SwítchOn Developers' Guide

Version: 1.18
Date: 25 March 2009

Contents

1. Introduction 3
2. Glossary and Terms 4
3. Development and Accreditation Process 8
3.1 Overview 8
3.2 Development and Accreditation Phases 8
4. The SwitchOn Process 10
4.1 Overview 10
4.2 The Destination codes file 12
4.3 The SwitchNavigator 12
4.4 Overview of SwitchOn Message Format 13
5. The Switch Communications Module 15
5.1 Overview 15
5.2 SwitchOn Transaction Types 16
5.3 Request and Response Messages 16
5.4 Connection Methods and Communication Devices 17
5.5 The Communication Process 18
5.6 Installing and Configuring SwitchComm Plus 41
5.7 Communication Errors 41
5.8 SwitchOn IAC Response Codes and Messages 42
6. Implementation of the SwitchOn Process 43
6.1 Overview 43
6.2 The SwitchOn Menu Structure 43
6.3 The SwitchOn Icons 45
6.4 Status Codes 46
6.5 Reference Numbers 52
6.6 Messages on Patient Accounts 53
6.7 Installation Procedures 54
6.8 The Destination Codes File 56
6.9 SwitchClaim 63
6.10 Member Paid Claims 76
6.11 Statistical Transactions 78
6.12 Electronic Remittance Advices (eRAs) 79
6.13 SwitchNavigator 84
6.14 Membership Status Validation (MSV 88
Annexure A Tables and Files 93
A:1 The Transaction Types Table 94
A:2 PHISC Place of Service codes 95
A:3 Drug Utilisation Review Conflict Codes 97
A:4 Non DSP reasons 98
Annexure B Message Formats 99
B:1 File Structure and Requirements 100
B:2 Data and Record Types 101
B:3 SwitchClaim Format 105
B:4 Electronic Remittance Advice (eRA) Format 147
B:5 Member Status Validation (MSV) Format 156
B:6 Destination Codes Format 164
Annexure C Example Files 167
Annexure D Development Testing and Accreditation Criteria 172

1. Introduction

This document has been produced as a guide for vendors and developers of healthcare practice management software to ensure an effective implementation of the SwitchOn functionality into their PMA packages.

The purpose of this document therefore, is to specify the requirements and recommendations for a totally integrated switching service from within the PMA. This implies that all the defined SwitchOn transaction types and associated functionality is interfaced with the PMA and, where applicable, is accessible from within the appropriate menu option, screen and / or icon. This will ensure optimization and efficiency of the switching process within the practice.

Although the SwitchOn functionality can be developed using a phased approach, it is recommended that the full SwitchOn functionality be incorporated into the PMA. The drive in the industry is to eliminate all paper submissions from service providers and, by enabling your PMA with the latest SwitchOn functionality, you will ensure that your product stays at the forefront of technology.

This document comprises the following modules:

- **The Development and Accreditation Process**
- **The SwitchOn Process**
- **The Switch Communications Module**
- **Implementation of the SwitchOn Process**
- **Annexures**

2. Glossary and Terms

Instantly Assessed Claim (IAC) ™, Membership Status Validation (MSV)™, Now or Later™, Switch™, SwítchClaim™ and SwítchNavigator™ are trademarks of Digital Healthcare Switch (Pty) Ltd."

"All other trademarks are the property of their respective owners."

Capitation Claim

"Capitation Claim" refers to "a claim that a healthcare provider submits to a healthcare funder for reporting and statistical purposes in respect of services rendered to a member who belongs to a capitation plan of a medical scheme."

Claim

A "claim," which may include multiple claim lines, refers to "all the relevant information required by the healthcare funder in respect of the services rendered by a healthcare provider to a member related to a single consultation and / or treatment."

Designated Service Provider (DSP)

"Designated service provider" (DSP) refers to "a healthcare provider (or group of providers) selected by a medical scheme as the preferred provider or providers of healthcare services, to its members in respect of the treatment and care for all conditions or for only one or more prescribed minimum benefit condition(s)."

Destination

"Destination" refers to "the recipient of an electronic transaction transmitted by a healthcare provider via the Switch VPHN."

Electronic Remittance Advice (eRA)

"Electronic Remittance Advice" (eRA) refers to "a remittance advice that is transmitted electronically from a healthcare funder to a healthcare provider via the Switch VPHN."

Healthcare Funders

"Healthcare Funders" or "Funders" refers to "medical schemes, medical scheme administrators, healthcare insurers and other funders of healthcare services and, if applicable, includes

intermediaries who perform claim evaluation and adjudication services on behalf of medical schemes."

Healthcare Provider

"Healthcare Provider" refers to "any healthcare practitioner, pharmacy, hospital, nursing home, clinic or any other person or entity who or which provides medicines, medical or other allied healthcare services to members of medical schemes and private patients."

HPCSA number

"HPCSA (Health Professions Council of South Africa) number" refers to "a number that is supplied to all healthcare practitioners registered with the HPCSA". This number must be included with every claim that is submitted to a funder for payment."

Instantly Assessed Claim™ (IAC)

"Instantly Accessed Claim™" refers to "the process whereby Swítch validates each claim against a unique set of rules prescribed by each funder and returns to the healthcare provider's system, in the same connection, a Switch assessed response that advises the user whether the claim has been accepted for transmission to the funder or whether it has failed the Switch validation checks and has therefore been rejected." Each rejected claim is returned to the user with a rejection code and message indicating the reason(s) for rejection.

Medical Scheme Response (MSR)

"Medical Scheme Response" refers to "a response to a claim that is transmitted electronically by a healthcare funder via the Switch VPHN to a healthcare provider during any stage of the claim processing and / or adjudication process".

Member

"Member" refers to "a member or beneficiary of a medical scheme, and includes the registered dependants of the member or beneficiary."

Membership Status Validation™ (MSV)

"Membership Status Validation**™**" (MSV) refers to "the functionality that enables a healthcare provider to enquire electronically about the membership status of a member." Where the benefit information is made available by the healthcare funder, the response will also indicate benefit availability."

Member Paid Claim

"Member Paid Claim" refers to "any claim that is paid by a member and submitted by a healthcare provider on behalf of the member to the healthcare funder for re-imbursement to the member." A 'patient reimbursement amount' included in the claim data will advise the healthcare funder to reimburse the member and not the healthcare provider.

Now or Later™

"Now or Later™" refers to "the SwitchClaim™ methodology of electronic claiming that is based on the concept that the user can decide at claim level whether to transmit the claim to the Switch VPHN Now or whether to flag and store the claim for Later delivery."

Patient

"Patient" refers to "the recipient of healthcare services rendered to by a healthcare provider." A patient may be a member or beneficiary of a medical scheme.

Practice Management Application (PMA)

"Practice Management Application" (PMA) refers to "the front-end software system owned, developed and maintained by a vendor for the capturing and management of healthcare claims and claim information by healthcare providers."

Prescribed Minimum Benefits (PMB)

"Prescribed Minimum Benefits" (PMB's) refers to "a number of conditions that, by legislation, are included in the benefits covered by medical schemes. These are typically diseases that are regarded as public health risks."

Statistical transactions

"Statistical transactions" refers to "claims lines submitted by healthcare providers to Switch for statistical purposes only." These transactions, which are not delivered to healthcare funders for reimbursement, could consist of all claim lines that are not submitted during the normal course of claim submission, including claim lines with zero values.

SwítchClaim™

"SwitchClaim™" refers to "the process trademarked by Switch that incorporates the Now or Later™ methodology of claim switching."

SwitchComm

"SwitchComm" refers to "the communications module (including the connectivity software and application program interface developed and owned by Digital Healthcare Switch) which enables inter alia healthcare providers to communicate with, and to connect to the Switch VPHN."

SwítchNavigator™

"SwitchNavigator™" refers to "the SwitchOn tool developed by the vendor within the PMA from where the user can track and manage SwitchClaims and their corresponding responses." All information pertaining to these transactions should be grouped together in the SwítchNavigator.

Transaction

"Transaction" refers to "any electronic request and corresponding response transmitted through the Switch VPHN, irrespective of the type of data or number of line items contained in the message and includes:

- a claim;
- a membership status validation (MSV) query;
- an electronic remittance advice (ERA); or
- any other electronic messages that contains structured data in plain encrypted language prepared in a format specified for intended transmission from computer to computer."

Vendor

"Vendor" refers to "any person or entity that develops and provides PMA (practice management application) front-end software that is marketed and sold to any healthcare provider in the healthcare industry."

Virtual Private Healthcare Network (VPHN)

"Virtual Private Healthcare Network (VPHN)" refers to the Virtual Private Healthcare Network owned and operated by Swítch, which enables healthcare providers, intermediaries and funders to communicate and interchange electronic transactions with each other."

3. Development and Accreditation Process

3.1 Overview

On receiving this developer's guide, you will already have signed a **Non Disclosure agreement** and **Vendor Integration agreement** with your Switch Key Account Manager. Please ensure that you understand and adhere to all the clauses within these agreements.

The development and accreditation phases, as defined below, have been designed to enable Switch to fully evaluate the integration of the SwitchOn processes, formats and functionality into your PMA. During these phases you will, if necessary, be required to further develop or adapt the Switch integrated software within your PMA until it complies with the accreditation requirements defined under *Annexure D* of this guide.

During the development and accreditation process the Swítch Key Account Manager assigned to you will assist you with any implementation or technical queries related to the SwitchOn processes, formats and / or functionality. To ensure effective and efficient feedback to your queries, please channel all communication through your Key Account Manager.

As accreditation is discipline specific, you will be required to specify which discipline groups you wish to be accredited for (*refer to Annexure D for details of the various discipline groups*)

3.2 Development and Accreditation Phases

The development and accreditation process comprises the following phases:

1. **Initiation :**

   During the Initiation phase your Switch Key Account Manager will;

   - present you with this developer's guide and explain to you the accreditation process
   - supply you with the relevant software and files to integrate your PMA with the SwitchOn communications process
   - assist you in planning your SwitchOn development project which will include agreed to timelines

2. **Development :**

   During which you and your team will develop and integrate the SwitchOn process into your PMA for the agreed upon discipline groups.

3. **Format Content Assessment:**

   To enable us to assess that the files generated by your PMA are correctly populated you will be required to provide the Switch accreditation team with test files for each of the agreed upon discipline groups. These will be evaluated and assessed against the SwitchOn message formats defined in *Annexure B*.

4. **Primary Assessment:**

   Primary assessment, during which the implementation of the SwitchOn process (as specified under sections 5 and 6) is evaluated, will take place at the Switch offices by the Switch accreditation team. It will be required of you and / or your development team to attend this assessment to assist the team with the testing of the integrated software. All errors identified during the primary assessment must be rectified and retested.

5. **Pilot:**

   A minimum of a 12 week pilot phase is required before final accreditation will be awarded. A pilot site for each discipline group being accredited must be selected. During the pilot phase all incoming files will be closely monitored, and any errors identified must be rectified.

6. **Final Accreditation**

   After completing the pilot phase, an Accreditation Certificate will be issued and the accreditation status of your PMA will be published on the Switch Website.

4. The SwitchOn Process

4.1 Overview

The capability of funders to process data electronically differs vastly, as does their on-line connectivity and response times. The **SwitchOn Process** enables Swítch to manage and take responsibility for this complexity, thereby facilitating the integration of electronic on-line switching into the PMA.

The **SwitchOn Message Format** provides a uniform layout for transmitting data to all destinations, and the **Switch Communication Module** (SwitchComm) provides the communication mechanism that handles all data transfers to and from the Switch VPHN. The SwitchOn Message format is explained in more detail under *section 4.4* of this guide while the specification for each format is provided under *Annexure B.* Interfacing the PMA with SwitchComm and the Switch Communication process is discussed under *section 5*.

The **SwitchOn Process** (*see figure 1*) incorporates the **SwitchClaim *Now or Later*** methodology of electronic claiming. This methodology is based on the concept that the user can decide at claim level whether to submit a claim to Switch **Now** or whether to flag the claim for **Later** delivery.

Regardless of whether a claim is sent ***Now or Later***, an on-line response to the claim is returned in the same connection. In addition, for certain schemes and under certain conditions, delayed responses are also returned. The number and type of responses are dependent on the capabilities of the medical scheme and the associated process used by Switch to relay the claim.

Each claim successfully received by Switch is first validated against a unique set of rules specified by each funder, including member status validation (where available). This process is referred to as the **Switch IAC (Instantly Accessed Claim) process.**

Should a claim fail the Switch IAC process, Switch will return to the provider's system in the same connection a rejection message with 'the reason for rejection'. If, on the other hand, the claim is accepted for transmission, Switch will take the most appropriate action to ensure the fastest delivery of the claim to the relevant funder and that the most informative response available is returned to the provider.

Where Switch has on-line connectivity to a funder (administrators and schemes with on-line connectivity are referred to as **real-time destinations**), the 'accepted' claim will be sent to the destination in real-time, and the (fully adjudicated) response from the destination will be returned to the provider's system in the same connection.

Where Switch does not have on-line connectivity to a funder (administrators and schemes that do not have on-line connectivity are referred to as **batch destinations**), the 'accepted' claim will be included with the next batch of claims to be transmitted to the destination, and an 'accepted for delivery' confirmation will be returned by Switch to the provider's system in the same connection.

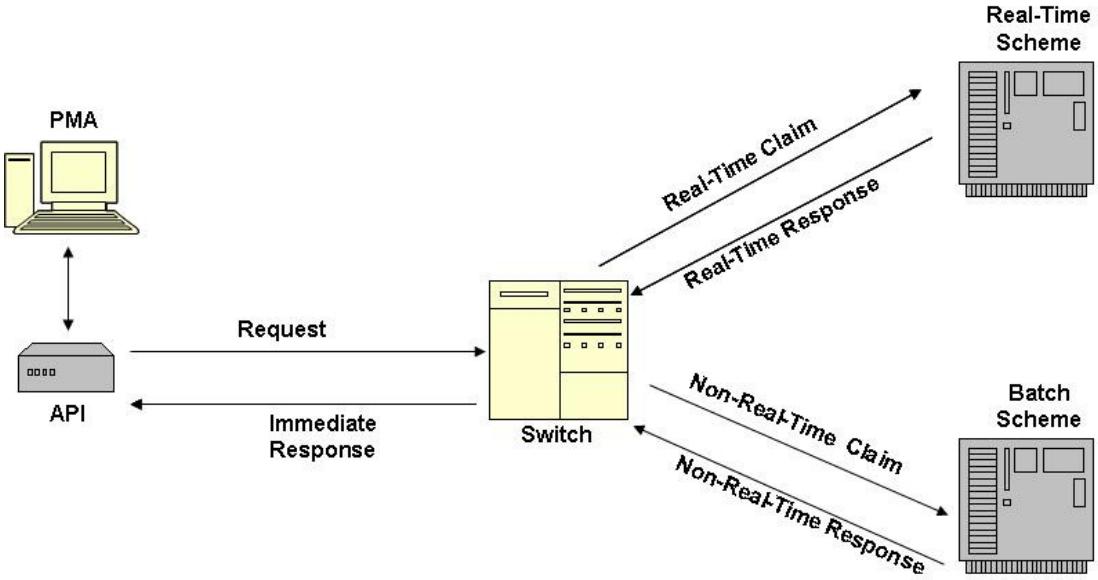


Figure 1.

To facilitate with the **tracking and management** of claims, the information returned in the response messages should be displayed by the PMA on-line to the user and also stored for later referral and optional printing from the patient account screen as well from the SwitchNavigator under the relevant ***response message*** headings.

In addition to receiving electronic claims and returning responses to these, Switch receives and responds to various other **transaction types**.

The **SwitchOn** process currently incorporates the following **transaction types:**

- ***SwitchClaim (for consultation, procedure or medicine claims)***
- ***SwitchClaim Hospital (for hospital claims)***
- ***SwitchClaim Reversal (for reversing previously sent claims)***

- ***Statistical Transactions***
- ***Member Status Validation requests (MSV)***
- ***Electronic Remittance Advices (eRA)***

Each of the above transaction types is specified in detail in terms of data content (*Annexure B*) and processing actions (*section 6)* in this guide.

4.2 The Destination codes file

To enable Swítch to identify the scheme to which a transaction should be delivered, a comprehensive set of **destination codes** has been developed. The relevant destination code must therefore be included with each request sent to Swítch. If this code is entered incorrectly the transaction cannot be delivered to the correct destination.

Because new schemes enter the industry, and existing schemes change administrators, the Switch destination codes file is continually updated and new releases of this file are made available to providers on a regular basis. When initiated by the provider, the latest release of the destination codes file is imported, interfaced with, and referenced to by, the PMA.

In addition to containing each scheme's destination code, the destination codes file specifies for which ***transaction types***, each scheme is active.

The integration with the destination codes file as well as the abovementioned scheme specific parameters, and how they must be interpreted by the PMA, are discussed in detail in *section 6.8* of this guide.

4.3 The SwitchNavigator

Integral to SwitchOn is the **SwítchNavigator**. This tool, which is developed within the PMA, is designed to streamline the Switching process by providing the user with a central point via which Switch claims can be ***tracked and managed***.

Essential requirements of SwitchNavigator, which need to be considered when designing the implementation of this tool into the PMA, include that it is readily accessible; easy to use; and must provide the user with the ability to view, and when necessary edit, all transactions for Switch active medical schemes, as well as their respective responses, from a single screen.

The tracking of claims within the SwitchNavigator is centered around the Switch Status Codes (*refer to section 6.4*). These codes enable the user to differentiate between acknowledged, accepted, rejected, approved and paid claims.

In addition the SwitchNavigator must incorporate the following:

- ***functionality to readily re-sort data***
- ***functionality to filter data by date and status***
- ***functionality to submit Later and other UNSENT claims***
- ***a facility to edit and resubmit rejected transactions***
- ***a facility to submit statistical transactions***

The functionality requirements as well as guidelines and recommendations related to the 'look and feel' of the SwitchNavigator front end screen have been documented under *section 6.13* of this guide.

4.4 Overview of SwitchOn Message Format

In order for healthcare providers to receive prompt responses to electronic transactions, medical schemes require certain mandatory data to be included in the **request messages**. It is therefore important that the data content within these messages is consistent with, and conforms to, the data content requirements specified by the various schemes.

The **SwitchOn message format** has consequently been developed to take into account the mandatory data requirements of medical schemes as well as any additional data requirements each scheme may have, thereby enabling the healthcare provider to transmit electronic messages via the Switch VPHN in a single standard format that will accommodate all the requirements of the various funders.

The file structure of the request and response message formats may appear long at first but the record based design of these formats lends itself to being adaptable to changes in data requirements as well as to the incorporation of enhancements for current and new transaction types.

Via the Switch translators, request messages received from providers in the SwitchOn request message formats, are translated into the formats and file layouts required by the various funders;

and similarly messages returned from funders are translated into the SwitchOn response message formats before being returned to the providers.

5. The Switch Communications Module

5.1 Overview

The Swítch Communication Module provides the mechanism via which messages are transferred between the PMA and the Switch VPHN.

The PMA submits claims to, and receives responses from, the Switch VPHN using ***SwitchComm Plus*** – in a standalone installation; and ***SwitchComm Plus Server*** – in a networking installation.

Request and Response messages are transmitted between the PMA and SwitchComm Plus via a DLL (dynamic link library) – the ***SwitchCI.dll*** *or an* ***ActiveX Control***

SwitchComm Plus, which is installed on the user's system and accessed via the ActiveX / SwitchCI.dll component is therefore the gateway between the PMA and the Switch VPHN.

To facilitate the SwitchOn Request / Response mechanism, SwitchComm Plus is initiated on startup to run in the background as a service. To advise the user of the communication process during the sending and receiving of SwitchOn transaction types, SwitchComm Plus incorporates the functionality to 'auto-maximise' when processing.

The user interfaces provided by both SwitchComm Plus and SwitchComm Plus server enable practices to view and manage claims submitted to, and responses received from, the Switch VPHN. These interfaces will also enable practices to view and/or print eRA responses, Switch newsletters and bulletin messages.

Features of the Switch Communications Module include:

- Compatible with Windows XP, NT server/workstation and Vista.
- Makes use of Telkom's VIP-Dialup network.
- Can connect to Switch via analogue modem, ISDN Modem or direct IP.
- Incorporates the functionality to run equally effectively on a stand alone PC or in a network environment
- Supports an asynchronous process
- Auto-upgrades to updated versions are carried out remotely by Switch.

