SECOND SUBMISSION TO VETERANS ENTITLEMENTS

TRAVEL ALLOWANCE

Travel allowance is currently allowed for Gold Card and accepted conditions for travel to and from medical/rehab treatments.

The process to claim travel allowance is by filling out an online form or downloading the form D800 (Claim for Travelling Expenses) or having a form sent to ones address.

Many of the older veterans do not have access to a computer or are not computer literate and may not know how to access the manual form.

Many veterans do not claim travel allowance:

1. Because they are unaware of their entitlement
2. Because they can’t be bothered
3. Because the form (manual or online) is time consuming
4. Because the online form is not user friendly in that it asks for information that, although the client may have provided previously, does not pop up. E.g. enter provider (GP, psychiatrist) and doctors’ name, suburb or phone number is not automatically filled (the form has already identified the user, including, name, address, telephone numbers and email, yet no auto filling).
5. And most amazingly; the form requires the time of the appointment to be submitted in am/pm format (requires 3 drop down boxes) not in 24hour format (would only require 1 drop down box) which, of course, all veterans are used to using.

***I propose that travel allowance be paid automatically when the provider is paid.***

My GP advises me that DVA usually pays them on the day after their submission.

*Therefore if travel allowance was automatically paid to the veteran they would in actual fact receive their travel allowance faster than if they submitted it manually.*

There are of course some stumbling blocks:

1. If seeing multiple providers on the same day.
2. If overnight accommodation was required.
3. If using DVA supplied transport
4. If using a taxi
5. If using a bus or train

However, DVA should ask each veteran what is their normal mode of travel to and from a provider. Those that select private car could then be automatically paid (by calculating shortest distance) at the same time as the provider. When a “private car veteran” has a DVA booked transport a red flag would be actioned. Similarly, a red flag would be actioned if a veteran who lives in one State (or city/town) suddenly has a provider in another State (or city/town).

Those that select bus or train would only have to claim the travel on the first occasion and then automatic payment.

It would be up to the veteran to inform DVA if they travel other than their norm.

The accommodation situation could be overcome by that being the only form the veteran would have to claim, and the multiple provider situation covered by paying the allowance only for the visit to the provider who is furthest away.

The DVA transport option should be readily controlled by blocking or flagging.

Perhaps the provider could include the mode of travel on his/her submission?

If there are additional charges (tolls, parking fees, air fares) then the veteran could put in a supplementary claim.

All of these issues may in the future be fully or mostly addressed by the use of smart cards.

Currently there must be a number of DVA staff whose efforts are consumed by cross checking travel claims. By automating the payments, those staff could be better employed elsewhere (given of course that some spot auditing would be required).

ONLINE FORM

It identifies the user but doesn’t identify one’s provider even though one has claimed previously.

It asks for time in am/pm when all veterans (and their families) are used to using 24 hour clock.

It asks what is the trip for the visit to the provider (should be obvious by what the provider asks for by entry numbers).

It asks for a reason for the visit to the provider, in the case of a GP, there could be multiple reasons. But why the question and for what purpose is that data collected?

Once the claim has been submitted the following note is displayed.

***Note:*** *The claim "status" and "amount" may not be displayed for all claims. Please note that your claim has been received and you will be notified when processing of your claim has been completed.*

Interestingly one is NOT notified by email or other means except via “My Account”; why?

Of course there will be an amount paid into one’s bank account but is that amount correct? (i.e. has a claim been rejected and for what reason). Once again, one has to access “My Account” and click on the “advice” tab to find out if any part of one’s claim has been rejected. Why? Surely an email could be generated?

I made online claims on 9th February, was “notified” in My Account on 22nd (although headed 20th) and paid into my bank account on 21/2/2019.