VMoney Web
Sessional Claims
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Quick Guide to Logging into VMoney Web

   (Use Internet Explorer v11, Firefox or Chrome to open VMoney)

2. Type your **username** which is your StaffLink number (provided by Healthshare)
3. Type your **password** (provided by SWSD)
4. Click **Login** button or press Enter

5. You will receive an email/SMS notification stating the **Security Code** number. The security code number is valid for 5 minutes.

6. Type the Security Code number into VMoney web login page
7. Click Validate Security Code button

You will be directed to the Claims List screen.

8. Click Accept to continue
Overview

1. Enter New Claim
   - Routine Lines
   - Other Claims Lines
   - On Call Lines
   - Call Back Lines
   - Miscellaneous Lines
   - Adjustment Line

2. Validate Claim

3. Submit Claim

Step 1: Enter a new Claim

1. Select the LHD if you have multiple facilities listed, this section filters the Claims List to only show assignments that match the highlighted selections for VMO Name, Facility and Claim Type.

2. Click Create a new claim. This will expand the ‘create claim’ form.

![Image of Claims List and New Claim Form]
3. If you have multiple assignments, select the **Assignment** to determine which facility to place claim against.

4. Select the **Period** for which to create the claim

5. Click **Create Claim** button to create a new claim for the selected assignment and period. If successful, you will be immediately taken to the claim to enter lines.

SCHN use the Sessional Claim Form to record and submit claims relating to sessional contracts. A Sessional claim can have the following line types:

- **Routine Line** – go to step 6
- **Other Claims Line** – go to step 14
- **On-Call Line** – go to step 23
- **Call Back Line** – go to step 30
- **Miscellaneous Line** – go to step 45
- **Adjustment Line** – separate user guide – Claim Adjustments
Routine Line

A routine line is used to record services performed such as:

- Consults
- Rounds
- Outpatients
- Theatre

6. Click ‘Add Line’ to create a routine line.

7. Select the Service performed from the drop down box
8. Manually enter a Start Date, or click the icon to show a date chooser popup. Starts Time is set in a 24 hour HH:MM format. The field accepts shorthand entry formats
9. Manually enter a Finish Date, or click the icon to show a date chooser popup.
10. Enter the Hours Deducted. This is the amount of time that should be deducted from the hours worked
11. When you have entered the details, you can either:

- **Cancel** – Revert all changes and close the window
- **Save and Close** – persist the details and close the window
- **Save and Duplicate** – persist the details and create a new line with the same details.
- **Save and Next** – persist the details and clear the form ready to create a new line.

Details of the day worked will be displayed under Routine line.

12. To add more Routine Lines/Days worked in the month, repeat the steps from 6 to 11

13. To finalise the claim, go to Validating the Claim step 53

**Next Step:**
- Routine Line – go to step 6
- Other Claims Line – go to step 14
- On-Call Line – go to step 23
- Call Back Line – go to step 30
- Miscellaneous Line – go to step 45
- Adjustment Line – separate user guide – Claim Adjustments
Other Claims Line

Use the ‘Other Claims’ Tab to record claims relating to:

- Administration of a Department
- Agreed Committee Meeting
- Cancelled Theatre
- Post Graduate Education

14. Click Add Line button that is in relation to Other Claims

15. Select the Service performed from the drop down boxed

16. Manually enter a Start date, or click the icon to show a date chooser popup.

17. Manually enter a Start Time

18. Manually enter Finish Time, hours worked will calculate accordingly

19. Type in Description field the service performed. This is a mandatory field.
20. Click Save and Close to complete the Other Claims line. You will be returned to the Claims List screen.

Details of the day worked will be displayed under Other Claims.

21. To add more Other Claim lines worked in the month, repeat the steps from 14 to 20

22. To finalise the claim, go to Validating the Claim step 53

Next Step:
- Routine Line – go to step 6
- Other Claims Line – go to step 14
- On-Call Line – go to step 23
- Call Back Line – go to step 30
- Miscellaneous Line – go to step 45
- Adjustment Line – separate user guide – Claim Adjustments
On Call Line

Use the On Call to create a claim for hours worked on call.

23. Click Add Line button that is in relation to On Call

24. Manually enter a Start date, or click the icon to show a date chooser popup.
25. Manually enter a Start Time
26. Manually enter Finish Time, this will calculate the hours worked accordingly
27. Click Save and Close to complete the On Call line. You will be returned to the Claims List screen.

Details of the day worked will be displayed under On Call.
28. To add more On Call lines worked in the month, repeat the steps from 23 to 27
29. To finalise the claim, go to Validating the Claim step 53

Next Step:
- Routine Line – go to step 6
- Other Claims Line – go to step 14
- On-Call Line – go to step 23
- Call Back Line – go to step 30
- Miscellaneous Line – go to step 45
- Adjustment Line – separate user guide – Claim Adjustments
Call Back Line

Use the Call Back Tab to create a claim for when a VMO has been called back to the hospital to visit a patient.

