

# Completing a Claim Form in PIP

## Overview

To claim expenses for travel, committee and meeting attendance a claim setup will be created by Physician Compensation. In Physician Invoice Portal (PIP) a provider does not have access to create/originate a claim setup; one must be created for you. Once the template is created, an email is electronically sent to you (via your preferred email) for you to create a claim.

You will receive an email notification (*figure 1*) that you have a claim form “waiting for your creation”. Itemized receipts must be scanned and attached (uploaded) to your claim form that is electronically submitted for review, approval, and payment. **Please note, original receipts are no longer required to be sent, they are now scanned and uploaded to the claim.** Physician Compensation is not able to accept faxed copies of documents.

If you are on an IH computer:

From the email you receive from PIP:

1. Double click on the attachment (*figure 1*).
2. Click **Open** in Opening Mail Attachment window (*figure 2*).

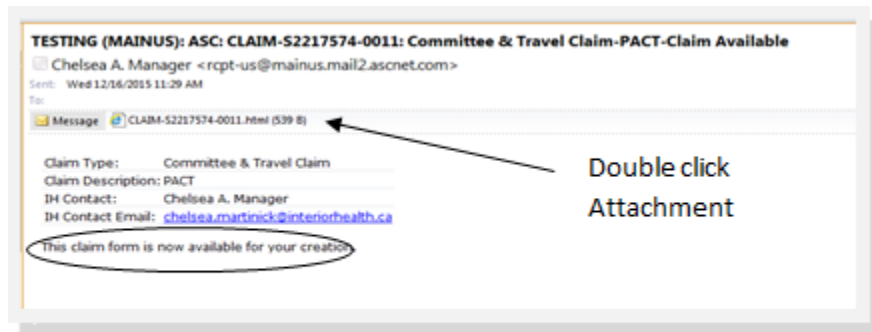


Figure 1: Email notification - claim ready for your creation.

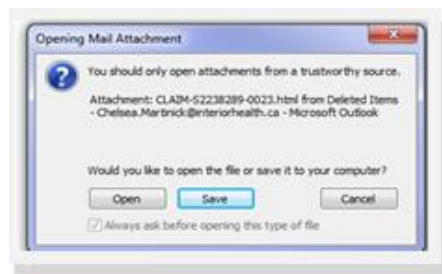


Figure 2: Opening Mail Attachment.

3. Click **ASC Login** (figure 3).

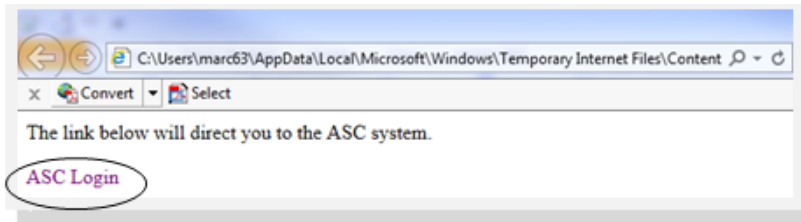


Figure 3: ASC Login Link.

## If you are on a personal computer

1. Type *IH Anywhere* in your Internet search bar.
2. Click *IH Anywhere* link.

1



2



Click

3. \* **Note:** You **do not** have to install VMWare Horizon.

3



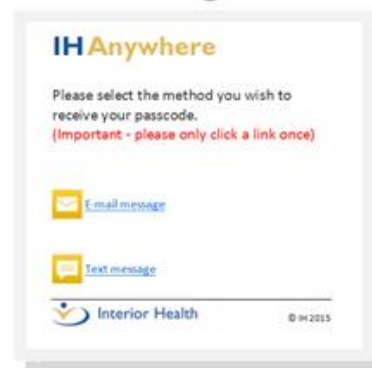
4. Enter IH Username and Password.