- Incorporates advanced data transfer methods that enable efficient and fast data transmission.
- User navigation through the use of screen tabs.
- Easy to configure and support
- Quick view and print options
- Automatic downloads of newsletters and informational bulletin messages from Switch as they are published.

The following sections describe various concepts pertaining to the Swítch communication process and how these concepts should be applied when interfacing the PMA with SwitchComm.

5.2 SwitchOn Transaction Types

Each transaction type supported by the SwitchOn process has been allocated a unique transaction type code. These codes, which are used to populate the Active X / SwitchCI.dll function calls when transmitting to Switch, are used by Switch to facilitate the internal 'routing' of SwitchOn transactions.

The following table reflects the code allocated to each transaction type supported by SwitchOn:

Initiated by:	DESCRIPTION	TRANSACTION TYPE
The PMA	Membership Status Validation (MSV)	301
	SwítchClaim	302
	SwítchClaim (Hospitals)	304
	SwitchClaim Reversal	303
	Statistical Transaction	492
Switch	Electronic Remittance Advice (eRA)	307
	Destination Codes File	509
	Switch System Error Message	999

5.3 Request and Response Messages

The communications protocol used by SwitchComm supports the SwitchOn process (*described under section 4*) by initiating a request/response mechanism.

Messages originated by the PMA and sent to Switch are referred to as **request messages (or requests);** while **response messages (or responses)**, which are returned in reply to requests, could originate from Switch, or could be relayed by Switch on behalf of the funders.

A request may contain a single claim (in the case of ***Now*** claims); or a group of claims (in the case of ***Later*** claims). Similarly a request may contain a single MSV query or a group of MSV queries.

For each request successfully transmitted to Switch an **initial response** will be returned in the same connection. The type of response returned will depend on the outcome of the Switch IAC process as well as the capabilities and on-line status of the destination.

In addition to the initial response Switch will return **delayed responses** as well as **file updates**. SwitchComm Plus can be configured to respond to instructions from the PMA, when prompted to by the user, to 'fetch' delayed responses and file updates. Alternatively SwitchComm Plus can be configured to automatically 'fetch' delayed responses and file updates at regular intervals.

Delayed responses and file updates include:

- ***Delayed Switch Responses*** – when a *break in communications* prevents SwitchComm from downloading on-line IAC responses;
- ***Delayed Medical Scheme / Funder Responses*** – from real-time enabled destinations (who are off-line when requests are transmitted) or from batch destinations;
- ***Electronic Remittance Advices*** – from participating healthcare funders;
- ***Destination Code file Updates.***

The ***SwitchCl.dll*** function calls used to transmit request and response messages between the PMA and SwitchComm Plus are defined under section 5.5.3.

5.4 Connection Methods and Communication Devices

The following are the connection methods and communications devices supported by SwitchComm:

- **Direct connection**, via a leased-line or any existing broadband connection eg GPRS
- **Dialup connection**, using asynchronous or ISDN modems. It is recommended that the Dialup connection uses the Switch VIPDial facility.

5.5 The Communication Process

5.5.1 Overview

The communication between the SwitchComm Plus Software and the PMA consists of the following components:

1. **SwitchCI.dll/SwitchCIX.ocx**

   This is the ActiveX/DLL component that needs to be integrated into the PMA to facilitate the communication between the PMA and the SwitchComm Plus Communications Software. This component wraps the encrypted socket communication between the PMA and SwitchComm Plus. The Vendor has the option to integrate with either the DLL directly, or to the DLL via the ActiveX component.

2. **SwitchCommPlus.exe**

   This is the front-end application that facilitates the communication to Switch. The SwitchCI.dll (see above) makes a socket connection to SwitchComm Plus and data is passed over the socket to SwitchComm Plus and submitted to Switch for processing. Response data from Switch is then sent back to the PMA through the socket to the SwitchCI.dll. The SwitchCI.dll will then pass the information to the PMA.

3. **SwitchCommPlus Server.exe**

   In a network environment the ActiveX/DLL component will connect to SwitchComm Plus, which in turn connects to SwitchComm Plus Server to submit the data. It allows multiple SwitchComm Plus installations to connect to one central SwitchComm Plus Server which communicates with Switch.

5.5.2 Communication Process Flows

5.5.2.1 Single User Installation:

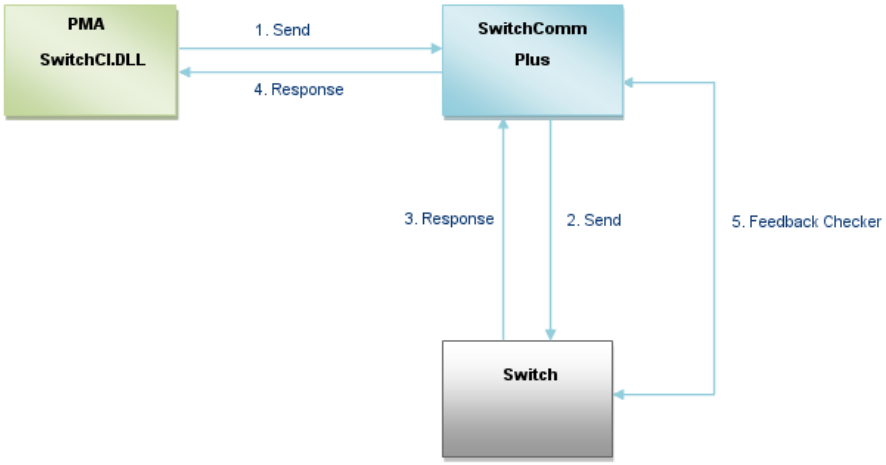


Figure 2.0

1. **Send (from the PMA to SwitchComm Plus)**
   - SwitchComm Plus is installed on the same computer as the PMA
   - After generating a claim the PMA submits the claim via the SwitchCI.DLL to SwitchComm Plus
   - The value returned by the submit function will indicate whether the request has been:
     - 0 – received by SwitchComm Plus for delivery to Switch
     - -1 – not received by SwitchComm Plus

2. **Send (from SwitchComm Plus to the Switch VPHN)**
   - SwitchComm Plus transmits the claim to the Switch VPHN

3. **On-line Response (from the Switch VPHN to SwitchComm Plus)**
   - SwitchComm Plus waits for the initial on-line response until the timeout period is reached

4. **On-line Response (from SwitchComm Plus to the PMA)**
   - The processed response is then returned by SwitchComm Plus to the PMA via the SwitchCI.DLL
   - A call back function in the DLL will execute the processing of the response.

5. Delayed Responses / File Updates

- When requested to do so by the PMA, via the SwitchCI.DLL, SwitchComm Plus will check the Switch VPHN for all available delayed responses and file updates for the user
- Alternatively, if SwitchComm Plus is automatically configured to automatically 'fetch' all available delayed responses and file updates, these will be 'fetched' at the pre-determined time intervals
- After a delayed response or file update has been retrieved by SwitchComm Plus it is passed back to the PMA.

5.5.2.2 Network Installation:

In a network environment, the network server is installed with the SwitchComm Plus Server module as well as the SwitchComm Plus module. The server, as well as all computers linked to the server (which are installed with the SwitchComm Plus module only), are configured to send and receive messages via the SwitchComm Plus Server module, installed on the server.

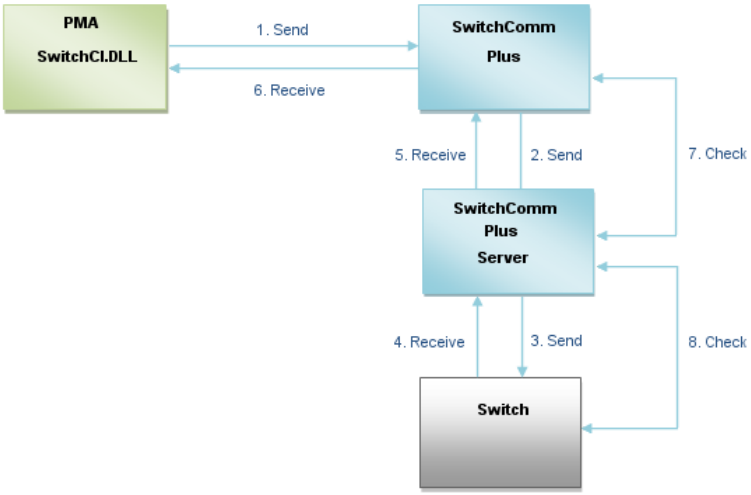


Figure 3.0

1. Send (from the PMA to SwitchComm Plus)

- SwitchComm Plus is installed on all computers (including the server) which are linked to the network
- After generating a claim the PMA submits the claim via the SwitchCI.DLL to SwitchComm Plus on the local machine
- The value returned by the submit function will indicate whether the request has been:
  - 0 – received by SwitchComm Plus for delivery to Switch

- -1 – not received by SwitchComm Plus

2. **Send (from SwitchComm Plus to SwitchComm Plus Server)**
   - SwitchComm Plus Server is installed on the server of the local network which hosts the communication connection (ADSL, 3G, modem etc)
   - SwitchComm Plus submits the claim from the local machine to the SwitchComm Plus Server (installed on the network server)

3. **Send (from SwitchComm Plus Server to the Switch VPHN)**
   - SwitchComm Plus Server transmits the claim to the Switch VPHN

4. **On-line Response (from the Switch VPHN to SwitchComm Plus Server)**
   - SwitchComm Plus Server waits for the initial on-line response until the timeout period is reached

5. **On-line Response (from the SwitchComm Plus Server to SwitchComm Plus)**
   - SwitchComm Plus Server sends the response to SwitchComm Plus

6. **On-line Response (from SwitchComm Plus to the PMA)**
   - The response is then returned by SwitchComm Plus to the PMA via the SwitchCI.DLL
   - A call back function in the DLL will execute the processing of the response.

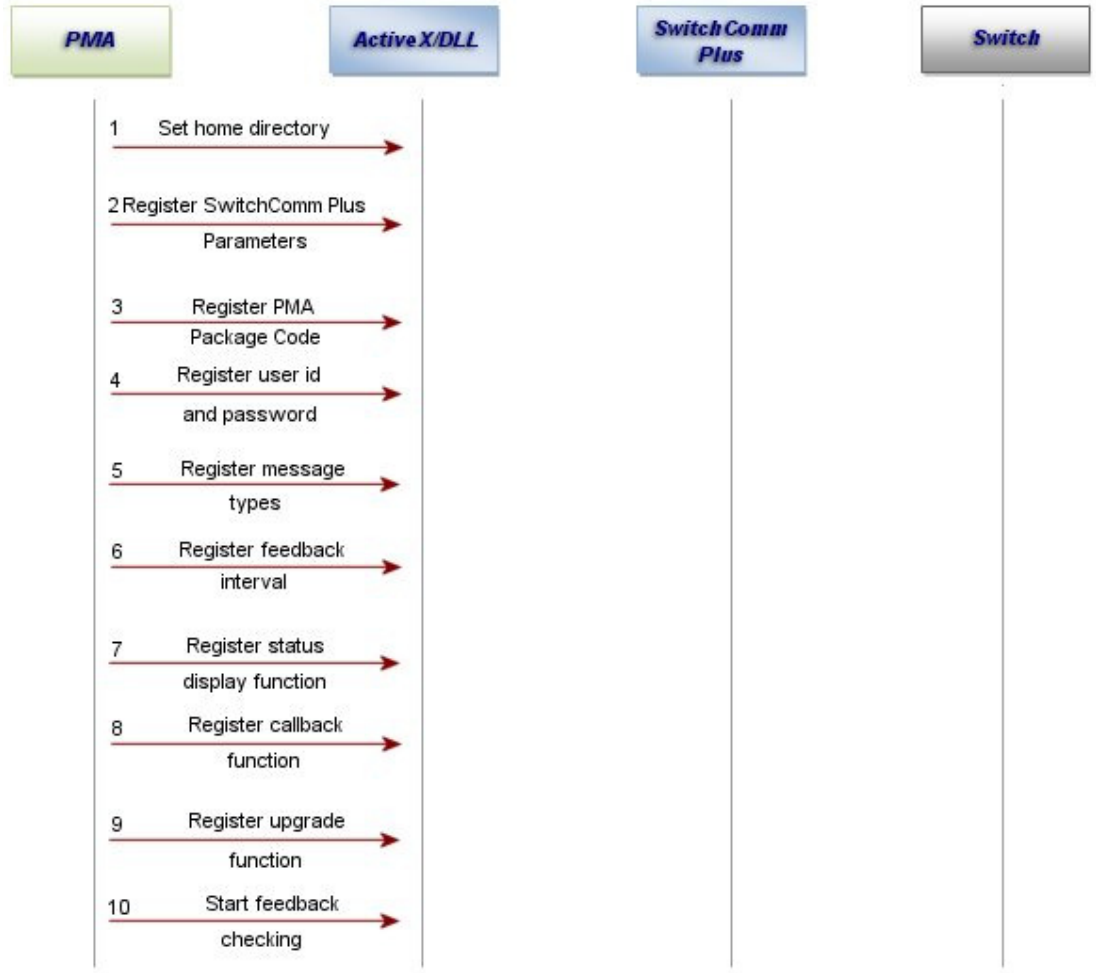
7. **Delayed Responses / File Updates**
   - When requested to do so by SwitchComm Plus, SwitchComm Plus Server will check the Switch VPHN for all available delayed responses and file updates for the user
   - After a delayed response or file update has been retrieved by SwitchComm Plus Server it is passed back to the PMA via SwitchComm Plus and the SwitchCI.DLL.

5.5.3 Integrating with the Communication Process

The process via which the PMA interacts with Switch via the ActiveX/DLL component is defined as follows:

5.5.3.1 Initialisation Processes

The initialisation functions should only be executed during the PMA start up process, or when the parameters change, i.e. it does not have to be executed for each data submission.



1. **Set Home Directory**

   This function sets the home directory for data management used by the DLL and ActiveX control.

   SwitchCl.dll Function: void SetHomeDir(char * pDir)
   ActiveX Function: void SetHomeDir(LPCTSTR pDir)

Parameters

pDir The directory/folder in which the PMA is installed.

2. Register SwitchComm Plus Connection Parameters

This function sets the IP address and port needed to connect to SwitchComm Plus. The IP address and port is maintained in the Switch Settings option from within the PMA (*refer to section 6.7.3.1*). If the ActiveX/DLL is not located on the same computer as SwitchComm Plus, then this function call must be executed to specify the IP and Port of the computer on which SwitchComm Plus resides.

SwitchCl.dll Function: int SetSwitchCommListner(char * serverIP, int Port)
ActiveX Function: void SetSwitchCommListner(LPCTSTR IP, LPCTSTR Port)

Parameters

serverIP The IP address of the computer on which SwitchComm Plus is running.
Port The port to use to connect to SwitchComm Plus.

Note that if SwitchComm Plus is running on the same computer as the ActiveX/DLL, then it is not required to specify the IP address of the computer. In such a case only the port should be specified and the ActiveX/DLL can be instructed to use the local IP, i.e. it saves the need for the user to specify the IP with a PMA function.

SwitchCl.dll Function: void SwitchCommListnerLocalIP(int Port)
ActiveX Function: void SwitchCommListnerLocalIP(LPCTSTR Port)

Parameters

Port The port to use to connect to SwitchComm Plus on the local computer.

3. Register PMA Package Code

This function registers the PMA Package Code as supplied by Switch on accreditation of the PMA software.

SwitchCl.dll Function: void RegisterPackageCode(char * packageCode)
ActiveX Function: void RegisterPackageCode(LPCTSTR packageCode)

Parameters

packageCode The PMA software package code as supplied by Switch.

4. Register User ID and Password

This function registers the user's Switch registration information used to connect to Switch. The Switch Registration Details are maintained in the Switch Settings option within the PMA (*refer to section 6.7.3.1*). **If the PMA has multiple Switch Users registered, this function must be called as many times as required to register all the users.** The Source ID identifies the source from which the claim message originated, and is used by SwitchComm Plus to return response messages to the correct source. A practice may have multiple source ID's if the practice operates in a multi user environment. It is up to the PMA to ensure that each instance of the multi user environment (if applicable) registers a separate Source ID to ensure correct response handling. A typical example would be if multiple users are allowed to work on a single practice's data from multiple computers, each user must have his/her own source ID.

SwitchCI.dll Function: void RegisterSource(char * sourceId, char * password)
ActiveX Function: void RegisterSource(LPCTSTR sourceId, LPCTSTR password)

Parameters

sourceId The username to be used by SwitchComm Plus to connect to Switch (as supplied by Switch during user registration), to which responses will be returned.

Password The password to be used by SwitchComm Plus to connect to Switch (as supplied by Switch during user registration).

5. Register Allowed Message Types

This function registers the type of messages that the PMA can process. A PMA might not be able to process certain Switch transaction types (e.g. future transaction types still to be released by Switch for which the PMA has not done any development yet). In cases where the PMA cannot process specific transaction types, the SwitchCI.dll component will not allow these transaction types to be passed to the PMA. The PMA must call the function as many times as required to register all the transaction types that it can process.

SwitchCI.dll Function: void RegisterMessageType(char * txType)

ActiveX Function: void RegisterMessageType(LPCTSTR messageType)

Note that the Message Type "999" (Switch System Error) will automatically be registered, and does not have to be registered by the PMA.

Parameters

message*Type* The transaction code of the allowed transaction type (*refer to section 5.2*).

6. **Register Response Interval**

This function specifies the time interval that the ActiveX/DLL must check for available responses from the SwitchComm Plus software.

SwitchCI.dll Function: void SetReceiveIntervals(int Seconds)
ActiveX Function: void SetReceiveIntervals(short Seconds)

Parameters

seconds The interval in seconds at which the ActiveX/DLL component must check for feedback on SwitchComm Plus.

7. **Register Status Display Function**

This function specifies the function within the PMA that displays the status of the connection between the ActiveX/DLL component and SwitchComm Plus. It is not mandatory for the PMA to have this function or to display the status. If the PMA opts to not have this function, it must still register a function name even if the function does not execute any code/functionality.

SwitchCI.dll Function: void RegisterDisplay(void (*pDisplay)(char * Msg))
ActiveX Function: void OnDisplayStatusSwitchci (LPCTSTR pMessage)

8. **Register PMA Response Processing Function (Callback)**

This function specifies the function within the PMA (referred to as the CallBack Function) that will process the response messages when received by the ActiveX/DLL. When feedback is received by the DLL component, the component will execute the specified CallBack function in the PMA to process the response files.

SwitchCI.dll Function: int RegisterCallBack(int (*pCallBack)(char * Response, int Size, char * swRef, char * txType, char * routingId, char * userRef))

ActiveX Function: void OnProcess(LPCTSTR Response, LPCTSTR Size, LPCTSTR SwRef, LPCTSTR TxType, LPCTSTR SourceId, LPCTSTR UserRef)

Parameters

Response	The buffer which will hold the response message
Size	The size of the buffer (integer for DLL and string for activeX)
swRef	The switch reference number
txType	The transaction type
routingId/sourceId	The user's source id
userRef	The request message transmission number (*refer to section 6.5*)

9. Register PMA Upgrade Function (UpgradeCallBack)

This function specifies the function within the PMA (referred to as the UpgradeCallBack Function) that will upgrade the ActiveX/DLL component if an upgrade is received (*refer to section 5.5.3.4*).

