Visiting Medical Officer (VMO) Claims Auditing

Document Number: IB2013_055
Publication date: 20-Nov-2013
Functional Sub group: Personnel/Workforce - Industrial and Employee Relations

Summary: The purpose of this guideline is to facilitate more effective scrutiny of VMO claims to ensure that they are appropriate to be paid.

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Applies to: Local Health Districts, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Public Hospitals

Audience: Administration, clerical
Distributed to: Public Health System, Health Associations Unions, Ministry of Health
Review date: 20-Nov-2018
Policy Manual: Not applicable
File No.: 12/6156
Status: Active
VISITING MEDICAL OFFICER (VMO) CLAIMS AUDITING

PURPOSE

The purpose of this Information Bulletin is to notify of arrangements that will facilitate more effective scrutiny of VMO claims, to ensure that they are appropriate to be paid.

KEY INFORMATION

Public health organisations should put in place appropriate procedures for the scrutiny and auditing of VMO claims consistent with the requirements set out in this Information Bulletin.

Receipt of VMO Claim Forms

The process for auditing VMO claims is dependent on whether the VMO’s contract is Sessional (Public Hospitals (Visiting Medical Officers Sessional Contracts) Determination 2007), Fee for Service (Public Hospitals (Visiting Medical Officers Fee-For-Service Contracts) Determination 2007), or Fee for Service under the Rural Doctors Settlement Package.

However, the following procedures for auditing VMO claims should apply to the scrutiny of all VMO claims:

- VMOs should submit their signed claim forms to the relevant department on a monthly basis, consistent with the relevant Determination or the terms of the Rural Doctors Settlement Package (RDSP). VMOs should be informed that compliance with the relevant Determination or the Package is mandatory.

- Public health organisation must ensure that all claims submitted by sessional VMOs are checked. Checking should confirm that the named patient was an in/out patient of the facility on the dates claimed and ensure that times involved in providing services to all private patients have been deducted.

- Public health organisations must ensure that all claims submitted by Fee for Service/RDSP VMOs are checked. Checking should confirm that the named patient was an in/out patient of the facility on the dates claimed and verify from the Medical Record that the consultation/procedure claimed took place for the patient concerned. Where it is not possible for all claims to be checked, a rotation system of VMO claims should be applied which will ensure each VMO will have at least one monthly claim form thoroughly checked every three months.

- Relevant reports and resources should be used to check the validity of the claims i.e. eMR, IPM, Medical Records and rosters. VMOs must have made an appropriate notation identifying services to be paid the Medical Record. It is acceptable for the notation to have been made by a member of the junior medical staff on behalf of the VMO, but it must identify with sufficient precision the date and nature of the service provided.
• Staff must ensure that VMOs who are entitled to claim Professional Support Expenses submit all original receipts with their claims.

• Where claims are submitted for attendance at meetings, staff should ensure that the meeting/s for which reimbursement is being sought are approved by the relevant Director of Medical Services/Health Service Manager and meeting minutes must be checked for attendance before payment is made.

• As VMoney web is progressively rolled out across the State, Local Health Districts should develop local policies to transition to the position that all VMOs are required to lodge their payment claims electronically.

• Where claims for non-standard arrangements have been submitted, staff should ensure that approval was given by the Ministry for such arrangements to apply.

Any enquiries concerning this Information Bulletin should be directed to the relevant Human Resource personnel in the Local Health District or other Health Service. Only Human Resource personnel from Local Health Districts and Health Services are to contact the Ministry of Health direct.