

## PRA violation and BTSSS backlog

From: [SECVARequest \(secvarequest@va.gov\)](mailto:SECVARequest@va.gov)

To: [jack64t@yahoo.com](mailto:jack64t@yahoo.com)

Cc: [denis.mcdonough@va.gov](mailto:denis.mcdonough@va.gov); [gary.tallman@va.gov](mailto:gary.tallman@va.gov); [john.boerstler@va.gov](mailto:john.boerstler@va.gov); [kurt.delbene@va.gov](mailto:kurt.delbene@va.gov); [cassandra.law@va.gov](mailto:cassandra.law@va.gov); [tanya.bradsher@va.gov](mailto:tanya.bradsher@va.gov); [jon.rychalski@va.gov](mailto:jon.rychalski@va.gov); [guy.kiyokawa@va.gov](mailto:guy.kiyokawa@va.gov); [krystal.toles@va.gov](mailto:krystal.toles@va.gov); [vha10oreoversightriskethicsaction@va.gov](mailto:vha10oreoversightriskethicsaction@va.gov); [vhamstpleadership@va.gov](mailto:vhamstpleadership@va.gov); [alfred.montoya@va.gov](mailto:alfred.montoya@va.gov); [mark.upton@va.gov](mailto:mark.upton@va.gov); [andrea.husbands@va.gov](mailto:andrea.husbands@va.gov); [vha10brapactions@va.gov](mailto:vha10brapactions@va.gov); [vha10padvnationalpatientadvocates@va.gov](mailto:vha10padvnationalpatientadvocates@va.gov); [steven.lieberman2@va.gov](mailto:steven.lieberman2@va.gov); [vhaopaoperationsteam@va.gov](mailto:vhaopaoperationsteam@va.gov); [shereef.elnahal@va.gov](mailto:shereef.elnahal@va.gov); [ryung.suh@va.gov](mailto:ryung.suh@va.gov); [ann.doran@va.gov](mailto:ann.doran@va.gov); [alan.hirshberg@va.gov](mailto:alan.hirshberg@va.gov)

Date: **Saturday, February 10, 2024** at 08:03 AM MST

Dear MSgt Thompson,

This email is in response to your recent correspondence with the Department of Veterans Affairs (VA) regarding concerns with the Veterans Health Administration's (VHA) adherence to the Paperwork Reduction Act (PRA), requests for information on the Beneficiary Travel Self Service System (BTSSS), and questions related to your beneficiary travel service claim.

1. Regarding your letter "VHA Paperwork Reduction Act (PRA) violations" dated February 4, 2024. We appreciate you bringing your concerns to our attention. We have listed those concerns and outlined our findings below:

**The Southern Arizona VA Health Care System (SAVAHCS) Beneficiary Travel (BT) "Proof of attendance" letter does not display a valid Office of Management and Budget (OMB) control number.**

Our review determined this was an individual request for information and is not a collection of information from 10 or more members of the public. Therefore, it does not fall under the purview of the Paperwork Reduction Act and does not require the presence of an OMB Control Number. However, we will consider whether the collection of this information is necessary and is more appropriately included under OMB Control Number 2900-0798.

**The Beneficiary Travel Self Service System does not display a valid OMB control number.**

Our review confirmed the BTSSS system did not display an OMB Control Number as required for a collection of information from 10 or more members of the public. That issue has been corrected, the BTSSS system now includes the appropriate OMB Control Number.

**38 CFR 70.20, Veterans Transportation Programs (VTP), displays an incorrect OMB control number.**

Our review confirmed that regulation 38 CFR 70.20, Veterans Transportation Programs includes an incorrect OMB control number. The appropriate teams within VA are working through the process to update the text of the regulation.