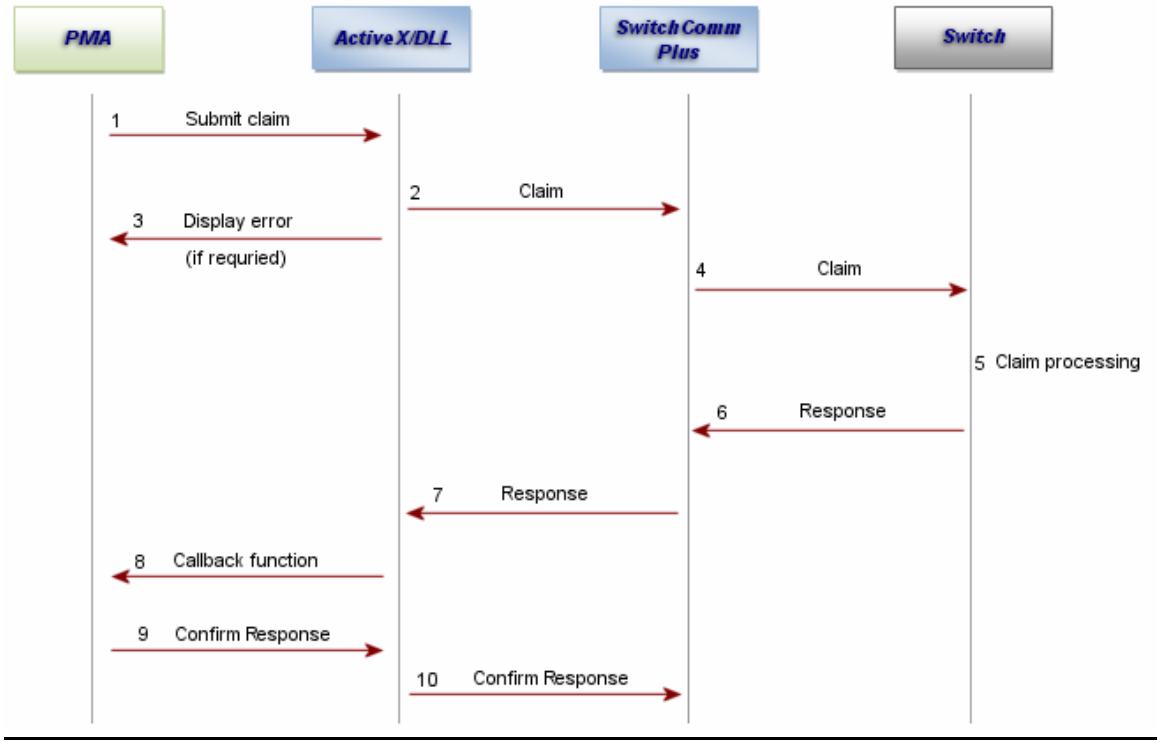
SwitchCl.dll Function: int RegisterUpgradeCallBack(void (*upgrade)())
ActiveX Function: void OnUpgradeSwitchcix()

10. Start Response Checking Process

This function starts the response checking process within the ActiveX/Dll component that will check the SwitchComm Plus program for responses every x number of seconds as specified by the SetReceiveIntervals call.

SwitchCl.dll Function: void Receive()
ActiveX Function: void Receive()

5.5.3.2 Submission process



1. **PMA Submits Claim / MSV message**

   This function submits a data buffer to SwitchComm Plus for submission to Switch. The PMA must first extract the claim data from the PMA database and construct the claim in the correct format (*refer to Annexure B*), and then execute the Submit function. The connection is executed in its own thread and will therefore not prevent the user from continuing with other work while the system is busy processing the claim. Note that if multiple Switch Users are registered on the PMA, the correct user's Source ID and Password must be used.

   SwitchCl.dll Function: int Submit(char * sourceId, char * password, unsigned char * buffer, int length, char * txType, char * userRef, char * pDataSet)

   ActiveX Function: Submit(LPCTSTR sourceId, LPCTSTR password, LPCTSTR buffer, short length, LPCTSTR txType. LPCTSTR userRef, LPCTSTR pDataSet)

   Parameters

sourceId	The username to be used by SwitchComm Plus to connect to Switch (as supplied by Switch during user registration).
Password	The password to be used by SwitchComm Plus to connect to Switch (as supplied by Switch during user registration).
Buffer	The buffer contains the claim detail, such as a super format message or a batch layout message. The memory must be allocated by the PMA and freed after the transmission process.
length	The length of the buffer.
txType	The TxType indicates the type of transaction being sent. Section 5.2 describes the different types.
userRef	Indicates the transmission number (*refer to section 6.5*) and can be used to tie the response received from Switch back to the message sent. The maximum allowed length for the userRef is 10.
Dataset	The dataset identifier for this claim. This should be the same as field S5 in the claim content and is used to link back Switch Connection Errors and Switch System Errors to the correct dataset in a multiple dataset environment (*see Section 5.7*).

2. ActiveX/DLL Connects and Transmits to SwitchComm Plus

The ActiveX/DLL component connects to SwitchComm Plus using the connection parameters specified in the Initialisation process (*see section 5.5.3.1*), and transmits the claim data to SwitchComm Plus. SwitchComm Plus will store the claim for delivery to Switch so that should the connection to Switch fail (next step), the claim can be transmitted as soon as the connection is re established without the PMA having to re extract the claim data from the database.

3. Display Error Message if Required

If the ActiveX/DLL returns an error message (i.e. a -1 is returned), the PMA must call the GetLastError function which will display the error message on behalf of the PMA.

SwitchCl.dll Function: char GetLastError()
ActiveX Function: BSTR GetLastError()

4. SwitchComm Plus Connects and Transmits to Switch

SwitchComm Plus connects to Switch using the connection parameters specified in the Initialisation process (*refer to section 5.5.3.1*), and transmits the claim data to Switch.

5. **Switch Receives and Processes the Claim**

6. **Switch Returns Response Message**

   Switch returns a response message to SwitchComm Plus. The response can be a Switch system error (message type 999), claim acknowledgement or a processed response to the claim. The response message is stored in SwitchComm Plus.

7. **SwitchComm Plus Response to ActiveX/DLL**

   SwitchComm Plus returns the response message to the DLL/ActiveX component.

8. **ActiveX/DLL Response to PMA**

   The ActiveX/DLL component executes the CallBack function specified during initialisation (*refer to section 5.5.3.1*), and passes the response to the PMA. The response to the claim must be processed and displayed to the user immediately (*refer to section 6.9.3.2*)

   SwitchCI.dll Function: int RegisterCallBack(int (*pCallBack)(char * Response, int Size, char * swRef, char * txType, char * routingId, char * userRef))
   ActiveX Function: void OnProcessResponseSwitchcix(LPCTSTR Response, short Size, LPCTSTR swRef, LPCTSTR txType, LPCTSTR routingId, LPCTSTR userRef)

   Parameters

Response	The buffer which will hold the response message
Size	The size of the buffer
swRef	The switch reference number
txType	The transaction type
routingId	The user's source id
userRef	The transmission number

9. **Confirm Response Function**

   This function is used by the PMA to confirm that a response was processed successfully. Each response must be confirmed by the PMA after it is processed in the PMA. This function is used to ensure that a response is successfully uploaded into the PMA.

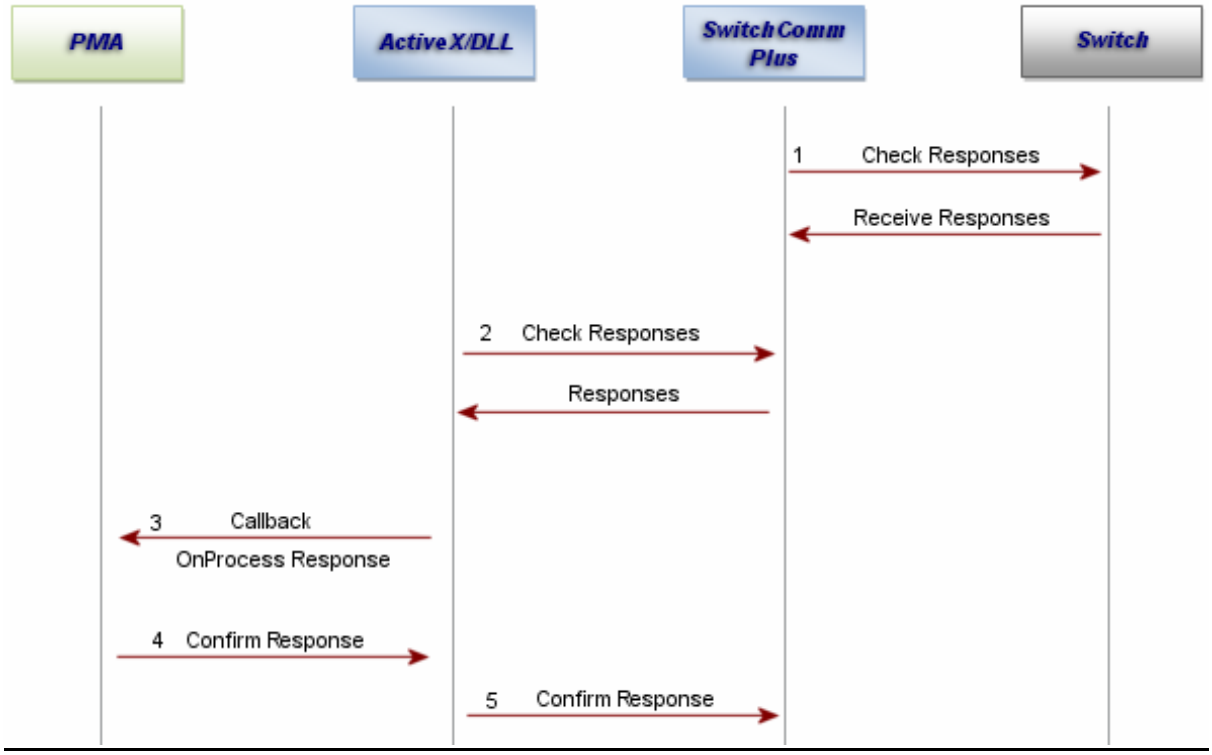
   SwitchCI.dll Function: int ConfirmResponse(char * SourceId, char * UserRef, char * txType, char * SwRef)

ActiveX Function: short ConfirmResponse(LPCTSTR SourceId, LPCTSTR UserRef, LPCTSTR TxType, LPCTSTR SwRef)

10. SwitchComm Plus stores/deletes response

Depending on the confirmation from the PMA, SwitchComm Plus will either keep the response in memory/cash if not confirmed, or delete the response from memory/cash if confirmed. If the response is not confirmed, SwitchComm Plus will return the response to the next request received from the corresponding Source ID.

5.5.3.3 Auto Delayed Responses and File Updates Process



1. **SwitchComm Plus Checks for Responses and File Updates from Switch**

   SwitchComm Plus automatically checks for responses and File Updates at specified time intervals (the time intervals are specified in the SwitchComm Plus software settings) and downloads any available responses and file updates (for all the users registered during the initialization process, *refer to section 5.5.3.1*). SwitchComm Plus stores the received responses and file updates.

2. **ActiveX/DLL Checks for Responses from SwitchComm Plus**

   The ActiveX/DLL component automatically checks for responses and file updates stored in SwitchComm Plus at specified time intervals. The time intervals are specified during the initialisation process (*see section 5.5.3.1*).

3. **ActiveX/DLL Response to PMA**

   The ActiveX/DLL component executes the CallBack function specified during initialisation (*refer to section 5.5.3.1*), and passes the responses and file updates to the PMA.

SwitchCI.dll Function: int RegisterCallBack(int (*pCallBack)(char * Response, int Size, char * swRef, char * txType, char * routingId, char * userRef))

ActiveX Function: void OnProcessResponseSwitchcix(LPCTSTR Response, short Size, LPCTSTR swRef, LPCTSTR txType, LPCTSTR routingId, LPCTSTR userRef)

Parameters

Response	The buffer which will hold the response message
Size	The size of the buffer
swRef	The switch reference number
txType	The transaction type
routingId	The user's source id
userRef	The transmission number

4. Confirm Response Function

This function is used by the PMA to confirm that a response was processed successfully. Each response must be confirmed by the PMA after it is processed in the PMA. This function is used to ensure that a response is successfully uploaded into the PMA.

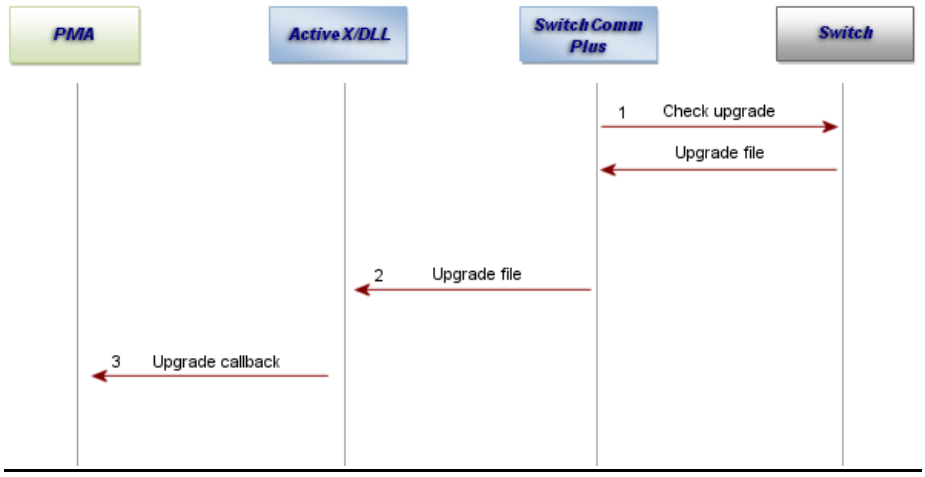
SwitchCI.dll Function: int ConfirmResponse(char * SourceId, char * UserRef, char * txType, char * SwRef)

ActiveX Function: short ConfirmResponse(LPCTSTR SourceId, LPCTSTR UserRef, LPCTSTR TxType, LPCTSTR SwRef)

5. SwitchComm Plus stores/deletes response

Depending on the confirmation from the PMA, SwitchComm Plus will either keep the response in memory/cash if not confirmed, or delete the response from memory/cash if confirmed. If the response is not confirmed, SwitchComm Plus will return the response to the next request received from the corresponding Source ID.

5.5.3.4 ActiveX/DLL Upgrade Process



1. **SwitchComm Plus Checks for Upgrades**

   SwitchComm Plus automatically checks for ActiveX/DLL upgrades. If an upgrade is available, SwitchComm Plus will download the upgrade file.

2. **ActiveX/DLL Receives Upgrade File**

   SwitchComm Plus passes the upgrade file to the ActiveX/DLL component.

3. **ActiveX/DLL to PMA**

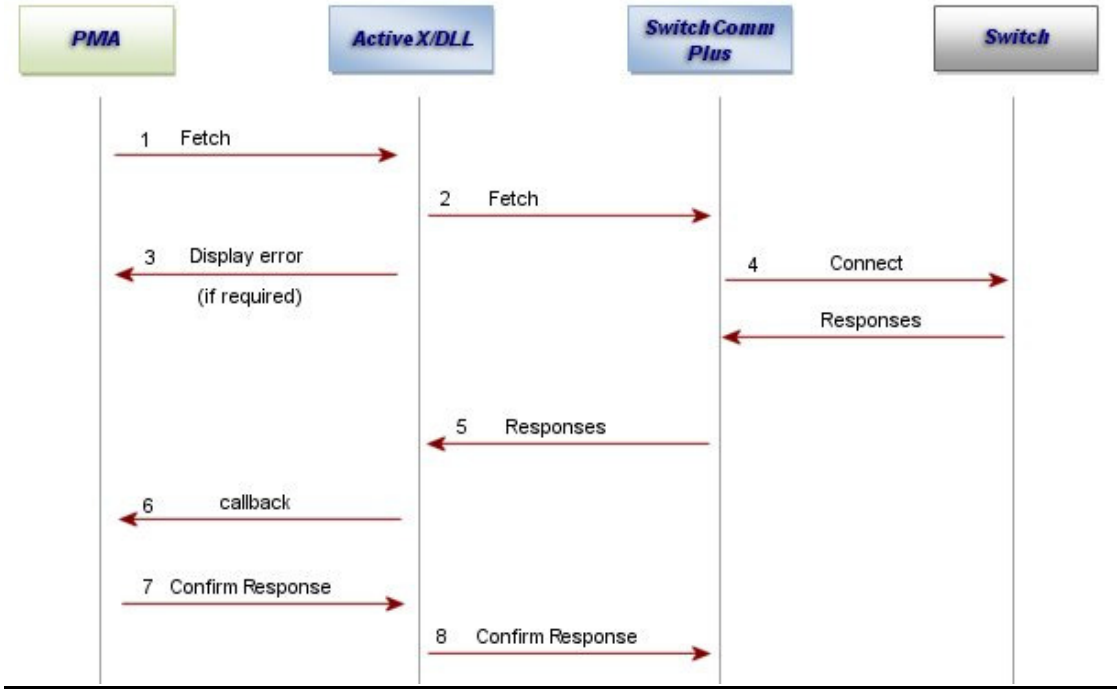
   The ActiveX/DLL component executes the Upgrade CallBack function specified during initialisation (*refer to section 5.5.3.1*), and passes the upgrade file to the PMA. The Upgrade CallBack function must then upgrade the DLL. The Upgrade CallBack function must notify the user that an upgrade to the DLL is required, and must give the user the option to upgrade immediately or at a later time. The DLL will allow the PMA to continue transacting while the DLL is in memory. The next time the DLL is started it will notify the PMA at startup that an upgrade is required and will not allow any transactions to take place until the upgrade process is complete.

   The DLL should be unloaded by the PMA or the PMA should be closed and the SwitchCI.dll.NEW in the system32 (c:\windows\system32) folder must be renamed to SwitchCI.dll. Alternatively the SwitchDistrub.exe (supplied with the SwitchCI.dll) can be

executed by the PMA on its exit event. The SwitchDistrub.exe executable will startup, wait for 20 seconds and do the rename on behalf of the PMA. The PMA can then restart.

5.5.3.5 Fetch Delayed Responses and File Updates Process

This option allows the user to instruct SwitchComm Plus to fetch all delayed responses and file updates not yet downloaded or to re-download the latest destination code file.



1. **PMA Executes Fetch**

   The PMA executes the Fetch Function.

   SwitchCI.dll Function: int ForceFeedback(char*txType);
   ActiveX Function: short ForceFeedback(LPCTSTR txType)

   Parameters

   txType The transaction type

   To fetch all delayed responses and file updates not yet downloaded, the parameters within the function call must be left empty. To download the latest Destination Code File, transaction type 509 must be populated as the Transaction Type Parameter. If 509 is

populated in the Transaction Type Parameter, SwitchComm Plus will download the latest Destination Code File, irrespective of the fact that it may have already been downloaded.

2. **ActiveX/DLL Connects to SwitchComm Plus**

   The ActiveX/DLL component connects to SwitchComm Plus and executes the Fetch function in SwitchComm Plus.

3. **Display Error Message if Required**

   If the ActiveX/DLL returns an error message (i.e. a -1 is returned), the PMA must call the GetLastError function which will display the error message on behalf of the PMA.

   SwitchCI.dll Function: char GetLastError()
   ActiveX Function: BSTR GetLastError()

4. **SwitchComm Plus Downloads Delayed Responses**

   SwitchComm plus connects to Switch and downloads any available delayed responses.

5. **SwitchComm Plus Response to ActiveX/DLL**

   SwitchComm Plus returns the delayed responses to the ActiveX/DLL component.

6. **ActiveX/DLL Response to PMA**

   The ActiveX/DLL component executes the CallBack function specified during initialisation (*refer to section 5.5.3.1*), and passes the responses to the PMA for processing.

   SwitchCI.dll Function: int RegisterCallBack(int (*pCallBack)(char * Response, int Size, char * swRef, char * txType, char * routingId, char * userRef))
   ActiveX Function: void OnProcessResponseSwitchcix(LPCTSTR Response, short Size, LPCTSTR swRef, LPCTSTR txType, LPCTSTR routingId, LPCTSTR userRef)

   Parameters

Response	The buffer which will hold the response message
Size	The size of the buffer
swRef	The switch reference number
txType	The transaction type
routingId	The user's source id
userRef	The transmission number

7. Confirm Response Function

This function is used by the PMA to confirm that a response was processed successfully. Each response must be confirmed by the PMA after it is processed in the PMA. This function is used to ensure that a response is successfully uploaded into the PMA.