5. Select method to receive passcode; *E-mail* **OR** *Text* (recommend selecting *Text* for quickest response).

4



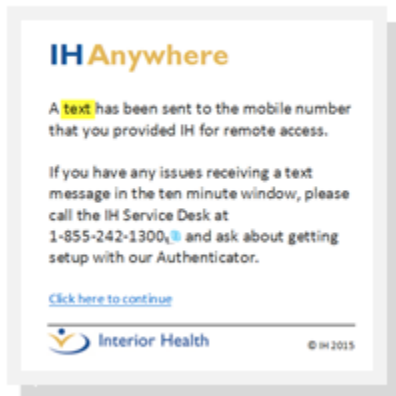
5



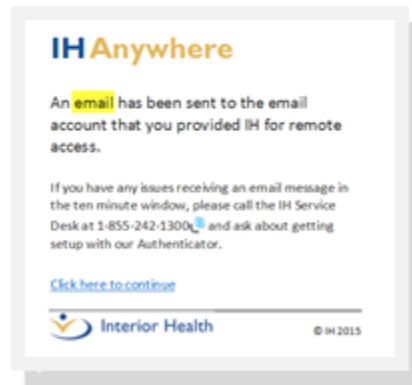
6. If Text selected, you will see this message.

7. If E-mail selected, you will see this message.

6



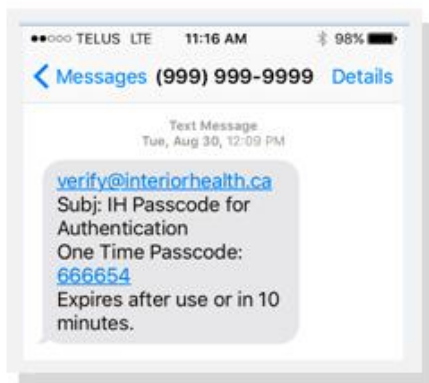
7



8. Text message received containing passcode for IH Anywhere access.

9. Enter passcode received in email or text message.

8



9



10. IH Anywhere screen. Click PIP Live icon—do **NOT** click on IH Anywhere Icon—it will open another screen

11. PIP Live login screen (figure 11). Use IH User Name and Password to log in.

10



11



## Using the Physician Invoicing Portal

4. Enter your **IH User Name** and **Password** in the applicable fields in login window (figure 4).
5. Click blue **Sign In** button. The login window closes and the Main Menu opens, displaying your default start up page, which in most cases will be *My List*.



Figure 4: Log in using IH user name & password.

