11.15
DGBTTEST,GOOFY         000-00-2650P  JUL 11, 2012@13:00   24.90    6.00    18.90
DGBTTEST,GOOFY         000-00-2650P  JUL 18, 2012@12:00    1.66    1.66    0.00
DGBTTEST,GOOFY         000-00-2650P  JUL 19, 2012@13:15    0.83    0.00    0.83
DGBTTEST,GOOFY         000-00-2650P  JUL 31, 2012@09:34   16.60    3.00    13.60


                                                           ------   ------  -------
Subtotals                                                  354.43   40.57   267.61
Subtotal Count of Claims: 18
                                                           ------   ------  -------
TOTALS                                                     354.43   40.57   267.61
TOTAL CLAIMS: 18
```

Example 3: REPORT OF CLAIM AMOUNTS: STANDARD CLAIMS OUTPUT

```
                     BENEFICIARY TRAVEL REPORT OUTPUTS

                    1.....Payable Claims Statistics

                    2.....Standard Claims Output

Enter Option:  (1-2): 2

Enter beginning date: T-30  (JUL 04, 2012)

Enter ending date: T  (AUG 03, 2012)

Sort output by: PATIENT//
Select patient: ALL//

Display Report (F)ULL or (T)OTALS ONLY: FULL//

DEVICE: HOME//   VIRTUAL TELNET   Right Margin: 80// 132

   DIVISION: DBA                              AUG  3,2012@01:18 PAGE 1
                    BENEFICIARY TRAVEL OUTPUT BY PATIENT
                    FROM JUL  4,2012 TO AUG  3,2012

        DATE            ACCOUNT         $DEDUC    $PAYABLE     CARRIER
================================================================================

DGBTPATIENT,TESTING A:000-00-0450P
  JUL  4,2012        ALL OTHER          3.00        7.38
  JUL  4,2012        ALL OTHER          3.00        7.38
  JUL  5,2012        ALL OTHER          6.00       77.00
  JUL 11,2012        ALL OTHER          2.49        0.00
  JUL 11,2012        SPECIAL MODE -     0.00        0.00

Enter <RET> to continue or ^ to QUIT :

   DIVISION: DBA                              AUG  3,2012@01:18 PAGE 2
                    BENEFICIARY TRAVEL OUTPUT BY PATIENT
                    FROM JUL  4,2012 TO AUG  3,2012

        DATE            ACCOUNT         $DEDUC    $PAYABLE     CARRIER
================================================================================

DGBTPATIENT,TESTING A:000-00-0450P
  JUL 29,2012        ALL OTHER          0.00        2.49
  JUL 30,2012        ALL OTHER          0.00        9.96
  JUL 30,2012        SPECIAL MODE -     0.00        0.00
                              TOTAL    $26.91     $184.88
DGBTPATIENT,POW:000-00-0160P
  JUL 15,2012        ALL OTHER          0.00       17.50
                              TOTAL     $0.00      $17.50

Enter <RET> to continue or ^ to QUIT :

   DIVISION: DBA                              AUG  3,2012@01:18 PAGE 3
                    BENEFICIARY TRAVEL OUTPUT BY PATIENT
                    FROM JUL  4,2012 TO AUG  3,2012

        DATE            ACCOUNT         $DEDUC    $PAYABLE     CARRIER
================================================================================

DGBTTEST,EIGHTEEN:000-00-1687P
  JUL 10,2012        ALL OTHER          3.00       11.15
                              TOTAL     $3.00      $11.15
DGBTTEST,GOOFY:000-00-2650P
  JUL 11,2012        ALL OTHER          6.00       18.90
  JUL 18,2012        ALL OTHER          1.66        0.00
  JUL 19,2012        ALL OTHER          0.00        0.83
  JUL 31,2012        ALL OTHER          3.00       13.60
```

```
                                TOTAL       $10.66        $33.33

Enter <RET> to continue or ^ to QUIT :

    DIVISION: DBA                                AUG  3,2012@01:18 PAGE 4
                        BENEFICIARY TRAVEL OUTPUT BY PATIENT
                          FROM JUL  4,2012 TO AUG  3,2012

          DATE               ACCOUNT          $DEDUC     $PAYABLE      CARRIER
================================================================================
          DIVISION TOTAL                      $40.57      $267.61

Enter <RET> to continue or ^ to QUIT :

                                             AUG  3,2012@01:18 PAGE 1
                        BENEFICIARY TRAVEL OUTPUT BY PATIENT
                               DIVISION TOTALS
                          FROM JUL  4,2012 TO AUG  3,2012

          DIVISION NAME               $DEDUC      $PAYABLE       $TOTAL
================================================================================
DBA                                   $40.57      $267.61      $308.18

          GRAND TOTAL                 $40.57      $267.61      $308.18
                    BENEFICIARY TRAVEL REPORT OUTPUTS

              1.....Payable Claims Statistics

              2.....Standard Claims Output

Enter Option:  (1-2):
```

5. Glossary

Term	Definition
A&A	Aid and Attendance
ALS	Advanced Life Support
Beneficiary	The party to whom the mileage reimbursement is owed. In most cases, the Beneficiary is the same as the patient. There are some exceptions for instance when the patient is under anesthesia and the caretaker presents the appointment documentation to the Travel Office.
BLS	Basic Life Support
BT	Beneficiary Travel
BTD	Beneficiary Travel Dashboard
CBO	Chief Business Office
HB	House Bound
InterSystems	The 3rd party vendor that provides a product known as InterSystems Cache
MT	Means Test
OIG	Office of Inspector General
Rx	Prescription
SC%	Service Connected disability % determines the amount of VA benefits for which a Veteran qualifies based on a service-connected injury(ies) or illness(es).
Section 508	A Public Law that agencies must provide employees and members of the public who have disabilities access to electronic and information technology that is comparable to the access available to employees and members of the public who are not individuals with disabilities.
SSN	Social Security Number
VA	Veterans Affairs
VACO	Veterans Affairs Central Office
VAF	VA Form
VFA	Veterans Financial Assessment
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems Technology Architecture
VMS	Virtual Memory System

6. Troubleshooting

Why does the C&P question not trigger the C&P account to be automatically entered?
The question was added for eligibility purposes only to trigger a denial of benefits if "NO" was entered. A feature to automatically trigger a change in account type based on the eligibility question was not included in the specifications for the current version.

When a Veteran is not eligible for payment or eligible for payment only when the care is SC, the system asks whether this is a claim for an SC appointment or a claim for a Comp and Pension appointment. How do I deny a claim and get to the denial letters when the reason is related to the 30 day rule or something else?
Answering "NO" at the prompts will mark the Veteran as not eligible for payment and you will be prompted to continue the claim providing a reason or to deny the claim and print the letter. The reason for the denial is not tied to the question so you will be able to select any of the available choices.

7. Index