# **ALOHA**

### WELCOME TO TRIPLER ARMY MEDICAL CENTER



Army Liaisons
JPLO NCOIC (808) 433-1754
JPLO Clerk #1 (808) 433-6114
JPLO Clerk #2 (808) 433-4148
JPLO Clerk #3 (808) 433-2210
JPLO Clerk #4 (808) 433-2066

# **Packet Contents:**

- ➤ Helpful Information
- ➤ Medical TDY Requirement Memo
- Receipt Requirement Memo
- ➤ Defense Travel System Worksheet

# **NOTE**

YOU MUST COMPLETE A FACE TO FACE INTERVIEW WITH ANYMEMEBR OF THE JPLO STAFF PRIOR TO YOUR DTS AUTHORIZATION BEING APPROVED

# **HELPFUL INFORMATION**

The Joint Patient Liaison Office (JPLO) hours are 0730-1600 (*Hawaii Time Zone*) Monday – Friday (except Federal Holidays). You can contact our office at any of the numbers on the cover page during duty hours.

**CCAT** – Critical Care Air Transport Team

NMA – Non-Medical Attendant

MA – Medical Attendant

**Inpatient** – A patient who stays in a hospital while under medical treatment

**Outpatient** – A patient who receives medical treatment without being admitted to a hospital

# **STOP!!** Please Read Below

YOUR DTS PROFILE MUST BE UP TO DATE PRIOR TO COMPLETING YOUR ALOHA PACKET. IT IS NOT THE RESPONSIBILITY OF THE JPLO TEAM TO UPDATE ANY PROFILES, INCLUDING BANKING INFORMATION, GOVERNMENT TRAVEL CARDS, ADDRESSES, ETC.

In the case that a patient is enrolled under the TRICARE prime travel benefit program and will be receiving medical care at a Military Treatment Facility (MTF), a TRICARE authorization in not necessary.

ALL ACTIVE DUTY SERVICE MEMBERS MUST HAVE THEIR SENIOR NCO & COMMANDER SIGN THIS PACKET PRIOR TO SUBMISSION TO THE JPLO TEAM.

### MEDICAL TDY REQUIREMENTS

Effective 1 MAY 2020

The content of this memorandum applies to <u>ALL</u> personnel requiring medical temporary duty (MTDY) travel. This includes but is not limited to patients, medical attendants and non-medical attendants. Please read each section carefully; initial after each paragraph, sign and date at the bottom of the form. Keep in mind that you are traveling at the expense of the government for medical reasons ONLY. All arrangements including care for additional family members, pets, household issues and any other personal matters must be made by you at your own expense prior to your departure for Medical TDY. Signing this form indicates that you completely <u>understand</u> and <u>agree</u> to follow the instructions provided.

#### MEDICAL TDY DEFINED

Entitlements for Medical TDY differ from the entitlements of other type of TDYs. All entitlements follow the guidelines that are set by the Joint Travel Regulation (JTR) and by Tripler Army Medical Center Hospital Policies for medical care. Travel orders are generally created so that the traveler can arrive at the location of treatment the day prior to first appointment but can be adjusted due to specific circumstances. The orders will have a return date on the day after the last appointment. Dates will not exceed 30 days on one set of orders. For all Medical TDY that exceeds 30 days and up to 90 days, all orders will be created in 30 day increments. Any travel for medical care that exceeds a total of 90 days is considered as long term care. If treatment is required for more than 90 days, the sponsor's unit must decide from one of the following and have the plan of action in place BEFORE the end of the 90<sup>th</sup> day so as not to interfere with medical care:

- 1. Sponsor's unit assumes responsibility of funding for entitlements exceeding the 90 days.
- 2. If patient is the Service Member the unit can decide on attachment to closest WTB or possible compassionate reassignment for medical justification.
- 3. If patient is the dependent of a Service Member the unit/sponsor can request an Early Return of Dependents (ERD) and/or compassionate reassignment of sponsor for medical justification. \_\_\_\_Initials

#### **AUTHORIZED PURCHASES**

Please note that all authorized expenses related to your Medical TDY should be annotated or listed on your travel orders. Authorized purchases are defined as necessary expenses related to Medical TDY include cost for food, lodging and modes of transportation (rentals, taxis or shuttle service, fuel, parking, etc.). These expenses <a href="#">ARE NOT</a> authorized to exceed the daily authorized rate indicated on your orders.