**The VHA Form 10-3542, Veteran/Beneficiary Claim for Reimbursement of Travel Expenses, displays an expired OMB control number.**

Our review confirmed that the PRA approval for VHA Form 10-3542, Veteran/Beneficiary Claim for Reimbursement of Travel Expenses was expired. On February 8, VA began the process to request an emergency PRA approval from OMB's Office of Information and Regulatory Affairs to bring the form back into good standing. If approval is granted the updated Form 10-3542 will be made available online.

2. We are working your current Freedom of Information Act (FOIA) request submitted on or about January 18, 2024 (FOIA Tracking Number 24-04749-F). Your request for "copies of all documentation concerning your emergency PRA clearance for OMB 2900-0798 as well as for the regular three-year PRA clearance renewal . . . [and] all justification for collecting proof of attendance documentation" has been assigned FOIA Tracking Number 24-05965-F. Both 24-05965-F and 24-04749-F will be processed by VHA Central Office ([VHAFOIARequests@va.gov](mailto:VHAFOIARequests@va.gov)). Any additional requests for information should be submitted to [vacofoiase@va.gov](mailto:vacofoiase@va.gov).
3. Southern Arizona VA Health Care System has processed your travel claim, and **we are reviewing our processes for verifying Veteran appointments in the Community**. To ensure that future correspondence is handled promptly, we ask that you include Frances Bishop, Veteran Experience Program Manager, SAVAHCS, as a central point of contact. Frances can be reached at [frances.bishop@va.gov](mailto:frances.bishop@va.gov) or (520) 792-1450 Ext 1-5601.

D. Bevins

*Director of Client Relations*

**Office of the Secretary | Veterans Experience Office**

**Department of Veterans Affairs | 810 Vermont Ave, NW**

**Room 140V | Washington, DC 20420**





# Add an Appointment

Facility Name (\*Required)

Where was this appointment? What do I do if my facility isn't listed?

Tucson VA Medical Center - Tucson - AZ

Date (\*Required)

Month

Day

Year

Time (\*Required)

Time

AM/PM

Appointment Name (\*Required)

Give your appointment a descriptive name.

Appointment Type (\*Required)

Other

Did you complete this appointment? (\*Required)

- ☒ Yes  
☐ No

When you create a claim for an appointment outside of a VA facility (also known as community care), **attach confirmation from your provider that you completed the appointment** to expedite claim processing. If you do not attach confirmation, your claim will be in a pending status until your provider updates your medical record. If your provider does not update your medical record, BTSSS will deny your claim for this appointment 30 days after your claim submission.

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Add New Appointment

The U.S. Department of Veteran Affairs owns and operates Beneficiary Travel Self Service System (BTSSS).





**DEPARTMENT OF VETERANS AFFAIRS**

**Cheyenne VA Medical Center  
2360 East Pershing Boulevard  
Cheyenne, WY 82001**

**RE: Verification of Community Care Appointment**

Dear Veteran,

The VA requires verification of completing your Community Care appointment to process the travel reimbursement claim. Therefore, please have the treating facility/physician complete the information below. Veteran will submit this memorandum to the Beneficiary Travel Department or BTSSS for travel reimbursement.

**Veterans Name:** \_\_\_\_\_ **Last Four SSN** \_\_\_\_\_

**Appt Date:** \_\_\_\_\_

**Appt Location/Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Specialty Service(s):** \_\_\_\_\_

**Office personnel Name Print:** \_\_\_\_\_

**Office personnel Signature:** \_\_\_\_\_

If you have any questions, please contact the Beneficiary Travel Department at (307) 778-7550, Ext 7552.

Sincerely,

Beneficiary Travel Department  
Cheyenne VAMC  
2360 E. Pershing Blvd.  
Cheyenne, WY 82001



## DEPARTMENT OF VETERANS AFFAIRS

Montana VA Health Care System  
3687 Veterans Drive, P.O. Box 1500  
Fort Harrison, MT 59636-1500  
1.877.468.8387 | 406.442.6410  
[www.montana.va.gov](http://www.montana.va.gov)

May 26, 2022

**From:** Robert McAlpin-Mobility Manager

**Subj:** Letter of Appointment Verification

1. Travel benefits are available for all eligible Veterans under Title 38 United States Code (USC), Section 111. Proof of care must be received before travel benefits can be processed. For faster processing, please fill out this form and submit it with the travel claim to your local VA travel benefits office.