6. Click **Create**, then **New** from Main Menu (figure 5).

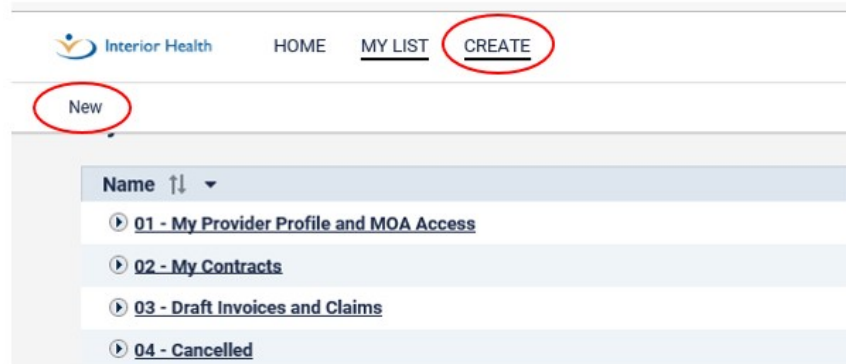


Figure 5: Click Create, then New from Main Menu

7. Select claim you wish to complete for submission (figure 6).

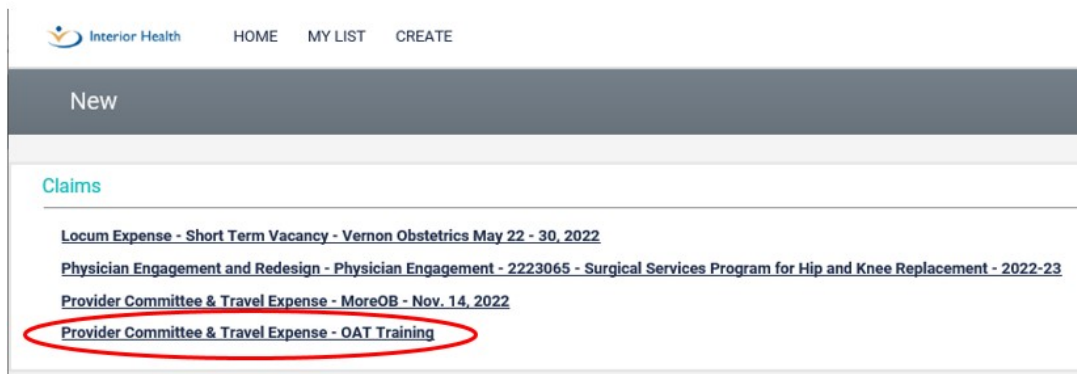


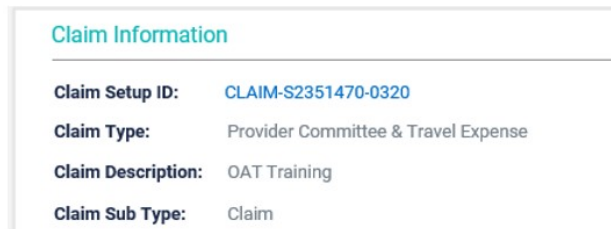
Figure 6: Select from list of available claims

## Entering Claim Information

8. Confirm claim information entered by CCM/delegate is correct (figure 7).

### Claim Information

Confirm correct information has been entered. As this is a read only field, information cannot be edited. If corrections need to be made, contact your CCM or delegate (see #18, Submission Address).



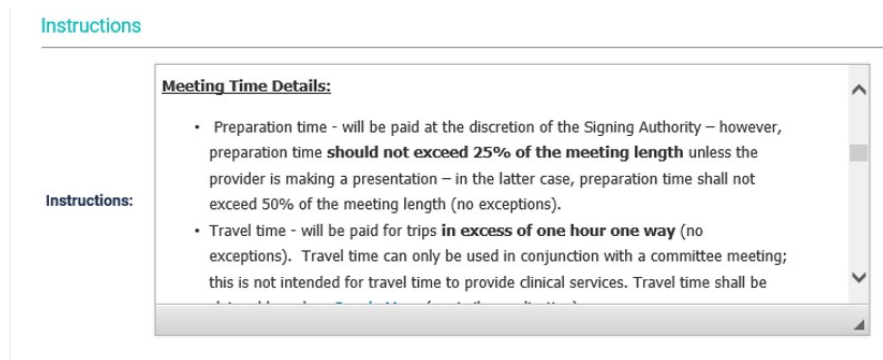
The screenshot shows a form titled "Claim Information" with the following fields:

Claim Setup ID:	CLAIM-S2351470-0320
Claim Type:	Provider Committee & Travel Expense
Claim Description:	OAT Training
Claim Sub Type:	Claim

Figure 7: Confirm Claim information is correct

9. Instructions (figure 8).

For your information only - not applicable.



The screenshot shows a form titled "Instructions" with a section for "Meeting Time Details":

**Meeting Time Details:**

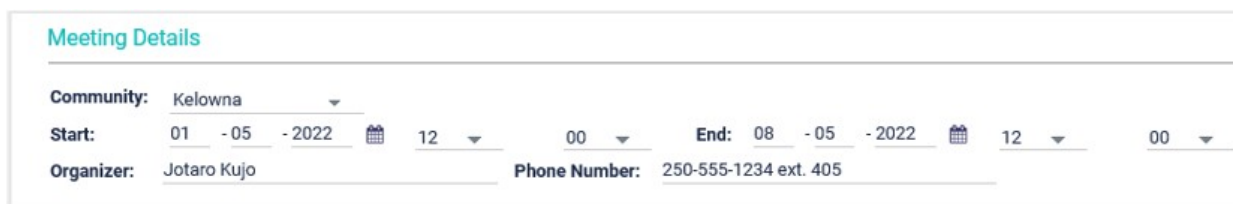
- Preparation time - will be paid at the discretion of the Signing Authority – however, preparation time **should not exceed 25% of the meeting length** unless the provider is making a presentation – in the latter case, preparation time shall not exceed 50% of the meeting length (no exceptions).
- Travel time - will be paid for trips **in excess of one hour one way** (no exceptions). Travel time can only be used in conjunction with a committee meeting; this is not intended for travel time to provide clinical services. Travel time shall be

Figure 8: Instructions

10. Meeting Details (figure 9).

### Meeting Details

Confirm correct information has been entered. As this is a read only field, information cannot be edited. If corrections need to be made, contact your CCM or delegate (see #18, Submission Address).