30. Click Add Line button that is in relation to Call Back

31. Enter a Start date, or click the icon to show a date chooser popup.
32. Enter a Start Time
33. Enter Finish Time, this will calculate the hours worked accordingly
34. Enter Travel Time in minutes. The time (in minutes) that it took to travel directly from home to the facility, and back home. Each field accepts a maximum of 20 minutes.

35. In the Requestor Name and Requestor Position fields, type the person who requested the call back.

36. Click on the +Add Patient button and enter patients seen during Call back hours.

37. Select Patient Type – Toggle between IN/OUT patient types. In patients must exist in PAS, for the given date/time/hospital combination. Out patients do not need to exist in PAS.

38. Click the (magnify glass) to search for patient details or enter the MRN/AUID – It is possible to manually enter a patient MRN/AUID to the diary, even if they cannot be found in the Patient ID Lookup. This can be useful if the patient does not yet exist in PAS.

39. Type Patient surname and first name to refine the search.

40. Select the Patient from the refined search.

41. Click the OK button to continue.
Patient’s details have been added. To add more patient details repeat steps 36 to 41 otherwise continue to next step.

42. Click Save and Close to complete the Call back line. You will be returned to the Claims List screen.

Details of the day worked will be displayed under Call Back.

43. To add more On Call lines worked in the month, repeat the steps from 30 to 42

44. To finalise the claim, go to finalise the claim, go to Validating the Claim step 53

**Next Step:**
- Routine Line – go to step 6
- Other Claims Line – go to step 14
- On-Call Line – go to step 23
- Call Back Line – go to step 30
- Miscellaneous Line – go to step 45
- Adjustment Line – separate user guide – Claim Adjustments
Miscellaneous Claims Line

Other claim types such as X-ray, Echoes, etc. can be entered on the Miscellaneous line.

45. Click Add Line button that is in relation to Miscellaneous Line

46. Enter a Start date, or click the icon to show a date chooser popup.
47. Select the Category type of Miscellaneous line
48. Enter **Claimed Amount** as Dollars and Cents, with no dollar sign. Amount must be Excluding GST.
49. Enter a **description** of the service performed. This is mandatory. Miscellaneous claims that must be substantiated by invoices may require that you scan and send invoices to the checker.

50. Click **Save and Close** to complete the **Miscellaneous** line. You will be returned to the Claims List screen. Details of the day worked will be displayed under Miscellaneous line.

51. To add more Miscellaneous lines worked in the month, repeat the steps from 45 to 50.
52. To finalise the claim, go to Validating the Claim step 53.

**Next Step:**
- Routine Line – go to step 6
- Other Claims Line – go to step 14
- On-Call Line – go to step 23
- Call Back Line – go to step 30
- Miscellaneous Line – go to step 45
- Adjustment Line – separate user guide – Claim Adjustments
Step 2: Validating your Claim

Once you have completed your lines with dates, times and patients seen. The next step is to validate your claim. This process ensures that there are no overlaps with your timetable and that you are submitting correctly with no errors and in accordance with your contract.

There are different severities of issues that can arise with the claim such as:

- **Error** - An issue that will prevent the VMO from submitting the claim
- **Warning** - A comment should be added to the line explaining why the issue should be ignored by the Checker. Warnings do not prevent the VMO from submitting the claim

53. Click the **Validate** button.
   - If there are Validation errors, continue with steps below.
   - If there are no Validation errors, go to **Submitting Claim** step 62

In the Validation panel (bottom part of the screen) you can see the error messages such as ‘Line in conflict with another claim line’; this can be due to overlapping. In the example above, there are warning flags against the lines in questioned.
54. Click the Calendar button to view

The Calendar view shows all lines that the VMO has entered for a particular day, across all claims. The example above shows there is a line entered for On Call and for Rounds at the same time and day as each other.

55. Close the Calendar screen by clicking on the X on the top right hand corner of the Calendar screen.
56. Go to the section where the error occurs and choose to Remove Line or Edit Line. To remove line click on the Remove item button.

57. To edit line, Click the Edit button.
58. Edit details of the line as necessary.
59. Click Save & Close to update claim line.
60. Click Validate button again. If there is more validation errors repeat steps 53 to 59.
61. Go to Submitting your Claim step 62.
Step 3: Submitting your Claim

Delegates can enter the claims on the VMO’s behalf. However claims can only be submitted through the VMO’s account as their username and password constitute as their electronic signature.

Please note, you cannot submit claim for current month until the next calendar month.

62. Click the Submit Claim button located in the claims header screen

63. You will be directed to a confirmation screen. To complete claim, click the Submit Claim button.

The claim will now be electronically forwarded to the facility for checking and approving for payment. Once payment is processed, you will receive an email notification from VMO processing team.

If you need to make any adjustments to your claim please follow a separate user guide “Claim Adjustments”

If you need to view or print specific reports please follow a separate user guide “Generating Reports”.