2. VETERAN:

Please provide the following information:

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST 4 OF SSN: \_\_\_\_\_

3. PROVIDER OFFICE:

Please confirm the Veteran received care at \_\_\_\_\_  
(Facility Name)

for \_\_\_\_\_ on \_\_\_\_\_  
(Type of care) (Date of appt)

\_\_\_\_\_  
(Signature of Provider Representative)

4. Appointment verifications can be attached directly to claim in the online BTSSS travel portal.

Appointment verifications can also be sent by fax: (406) 447-7295 or (406) 447-7987

#### 4. Add your expenses and receipts.

- On the “Claim Expenses” page, make sure your appointment information and address are correct.
- If you have** receipts or **proof of attendance records for non-VA care appointments**, select **Add Attachments**. You can add up to 5 attachments.
- Choose an expense type. Follow the instructions to add information about each expense.

#### 5. Submit your claim.

Review the Beneficiary Travel Agreement Notice. Check the box to show your agreement. Select **Submit Claim**.

After you submit your claim, the system will redirect you back to your claims dashboard.

You will find your claim listed in review status.

Once your claim is processed it will be electronically deposited into your bank account.

# VA



U.S. Department of Veterans Affairs  
Veterans Health Administration  
St. Cloud VA Health Care System

#### Need time to gather receipts or other information?

You can choose to save your claim and come back later to edit it. But you will still need to submit it within 30 days of your appointment.

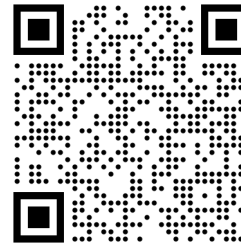
If you require help with your travel claim, call the Beneficiary Travel Office at (320) 252-1670 Ext. 6442.

Scan a QR code below for videos on how to file a claim for VA and Non-VA appointments.

VA Appt.



Non-VA Appt.



St. Cloud VA Health Care System

4801 Veterans Drive  
St. Cloud, MN 56303-2099  
320-252-1670 | 800-247-1739

Created By: Health Administration Service  
Created Date: August 2022

[www.va.gov/st-cloud-health-care/](http://www.va.gov/st-cloud-health-care/)  
[www.facebook.com/StCloudVAHCS](https://www.facebook.com/StCloudVAHCS)

## How to file a travel pay claim online

**Beneficiary Travel  
Self-Service System  
(BTSSS)**



**Veteran Travel  
Claim Entry**

## INSTRUCTIONS AND FAQ'S FOR COMPLETING TRAVEL REIMBURSEMENT REQUEST

1. Per national VA Beneficiary Travel regulations contained in **38 CFR, Part 70**, all requests for reimbursement of travel expenses must be received by VA Travel staff within **thirty** calendar days from the date care was received.
2. **You can submit your request for travel reimbursement via any one of FIVE methods:**  
Method #1: Use any kiosk machine located in the VA Medical Center in La Jolla or in our Community Based Outpatient Clinics.  
Method #2: Use the VA travel claims website: [www.access.va.gov](http://www.access.va.gov)  
Method #3: Drop your completed paper form in the travel claims box in the travel lobby of the VA Medical Center in La Jolla.  
Method #4: Mail to the VA at the following address: VA Medical Center, Attn: Beneficiary Travel (136C), 3350 La Jolla Village Drive, San Diego, CA 92161  
Method #5: Fax to the VA at 858-642-6418
3. **What do I need to do to get reimbursed if I had an offsite appointment with a "civilian doctor" that the VA paid for me to see?** Fill out this same form that's stapled to this sheet (VA Form 10-3542). Ask your provider's office for documentation on their office letterhead providing the following requirements:
  - a) **Statement showing the Veteran's full name.**
  - b) **The date the Veteran completed the appointment(s).**
  - c) **The address of the provider's office.**
  - d) **Wording showing the appointment was completed.**