**NOTE:** Alcohol, recreational purchases, novelty items, non-nutritious foods such as candy, soda when not consumed with a meal, coffee when not consumed at a meal are a few examples of purchases that <u>ARE NOT</u> authorized. The JTR/JPLO staff will make the final decision on non-authorized purchases. \_\_\_\_\_Initials

#### THIRD PARTY RESERVATIONS/ONLINE PURCHASES

Making reservations online or utilizing a third party is **NOT AUTHORIZED**. Any reservations for flight, lodging, rentals, etc... thru a third party entity will not be authorized for reimbursement and any expenses made will be at the travelers own cost. Examples of third party entities include but are not limited Expedia, Orbitz, Priceline or any travel agency outside of SATO Travel. No online purchases are authorized for reimbursement for medical TDY purposes at any time. **ANY ONLINE PURCHASE**WILL BE AT THE TRAVELER'S EXPENSE AND WILL NOT BE REIMBURESD REGARDLESS OF THE COST TO THE GOVERNMENT \_\_\_\_\_\_\_\_Initials

#### **AIRLINES AND FLIGHT ARRANGEMENTS**

Please submit requests for all special needs in advance for flight arrangements (i.e. additional seating, space to accommodate large equipment, etc.). Business / First Class travel bookings/upgrades **WILL NOT** be authorized for government reimbursement. Flight upgrades and/or adjustments to travel rely solely on the traveler and at the traveler's expense without reimbursement; no exceptions. Any needs addressed after creation of travel authorizations will be addressed directly to the airlines by the traveler and any incurred fees for changes will be at the traveler's expense. All requests for amending orders must fall within the guidelines of the JTR. Traveler is authorized one (1) checked bag (not to exceed 50 lbs.) and one (1) carry-on bag (that is able to fit in the overhead compartment). Any additional fees incurred for luggage not meeting airline policies will be the traveler's responsibility and not authorized reimbursement unless orders state excess baggage authorized. Travelers will verify their individual carriers' restrictions before traveling. It is the traveler's responsibility to present their travel orders to the airline while checking in for flights to avoid paying baggage fees. Personally purchased tickets are not authorized without prior approval. All airline tickets are requested and purchased through the Defense Travel System (DTS) by the JPLO staff. All requests for reimbursement for personally purchased tickets must be submitted through a memorandum with justification. The approving authority for personally purchased tickets and/or reimbursement is the Chief of Patient Administration at Tripler Army Medical Center. If approved, reimbursement will not exceed the government rate for economy travel. Travel will include one trip to location of treatment and return only unless there is a medical requirement to travel to another location for treatment.

Initials

#### PER DIEM

Per Diem is the combined allowances for lodging, meals and incidentals. This is based upon the most recent 'cost of living' assessment made by The Defense Finance and Accounting Service (DFAS) for the TDY area the traveler will be located. There is a maximum amount of per diem authorized for lodging and for meals and incidentals. Reimbursement is only authorized up to these predetermined amounts which are listed on the travel orders. For Military personnel meals and incidentals are generally paid at a predetermined average daily rate. Any purchases that exceed that rate are not authorized for reimbursement. Meals and Incidentals for Non-Military personnel <u>WILL NOT</u> be reimbursed at a flat rate, these charges will be an 'at cost' reimbursement. Tips for meals will not be considered an additional reimbursement. Tips are included as part of the meals and incidentals entitlements and will not exceed 15% of the travelers specific meal. At cost reimbursements must be supported by itemized receipts for medical TDY funded by Tripler Army Medical Center. Expenses such as laundry are examples of incidental expenses that fall within this category. This means you will not

be authorized additional reimbursement for laundry expenses. Individuals traveling for inpatient care are not authorized certain per diem entitlements. Majority of the medical facilities will provide lodging, meals and incidentals. In the event this is not the case then verification of entitlements will be made before voucher claim is processed.