SwitchCI.dll Function: int ConfirmResponse(char * SourceId, char * UserRef, char * txType, char * SwRef)

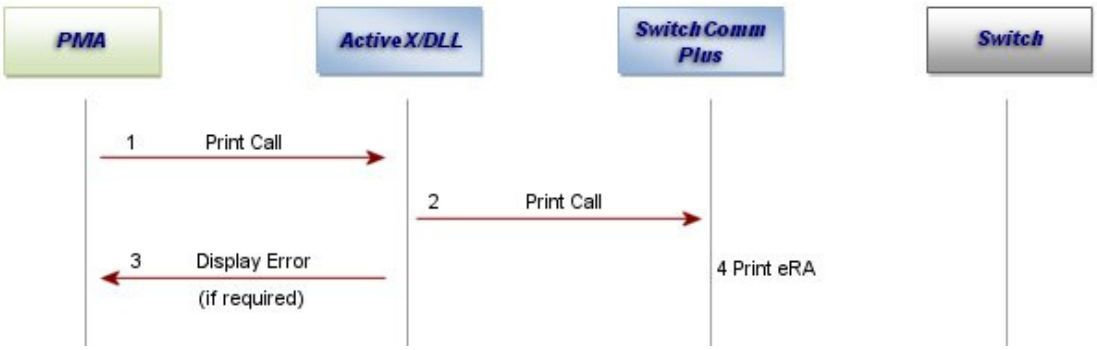
ActiveX Function: short ConfirmResponse(LPCTSTR SourceId, LPCTSTR UserRef, LPCTSTR TxType, LPCTSTR SwRef)

8. SwitchComm Plus stores/deletes response

Depending on the confirmation from the PMA, SwitchComm Plus will either keep the response in memory/cash if not confirmed, or delete the response from memory/cash if confirmed. If the response is not confirmed, SwitchComm Plus will return the response to the next request received from the corresponding Source ID.

5.5.3.6 eRA Print Process

This option allows the user to print a specified eRA via SwitchComm Plus



1. **PMA Executes eRA Print Call**

   The PMA executes the eRA Print Function.

   SwitchCI.dll Function: int PrintEra(char * swRef);
   ActiveX Function: int pRINTera(LPCTSTR swRef)

   Parameters

   swRef The switch reference number

2. **ActiveX/DLL Connects to SwitchComm Plus**

   The ActiveX/DLL component connects to SwitchComm Plus and executes the eRA Print function in SwitchComm Plus.

3. **Display Error Message if Required**

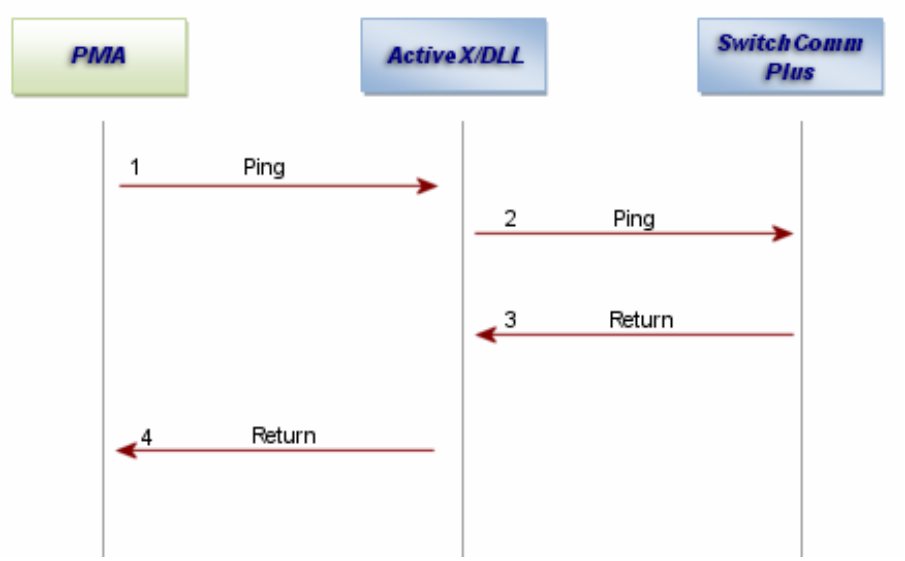
   If the ActiveX/DLL returns an error message (i.e. a -1 is returned), the PMA must call the GetLastError function which will display the error message on behalf of the PMA.

   SwitchCI.dll Function: CString GetLastError()
   ActiveX Function: BSTR GetLastError()

4. **SwitchComm Plus prints specified eRA**

5.5.3.7 Ping Process (check SwitchComm Plus Availability)

This option allows the user to check if SwitchComm Plus is running and if the ActiveX/DLL can connect to it.



1. **PMA Executes Ping Function**

   The PMA executes the ping Function.

   SwitchCI.dll Function: int Ping();
   ActiveX Function: short Ping();

   Return

   -1: connection unsuccessful
   0: connection successful

   This function can be used by the PMA at any time (for example before sending a claim) to check if SwitchComm Plus is available and running. It is however not a requirement for the SwitchOn integration and will therefore not form part of the accreditation.

5.5.3.8 Activate/Deactivate Debugging Mode

This option activates/deactivates the debugging functionality of the ActiveX/DLL component.

1. **Activate/Deactivate Debugging Mode**

   The PMA activates/deactivates the debugging function.

   SwitchCl.dll Function: void TurnDebugOn(bool SetOn)
   ActiveX Function: void TurnDebugOn(BOOL SetOn)

   Parameters

SetOn	True to switch on debugging mode
	False to switch off debugging mode

   When SetOn is true the debugging functionality of the ActiveX/DLL component is turned on, and a log file will be generated listing all the activity to and from the component. The log file is saved to the HOMEDIR\data\log\CCYYMMDD.log.

   The PMA must have a function to turn on debugging mode. This will be used during the accreditation phase to help troubleshoot any problems. This function should however always be turned off as a default as these files can become quite large in size.

5.5.3.9 Stop Auto Response Checking

This option stops the Response Checking function that was initiated with the Start Response Checking Process function call as part of the Initialisation Process (*see Section 5.5.3.1 Initialisation Process, step 10*).

1. **Stop Response Checking**

   The PMA stops the auto response checking function.

   SwitchCI.dll Function: void StopReceive()
   ActiveX Function: void StopReceive()

   Note that Response Checking Process will only stop once the set interval time as specified in the Start Response Checking Process has elapsed.

   This function can be used to stop the response checking thread before the PMA application is closed, should any errors occur because of the running thread.

   This function does not form part of the Accreditation Process, and should be used if required by the PMA.

5.6 Installing and Configuring SwitchComm Plus

SwitchComm Plus is installed by running *setup.exe* from the SwitchComm installation disk provided.

After installation the SwitchComm Plus Icon will display on the user's desktop.

There are various settings within SwitchComm Plus related to the provider's system, environment and connectivity device(s) and option(s) used. These settings need to be configured under the SwitchComm Plus Settings option and may need to be updated from time to time eg when a user changes communication methods or devices etc.

5.7 Communication Errors

Should a direct connection be unavailable or should SwitchComm Plus be unable to establish a connection to the Switch VPHN, or if there is an error in processing the file when it reaches Switch, an error response message will automatically be returned to indicate the '*reason for the failure'*. These messages will be returned as a transaction type 999 and will contain the following message content.

Value|*Error Description*|*Data Set Identifier*|

Where:

Value	= a positive numeric value if the error is a Connection Error
	= a negative numeric value if the error is a Switch System Error
Error Description	= the error description that must be displayed to the user
Data Set Identifier	= The data set identifier as submitted in the Submission Function Call (*see section 5.5.3.2*). If this parameter was not provided during the submission process, this would be populated with "N/A"

Note that if a batch claim message is submitted containing multiple claims for multiple service providers the data set identifier of the first Service Provider Record in the claim message will be returned (*see section B:3 Switch Claim Format*). It is therefore advisable that batch claim messages should not contain claims for more than one service provider.

5.8 SwitchOn IAC Response Codes and Messages

For a claim that successfully passes the SwitchOn validation process, but where Switch does not have on-line connectivity to the funder (batch or off-line destination), an '***accepted for delivery***' response code and message will be returned in the *R (Response) record* of the SwitchClaim response message (refer to *Annexure B:3.2*).

For a claim that fails the SwitchOn validation process, and is rejected by Switch, notification that the claim was rejected together with its relevant ***rejection code/s and associated rejection message/s*** will be returned in the *R (Response) record* of the SwitchClaim response message (refer to *Annexure B:3.2*).

On receiving the above response messages the response codes and their descriptions should be displayed to the user. In addition the Switch response code and message for each claim line should be stored for future viewing from the *response message fields* on the patient account screen as well as in the SwitchNavigator.

6. Implementation of the SwitchOn Process

6.1 Overview

The following section defines the **functionality** and **user processes** that are required to be implemented to ensure that the SwitchOn process is effectively integrated within the PMA.

Should you have any concerns or queries regarding the requirements and guidelines specified under this section, it is important to address these with your Switch Account Manager.

6.2 The SwitchOn Menu Structure

6.2.1 Overview

To simplify the electronic Switching process from a user perspective as well as to facilitate with user training and support, the PMA must incorporate a **SwitchOn menu** via which various **sub-menu options** can be accessed.

6.2.2 Functionality

The following menu and sub-menu options are required to be incorporated into the PMA:

SwitchOn	to enable the user to access from within the PMA the SwitchOn sub-menu options listed below:	√
• ***Maintain Switch Settings***	to maintain the SwitchOn connection and user parameters (*refer to section 6.7.3.1*)	√

• ***SwitchNavigator***	to access the SwitchNavigator tool from where users can view and print from a single screen, via various selection criteria and filter options, SwitchClaims and the related responses to these (*refer to section 6.13).* In addition the SwitchNavigator should include functionality to: • Send (ToGo) Claims (refer to *sections 6.9.3.1 – Later Claims and 6.13.3.1*) • Edit and resubmit rejected claims (*refer to sections 6.9.3.4 and 6.13.3.2*) • Resend unpaid claims (*refer to sections 6.9.3.4 and 6.13.3.2*)	√
• ***Download Delayed Responses and File Updates***	via which users can initiate SwitchComm Plus to download delayed responses and file updates from the provider's response folder ie • Delayed Switch responses • Delayed Medical Scheme / Funder responses • eRAs • Destination code file updates Refer to *sections 6.9.3.3 and 5.5.3.5*	√
• ***eRA Payment Allocations***	to access a facility via which users can process and allocate payments and rejection responses from eRAs Refer to *section 6.12*	√
• ***Switch Activator***	to access a facility via which users can activate Medical Schemes for SwitchOn via the SwitchOn destination codes file Refer to *section 6.8.3.2*	√
Switch MSV	to enable the user to access from the Patients and Accounts screen within the PMA the Switch MSV sub-menu options listed below:	√
• ***MSV Checker***	to enable the user to access a MSV checker built into the PMA to generate MSV queries for those patients, for whom details have not yet been captured. Refer to *section 6.14.3.2*	√

• ***Send MSV List***	To enable the user to create and send a list of multiple MSV requests containing MSV queries flagged for Later submission Refer to *section 6.14.3.1 and 6.14.3.2*	√

6.2.3 User Processes

After selecting a sub-menu option from the SwitchOn main menu or from the Switch MSV menu the user should be provided access to the related functionality associated with that sub-menu option. Refer to the relevant sections indicated above for detailed descriptions of the functionality and user processes associated with each sub-menu option.

6.3 The SwitchOn Icons

6.3.1 Overview

The following SwitchOn Icons have been provided to proactively alert the user to the various SwitchOn transaction types and to provide easy access to the available SwitchOn functionality and tools.

DESCRIPTION	SHORT NAME	ACTIVE	INACTIVE
Membership Status Validation	MSV		
SwítchClaim (Now-or-Later)	SWC		
Member Paid Claims	SWM		
SwítchNavigator	SWN		

eRA Payment Allocations	ERA		
Switch Activator	SWA		

6.3.2 Functionality

The following functionality is required to be incorporated into the PMA:

Correctly display the active and inactive status' of the SwitchOn icons along side the menu options and on the appropriate screens within the PMA and display the icon 'short name' in the icon tool-tip.	guidelines are given throughout the document Note that if the PMA does not support graphical icons the text description or short name need only display.	√

6.3.3 User Processes

When a specific feature is available the '***active***' icon should display and if the feature is not available, the '***inactive***' icon should display.

6.4 Status Codes

6.4.1 Overview

Each response returned to the provider's system includes a 'response code' and a 'response description (*refer to Annexure B:3.2* Switch Claim Response format, Response Record – Type R) which is used to interpret and update the status of SwitchClaims.

To facilitate with the tracking of SwitchClaims the PMA should display, for each claim line, the most current status code together with the amount approved for payment (in the case of a funder approved claim) or the rejection message (in the case of a rejected claim) in the ***Response Message*** fields on the patient account screen as well on the SwitchNavigator.

The following table identifies the SwitchOn status codes that should be updated and displayed on the provider's system together with the relevant responses and related actions that should be triggered. This table also includes the rules pertaining to the updating of the status codes.

RESPONSE	ACTIONS	UPDATING RULES	STATUS
the default status of a SwitchClaim line after it has been: - captured - modified for resubmission	Prompt the user to send the claim (including all claims lines) using the SwitchClaim Now or Later™ functionality.	Can only be updated to: - swNO - ToGo - swHOLD - pend - conERR - swERR - swACK - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID - mfREV	**sw**
the status of a SwitchClaim line after the user has selected the 'Don't Send' prompt	Advise the user that the claim line '**will not be transmitted via Switch**'	Can only be updated to: - sw	**swNO**
the status of a SwitchClaim line after the user has selected the 'Hold' prompt	Advise the user that the claim line '**will be placed on hold**'	Can only be updated to: - sw - swNO	**swHOLD**
the status of a SwitchClaim line that has been flagged as an MPC	Prompt the user to send the claim (including all claim lines) after a payment has been captured against the claim using the SwitchClaim Now or Later™ functionality.	Can only be updated to: - swNO - toGo - swHOLD - pend - conERR - swERR	**swMPC**
the status of a SwitchClaim line after the claim has been flagged by the PMA for 'Later' delivery	Include the claim (including all claim lines) when the user selects to create and transmit the next batch of Later claims via the 'Send Later Claims' option	Can only be updated to: - swNO - toGo - swHOLD - pend - conERR - swERR - swACK - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP	**ToGo**

		- mfPRT - mfPAID - mfREV	
The status of a SwitchClaim line which has been received by SwitchComm but not yet delivered to Switch (the submit function returned a 0 value only)	Notify the user that the claim is **"Pending transmission to Switch**".	Can only be updated to: - conERR - swERR - swACK - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID - mfREV	**pend**
The status of a SwitchClaim line which has been received by SwitchComm Plus but a connection error whilst trying to connect to Switch (a message type "999" is returned with a positive value).	Notify the user that the claim was received by SwitchComm Plus but a **"SwitchComm Plus Connection Error**" was returned. Prompt the user (and remind periodically) to resolve the connection problem and to resend the Switchclaim via SwitchComm Plus.	Can only be updated to: - swERR - swACK - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID - mfREV	**ConERR**
The status of a SwitchClaim line which has been received by Switch but could not be processed due to a Switch System Error (a message type "999" is returned with a negative value).	Notify the user that the claim was received by Switch but a **"Switch System Error**" was returned. Prompt the user (and remind periodically) to take the appropriate corrective action (based on the error description) and to resubmit the claim.	Can only be updated to: - sw - swMPC	**swERR**
The status of a SwitchClaim line for which a Switch ***acknowledgement*** response has been returned ie the submit function returned a 0 value followed by the Header and End of file (H and E) records in the response	Notify the user that the claim was successfully received by Swítch using the response message "**Received by Switch**".	Can only be updated to: - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID - mfREV	**swACK**
the status of a SwitchClaim line for which a ***processed*** response returned an ***01 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***01 indicator*** in the ***P15;***	Notify the user that the claim was accepted for delivery by Switch to the Medical funder using the response message "**Accepted for Delivery by Switch**".	Can only be updated to: - mfACK - mfREJ - mfDUP - mfAPP - mfPRT	**swACC**

T16; C16 or L8 field.		- mfPAID	
the status of a SwitchClaim line for which a ***processed*** response returned an ***02 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field.	Notify the user that the claim was successfully received by the funder using the response message "**Received by Funder for Processing – Pending Adjudication**".	Can only be updated to: - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID	**mfACK**
the status of a SwitchClaim line for which a ***processed*** response returned an ***03 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***01 indicator*** in the ***P15; T16; C16 or L8*** field.	Notify the user that the claim was rejected by Switch and display **the rejection code** and **rejection message** (*R2 and R3 in the response record*) Prompt the user (and remind periodically) to take the appropriate corrective action (based on the rejection message) and to resubmit the claim.	Can only be updated to: - sw - swMPC	**swREJ** (Rejected by Switch)
the status of a SwitchClaim line for which a ***processed*** response returned: - an ***03 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field of the SwitchClaim response message; or - an ***03 indicator*** in the ***I13*** field and an ***02 indicator*** in the ***I14 field*** of the eRA message	Notify the user that the claim was ***rejected by the funder*** and display the **Funder rejection code** and **reason for rejection** (*R2 and R3 in the response record*)	Can only be updated to: - sw - swMPC	**mfREJ** (Rejected by Funder)
the status of a SwitchClaim line for which a ***processed*** response returned an ***04 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field of the SwitchClaim response message.	Notify the user that the claim was **approved for payment** by the Funder. Include the financial information returned in the Y, Z and F records. Advise the user that the financial information returned should not be allocated against the claim until a remittance advice has been received,	Can only be updated to: - mfPRT - mfPAID - mfREV	**mfAPP** (Approved for Payment by Funder)

the status of a SwitchClaim line for which a ***processed*** response returned an ***05 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field of the SwitchClaim response message.	Notify the user that the claim was **approved for part payment** by the Funder. Include the financial information returned in the Y, Z and F records. . Advise the user that the financial information returned should not be allocated against the claim until a remittance advice has been received,	Can only be updated to: - mfPAID - mfREV	**mfPRT** (Approved for Part Payment by Funder)
the status of a SwitchClaim line for which a ***processed*** response returned: - an ***06 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field of the SwitchClaim response message; or - an ***06 indicator*** in the ***I13*** field and an ***02 indicator*** in the ***I14 field*** of the eRA message	Notify the user that the Medical Fund accepts the claim line reversal using the response message **"Reversal Accepted by Funder"**	Can only be updated to: - sw - swACK - swSTA - swACC - swREJ - mfACK - mfREJ - mfDUP - mfAPP - mfPRT - mfPAID	**mfRVA**
the status of a SwitchClaim line for which a ***processed*** response returned: - an ***07 indicator*** in the ***P14; T15; C15 or L7*** field (depending on the response level indicator returned in P13); and an ***02 indicator*** in the ***P15; T16; C16 or L8*** field of the SwitchClaim response message; or - an ***07 indicator*** in the ***I13*** field and an ***02 indicator*** in the ***I14*** field of the eRA message	Notify the user that the Medical Fund rejected the claim line reversal using the response message **"Reversal Rejected by Funder"**	Can only be updated to: - sw	**MfRVR**
The status of a SwitchClaim line for which a ***processed*** response returned an ***08 indicator*** in the ***113*** field and an ***02 indicator*** in the ***I14*** field of the eRA message.	Notify the user that the Medical Fund adjusted the claim using the response message "**Funder Adjustment**". This status should only be set if an ERA was received from the Medical Fund. The PMA should enable the user to automatically allocate the adjustment	Can only be updated by user intervention	**mfADJ**

The status of a SwitchClaim line for which a ***processed*** response returned an ***09 indicator*** in the ***I13*** field and an ***02 indicator*** in the ***I14*** field of the eRA message.	Notify the user that the Medical Fund has paid the claim and an Electronic Funds Transfer (EFT) reference was returned using the response message "**Paid by Funder**". This status should only be set if an ERA was received from the Medical Fund. The PMA should enable the user to automatically allocate the payment	Can only be updated to: - mfREV	**mfPAID** (Paid by Funder)
The status of a SwitchClaim line for which a ***processed*** response returned an ***10 indicator*** in the ***I13*** field and an ***02 indicator*** in the ***I14*** field of the eRA message.	Notify the user that the Medical Fund has part-paid the claim and an Electronic Funds Transfer (EFT) reference was returned using the response message "**Part Paid by Funder**". This status should only be set if an ERA was received from the Medical Fund. The PMA should enable the user to automatically allocate the payment	Can only be updated to: - mfREV	**mfPPAID** (Part Paid by Funder)

6.4.2 Functionality

interpret and update each SwitchClaim line with the relevant Switch status code	based on the SwitchClaim and eRA responses and the actions to be implemented for each as reflected on the Switch Status codes table above	√
display, for each claim line, the most current status code together with the amount approved for payment (in the case of a funder approved claim), the rejection message (in the case of a rejected claim) or the error message (in the case of a Switch System Error or Connection Error)	In Response Message fields on the patient account screen as well as in the SwitchNavigator.	√

6.5 Reference Numbers

6.5.1 Overview

To facilitate with the tracking, management and support of SwitchOn transactions the following **reference numbers** have been provided for :

NUMBER	DESCRIPTION	POPULATED	
		Request messages	Response messages
Transmission Number	A unique sequential number generated by the PMA for each message buffer transmitted to Switch ie each Now claim will have a unique transmission number while a batch of Later claims will share the same transmission number.	• Submit function • H2 • E2	• Submit function • H2 • E2
PMA Dataset Identifier	A unique number generated by the PMA to identify a unique dataset in a multi user environment.	• S5	• S5
PMA Claim Reference Number	A unique number generated by the PMA for each claim	• P23	• P12
Prescription / Lab / Invoice Number	A unique number generated by the PMA for each claim / prescription / lab invoice transmitted to Switch.	• T6	• T5
Account Number	The member's account number as reflected in the PMA	• M9 or • P19	• M5 or • P10
Claim Line number	A unique number generated by the PMA for each claim line. This number is used to reconcile and allocate MSR and eRA responses.	• T7 – for Consultations / Procedures or Materials • C21 – for Dispensed Medicines • L6 for Laboratory items	• T6 • C12

Switch Reference Number	For each successful transmission a Switch Reference number will be returned to confirm receipt by Switch of the claim or group of claims		• Returned by the Submit Function
Scheme Claim Reference Tracking Number	A tracking number returned by or on behalf of a funder confirming that the claim has either been uploaded and / or processed (real-time destinations) or that Switch has delivered the claim (batch destinations)		• T7

6.5.2 Functionality

The following reference numbers should be displayed in the **response message fields** on the Patient Account screen as well as in the SwitchNavigator to assist the user with claim tracking queries.