Please do not attach an appointment schedule. The key is that the documentation must show the appointment was completed in order for VA to provide reimbursement. Telephonic inquiries cannot satisfy this requirement. Please do not have your provider send it in separately. It has to come with your completed travel reimbursement request form submitted by the Veteran.
4. **What if I use a P.O. box as my address in the VA system?** You can have a P.O. box address in the VA system. However, travel reimbursement is calculated based on your residential address. Please be advised you may be required to provide proof of residential address under certain circumstances before reimbursement can be provided.
5. **How do I get reimbursed if I used public transportation such as a city bus, Uber, Lyft, MTS Access Shuttle, or North County Lift, etc.?** You must have used the transportation in connection with going to or coming from VA authorized healthcare. You must have a paper receipt showing the amount paid and date of purchase. VA reimburses at a nationally mandated rate of \$41.5 cents per mile traveled, up to and not to exceed the amount paid for the pass or the ride. Claims lacking receipt cannot be processed.

( CONTINUED ON OTHER SIDE )

6. **Can I be reimbursed for lodging and meals?** Reimbursement for lodging and meals can only be provided if pre-approved by the VA San Diego Beneficiary Travel Dept prior to the commencement of travel. Receipts must be provided. Claims must be received within thirty calendar days from the date care was received. Reimbursement is calculated at VA prescribed per diem rates. Reimbursement for MTS, NCTD, Taxi, Uber or Lyft, parking tolls, baggage and parking fees all require paper receipt to be included with your claim.

**If you have any questions, please call our VA San Diego Beneficiary Travel Department Monday through Friday between the hours of 7:30a.m. and 4:00p.m. at 858-552-7457. Thank you.**





**DEPARTMENT OF VETERANS AFFAIRS**  
Southern Arizona VA Health Care System  
Tucson, AZ 85723

Reply to 678/1-02BT

Dear Veteran,

For the Southern Arizona VA Healthcare Systems Beneficiary Travel section to process your claim for reimbursement or to determine eligibility for the benefit, please provide the requested information below:

- **Documents providing proof of non-VA authorized care in the community, and/or verification of the appointment kept with the non-VA authorized provider. (A note from your doctor's office showing proof of your attendance.) This memo/note is then attached to the VA form 10-3542 Beneficiary Travel Claim for Reimbursement.**

IAW VHA Handbook 1601B.05 5e:

If a determination is made that additional information is needed to decide, the claimant will be notified in writing of the deficiency and will be required to provide additional information. If the claimant has not responded to the request within 30 days, the Chief of Health Administrative Services, or another designee, may decide the claim status prior to the expiration of the 1-year submission period required by 38 U.S.C. 5103(b)(1).

This letter is not a denial of your claim. If you have any additional questions, please feel free to contact Beneficiary Travel Office at **(520) 792-1450 ext. 1-4713**.

**Southern Arizona VA Health Care System**  
**ATTN: BENE TVL 1-02BT**  
**3601 S. 6<sup>th</sup> Avenue**  
**Tucson, AZ 85723**

Sincerely,

The Beneficiary Travel Department



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22 Dec 2023 @ 1057 ET

From

COLTRIN, Gloria A. (TUC BENEFICIARY TRAVEL)

To

THOMPSON, JOHN DAVID

Subject

Appointment: BTSSS says

Message ID

5138905567

Attachments

[proof of attendance letter.pdf \(281.50 KB\)](#)

## Message

Good Morning,

Please see attached, when a veteran is seen in the Community per VA referral, they must provide from that outside facility a note stating veterans name, completed appointment date, this information must be on facilities letterhead signed by staff at that facility.

Sincerely,

Gloria

Reply