Initials

RENTAL VEHICLES/PUBLIC TRANSPORTATION

Requests for rental vehicles **MUST** be **SUBMITTED** in writing to the Joint Patient Liaison Office (JPLO) and the request must be **APPROVED**. A written explanation as to why a rental vehicle is necessary versus the use of a taxi or shuttle must be provided. If the traveler rents a vehicle without prior authorization, reimbursement will not be authorized. There are no exceptions to this policy. This includes all expenses incurred during the renting of a vehicle such as fuel and parking. If a rental car is authorized only compact/economy sized rental vehicles will qualify for reimbursement under these instructions. The JPLO staff will generate MTDY orders and approval documents for the rental vehicle and will make the appropriate reservations for the rental vehicle. If the JPLO staff is unable to reserve a rental vehicle; the traveler will have to personally reserve one and must follow the same rental guidelines. If the traveler rents a vehicle that is not a compact/economy sized vehicle, then reimbursement will only be provided at the estimated government rate for an approved size vehicle – whichever is least expensive to the government. Additionally, the renter will only qualify for a percentage of the fuel costs incurred and will not be reimbursed the full amount of fuel costs. Incidental fees incurred for renting a vehicle larger than the approved sizes will be the renter's responsibility and will not be reimbursed. The primary purpose for the U.S. Government to authorize a client/patient the option to rent a vehicle is to provide a means of travel from the renter's place of lodging to the medical facility and return and for dining purposes in the immediate area. Travel will be for appointments/treatment and to the nearest surrounding area for meals. Any excessive mileage or fuel costs that are noted shall **NOT** be approved for reimbursement. Determination of excessive travel is solely reserved for the approving official. Public transportation such as taxi, shuttle, train or bus will only be used in the same manner as a rental car and will not be used for leisure purposes. Reimbursement for cost of public transportation is authorized within the guidelines of the JTR. Reimbursement for tips for use of public transportation is NOT AUTHORIZED. Initials

#### LODGING

Travelers in most cases will be assigned lodging pending availability and accessibility. In rare cases when authorized by the JPLO staff, the traveler will be responsible to make arrangements for lodging. Per the JTR, when government accommodations are available, the traveler(s) must stay at government lodging while on MTDY.

In the event the traveler must make their own reservations, they are required to check MTDY orders or contact the JPLO staff to inquire about the authorized per diem rate in order to find a hotel closest to that amount. Lodging allowance is not authorized if traveling for inpatient care. Lodging entitlements are not authorized for travelers staying with friends or family. Lodging entitlements are authorized for temporary establishments such as hotels and not housing or apartments, due to reimbursement for utilities are not authorized. If the TDY consists of a patient and an attendant then lodging will only be

authorized for one of the two travelers. Any adjustments to this will only be approved by the Chief of Patient Administration at Tripler Army Medical Center. \_\_\_\_Initials

#### **ATTENDANTS**

Attendants are listed as Medical or Non-Medical (NMA). Attendants can only be requested by the patient's attending/referring physician by memorandum for record only and must be approved by the Deputy Commander of Administration and the Deputy Commander of Clinical Services. There must be medical justification for requesting an attendant. Moral or emotional support ARE NOT justifiable reasons for an attendant and will not be approved. If approved, attendants must complete their own travel packet with the JPLO staff before authorizations are created. Individuals under 18 years of age or with physical or mental disabilities will not be eligible to be an attendant. NO MINORS ARE AUTHORIZED FOR ANY REASON as NMAs. Attendants must be able to perform the duties as described in the JTR and care for the patient during the length of the medical TDY. Duties are to escort the patient to the designated medical treatment facility for treatment, care for and take care of patient as needed. An attendant must stay with the patient at all times and will not be relieved of their duties until the patient has been accepted by the medical treatment facility if inpatient, or until their return to the referring facility if outpatient. One round trip travel is authorized for the designated attendant at government expense. If the attendant must hand over responsibilities to another for personal reason then all travel expenses related to that transfer for both parties will be at their own expense. Per Diem will transfer to new attendant once new attendant has taken responsibilities. Any adjustments or changes in attendant status must be communicated with the JPLO staff before action takes place. Failure to do so will result in possible non reimbursement. Initials

#### **ADVANCES**

Travel advances must be requested in advance before commencement of TDY orders. 
PLEASE NOTE: A request for advance travel pay is not always approved. Once authorizations are created, NO amendments to the travel advance will be made. If traveler is a Government Credit Card holder no advance is authorized. Only a percentage of the estimated travel cost will be authorized for an advance and its purpose is to be used to procure lodging and any other travel specific needs. Any receipts that are submitted for purchases that WERE NOT authorized, or a lack of receipts WILL NOT BE approved for reimbursement. Authorized receipts MUST be provided covering equal to or greater than the amount of the advance given when processing claim. If receipts do not at a minimum equal the amount of the advance, the remaining balance will be processed as a debt to the government. It is the traveler's responsibility to return unused funds to cover that advance. Any authorized expenses exceeding the amount of the advance will be reimbursed.