The Transmission number	To facilitate with queries regarding the transmission of claims to Switch	√
Switch Reference number	To provide the user with confirmation that Switch has received the claim	√
Medical Funder Reference number	To provide the user with confirmation that the funder has either received the claim (for real-time destinations) or that Switch has delivery the claim (for batch destinations)	√

6.5.3 User Processes

- The **transmission number** should be stored by the PMA each time a Now claim or a batch of Later (unsent) claims are transmitted to Switch.
- The **Switch** and **Medical Funder reference numbers** should be uploaded into the PMA from the SwitchOn response files.

6.6 Messages on Patient Accounts

6.6.1 Overview

Medical schemes require that claims provided to their members must be clearly marked to identify claim lines that have been submitted electronically. The preferred method is a horizontal line on

the account, which separates transactions claimed electronically via Swítch from transactions created before the installation of Swítch.

6.6.2 Functionality

the appropriate message should automatically print on printed claims that have been transmitted via Switch	based on the messages under User Processes (refer to *section 6.6.3*)	√

6.6.3 User Processes

A message similar to the following should be printed above or below the line:

"**ALL CLAIMS BELOW LINE HAVE BEEN SUBMITTED ELECTRONICALLY VIA Swítch**"

If the account contains only Swítch transactions, this message must be the first line on the document.

Note that the message to be printed on Member Paid Claim accounts (refer to *section 6.10*) differs from the message for normal claims, and should be similar to the following:

"**ALL CLAIMS BELOW THE LINE HAVE BEEN FULLY PAID BY THE PATIENT, AND HAVE BEEN SUBMITTED ELECTRONICALLY VIA Swítch TO THE MEDICAL SCHEME ON BEHALF OF THE PATIENT. DO NOT SUBMIT THESE CLAIMS TO YOUR MEDICAL SCHEME AS THEY HAVE ALREAY BEEN SUBMITTED**."

6.7 Installation Procedures

6.7.1 Overview

The following section describes the SwitchOn installation procedures.

6.7.2 Functionality

To facilitate the installation process, the following functionality should be provided:

a SwitchOn accredited version of the PMA	This will enable the PMA consultant to upgrade a provider who has registered for SwitchOn to an accredited version of the PMA	√
a SwitchOn install procedure that incorporates the following:	To assist the PMA consultant with the installation of SwitchOn, it is recommended that a SwitchOn auto-install procedure is provided.	√
• ***Functionality to activate the provider's system and applicable datasets for SwitchOn.***	During the installation process the PMA should provide the functionality to automatically activate the PMA as well as the applicable datasets for SwitchOn	√
• ***A facility to maintain Switch Settings from within the PMA***	This facility should enable the PMA consultant and / or user to input and, when necessary, to update, from within the PMA, the Switch settings	√
• ***A facility to enable the user to download the SwitchOn destination codes file***	To enable the PMA consultant to download and process the SwitchOn destination codes file *Refer to section 6.9.3.3.* This should be done via the Fetch Delayed Responses and File Updates process. *Refer to section 5.5.3.5*	√
• ***A Switch Activator facility to enable the user to auto activate schemes for SwitchOn***	To enable the PMA consultant to easily activate the schemes on the user system for SwitchOn *Refer to section 6.8.3.2*	√

6.7.3 User Processes

After upgrading the provider to a SwitchOn accredited version of the PMA the PMA consultant should be provided, preferably via an auto-install procedure, the functionality to:

- Activate the PMA for SwitchOn
- Download (and import) the destination codes file (*refer to section 5.5.3.5*)
- Auto-Activate schemes for SwitchOn (*refer to section 6.8.3*)
- Maintain the Switch Settings (*refer to section 6.7.3.1 below*)

6.7.3.1 Maintain Switch Settings

To enable the PMA consultant to configure the Switch Settings during the SwitchOn installation procedure, as well as to enable these settings to be updated when required, a facility must be provided via a sub-menu option from within the PMA to **Maintain Switch Settings.**

The **Maintain Switch Settings** option must provide fields to define and update the following Switch parameters:

- **SwitchComm Plus Connection Parameters**
  - IP Address
  - Port
  - Feedback Interval
- **User Parameters**
  - Source Id
  - Password

Provision should be made to add and maintain multiple users via the **Maintain Switch Settings** option in order to accommodate practices that have multi-data sets and / or installations that serve multiple users (ie multiple practice numbers).

It is also important to remember that the affected initialization parameters should be re-executed with the correct updated information whenever the information related to these parameters is updated (*refer to section 5.5.3.1*).

6.8 The Destination Codes File

6.8.1 Overview

As described under *section 4.2* the SwitchOn destination codes file is used by the PMA to determine the applicable Switch destination code for each scheme as well as to ascertain at scheme level for which **transaction types** requests may be transmitted via Switch.

The PMA must therefore provide the functionality to download the latest Switch destination codes file and import the Switch destination codes from the SwitchOn destination codes file into the medical scheme codes file in the PMA.

In addition the PMA must reference to the SwitchOn destination codes file, via the Switch destination codes, each time a claim is generated or the patient file is accessed (for MSV queries) to determine whether the scheme is Switch active for the relevant transaction type. For easy and

quick referencing it is recommended that the destination codes file is imported into a table within the PMA's database structure.

The destination codes file is downloaded and imported by the PMA during the initial installation of SwitchOn as well as each time an updated copy of the file is made available (refer to *section 6.8.3.1*).

The Switch destination codes files are released in the SwitchOn Destination codes file message format (*refer to Annexure B:6*).

6.8.2 Functionality

The PMA must incorporate the following:

functionality to upload (and import) the destination codes file initially on installation and thereafter whenever updated versions of this file are made available	This functionality will ensure that the user always has access to the latest information related to SwitchOn destination services (*refer to section 6.8.3.1)*	√
a 'Switch destination code' field; a 'Switch active date' field and a 'cheksum' field for each scheme in the PMA's medical scheme codes file	to enable the PMA to populate request messages with the correct Switch destination code; to enable the user to manually activate individual medical schemes at scheme level to Switch active from a user specified date; and to enable the PMA to identify if the record has been updated by Switch	√
a Switch Activator sub- menu option via which the user has access to the following: - ***facilities to auto-activate All (relevant) schemes in the medical scheme codes file in the PMA to Switch Active as from a user specified date*** - ***a facility to manually activate selected schemes in the medical scheme codes file in the PMA to Switch Active as from a user specified date***	the ***auto-activate facility*** must enable the user to activate schemes by using a third party codes file or by medical scheme name (for users who do not use a third party codes file) *refer to section 6.8.3.2* for a detailed explanation the ***manual-activate facility*** should display a list of the PMA Medical codes as well as the Switch Destination codes on a single screen from where the user is able (at the click of a button) to indicate to the PMA which SwitchOn destination code to link to each medical scheme code in the PMA	√

functionality within the PMA to reference to the Switch Destination codes file	to enable the PMA to advise the user at claim and patient levels via the relevant Switch Icons which transaction type each scheme is active for	√

6.8.3 User Processes

To enable users to download and import the Switch destination codes file and to provide them with facilities to activate their medical scheme codes for Switch using the Switch destination codes file, the following two SwitchOn sub-menu options are used (refer to *section 6.2*).

- **Delayed Responses and File Updates**
- **Switch Activator**

6.8.3.1 Delayed Responses and File Updates

Via the ***Auto Delayed Responses and File Updates Process*** (*refer to section 5.5.3.3*) SwitchComm Plus automatically checks for updated destination codes files (at the time intervals specified in the SwitchComm Plus Settings option) and downloads and stores these whenever they are made available by Switch. These files are passed to the PMA via the ActiveX/DLL component which checks for delayed responses and file updates stored in SwitchComm Plus (at the time intervals specified in the Switch Settings option within the PMA) and executes the CallBack function as specified by the PMA during the initialisation process (*refer to point 8 under section 5.5.3.1*) whenever a delayed response or file update is found. By referencing to the transaction type code 509 (*refer to section 5.2*) the PMA is able to identify auto downloaded destination codes files as soon as these are received.

In addition the PMA must provide the user with a facility, via the **Download Delayed Responses and File Updates** sub-menu option within the PMA, to initiate SwitchComm Plus to execute the ***Fetch Delayed Responses and File Updates Process*** (*refer to section 5.5.3.5*) to download (fetch on instruction) the latest SwitchOn Destination codes file using the transaction type code 509 (*refer to section 5.2*). Note that when the latest Destination Code File is fetched using this instruction, it will be returned irrespective of if it has already been downloaded by the PMA. This is useful when the Destination Code File import function has failed in the PMA, or when the file may have become corrupted during the download action.

Either way, as soon as a destination codes file has been downloaded from SwitchComm Plus to the user's system, the PMA must prompt the user to '*import the destination codes file'* into the PMA and after doing so the user should be prompted to '*access the Switch Activator'*.

Note that SwitchComm Plus will always download the latest file (either via the Auto Delayed Responses an2d File Updates function or via the Fetch Delayed Responses and File Updates function). To prevent the user from unnecessarily activating all the schemes each time a destination codes file is downloaded, a *Checksum* is provided for each medical scheme in the destination codes file. The PMA must populate the *Checksum* field in the medical scheme codes file in the PMA with this value and then refer to this value to determine for which schemes the destination code record must be updated. The file also contains a *Switch Discontinue Date* indicating the date from which claims will no longer be accepted by Switch. The PMA must ensure that no claim is sent to a destination from this date. Discontinued destinations will be included in the destination codes file updates for 2 months after the discontinue date after which it will be removed.

Note that in a multi-user PMA environment where there may be multiple source ID's registered on the same PMA, the destination code file will be downloaded for each source ID. The PMA must provide the necessary functionality to prevent the Switch Activator process described below from being repeatedly executed unnecessarily in such an environment.

6.8.3.2 The Switch Activator

The **Switch Activator** sub-menu option is used to provide users with the functionality to auto-activate or to manually activate all or user specified schemes in the medical scheme codes file in the PMA to Switch active as from a user specified date.

The following are the recommended prompts which should display under the Switch Activator sub-menu option:

Auto-Activate schemes for Switch ?
Manually activate schemes for Switch ?

If (*the user selects*) to auto-activate all schemes for Switch, the PMA should prompt the user to activate Schemes:

- ***by Medprax code (if the PMA has integrated with the Medprax Codes file) or***
- ***by Medical Scheme Name***

as well as prompting the user to:

- activate all schemes or updated schemes only
- specify a Switch active date

If (*the user selects*) to manually activate schemes for Switch, the PMA should provide the user with a manual option to active selected schemes for SwitchOn as at a user specified date

- The option to ***auto-activate all schemes*** in the medical scheme codes file in the PMA to Switch active should be implemented as follows:

For PMA's that has integrated and subscribe to the Medprax Codes list and selects to use the 'by Medprax Code' option:

As the Switch destination codes file incorporates the applicable Medprax code for each scheme at sub-option level (the MC records following each DC record, refer to Annexure B:6), this code should be used to 'link' each medical scheme in the PMA to the relevant scheme in the Switch destination codes file. Using this link the PMA can, when the user selects to auto-activate all schemes in the medical scheme codes file in the PMA to Switch active by Medprax code, download the relevant Switch destination codes from the Switch destination codes file to the Switch destination code field for each scheme in the PMAs medical scheme codes file.

At the same time the PMA must populate the Switch active date field (if not previously populated) with the date specified by the user; and populate the Checksum field with the number reflected in the Checksum field in the DC record of the Switch destination codes file.

If the user selects to auto-activate updated schemes only, the PMA must only match the Switch destination codes for those schemes for which the Checksum field in the DC record of the destination codes file (refer to Annexure B:6) differs from the value currently recorded in the

Checksum field in the PMA's medical scheme codes file. Note that during this procedure the Switch active date field should not be updated or overwritten.

If the user selects to auto-activate updated schemes only, the PMA must only update the Switch destination codes for those schemes for which the Checksum field in the destination codes file (refer to Annexure B: 6) differs from the value currently recorded in the Checksum field in the PMA's medical scheme codes file. Note that during this procedure the Switch active date field should not be updated or overwritten.

Note that the Switch destination codes file may contain records that do not have an associated Medprax code (a DC record with a following MC record, refer to Annexure B:6). In such cases the PMA must match on Administrator Name and Medical Scheme Name and display all possible matches to the user, after which the user must then manually allocate the possible matches to the destination code in the PMA.

For Users who do not use or subscribe to the Medprax Code file and select to use the 'by Medical Scheme Name' option:

In this case only the DC record (refer to Annexure B:6) is used, and the MC records can be ignored. The Administrator Name and Medical Scheme Name should be used to 'link' each medical scheme in the PMA to the relevant scheme in the Switch destination codes file. Using this link the PMA can, when the user selects to auto-activate all schemes in the medical scheme codes file in the PMA to Switch active by medical scheme name, download the relevant Switch destination codes from the Switch destination codes file to the Switch destination code field for each scheme in the PMAs medical scheme codes file where the scheme and/or administrator names match those in the destination codes file.

At the same time the PMA must populate the Switch active date field (if not previously populated) with the date specified by the user and populate the Checksum field with the number reflected in the Checksum field in the Switch destination codes file.

If the user selects to auto-activate updated schemes only, the PMA must only update the Switch destination codes for those schemes for which the Checksum field in the destination codes file (refer to Annexure B:6) differ from the value currently recorded in the Checksum field in the PMA's medical scheme codes file. Note that during this procedure the Switch active date field should not be updated or overwritten.

Thereafter (regardless of whether all or only updated schemes where activated) the user should be provided with the functionality to manually link the remaining unmapped medical scheme codes to the relevant Switch destination code. This functionality should be similar to the functionality described below for users who select to manually link schemes in the medical scheme codes file in the PMA to the matching schemes in the Switch destination codes file.

The option to *MANUALLY ACTIVATE SCHEMES* in the medical scheme codes file in the PMA to SwitchOn active should be implemented as follows:

The PMA should display a list of the PMA medical scheme codes that do not have a SwitchOn destination code as well as the Switch Destination codes on a single screen from where the user is able to (at the click of a button) indicate to which code in the destination codes file each scheme in the PMA's medical scheme codes file should be linked and activated for Switch. Using this link the PMA can, when the user selects to manually activate selected schemes in the medical scheme codes file in the PMA to Switch active, download the relevant Switch destination codes from the Switch destination codes file to the Switch destination code field for each scheme selected by the user. At the same time the PMA must populate the Switch active date field (if not previously populated) with the date specified by the user and populate the scheme updated field with the date reflected in the scheme updated field in the Switch destination codes file.

Where the user selects to manually activate updated schemes only, the PMA must only display on the screen only those schemes for which the Checksum field in the destination codes file (refer to Annexure B:6) differ from the value currently recorded in the Checksum field in the PMA's medical scheme codes file. Note that during this procedure the Switch active date field should not be updated or overwritten.

Migrating from Qedi to SwitchOn:
Note that the Qedi Activation code is also included, and can be used to for matching in cases where a PMA migrates a user from the Qedi interface to the SwitchOn interface.

6.8.3.3 Referencing to the Switch Destination Codes file

For those schemes that are flagged as Switch active in the user's medical scheme codes file, the PMA must incorporate the functionality to advise the user at account, claim and patient levels, via the relevant Switch Icons, for which transaction type each scheme is active

6.9 SwitchClaim

6.9.1 Overview

The **SwítchClaim process** is used to send patient claim data via Swítch to healthcare funders for adjudication and payment. This process enables the PMA to ***upload claims*** to the Switch VPHN and to ***download responses*** from the Switch VPHN via **SwitchComm** based on the ***Switch Communication process*** described under *section 5.5*.

The claim data is submitted by the PMA in the **SwitchClaim *request message format*** (refer to *Annexure B:3.1*); while the responses to these claims are returned in the **SwitchClaim response *message format*** (refer to *Annexure B:3.2*).

The **SwitchClaim Process** enables the healthcare provider to send claims on-line and to receive immediate responses to these claims in the same connection. This process is based on the ***Switch Now or Later*** methodology which requires the PMA to incorporate functionality to enable the user to select to submit a claim Now (immediately after it has been captured); to flag the claim for Later delivery, to not send the claim (Don't Send) or to Hold the claim (used for example for incomplete / partly captured claims).

In addition, for those practices who have access to a permanent connection to the Switch VPHN (e.g. via a leased-line or GPRS connection), the PMA should enable the practice to configure the system to automatically send each claim to Swítch immediately after it has been captured without the user having to respond to a 'Now or Later' prompt.

Swítch differentiates between the following ***claim transaction types***, each identified with a unique transaction type number (*refer to section 5.2*):

Transaction Type	Transaction Type Number
SwitchClaim	302
SwitchClaim (Hospital)	304
SwitchClaim Reversal	303
Statistical Claim	492

To enable the PMA to 'link' responses back to the original claims and claim lines, each request file must include a unique PMA generated ***transmission number*** in the header and end of file records as well as unique ***claim line numbers*** in the relevant treatment, consumable and lab records (*refer to section 6.5*). These reference numbers are returned to the provider's system in the associated response file messages.

Once received by Swítch, claims are ***validated*** against the rules specified by the respective funders and thereafter the most appropriate action is taken to ensure that the most informative responses are delivered back to the provider. These responses are based on the outcome of the ***Switch IAC*** process as well as the ***capabilities of the medical schemes*** and their ***on-line connectivity status'***. A fully adjudicated response will therefore only be returned in the same connection if the claim passes the Switch IAC process, the funder can process claims in real-time and is currently on-line. Multiple responses are therefore returned for certain claims.

Based on the above as well as the speed at which responses are generated vs the allotted timeout period, the **initial on-line response** (which is returned during the ***submission process*** – *refer to section 5.5.3.2*) to a transmitted claim could be either:

RESPONSE	CONDITION
An on-line response from the funder (destination)	if the claim has passed the Switch IAC checks and the destination is real-time enabled and on-line and if SwitchComm is able to return the response within the allotted time-out period
a confirmation from Switch that the claim will be delivered to the	if the claim has passed the Switch IAC checks and the destination is either real-time enabled but off-line or is a batch destination and

destination	if SwitchComm is able to return the response within the allotted time-out period
a Switch rejection response including the reason for rejection	if the claim has failed the Switch IAC validation process
a Switch acknowledgement response	A Switch acknowledgement is only returned if no additional responses (Funder or Switch IAC responses) are received by SwitchComm within the specified time period (SwitchComm Time-Out Period). The acknowledgement, which confirms that Switch has successfully received the claim and that it will be processed, is returned in the Claim Acknowledgment Format (refer to section C:1.2 for examples). Note that only the Header and End of File (H and E) records are returned.
A Pending Transmission response	A pending transmission response is only returned if SwitchComm has successfully received the claim but is unable to transmit it to Switch within the specified time period (SwitchComm Time-Out Period). The pending response, which confirms that SwitchComm has successfully received the claim and that it will be transmitted, is returned with a 0 value by the submit function
An Error response	The error response together with an error message is returned if the claim was not successfully received by SwitchComm Plus for transmission to Switch. The error response, which indicates that the claim must be recreated and resent, is returned with a -1 value by the submit function.
A Switch System Error	The Switch System Error is returned via the Callback function as a message type "000". The format of the message content is a positive or negative value, followed by an error description (pipe delimited). A negative value together with an error message is returned if the claim was successfully received by Switch but could not be processed due to a system error (refer to section C:2.2 for examples). A positive value together with an error message is returned if SwitchComm Plus failed to connect successfully to Switch (refer to section C:2.1 for examples). Note that only a positive or negative value, and the error description is returned.