The screenshot shows a form titled "Meeting Details" with the following information:

Community:	Kelowna						
Start:	01 -05 -2022	12	00	End:	08 -05 -2022	12	00
Organizer:	Jotaro Kujo	Phone Number:	250-555-1234 ext. 405				

Figure 9: Meeting Details

11. Enter Time (figure 12).

## Time

Enter date meeting took place (use calendar icon), meeting start and end time, type of time (preparation, meeting, other), and description of meeting (eg: HAMAC, RMAC, etc.). Hours payable field is automatically calculated based on *meeting start and end time* entered.

Date	Time	From	Time	To	Time Type	Description	Hrs Claimed	Rate	Amount Claimed
01 - 05 - 2022	12	00	14	00	Meeting Time	OAT Meeting	2.00	150.00	300.00

+ Add Row Remove Row

Hrs	Amount	GST
Claimed: 2.00	300.00	15.00
Payable: 2.00	300.00	15.00

Figure 12: Meeting time Details

Add a line using **Add Row** button **IF** claiming meeting time AND preparation time for the meeting (figure 13).

Date	Time	From	Time	To	Time Type	Description	Hrs Claimed	Rate	Amount Claimed
01 - 05 - 2022	12	00	14	00	Meeting Time	OAT Meeting	2.00	150.00	300.00
01 - 04 - 2022	11	00	11	30	Preparation Time	Meeting Prep	0.50	125.00	62.50

+ Add Row Remove Row

Hrs	Amount	GST
Claimed: 2.50	362.50	18.13
Payable: 2.50	362.50	18.13

Figure 13: Add a line using "Add Row" button

12. Enter Travel and Accommodation Expenses (figure 16).

## Travel and Accommodation Expenses

Enter ALL travel and accommodation expenses (hotel, meals, other transportation, vehicle rental, etc.). Each expense is a separate line. Use **Notes** column as required.

Date	Type ?	Amount Claimed	Notes
01 - 05 - 2022	Select Option Air Fare Accommodation Meals Other Transportation	0.00	

+ Add Row Remove Row

Amount

Figure 16: Add all Travel and Accommodation Expenses

## TO ADD, REMOVE OR DELETE AN EXPENSE LINE (figure 17)

Click **Add Row** to add another line.

Click **Remove Row** to remove a line.

Date	Type ?	Amount Claimed
01 - 05 - 2022	Select Option	0.00
DD - MM - YYYY	Select Option	0.00

+ Add Row Remove Row

Figure 17: Click Add Row or Remove Row to add or remove lines.

Use button to **Delete** a selected line.

### 13. Enter Mileage Expenses.

#### **Mileage**

Mileage is automatically calculated when town/city is selected in drop down menu in To and From fields (figure 18).

The screenshot shows a 'Mileage' form with a table for entering expenses. The table has columns for Date, From, To, Round Trip, Kms Claimed, Rate, and Amount Claimed. A single row is visible with a date field (DD-MM-YYYY), dropdown menus for From and To, a Round Trip dropdown, and numerical fields for Kms Claimed (0.53), Rate (0.53), and Amount Claimed (0.00). Below the table are '+ Add Row' and 'Remove Row' buttons. At the bottom, a summary table shows 'Claimed' and 'Payable' amounts for 'Kms' and 'Amount', both currently at 0.00.

Figure 18: Mileage, automatically calculated when To and From dropdown menus are used

#### **Manual Mileage Entry**

A manual mileage calculation must be entered if town/city is not listed in the drop down menus (figure 19).

- Select **Other** from drop down menu.
- Manually enter city/town traveling To/From.
- Enter mileage calculation (use **Google Maps**, a copy must be attached/uploaded to your electronic claim form in *Comments & Attachments* section.)

The screenshot shows the 'Mileage' form with the 'To' dropdown menu set to 'Other' and a text field next to it containing 'Calgary'. The 'From' dropdown is also set to 'Other'. The 'Kms Claimed' and 'Amount Claimed' fields are empty. The summary table at the bottom shows 'Claimed' and 'Payable' amounts for 'Kms' and 'Amount', all at 0.00.