#### RECEIPT REQUIREMENTS

Per the Joint Travel Regulation and Tripler Army Medical Center, the traveler <u>MUST</u> retain all receipts for reimbursement. This includes but not limited to lodging and transportation (such as parking or gas if authorized). In the event no receipts are provided, no reimbursement will be authorized. Active Duty Military personnel are not required to supply receipts for meals and incidentals for per diem. All other travelers are required to produce receipts for all authorized purchases regardless of amount. If receipts are not provided then that area of the voucher will be zeroed out and there will be no reimbursement for that expense. Receipts <u>MUST</u> be itemized and include the

name of the business, cost and date of purchase sho	owing a zero (\$0) balance. Editable
or hand written receipts ARE NOT authorized.	_Initials

#### **VOUCHER PROCESSING**

Travelers are responsible for providing all authorized itemized receipts pertaining to their medical TDY within five (5) working days of the date of return from travel. If the JPLO staff has not received the traveler's receipts within that prescribed time frame, then the voucher will be processed with a zero reimbursed balance. Once the JPLO receives the receipts and the voucher is created the traveler will have 5 days from the date given to verify, sign, date and return the voucher to the JPLO staff for processing. If after 5 days JPLO does not receive the signed voucher, the travel balance will be zeroed and the voucher will be processed for no reimbursement. If the traveler requested a travel advance then a debt to the government in the amount of that advance will be initiated and a collection of the debt will be processed. In order to amend a closed voucher, the traveler and their Commander (if applicable) will need to provide a memorandum requesting an amendment and MUST provide a verifiable justification as to why receipts could not be provided or the voucher was not signed and completed. Amendments are only made with the approval of the Chief of Patient Administration Division at Tripler Army Medical Center. \_\_\_\_\_\_Initials

#### **UNIT NOTIFICATION FOR SERVICE MEMBERS** (if applicable)

All service members regardless of branch must notify Unit/Command with the Senior NCO's (1SG/CSM) and/or Commander's signature annotated on this form to verify they are aware the service member will be traveling to another location for medical TDY, either as a patient or an attendant. By the command signing, they understand that they are aware that medical TDY is handled differently than standard TDY and the service member will not be available for duty until completion of medical TDY. If the service member is on medical TDY for an extended period of time as a patient, the unit can initiate a compassionate reassignment to the nearest WTB/WTU. The unit is responsible to initiate any actions. If the service member is traveling on medical TDY as an escort/non-medical attendant then the unit understands that this service member will not be available for duty until medical TDY is complete or the attending physician determines that an attendant is no longer required. The unit does reserve the right to recall the service member from non-medical attendant duties, but will not do so until a suitable replacement has been identified and placed. Cost of travel, transportation, per diem or any other medical TDY/TDY entitlements for the replacement will be at the unit's expense. Per AR 40-400 para 2-6, all outpatient treatment of Active Duty Soldiers and their non-medical attendant per diem and lodging will be at the unit's expense with funding from their operating funding. \_\_\_\_Initials

Unit Senior NCO Name Printed	Unit Senior NCO Signature		
Unit Commander's Name Printed	Unit Commander's Signature		

I ac	cknowledge my understanding and willingness
adhere to the all policies set forth for my	on in this medical TDY letter. I further agree to self and for my medical (non-medical) attendant I be responsible for any and all unauthorized DY.
Signature of Traveler	Date

SPENCER D. LEE

MAJ, MS
Chief, Patient Administration Division

### RECEIPT REQUIREMENT FOR TRAVELERS

(APPLIES TO ALL INDIVIDUALS TRAVELING ON MEDICAL TDY)

1. Non-Military personnel and National Guard/Reserve not on active orders must keep <a href="ALL">ALL</a> copies of receipts of authorized purchases, regardless of amount. Active Duty personnel must keep receipts for lodging, transportation, any expenses related to transportation (i.e. fuel, parking, etc.) regardless of amount. The receipts <a href="MUST">MUST</a> be itemized showing exactly what was purchased, the date of purchase, total amount paid and cost of each item. (See example below) \_\_\_\_\_Initials