In addition to on-line responses, **delayed responses** are returned to the provider's system as soon as they become available. These may be IAC responses returned by Switch or they may be funder

responses returned by the medical schemes and administrators. The functionality to ***retrieve and process delayed responses*** is detailed under *section 6.9.3.3.*

For claims that fail the Switch IAC validation checks, ***rejection codes*** together with ***messages*** that indicate the '*reason for rejection*', are returned in the response messages to these claims (*refer to section 5.8*). These rejection codes together with their associated messages must be clearly displayed to the user. Functionality to enable users to ***correct and resubmit rejected claims*** must be provided within the PMA. This functionality is discussed under *section 6.9.3.4.*

It is important to note that Switch applies the ***Group Rejection rule*** whereby if one claim line is rejected, all the remaining lines of the claim will be rejected with a '*rejection exists for patient'* message. By implication this means that the PMA must include the functionality (or prompt the user) to resubmit all the lines of a claim after the line that caused the claim to be rejected has been corrected and selected for resubmission.

With regards to **Medical Scheme Responses**, these may simply be a confirmation that the claim has been uploaded onto the funder's system for processing; or it may be an '*after adjudication response*' in the form of a rejection, approval or part approval of the claim. Note that should financial information be returned with a response, this is not a guarantee of payment and should therefore not be allocated against the claim. Only the financial information returned in eRA transactions (refer to *section 6.12*) must be used for payment allocation purposes. Also, Medical Schemes may only return financial information on header level, and not line level in some cases.

The SwitchClaim process also makes provision for the ***reversal of claims*** that have been previously submitted to Switch and accepted by Switch for delivery to the funder. The PMA must therefore incorporate the functionality to enable users to reverse claims (refer to *section 6.9.3.5*).

To facilitate with the ***tracking and management of claims***, the following information returned in the response messages should be displayed on-line to the user and also stored for later referral and optional printing from the patient account screen as well from the SwitchNavigator under the relevant ***response message headings***.

RESPONSE MESSAGE HEADINGS	MAN / OPT	SWITCHCLAIM RESPONSE MESSAGE	COMMENTS
Transmission Number	M	• content file name	used to identify the transmission file that

		• fields H2 and E2	contained the claim or group of 'later' claims
PMA Claim Reference Number	O	• field P12	used to identify the claim to which a claim line belongs
PMA prescription or Lab Invoice Number	O	• field T5	used to identify the claim, prescription or lab invoice to which a claim line belongs
Claim Line Number	M	• fields T6 C12 and L5	used to tie the Switch responses back to the original claim / dispensed medicine / lab invoice lines
Switch Reference Number	M	• Content file name	used to verify and track a claim or group of 'later' claims acknowledged Switch
Scheme Claim Reference Tracking Number	M	• T7	Used to track claims with Medical Funders
Switch Status Code	M	• P14; T15; C15 and L7	the PMA to use the information returned in the Response Result codes fields of the P, T, C and L Records to interpret the relevant SwitchOn status code (*refer to section 6.4 Status Codes*)
Response Code and Message	M	• SwitchComm error message (if **failed**) • fields R2 and R3 or the R (Response) Record • financial fields in the Y, Z and F records (if **MFApp** or **MFPrt**)	For all other status codes the PMA is required to generate an appropriate response message (refer to *section 6.4 Status Codes*)

6.9.2 Functionality

To implement the ***SwitchClaim Now or Later process*** the PMA must incorporate the following:

Implementation of the Switch Communication Process	Including the: • functionality to cater for both single and network installations (*refer to section 5.5.2*) • the Initialisation Process (*refer to section 5.5.3.1*) • the Submission Process (*refer to section 5.5.3.2*) • the Auto Delayed Responses and File Updates Process (*refer to section 5.5.3.3*) • the ActiveX/DLL Upgrade Process (*refer to section 5.5.3.4*) • The Fetch Delayed Responses and File Updates Process (*refer to section 5.5.3.5*)	√

a prompt that enables the user to specify at claim level to submit the claim: Now, Later, Hold or Don't Send	Ideally this prompt should display via a 'pop-up' immediately after all the lines of a claim for a scheme activated for Switch have been captured or, if the PMA does not support this type of functionality, via the use of tabs	√
functionality to create and transmit Now claims and to upload and display in the same connection the on-line response files to these claims	Refer to *sections 6.9.3.1 – Now Claims; and 6.9.3.2*	√
the functionality to flag claims for 'Later' delivery	Using the 'ToGo' status code	√
functionality from within the SwitchNavigator to send batches of Later (ToGo) claims and to upload in the same connection the on-line responses to these claims	Refer to *sections 6.9.3.1 – Later Claims; 6.9.3.2 and 6.13.3.1*	√
functionality to flag a claim to 'don't send'	Using the 'swNO status code	√
functionality to flag a claim as 'hold'	Using the 'swHOLD status code	√
functionality to configure the PMA to automatically create and transmit claims (after they have been captured rather than requiring the user to respond to a 'Now or Later' prompt each time a claim is created) and to upload and display in the same connection the on-line responses to these claims	for users who have a permanent connection to the VPHN e.g. leased-line or GPRS connection refer to *sections 6.9.3.1 – Auto Send Claims; and 6.9.3.2*	√
functionality to edit (correct) and resubmit all the lines of a claim rejected by Switch or a Medical funder	this functionality should be provided from the patient account screen as well as from SwitchNavigator (refer to *section 6.9.3.4)*	√
functionality to resend unpaid claims	this functionality should be provided from the SwitchNavigator (refer to *section 6.9.3.4)*	√
functionality to reverse claims and to transmit these claim reversals via the SwitchClaim Now or Later process	Refer to *section 6.9.3.5 – Claim Reversals*	√
functionality to retrieve, display and process delayed responses	refer to *section 6.9.3.3 – Retrieving and Processing Delayed Responses*	√

functionality to record and update the status of each claim line	refer to the Switch status codes under *section 6.4*	√
functionality to store and display under the Response Message headings the most current response to each claim on the patient account screen as well as in the SwitchNavigator	to facilitate with the tracking and management of SwitchClaims refer to the response message headings under *section 6.9.1*	√

6.9.3 User Processes

The PMA should enable the user to follow the steps below to create and send claims and to receive on-line responses to these:

6.9.3.1 The Switch Initialisation and Claim Submission Processes

The **initialisation function calls** (*refer to section 5.5.3.1*), which are executed during the PMA start up process (or whenever the parameters within any of these function calls change) register the various parameters that are used during the claim **submission process** (*refer to section 5.5.3.2*)

Using the **submission function calls** (*refer to section 5.5.3.2*) claims are transmitted via SwitchComm Plus to Switch and the on-line responses to these are returned to the PMA by the ActiveX/DLL component which executes the CallBack function specified by the PMA during initialisation (*refer to section 5.5.3.1*).

Creating and Sending Claims and Retrieving on-line Responses:

After the user has captured all the lines of a claim for a Medical Scheme that is SwitchOn active, the PMA should:

Auto Send Claims:

- create a claim request buffer (using the SwitchClaim request message format *detailed in Annexure B*) that incorporates all the lines for the claim (*refer to Annexure C:1* for examples) and transmit this claim via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*;
- download, store and display to the user the on-line response to each claim (*refer to section 6.9.3.2*)

- update the status of each line of the claim based on the type of response returned (*refer to section 6.4*) and display this code together with the relevant response message data under the *response message headings* on the patient account screen and in the SwitchNavigator;
- provide the user with the functionality to edit and resubmit the claim if rejected from both the patient account screen and the SwitchNavigator (refer to *section 6.9.3.4*)

Now, Later, Don't Send and Hold Claims:

prompt the user to send the claim **Now**, **Later, Don't Send** or **Hold** after which the following processes should be followed:

Now Claims:

- create a claim request buffer (using the SwitchClaim request message format *detailed in Annexure B*) that incorporates all the lines for the claim (*refer to Annexure C:1* for examples) and transmit this claim via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*;
- download, store and display to the user the on-line response to each claim (*refer to section 6.9.3.2*)
- update the status of each line of the claim based on the type of response returned (*refer to section 6.4*) and display this code together with the relevant response message data under the *response message headings* on the patient account screen and in the SwitchNavigator;
- provide the user with the functionality to edit and resubmit the claim if rejected from both the patient account screen and the SwitchNavigator (refer to *section 6.9.3.4*)

Later Claims:

- flag all the lines in the claim for Later delivery using the TOGO status code.
- when the user selects to send ToGo Claims from the SwitchNavigator (*refer to section 6.13.3.1*) the PMA should create a request buffer (using the SwitchClaim request message format *detailed in Annexure B*) incorporating all the lines of each claim flagged as ToGo (*refer to Annexure C:1* for examples) and transmit these claims via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*;
- after all the claims flagged with the ToGo status have been transmitted, the PMA should download and store the on-line response to each claim and then prompt the user to '*view on-line responses*' to these claims (*refer to section 6.9.3.2*);

- for users who do not wish to immediately view the responses to a batch of ToGo claims, the user should be provided with the functionality to 'view *the responses to the last batch of claims*' that were transmitted from the SwitchNavigator;
- update the status of each line of each claim based on the type of response returned (*refer to section 6.4*) and display this code together with the relevant response message data under the *response message headings* on the patient account screen and in the SwitchNavigator;
- provide the user with the functionality to edit and resubmit the rejected claims from both the patient account screen and the SwitchNavigator (refer to *section 6.9.3.4*)

Don't' Send Claims:

- No claim file is created, and claim lines should be flagged with the *swNO* status.
- Don't Send claims should not be displayed in the SwitchNavigator

Hold Claims:

- No claim file is created, and claim lines should be flagged with the *swHOLD* status.
- Hold claims should be displayed in the SwitchNavigator
- Users should be provided with the option to flag claims that have been placed on hold for submission

6.9.3.2 Receiving and Processing on-line Responses

The following processes should be implemented by the PMA, depending on the type of on-line response returned during the submission process:

A Communication Error (refer to *section 5.7*)

If, during the submit function, the ActiveX/DLL returns a -1 value (which indicates the claim was not successfully received by SwitchComm Plus for transmission to Switch) the PMA must call the GetLastError function which will display the error message to the user (*refer to point 3 under section 5.5.3.2*).

After the error message has been displayed to the user, the PMA must prompt the user to '*recreate and resend the claim*'.

A Pending Transmission Response

If, during the submit function, the ActiveX/DLL returns a 0 value (which indicates that the claim was successfully received by SwitchComm Plus) but no acknowledgement is returned this indicated that SwitchComm Plus was unable to transmit the claim to Switch within the specified

time period), the PMA must advise the user that the claim '*is pending transmission and should not be recreated or resent*'

A SwitchComm Plus Connection Error

If, during the submit function, the ActiveX/DLL component returns a 0 value and thereafter executes the CallBack function specified by the PMA during the initialisation process (*refer to section 5.5.3.1*), and returns a message type 999 with a positive value in the message content, the PMA must advise the user that '*a Connection Error has occurred and must be resolved, and the claim must be resent via SwitchComm Plus'*. The claim must not be recreated as SwitchComm Plus has it stored in memory. The connection error must be resolved and the claim must then be resent via SiwtchComm Plus.

A Switch System Error

If, during the submit function, the ActiveX/DLL component returns a 0 value and thereafter executes the CallBack function specified by the PMA during the initialisation process (*refer to section 5.5.3.1*), and returns a message type 999 with a negative value in the message content, the PMA must advise the user that '*a Switch System Error has occurred, and the claim must be fixed and recreated'*. The claim must be rectified according to the error description, and must then be recreated for submission.

A Switch Acknowledged Response

If, during the submit function, the ActiveX/DLL component returns a 0 value and thereafter executes the CallBack function specified by the PMA during the initialisation process (*refer to section 5.5.3.1*), and returns an HSE or HSGE response (ie only the Header, Service Provider and End of File (H, S, G and E) records are returned, in some cases the Comments record may also be returned), the PMA must advise the user that '*Switch has successfully received the claim and that it will be processed'*.

Note that a Switch acknowledgement is only returned to the PMA if no additional responses (Scheme or Switch IAC responses) are returned by Switch to SwitchComm Plus within the specified time period. For all acknowledged claims a further processed delayed response will be returned indicating whether the claim was 'rejected' during the Switch IAC process or 'accepted for delivery' to the relevant medical scheme.

Note that if a batch claim message is submitted containing multiple claims for multiple service providers, the data set identifier of the first Service Provider Record (S Record) in the claim message will be returned (*see section B:3 Switch Claim Format*). It is therefore advisable that batch claim messages should not contain claims for more than one service provider.

A Processed Response

A processed response is returned if the claim has been validated by Switch (ie an IAC response is returned) and / or if the claim has been processed by the destination (ie a scheme / administrator response is returned)

If, during the submit function, the ActiveX/DLL component returns a 0 value and thereafter executes the CallBack function specified by the PMA during the initialisation process (*refer to section 5.5.3.1*), and returns a full response (ie all response records specified in the Response format – *refer to Annexure B:5.2* – are returned), the PMA must immediately display to the user the following (minimum) information returned with the response:

- ***The Response Result*** returned in the ***P14; T15; C15 or L7*** fields. Note that if only the P record contains a response result, all the T, C and L records submitted with the original claim must display the response result returned in the P record; and if only the T record contains a response result, all the C and L records submitted with the original claim must display the response result returned in the T record.
- ***The Responding Party*** returned in the ***P15; T16; C16 or L8*** fields.
- ***The Switch or Medical Scheme Response*** returned in the R record
- If returned, ***the Rand values*** in the Treatment / Prescription financial records (Z records) for claim lines; and in the Item financial records (Y records) for dispensed medicine and lab item lines

In addition to the above the following processes must be implemented by the PMA for Acknowledged and Processed on-line responses:

- The **Status** of each detail claim line must be updated based on the response result codes returned in the Claim Response file (refer to *section 6.4*). Note that if only the P record contains a response result code, the status of all the original T, C and L records submitted with the original claim must be updated to the status of the P record; and if only the T record

contains a response result code, the status of all the original C and L records submitted with the original claim, must be updated to the status of the T record.

- The **Switch Reference Number** returned in the response file name must be stored against the claim.
- The **Medical Funder Reference Number** returned in field T7 must be stored against the claim lines.
- If returned, **the Rand values** in the Treatment / Prescription financial records (Z records) for claim lines; and in the Item financial records (Y records) for dispensed medicine items must be stored and displayed under the *response message* field on the patient account screen and in the SwitchNavigator. Note that in some cases only header level financial information may be returned, depending on the capability of the funders' systems.
- The **response codes and messages** returned in the R records which follow the P, T, L and C records (R2 and R3), should be displayed under the *response message* field on the patient account screen and in the SwitchNavigator.

6.9.3.3 Retrieving and Processing Delayed Responses

Delayed Responses, which are downloaded by SwitchComm Plus as soon as they are made available by Switch, include:

- ***Delayed Switch Responses*** – when a break in communications prevented SwitchComm from downloading an on-line IAC response
- ***Delayed Medical Scheme Responses*** – from real-time enabled schemes who were off-line when the request was transmitted or from batch medical schemes

Via the ***Auto Delayed Responses and File Updates Process*** (*refer to section 5.5.3.3*) SwitchComm Plus automatically checks for delayed responses (at the time intervals specified in the SwitchComm Plus Settings option) and downloads and stores these whenever they are made available by Switch. Delayed responses are passed to the PMA via the ActiveX/DLL component which checks for any delayed responses and file updates stored in SwitchComm Plus (at the time intervals specified in the Switch Settings option within the PMA) and executes the CallBack function as specified by the PMA during the initialisation process (*refer to point 8 under section 5.5.3.1*) whenever a delayed response or file update is found. By referencing to the transaction type code 302 and 304 (*refer to section 5.2*) the PMA is able to identify claim related delayed responses as soon as these are received.

In addition the PMA must provide the user with a facility, via the **Download Delayed Responses and File Updates** sub-menu option within the PMA, to instruct SwitchComm Plus to execute the ***Fetch Delayed Responses and File Updates Process*** (*refer to section 5.5.3.5*) to either download (fetch on instruction from PMA): all available delayed responses and file updates (by leaving the transaction type parameter empty); or the latest Destination Code Update File (using the transaction type code 509). Note that when a Destination Code Update File is fetched using this function, the latest destination code will be returned, irrespective of if it has been downloaded already by the PMA.

Either way, as soon as a delayed response has been downloaded from SwitchComm Plus to the user's system, PMA should prompt the user to '*view the delayed response'*. For users who do not wish to view the delayed response just downloaded, the PMA should provide the functionality to enable the user to '*view this response later from the SwitchNavigator*'.

Delayed responses should be processed in the same way as on-line responses (refer to *section 6.9.3.2*).

6.9.3.4 Resubmitting Rejected Claims and Resending Unpaid Claims

Functionality to resubmit rejected claims and to resend unpaid claims must be provided from both the patient account screen and from the SwitchNavigator.

When the user selects to either resubmit or resend a claim, the PMA must prompt the user to specify 'the reason for resubmission / resending' which must be populated in fields T24 or C23 of the request message.

The Resubmission / Resend Reason codes will determine whether Switch accepts the resubmitted / resent claim for delivery to the funder or not ie

- ***Unpaid claims*** will only be accepted for delivery to funders 'x' number of days after the date that the claim was last sent, where the value of 'x' will vary depending on the requirements of each funder; and
- ***Details changed claims*** will be accepted for delivery to funders regardless of the date that the claims was last sent

From the SwitchNavigator screen the user must be provided with a facility via which both the account holder / patient information as well as the claim information on a rejected claim can be 'fixed'. After the user has corrected the relevant information the PMA should update the status of the claim to sw and prompt the user to send the claim **Now**, **Later, Don't Send** or **Hold** after which the relevant process described under *section 6.9.3.1* should be followed but with an additional prompt to enable the user to specify the '*reason for resubmitting / resending the claim'*.

In addition the SwitchNavigator should provide the user with the functionality to resend all unpaid claims with a Date of Service older than a certain ageing period or than a user specified date.

6.9.3.5 Claim Reversals

The process for claim reversals should follow the SwitchClaim process explained above with the exception that these claims must be created as a transaction type 303

A **Claim Reversal** option should be provided in the SwitchNavigator. Once this option is selected, the user must be prompted to send the claim reversal **Now or Later.**

As with other SwitchClaims the status of reversed claims (*refer to section 6.4*) must be clearly displayed on both the patient account screen as well as in the SwitchNavigator.

6.10 Member Paid Claims

6.10.1 Overview

A **Member Paid Claim** (MPC) is submitted by a provider to a participating MPC medical scheme on behalf of a patient with a ***patient reimbursement amount*** to indicate to the funder that the patient rather than the provider should be reimbursed.

The Member Paid Claim process uses the same communication process and message formats used by the SwitchClaim process.

To identify participating MPC schemes the PMA must refer to the relevant MPC field in the Switch Destination codes file (*refer to Annexure A:*). The SwitchClaim request message format also includes MPC fields which the PMA must populate to indicate MPCs (*refer to Annexure B:*) .

As a provider may select to flag a claim as a MPC claim prior to the claim being captured, the PMA should indicate, using the **Switch MPC icon**, participating MPC schemes on the account posting screen. Should a provider select to capture a claim as an MPC claim, the PMA should flag the claim with the ***SwMPC status code*** (*refer to section 6.4*).

After posting a payment to an MPC flagged claim, the PMA should prompt the user to send the claim Now, Later or Don't Send, after which the normal SwitchClaim process should be followed with the inclusion of the ***patient reimbursement amount*** with each claim line.

In addition, for claims that are not flagged as MPCs prior to the capturing process, after a provider has captured a payment for a claim that has not previously been transmitted electronically and is destined for a MPC participating scheme, the PMA should prompt the user to send the claim Now, Later or Don't Send.