Figure 19: Manually enter when selection not available in dropdown menu

### 14. Claim Summary - Information Only.

#### **Claim Summary**

View the total amount claimed for expenses (figure 20).

Claim Summary			
	Before GST	GST	Total
Claimed:	362.50	18.13	380.63
Payable:	362.50	18.13	380.63

Figure 20: View total amount claimed

### 15. Receipts - Information Only.

#### **Receipts**

Indicates if receipts are required for your claim submission (figure 21).

The screenshot shows a 'Receipts' form with a single input field labeled 'Receipts Required?'. The field contains the text 'Yes'.

Figure 21: Indicates that receipts are required for claim.

16. Submission Address - Information Only.

**Submission Address**

This is the delegate/CCM that created your claim form. Contact the delegate listed if a correction is needed for your claim. (figure 22).



The screenshot shows a form titled "Submission Address" with the following fields:

- Submission Address:** Kujo Jotaro, Interior Health - Interior Health - Platinum, 1234 Crazy Noisy Blvd, Moriocho, BC, V1V1V1
- Telephone Number:** 250-469-7070 x90210
- Email:** Kujo.Jotaro@interiorhealth.ca

Figure 22: Delegate's contact information

17. Click **SAVE**. The page will refresh and the browse button will appear in the attachment section

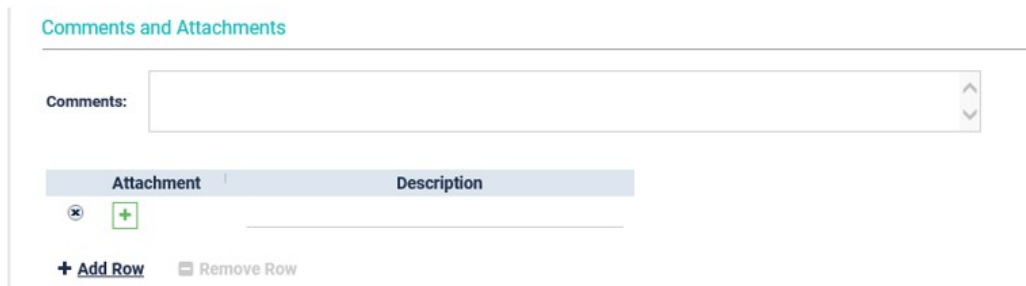
18. Attach Receipts and Documents in *Comments & Attachments* section.

**Comments & Attachments**



Your receipts & documents are attached in this section (figure 23).

- Scan and save receipts and/or documents to folder of your choice (or desktop).
- Click **Browse**.
- Chose the document you wish to attach from where you have it saved.
- Click **Open**.

Click More to add a line for each receipt/attachment.



The screenshot shows the "Comments and Attachments" section with a text area for "Comments:" and a table for attachments.

Attachment	Description
 	

Buttons: + Add Row, Remove Row

Figure 23: Attach receipts and documents in this section

**Attachment Types**

Receipts: Hotel, meals (minus alcohol), vehicle rental, taxi, etc.

Documents: Google maps printout

19. Provider Information - N/A.

20. Remittance Address - N/A.

21. Internal Use Only - N/A.

22. Click Provider Declaration.



## **Provider Declaration**

Clicking the **I Accept** box is considered your electronic signature for your claim submission (figure 24).

Figure 24: Provider Declaration check box

23. Click Save
24. Click Submit.

## **If the Browse button does not appear to attach documents**

1. Ensure ALL requested travel and expense information has been entered.
2. Ensure ALL required fields (indicated by red stars) have been completed.
3. Ensure you have clicked **Save**.

## **Cannot Submit Claim?**

1. Ensure ALL requested travel and expense information has been entered.
2. Ensure ALL required fields (indicated by red stars) have been completed.
3. Ensure you have clicked **Save**.
4. Ensure ALL receipts and documents are attached.
5. Ensure **I Accept** box has been checked in *Provider Declaration* section.
6. Click **Submit**.

\* **Note:** This claim will now appear in your *Claim (Pending IH Review)* in My List.