NOT ITEMIZED	<u>ITEMIZED</u>	
Not itemized	Itemized	
Not reimbursable	Reimbursable	

Harvest Moon 12125 N Oracle Rd D5 Tucson, AZ 85739 TEL:520-825-5351 www.harvestmoontucson.com
CARD TYPE : MC CARD HOLDER : ***********************************
DATE : 2013-11-11 TIME : 1:57:34 PM
Invoice# : 00301111 Table# : B05 Server Name : CYNTHIA_LOPEZ
Charge Amt\$: 19.46
TIP AMOUNT\$
FINAL AMT\$

Harves	t Moon	
12125 N Ord	acle Rd D5	
Tucson, A		
TEL:520-8		
www.harvestmo	onfucson.com	n
	Re-	Printing 1
Dine	e In	
Date: 11-11-2013 Time: 1	1:23PM	# 30
Server: CYNTHIA LOPEZ		
TAB#: B05 No. of Guest : 2		
1 L- Cashew Cl w. Brown R w. Egg Flov	ice	7.50
<ol> <li>L- Mongolian</li> <li>w. Brown R</li> <li>w. Egg Flov</li> </ol>	ice	8.00
1 Hot Tea (per p	oot)	2.50
	TAX(8.1%	18.00 1.46 19.46

<ol><li>If your meal rece was not yours</li></ol>	opt shows more than on <b>Initials</b>	e meal please	line through the	meal(s) that
•	nased at a store only they up to the daily rate.	e food items pu <b>Initials</b>	ırchased for you	will be

4. Receipts for food (including groceries) will only be reimbursed up to the local per diem daily rate. This means any expenses over a particular days authorized rate will not add on to the next day. (example: Daily rate for Meals & Incidentals(ME&I) is \$66.00. Traveler buys groceries in the amount of \$68.00. Reimbursement will be \$66.00. The additional \$2.00 will not be added to the next day. Following day traveler spends \$55.00, reimbursement will be \$55.00). Active Duty or National Guard/Reserve on active orders will receive the daily authorized limit for ME&Is and will not need to supply receipts for meals. \_\_\_\_Initials

5. Please note that if you purchase food in bulk, such as from a grocery store, you will only be reimbursed up to the daily rate on the date of purchase. (example: On Monday traveler purchases enough food to last 5 days from a grocery store and spends a total of \$120. The daily rate is \$66.00. Traveler will be reimbursed \$66.00 for Mondays purchase only and will not receive any reimbursement for the 4 additional days.)

I HAVE BEEN BRIEFED ON THE ABOVE INFORMATION AND UND	<b>ERSTAND MY</b>
RESPONSIBILITY. I UNDERSTAND THAT COMPLIANCE WITH TH	S MEMO WILL
HELP ENSURE MAXIMUM REIMBURSEMENT FOR MEDICAL TRAV	EL EXPENSES.

Print Name:	Cianatura	Dotos
Fillit Name.	Signature:	Date:

## **DEFENSE TRAVEL SYSTEM WORKSHEET**

1. Traveler Information	on:			
Last Name:		First Name:		MI:
DOB (DDMMMYY) Sponsor's Full SSN				
Gender:	Gender: Street Address:			
City:	State:	Zip:	Phone:	
Email Address:				
2. Sponsor Information	n (If same	as Traveler then	only fill in addition	onal info):
Last Name:		_ First Name:		MI:
Rank: DO	B:	(DDMMM	YY) Gender:	
Street Address (If d	ifferent from	above):		
City:	State: _	Zip:	Phone:	
Branch of Service:			<u></u>	
Unit:		Work Pho	one:	
Email Address:				
2. Travel Dates:				
Departure:	i	Return:	Appo	intment:
3. Where is the trave	ler aoina?	(Nearest Airpor	t if flying. Name	e of city if driving)
From:		To:		3,
From:		To:		
From:		To:		
	_		<del></del>	
4. Reason for Medica	I Travel (Cir	rcle One):		
In-Patient Treatment	C	Out-Patient Treati	ment	
5. Will traveler have a request an attendant in If yes: (Another Aloha Type of Attendant (Ci	n memorand <b>Packet ne</b>	lum format): eds to be comp	Yes No No leted by Attend	