6.10.2 Functionality

To implement the Member Paid Claim functionality the PMA must incorporate the following:

functionality to indicate to users, via the Switch MPC icon, participating MPC schemes.	by referring to the MPC field in the destination codes file	√
functionality to enable users to flag a claim as an MPC claim prior to the claim being captured	Using the SwMPC status code	√
functionality to prompt users, after a payment is posted against an MPC flagged claim, to send the claim Now, Later, Don't Send or Hold	from the account payment screen	√
functionality to prompt users after a payment has been captured for a claim that has not previously been transmitted and is not already flagged as a MPC, to submit the claim as a MPC if the claim is destined for a MPC participating scheme.	from the account payment screen	√
functionality to create and transmit; and retrieve responses to MPCs	each MPC line is to be populated with the patient reimbursement amount in the relevant fields in the Z financial records of the SwitchClaim message format	√

6.10.3 User Processes

When a provider selects to flag a claim as a MPC prior to the claim being captured:

- an 'active' **Switch MPC icon**, is displayed on the account posting screen if the scheme is a participating MPC scheme and an 'inactive MPC icon is displayed if the scheme is a non-participating MPC scheme
- the user selects the MPC tab or button to indicate that the claim must be flagged as a MPC claim
- the PMA should flag the claim with the ***SwMPC status code***
- After posting a payment to an MPC flagged claim, the PMA prompts the user to send the claim Now, Later or Don't Send
- the MPC is submitted based on the SwitchClaim process with the inclusion of the ***patient reimbursement amount*** with each claim line.

When a provider selects to submit a claim as a MPC from the payment posting screen:

- the user captures a payment for a claim that has not previously been flagged as a MPC and has not been previously transmitted electronically
- if the claim is destined for a MPC participating scheme the user is prompted to send the claim as an MPC Now, Later or Don't Send
- the MPC is submitted based on the SwitchClaim process with the inclusion of the ***patient reimbursement amount*** with each claim line

6.11 Statistical Transactions

6.11.1 Overview

Statistical transactions may be submitted to Swítch for the purposes of statistics or peer review only and not for forwarding to medical schemes or administrators for processing. These requests may include claims for private patients, managed care patients or patients belonging to medical schemes but who are billed directly etc. Statistical claims may or may not include financial information.

The Statistical Claims process uses the same communication process and message formats used by the SwitchClaim process, with the exception that no processed responses will be returned for statistical transactions ie Switch will send an acknowledged that a statistical claim has been received but the claim will not be validate.

To enable users to send statistical transactions for private patients a generic destination code for 'private patients' is provided in the Destination Services File.

A facility should be provided in the SwitchNavigator to enable users to send statistical transactions to the Switch VPHN.

It is important to make the provider aware that statistical transactions will not be forwarded to the medical schemes for processing.

6.11.2 Functionality

To implement the Statistical Transactions functionality the PMA must incorporate the following:

a facility within the SwitchNavigator to create and transmit; and retrieve responses to statistical transactions.	using transaction type 492	√

6.11.3 User Processes

- The user selects the option within the SwitchNavigator to submit statistical transactions
- The PMA displays all claim lines that have not been transmitted via Switch
- The user is given the option to flag all claim lines or to manually flag selected claim lines for submission as statistical transactions
- The user selects to send statistical transactions
- The PMA transmits the statistical transactions as a group of transaction type 492 Later claims
- The PMA retrieves and processes the response file to the statistical transactions

6.12 Electronic Remittance Advices (eRAs)

6.12.1 Overview

Participating medical schemes submit **electronic remittance advices (eRAs)** via Switch to healthcare providers. These advices reflect the details of the amounts allocated for payment to the provider, as well as the details of items that will not be paid together with rejection codes and descriptions that indicate the reasons for non-payment.

The Switch eRA process requires that the PMA provides the functionality to enable users to **auto-allocate** and / or **manually allocate** the payments and rejection responses from eRAs against their claims.

If during the auto-allocation process, the original claim for a payment or rejection received via an eRA cannot be located (eg an eRA response does not return the original PMA generated claim line number), the payment or rejection should be reflected on an **exception report** for manual intervention and allocation. eRA responses will typically be returned without the original PMA generated claim line number if the original claim was not submitted via Swítch e.g. paper claims.

eRAs may also include **journal transactions** which are not directly linked to specific claims and can therefore not be allocated against individual claim lines. These journals must also be reflected on the above mentioned exception reports.

The PMA should also enable the user to **print a listing** of payments allocated and rejection responses applicable to specific line items. Via the eRA print process (*refer to section 5.5.3.6*) the PMA must also allow for the viewing and printing of eRA's via SwitchComm Plus.

During the allocation process, the PMA should update the **status code** of each claim line against which an eRA response has been allocated. The payment information or reason for rejection should also be stored and displayed in the Response Message field on the patient account screen and in the SwitchNavigator..

The Switch eRA process returns eRA responses in the Switch eRA message format (*refer to Annexure B:4*)

6.12.2 Functionality

To implement the Switch eRA functionality the PMA must incorporate the following:

functionality to download eRA responses	Via the Download Delayed Responses and File Updates sub-menu option (refer to *sections 6.12.3*)	√
functionality to prompt the user after an eRA file has been received to 'import the eRA' into the PMA and thereafter to 'access the Switch eRA Payment Allocations' option	*refer to section 6.12.3*	√

functionality to download and import eRAs from the 'eRA payment allocations' option	for users who do not wish to immediately upload, import and allocate eRA responses as soon as these are detected by the PMA	√
a facility to prompt users to automatically or manually allocate eRA payments and rejection responses	refer to *section 6.12.3*	√
a facility to automatically allocate and reconcile payment information and rejection responses from eRAs against the individual claim lines of the patients' accounts.	via a Switch eRA Payment Allocations sub-menu option (refer to *sections 6.2 and 6.12.3)*	√
functionality to provide users with an exception report that reflects eRA payments and rejection responses that have not been auto-allocated	refer to *section 6.12.3*	√
a facility to manually allocate unallocated eRA payments and rejection responses from the exception report as well as to unallocated previously allocated eRA payments and rejection responses	refer to *section 6.12.3*	√
A facility to print eRA reports	refer to *section 6.12.3*	√
the functionality to update the status of each claim line against which an eRA response is allocated and to store the eRA responses for viewing from the patient accounts screen and SwitchNavigator	refer to *section 6.12.3*	√

6.12.3 User Processes

To enable users to download and import eRAs as well as to provide them with facilities to allocate the payments and rejection responses from these eRAs to their claims, the following two SwitchOn sub-menu options are used.

- **Download Delayed Responses and File Updates**
- **eRA Payment Allocations**

6.12.3.1 Download Delayed Responses and File Updates

Via the ***Auto Delayed Responses and File Updates Process*** (*refer to section 5.5.3.3*) SwitchComm Plus automatically checks for eRAs (at the time intervals specified in the SwitchComm Plus Settings option) and downloads and stores these whenever they are made

available by Switch. eRAs are passed to the PMA via the ActiveX/DLL component which checks for delayed responses and file updates stored in SwitchComm Plus (at the time intervals specified in the Switch Settings option within the PMA) and executes the CallBack function as specified by the PMA during the initialisation process (*refer to point 8 under section 5.5.3.1*) whenever a delayed response or file update is found. By referencing to the transaction type code 307 (*refer to section 5.2*) the PMA is able to identify eRA responses as soon as they are received.

In addition the PMA must provide the user with a facility, via the **Download Delayed Responses and File Updates** sub-menu option within the PMA, to initiate SwitchComm Plus to execute the ***Fetch Delayed Responses and File Updates Process*** (*refer to section 5.5.3.5*) to either download all available delayed responses which may include eRAs.

Either way, after an eRA has been downloaded by SwitchComm Plus to the user's system, the PMA must prompt the user to '*download and import the eRA*' into the PMA and thereafter the user should be prompted to '*access the Switch eRA Payment Allocations'* option.

For users who do not wish to immediately upload, import and allocate eRA responses this functionality should also be provided from the **eRA payment allocations** screen.

6.12.3.2 eRA Payment Allocations

The **eRA Payment Allocations** sub-menu option is used to provide users with the functionality to import and allocate eRA responses.

After an eRA has been downloaded and imported into the PMA, the user should be prompted to **automatically or manually allocate** (and reconcile) the payment and rejection responses within the eRA against the individual claim lines on the relevant patients' accounts.

If the user selects to auto-allocate eRA payments and responses:

- as the primary allocation field, the PMA 'matches' each claim line in the eRA response against the corresponding claim line on the users system using the claim line number submitted in field T7 of the claim request message and returned in field I3 of the eRA message
- the Total Item Paid Amount (field EY3), or the Item Paid Amount (EA2) reflect the amount to be allocated against each claim line.
- field EY3 is used if the eRA message does not include an EA record (eRA Allocation Record).

- if the message includes an EA record, then field EA2 is used as the amount to be allocated. an EA record will only be returned if more than one EB record (eRA Bank Deposit record) is returned in the eRA message. The EA record is then also used to link each payment amount to a specific deposit using field EA3 Deposit Reference.
- if field I3 is not returned, or if the value returned in I3 cannot be matched to an existing claim line within the PMA, fields I4 (PMA claim/script/lab/invoice number) and I5 (lab reference number) could be used to find possible matching transaction lines.
- if a possible match cannot be found using fields I4 and I5, other claim fields e.g. member details (M2 Member Surname, M4 Membership Number, M5 Member's PMA Account Number), patient details (P3 Patient Surname, P5 Patient Full Name, P6 Patient Date of Birth, P7 Patient ID Number, P8 Patient's PMA Account Number), and claim details (I7 Treatment Start Date/Time, I9 Tariff/Procedure/Modifier Code, I10 NAPPI Code) could be used to find possible matching transaction lines in the PMA.
- for all possible matches found, the PMA displays the possible matching transaction lines to the user, and the user is then prompted to accept or reject each possible matching transaction line for allocation.
- all eRA responses which the PMA is unable to auto-allocate are displayed on an exception report
- the user is provided with functionality to manually allocate the un-allocated eRA payments and rejection responses as well as the option to unallocated previously allocated eRA responses
- the user is provided with a facility to initiate SwitchComm Plus to execute the ***eRA Print Process*** (*refer to section 5.5.3.6*) to print the eRA report
- the PMA updates the status of each claim line against which an eRA response is allocated (using the status in field I13) and stores the eRA responses for viewing under the Response Message headings on the patient account screens and in the SwitchNavigator

If the user selects to manually allocate eRA payments and responses:

- all the response lines within the eRA are displayed on an exception report
- the user is provided with functionality to manually allocate the the eRA payments and rejection responses
- the user is provided with a facility to initiate SwitchComm Plus to execute the ***eRA Print Process*** (*refer to section 5.5.3.6*) to print the eRA report
- the PMA updates the status of each claim line against which an eRA response is allocated and stores the eRA responses for viewing under the Response Message headings on the patient account screens and in the SwitchNavigator

6.13 SwitchNavigator

6.13.1 Overview

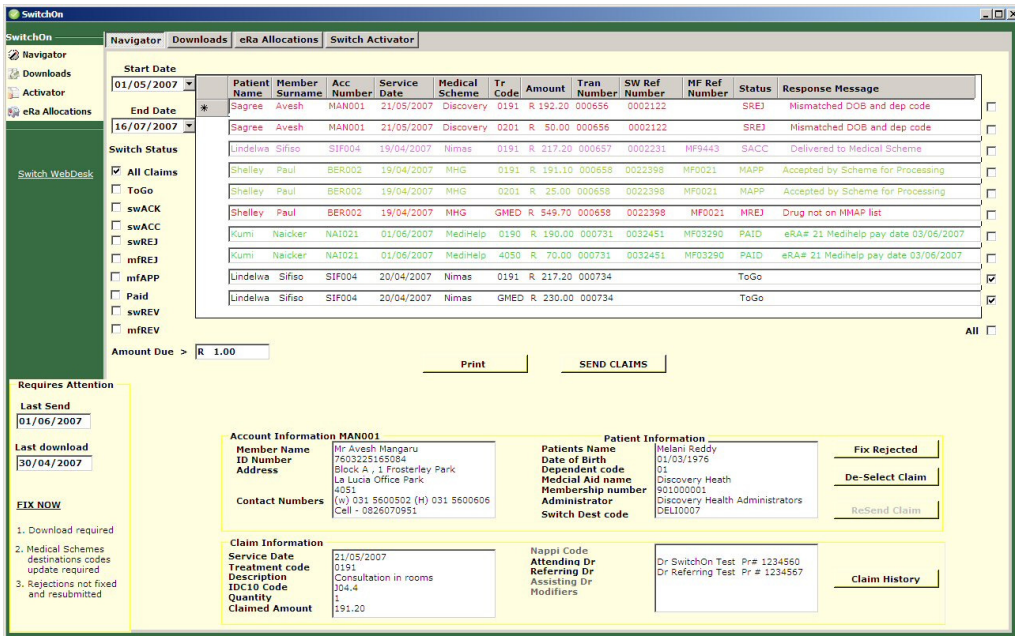
To facilitate with the management and tracking of SwitchClaims the default screen within the SwitchNavigator should display a list of the most recent claims lines sent via Switch together with their most recent responses under the following headings:

- **Patient First Name**
- **Member Surname**
- **Account number**
- **Service Date**
- **Medical Scheme**
- **Tariff Code**
- **Claimed Amount**
- **Transmission Number**
- **Switch Reference Number**
- **MF Reference Number**
- **Status**
- **Response Message (most recent)**

In addition the SwitchNavigator should provide a 'start and end' facility that enables the user to select a date rage between which SwitchClaims lines should display. (The extent of the date range depends on the capabilities of the PMA, the speed at which the PMA' database can be accessed and the number of claim lines that can be scrolled)

Ideally the SwitchNavigator should display additional account holder, patient and claim information depending on which claim line is being highlighted.

To assist the user to easily search for information, the PMA should provide functionality to enable the user to sort claims under each heading and filter the display of claims by status code and by date range.



The functionality provided within the SwitchNavigator should include:

- a facility to generate MSV queries
- a facility to send (ToGo) claims
- a facility to edit and flag rejected transactions for re-submission
- a facility to resend unpaid claims
- a facility to reverse a previously sent and accepted claim
- a 'claims history' facility to view previous responses to claims
- a facility to print reports based on user selected criteria

A further requirement on SwítchNavigator is that it provides for direct access to the Swítch Doctors WEBDesk via the Switch WEBDesk icon.

6.13.2 Functionality

To implement the SwitchNavigator functionality the PMA must incorporate the following:

a facility to display the most recent claims lines sent via Switch together with their most recent responses under the prescribed headings	refer to section 6.13.1	√
a 'from and to date' facility	to enable the user to select a date rage between which SwitchClaims lines should display	√

functionality to enable the user to sort claims under each prescribed heading and filter the display of claims by status code and by date range.	to assist the user to easily search for information	√
a facility to generate MSV queries	refer to *section 6.14*	√
functionality to enable the user to 'send (all ToGo) claims' that includes functionality to enable the user to view, de-select and print ToGo claims as well as an option to view the responses to the last group of claims that were transmitted	refer to *sections 6.9.3.1 and 6.13.3.1* when transmitting multiple ToGo claims these can either be sent in a single buffer (ie multiple claims per buffer) or in multiple buffers (ie one claim per buffer). If multiple claims are transmitted via a single buffer it is recommended that a maximum of 100 claim lines are included in each buffer. Should a user select to submit more that 100 claim lines the PMA should advise the user that more than one transmission of claims will be submitted	√
a facility to resubmit rejected claims	refer to *sections 6.9.3.4 and 6.13.3.2*	√
A facility to flag unpaid claims for resending	using a facility to select and de-select unpaid claims	√
a facility to reverse a previously sent and accepted claim	refer to *section 6.13.3.3*	√
a facility to submit statistical transactions	refer to *section 6.11*	√
a facility to view previous responses to claims	via a Claims History function	√
a facility to print reports	refer to *section 6.13.3.4*	√
A facility that enables the user to directly access the Swítch Doctors WEBDesk from the SwitchNavigator.	via the Switch WEBDesk icon	√

6.13.3 User Processes

The SwitchNavigator should cater for the following user processes:

6.13.3.1 Sending of (ToGo) Claims

To facilitate the sending of Later and other 'ToGo' Claims the PMA should incorporate the following functionality within the SwitchNavigator:

- to view all claims flagged with the swHOLD status, and to individually flag them with the ToGo status
- to view, de-select and print all claims flagged with the ToGo status
- to enable the user to transmit all ToGo claims based on the submission processes described under *section 5.5.3.2* and *section 6.9.3.1 – Later Claims*
- to immediately view the responses to the last group of ToGo claims that were transmitted

6.13.3.2 Resubmission of Rejected Claims and Resending of Unpaid Claims

From the SwitchNavigator screen the user must be provided with a facility via which:

- the account holder , patient or claim information on a rejected claim can be 'fixed' . After the user has corrected the relevant information the PMA should update the status of the claim to sw and prompt the user to send the claim **Now**, **Later, Don't Send** or **Hold** after which the relevant process described under *section 6.9.3.1* should be followed but with an additional prompt to enable the user to specify the 'reason for resubmitting / resending the claim'.
- the user can select to **resend unpaid claims** using the facility to select and de-select claims lines as well as a facility to resend all unpaid claims with a Date of Service older than a certain ageing period or than a user specified date.

6.13.3.3 Reversing a previously sent and accepted claim

From the SwitchNavigator screen the user must be provided with a facility via which:

- The user can select to reverse a claim; after which the PMA should prompt the user to send the claim Now or Later
- The claim should then be created as a transaction type 303 and transmitted using the SwitchClaim process
- As with other SwitchClaims the status of reversed claims (*refer to section 6.4*) must be clearly displayed on both the patient account screen as well as in the SwitchNavigator.

6.13.3.4 Reporting

From the SwitchNavigator screen the user must be provided with a printing facility via which reports can be printed based on user selected criteria ie:

- for selected status codes
- within a selected date range.

6.14 Membership Status Validation (MSV)

6.14.1 Overview

The Switch MSV functionality enables the healthcare provider to electronically confirm the membership status and eligibility of a single patient, or group of patients, to receive medical scheme benefits prior to the service(s) being rendered.

The Switch MSV process requires that MSV requests are sent in the MSV request message format (*refer to Annexure B:5.1*) and MSV responses are returned in the Switch MSV response message format (*refer to Annexure B:5.2*).

The Switch MSV process is based on the **Switch Now or Later** methodology which requires that the PMA incorporates functionality to enable the user to select to send an MSV query ***Now***, immediately after it has been captured, or to flag the MSV query for ***Later*** switching. The functionality to send MSV queries Later has been designed to enable providers to submit lists of MSV queries for patients scheduled for future appointments. Should the PMA incorporate an appointment diary the functionality to generate and submit lists of MSV queries can be provided from with the appointment diary.

The Switch MSV functionality makes provision for the user to generate MSV queries directly from the '**patient details**' screen within the PMA or alternatively via a menu option from the '**patients and accounts**' section of the PMA for patients for whom details have not yet been captured.

Where on-line access to a scheme's membership database is available, Swítch will transmit the MSV query directly to the healthcare funder's system for processing. The response returned will reflect a 03 (Medical Scheme) indicator in the Validation Method field, field 7 of the RV record in the MSV response format. (*Refer to annexure B5 - MSV Message Formats*). Alternatively Switch

will process the MSV query against a copy of the funder's cardholder file stored on the Swítch system. In this case the response returned will reflect a 02 (Cardholder File) indicator in field 7 of the RV record. For schemes that do not provide Switch with access to their membership databases or cardholder files, Switch will perform a CDV check on the membership number. The responses returned will then 01 (CDV) indicator in field 7 of the RV record. Either way an on-line response to every MSV query will be returned in the same connection with information related to how the query was processed (ie against the destination's membership data base, a cardholder file or against a CDV or format check).

For future reference MSV responses are stored for later referral from an **MSV History** facility within the '**patient details**' screen of the PMA.

6.14.2 Functionality

To implement the Switch MSV functionality the PMA must incorporate the following:

functionality to enable the user to generate MSV queries directly from the 'patient details' screen within the PMA	via the Switch MSV Icon (refer to *section 6.3*) refer to *section 6.14.3.1*	√
functionality to display the active Switch MSV icon on the patient details screen for Switch active and MSV participating schemes	refer to *sections 6.3* and *6.14.3.1*	√
functionality to create MSV request files using the information captured on the patient details screen	based on the Switch MSV request message format detailed in *Annexure B:5.1*	√
a prompt that enables the user to specify whether an MSV query should be submitted Now or Later	refer to *section 6.14.3.1*	√
functionality to create and transmit single MSV queries and to upload and display in the same connection the on-line response files to these queries	based on the submission process described under *section 5.5.3.2*	√
the functionality to flag MSV queries for 'Later' delivery	based on the user processes described under *section 6.14.3*	√
functionality to create and send a list of ToGo MSV queries from the Send MSV List sub-menu option under the Switch MSV menu and to upload and display in the same connection the on-line response	Refer to *section 6.14.3*	√

files to these queries		
functionality to enable the user to select, for each MSV query, the preferred level of response	Refer to *section 6.14.3*	√
functionality to prompt the user to update the patient and membership details within the PMA from the details provided in the MSV response	Refer to *section 6.14.3*	
functionality to generate MSV queries via an MSV Checker sub-menu option from the 'patients and accounts' section of the PMA	for patients for whom details have not yet been captured refer to *section 6.14.3*	√
functionality to store MSV responses and to make these available for later viewing from an MSV history facility within the patient details screen	to enable users to refer to MSV responses refer to *section 6.14.3*	√

6.14.3 User Processes

The MSV functionality should cater for the following user processes:

6.14.3.1 Generating an MSV request from the Patient Details screen

- The Switch MSV icon, which is used to initiate MSV enquiries from within the PMA, is displayed on the 'patient details' screen if the relevant medical scheme is Switch active and an MSV participating scheme.
- When the user clicks the icon, the PMA must prompt the user to send the MSV request ***Now or Later***
- If the user selects to send the MSV request Now, the PMA must create a MSV request buffer (using the MSV request message format *detailed in Annexure B:5.1*) that incorporates all the lines for the request (*refer to Annexure C* for examples) and transmit this request via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*;
- If the user selects to send the MSV query Later, the MSV query should be flagged for Later delivery.
- when the user selects to send MSV requests flagged for Later delivery the PMA should create a request buffer (using the MSV request message format *detailed in Annexure B*) incorporating all the MSV queries flagged for Later delivery (*refer to Annexure C:1* for examples) and transmit these queries via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*
- upon receiving the responses to MSV queries, the PMA must prompt the user to update the patient and membership details from the details provided in the responses. The responses

must then be stored for later referral from an MSV History facility within the patient details screen.

6.14.3.2 Generating an MSV request from the MSV checker sub-menu option under the Patients and Accounts section within the PMA

The following functionality is provided to enable users to generate MSV queries for those patients for whom details have not yet been captured:

- When the user selects the ***MSV checker*** sub-menu option a screen, which displays the following fields for user input, must be accessed:
  - a ***medical scheme field*** with pull down functionality that enables the user to select a medical scheme from a list of Switch Active schemes (Mandatory User Input)
  - a ***membership number field*** that enables the user to capture a membership number (Optional User Input if the ID number field is populated)
  - a ***patient ID number field*** that enables the user to capture an ID number (Optional User Input if the membership number field is populated)
  - a ***member surname field***, that enables the user to capture the member surname
  - a ***member initial field***, that enables the user to capture the member initials
  - a ***member full names field***, that enables the user to capture the member's full names
  - a ***member ID number field***, that enables the user to capture the member's ID number
  - a ***patient surname field***, that enables the user to capture the patient's surname
  - a ***patient initials field,*** that enables the user to capture the patient's initials
  - a ***patient full names field***, that enables the user to capture the patient's full names
  - a ***patient date of birth field***, that enables the user to capture the patient's date of birth
  - a ***patient dependant code field***, that enables the user to capture the patient's dependant code

  As most schemes only require the compulsory input of either a scheme membership number or a patient ID number, the selection of a scheme and the input of data into either the membership number or patient ID number field should be mandatory. Should this be insufficient information as per the scheme's requirements, Switch will return a response that 'requests for additional information' and will specific the additional fields required for data input.
- When the user selects to submit the query via a **SEND** option the PMA must prompt the user to send the MSV request ***Now or Later***
- If the user selects to send the MSV request Now, the PMA must create a MSV request buffer (using the MSV request message format *detailed in Annexure B:5.1*) that incorporates all the

lines for the request as captured on the MSV checker screen (*refer to Annexure C* for examples) and transmit this request via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*;

- If the user selects to send the MSV query Later, the MSV query should be flagged for Later delivery.
- When the user selects to send MSV requests flagged for Later delivery the PMA should create a request buffer (using the MSV request message format *detailed in Annexure B*) incorporating all the MSV queries flagged for Later delivery (*refer to Annexure C:1* for examples) and transmit these queries via SwitchComm Plus based on the submission process detailed under *section 5.5.3.2*
- Upon receiving the responses to MSV queries, the PMA must prompt the user to update the patient and membership details from the details provided in the response. The response must then be stored for later referral from an MSV History facility within the patient details screen.

Tables and Files

Index

1. Transaction Types Table
2. PHISC Place of Service Codes
3. Drug Utilization Review Conflict Codes
4. Non DSP reasons

A:1 The Transaction Types Table

DESCRIPTION	TRANSACTION TYPE
Membership Status Validation (MSV)	301
SwítchClaim	302
SwítchClaim (Hospital Claims)	304
SwitchClaim Reversal	303
Statistical Transactions	492
Electronic Remittance Advice	307
Destination Services	509

A:2 PHISC Place of Service codes

CODE	SA USAGE
21	Inpatient Hospital
51	Inpatient Psychiatric Hospital
61	Inpatient Rehabilitation Facility
11	Consulting Room
12	Home
22	Hospital Outpatient Facility
23	Casualty / Emergency Room
24	Day Clinic / Hospital
25	Birthing Centre
26	Military Treatment Facility
31	Stepdown Facility
32	Nursing Home
33	Chronic Psychiatric Facility
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
52	Acute Psychiatric Facility, Partial Hospitalisation
53	Outpatient Mental Health Clinic
55	Substance Abuse Rehabilitation Centre
56	Halfway House
62	Outpatient Rehabilitation
65	Dialysis Centre
66	Radiotherapy Treatment Centre *1
68	Chemotherapy Treatment Centre *2
70	Oncology Centre
71	State or Local Public Health Clinic

CODE	SA USAGE
72	Rural Health Clinic
81	Private Laboratory
84	Independent Pharmacy
85	Hospital Pharmacy
99	Other Unlisted Facility

Unassigned Codes = 00, 02 – 10, 13 – 20, 27 – 30, 35 – 40, 43 – 49, 57 – 60, 63, 66 – 70, 73 – 80, 82 – 98.

*1: Where a centre acts EXCLUSIVELY as a provider of Radiotherapy, this code will be used ELSE CODE 70 is to be used (for Oncology centre where both modes of treatment are provided together).
*2: Where a centre acts EXCLUSIVELY as a provider of CHEMOTHERAPY, this code will be used ELSE CODE 70 is to be used (for Oncology centre where both modes of treatment are provided together).

A:3 Drug Utilisation Review Conflict Codes

These codes are returned in field U5 in claim responses from destinations that do drug utilisation checks.

CONFLICT CODE	EXPLANATION
DA	Drug - Allergy Alert
DC	Drug - Disease Conflicts
DD	Drug - Drug Interactions
ER	Excessive Utilization
HD	Excessive Drug Doses
ID	Therapeutic Duplication (Same Ingredients)
LD	Insufficient Drug Doses
LR	Under Use Precaution
MC	Drug - Disease Alert (Drug/Diagnosis Matching)
MX	Excessive Duration Alert
PA	Drug - Age Conflicts
PG	Drug - Pregnancy Conflicts
SX	Drug - Gender Alert
TD	Therapeutic Duplications (Same Drug Class)

A:4 Non DSP reasons

One of the following 5 reasons must be used in the case of a non designated service provider :

1. The service was not available from the DSP.
2. The DSP could only have provided the service after an unreasonable delay. Waiting lists at state facilities may also constitute an unreasonable delay.
3. There was no DSP within reasonable proximity to the beneficiary's ordinary place of business or personal residence.
4. Immediate medical / surgical treatment for a PMB condition was required under circumstances or at location which reasonably precluded the beneficiary from obtaining such treatment from a DSP. This is a standard lower than ''emergency'' situations, which has been defined in law as situation that could result in loss of life of limb. ''Immediate'' treatment may be required in circumstances without the sense of urgency and immanent loss of life or limb being at hand.
5. If a scheme has not appointed a DSP.

Message Formats

Index

1. File Structure and Requirements
2. Data and Record Types
3. SwitchClaim Format
   3.1 Request Format
   3.2 Response Format
4. Electronic Remittance Advice (eRA) Format
5. Membership Status Validation (MSV) Forma
   5.1 Request Format
   5.2 Response Format
6. Destination Codes Format

B:1 File Structure and Requirements

- Files are ASCII text files.
- The pipe symbol (|) is used as a trailing field terminator within the record types (not in the file header). The last field in each record type should still have its field terminator.
- Each record type should be CR/LF terminated in a Windows/DOS environment, or LF terminated in a UNIX environment.
- Input fields have been designated per Service Provider. The “REQUIRED” – “REQ” column has options for Doctors (G), Dentist (D), Pharmacy (P), Opticians (O) and Hospital (H) or ALL, where all suppliers must populate fields with data.
- The minimal mandatory fields required to constitute a transaction have been specified under the “MANDATORY” – “MAN” column and are indicated with an “M”; while fields that **if submitted** (although not marked as mandatory) and guaranteed to be returned with the response files indicated with an “R”. Although submitting only the minimum dataset will constitute a legitimate transaction, the PMA should populate all fields as far as possible to ensure that the claims is processed without delay by the Medical Scheme / Administrator.
- Certain destinations and funders are unable to process claims containing special characters. The PMA should therefore proactively discourage the use of special characters when users capture patient and claim data as well as when the electronic message is being created.
- As the medical scheme requirements change, additional fields may be added to the record definition from time to time. It is important that the SERVICE PROVIDER SOFTWARE is written defensively since Swítch reserves the right to add to the number of fields in any Layout or to populate fields 'reserved for future use' at any time. Do NOT zero fill fields, unless specified in this document.
- For every type of transaction the following structure will apply: The { } bracket construct represents repetitive sections/records, whilst the [ ] bracket construct represents optional sections/records.

LEGEND:
{Repeats} [Optional]

B:2 Data and Record Types

The following data types are used in the definition of the formats:

INDICATOR	TYPE	DEFINITION
Dt	Date/Time	Use CCYYMMDDhhmm format
N	Numeric	Numerics must be submitted with no embedded decimal points and 2 (two) implied decimals. Negative values must be submitted with a leading negative (-) sign. This data type is used for fields used to submit monetary values or fractions. **Example: 123.45 units should be 12345**
I	Integer	Classed as a numeric field but without the implied decimals. Can be used for counters etc. where fractions are not used/required.
An	Alphanumeric	Any letter/digit is allowed to be sent.
A	Alpha	Any letter is allowed to be sent.

The following record types have been defined to allow the same message structure to be used by any Service Provider wishing to send transactions via the VPHN:

RECORD TYPE	DEFINITION
H	Header Record
S	Record showing information regarding the Service Provider who is submitting the claim / batch of claims. There may be multiple S records for each H record. Note that If a batch claim message is submitted containing multiple claims for multiple service providers the data set identifier of the first Service Provider Record (S Record) in the claim message will be returned (*see section B:3 Switch Claim Format*). It is therefore advisable that batch claim messages should not contain claims for more than one service provider.
M	Record showing membership information. There may be multiple M records for each preceding S record.

RECORD TYPE	DEFINITION
P	Record showing patient information. There may be multiple P records for each preceding M record. Each P record must reflect a single claim ie: - one patient instance for one service date for non-hospital claims, and - one patient instance for hospital claims ie multiple service dates under one P can be submitted for hospital claims
HA	Record showing admission date/time into hospital.
HD	Record showing date/ time of discharge from hospital.
DR	Record showing detailed doctor information. There can be multiple doctor detail records per patient (claim) record and / or per treatment record. Note that for an Admitting, Referring, Referred To or Discharging DR records (field DR4 = 04, 05, 06 or 07) the DR record should be on claim level. For Attending/Treating/Prescribing, Assisting and Anaesthetist DR records (field DR4 = 01, 02 and 03) the DR record should be on treatment level.
D	Record showing diagnostic information per doctor type. There may be multiple diagnoses for multiple doctor types per treatment record The D record may follow the P record (for claim level diagnoses eg referring doctor diagnoses) or the T, C and L records (for treatment / claim line level diagnoses eg attending / treating doctor diagnoses) Note that for an Admitting, referring or discharging D records (field D2 = 02, 03 or 04) the D record should be on claim level. For Attending or Prescribing D records (field D2 = 01) the D record should be on treatment or line level. If an Attending D record (field D2 = 01) applies to all the treatment lines of a treatment, the D record should only be supplied on the header level. If however the D records differ per line of a treatment, it should be supplied on each individual line
T	Record showing treatment information. There should be 1 (one) type "T" record for every treatment a patient receives. These treatments include any consultation or procedure (tariff code), materials / consumables used during a consultation or procedure and the prescription for any medicines that were prescribed (the details related to the medicines prescribed are populated in the C record).
PR	The procedure record can be repeated per tariff treatment e.g. for different procedures performed whilst patient is in theatre. For hospital claims, the PR record must also be included at header level to indicate the Planned Tariff/Procedure codes at the time of admission – this may/may not be the procedure eventually performed, depending on the diagnosis made in hospital

RECORD TYPE	DEFINITION
MD	Record showing modifier information. This record is used for tariffs / treatments that include modifiers that are billed on the same line as the tariff with a single value. T12 is used to submit the tariff and the MD record is used to submit the accompanying modifier codes There may therefore be multiple modifier codes per treatment.
OP	Record showing optometry prescription detail. There can be multiple optometry detail records per tariff item. Lens prescriptions are specified per eye.
N	Record showing detailed 'tooth' information specific to dental claims. There may be multiple type "N" records per treatment.
G	Record showing additional general comments. This record type may appear in a number of different positions within the claim depending on the information being passed.
A	Record indicating the filename of an attachment. The attachment is not sent as part of the claim but separately – this is a reference to that attachment. Method of delivery of these files still has to be finalized.
C	Record showing consumable/medicine information. This is a conditional record that need only be written out if the preceding treatment type indicates that medicines were prescribed. There should be 1 (one) type "C" record for each medicine prescribed.
L	Record showing dental lab information detail. There can be multiple dental lab claims associated with the dentist claim. Tariff code used to indicate dental lab item is "9<nnn>". The "L" record is used in conjunction with a "Y" record for recording associated costs and sent with a corresponding "T" record.
Y	Record showing monetary information ie item line totals
Z	Record showing monetary information i.e. treatment / prescription totals.
F	Record showing footer information i.e. claim totals. There can only be 1 (one) type "F" record for every transaction. This will indicate the monetary totals for the entire claim.
E	Record type indicating the end of a file.
R	Record showing Claim response codes and messages There may be multiple R records. This record type may follow type "T", "C" or "L" records.
U	Record showing Drug Utilization Review (DUR) information. This information will not always be available depending on the system used by the Medical Fund.

RECORD TYPE	DEFINITION
RV	Record showing MSV response codes and messages
EB	Record showing eRA bank deposit details
I	Record showing claim item details for eRA responses
EY	Record showing claim item financial details for eRA reponses
EA	Record showing item financial allocation details for eRA responses
EJ	Record showing journal details for eRA responses
DS	Record showing disclaimer information for eRA responses
AF	Record showing additional financial information details for eRA responses
EZ	Record showing member total record details for eRA responses
EF	Record showing eRA financial totals record
DC	Record showing destination code file details

- Note that all monetary values must be VAT inclusive

B:3 SwitchClaim Format

B:3.1 Request Format

```
Type H
{
 Type S
 {
  Type M
  {
   Type P
        Type HA
        Type HD
   { [  Type PR  ] }
   { [  Type DR  ] }
   { [  Type D  ] }
   {
    Type T
    { [  Type DR  ] }
    { [  Type PR  ] }
    { [  Type MD  ] }
    { [  Type OP  ] }
    { [  Type D  ] }
    { [  Type N  ] }
    { [  Type G  ] }
    { [  Type A  ] }
    {
     [
      Type C (mixture)
      {  Type C  }
      { [  Type D  ] }
      { [  Type G  ] }
      Type Y
     ]
     [
      Type C (non-mixture)
      { [  Type D  ] }
      { [  Type G  ] }
      Type Y
     ]
    }
    {
     [
      Type L
      { [  Type N  ] }
      { [  Type D  ] }
      { [  Type G  ] }
      Type Y
     ]
    }
    Type Z
   }
    Type F
   }
  }
 }
  Type E
```

LEGEND
{Repeats} [Optional]

Header (Start of Message) Record – Type 'H'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"H"
2	Transmission Number	I..10	ALL	M R	Unique sequential number generated by the PMA to identify this claim or batch of claims. This number is also used to populate E2 of the request message Returned in H2 and E2 of the response message
3	Switch Format Version number	N..10	ALL	M	The version number of the Switch Format
4	PMA Software Package and Version No	An..30	ALL	M	The PMA software package and version number via which the claim is submitted. The version number should be separated from the package name using a colon (:)

Service Provider Record – Type 'S'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"S"
2	Request File Creation Date/Time	Dt..12	ALL	M	Date/Time stamp the request file is created (CCYYMMDDhhmm).
3	Billing Practice PCNS number	An..18	ALL	M R	PCNS number of Billing Practice Returned in S3 of the response message
4	Billing Practice Name	An..40	ALL		Name of Billing Practice
5	PMA Dataset Identifier	An..50	ALL	CM R	The PMA dataset from which the claim originated. This field is mandatory if the Service Provider / Billing practice has multiple datasets. This field is used by the PMA to link back responses to their corresponding datasets. Returned in S5 of the response message
6	Service Provider' / Billing Practice VAT Registration number	An..15	ALL	CM	The VAT registration number of the Service Provider / Billing Practice. Mandatory if the practice is registered for VAT.

Member Record – Type 'M'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"M"
2	Member ID	An..20	ALL		ID / Passport number of the principal member
3	Member Title	An..5	ALL		Title of the principal member e.g. Mr, Dr.
4	Member Initials	An..10	ALL		Initial(s) of the principal member.
5	Member Surname	An..30	ALL	M R	Surname of the principal member. Returned in M2 of the response message
6	Member Full Names	An..30	ALL	M R	Full name(s) of the principal member. Returned in M3 of the response message
7	Membership Number	An..20	ALL	CM R	Medical Fund membership number of the principal member. Mandatory for transaction types 302, 303 and 304 Returned in M4 of the response message
8	Card Swipe Indicator	An..1	ALL		Y/N – Indicator to show if the member information was retrieved by swiping a membership card.
9	Member's PMA Account No	An..15	ALL	M R	Member's account number in the Service Provider's PMA Returned in M5 of the response message
10	Address 1	An..35	ALL		Postal Address Line 1
11	Address 2	An..35	ALL		Postal Address Line 2
12	Town/City	An..35	ALL		Town/City
13	Postal Code	An..4	ALL		Postal Code
14	Cardholder Telephone / Cellphone No	An..20	ALL		Telephone / Cellphone number of the principal member
15	Medical Scheme Plan / Option Name	An..20	ALL		The plan / option name of the medical scheme
16	Medical Scheme Plan / Option Reference / Number	An..14	ALL		The plan / option number of the medical scheme.
17	Medical Scheme Name	An..20	ALL		The name of the medical scheme
18	Medical Scheme Registration Number	An..15	ALL		Registration number of Medical Scheme

Member Record – Type 'M'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
19	Medical Scheme Registration Type indicator	An..2	ALL		01 – CMS Registration Number 02 – Phisc Registration Number 03 – Other
20	Medical Scheme Claim option	AN..15	ALL		Medical Scheme claiming arrangements specific to this claim ie contract / network / re-imbursement arrangement
21	Switch Destination Code	An..8	ALL	M	Switch Destination Code for the Medical Scheme / Plan

Patient Record – Type 'P'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"P"
2	Dependant Code	An..3	ALL	R	The patient's dependant code as supplied by the Medical Fund (scheme specific) Returned in P2 of the response message
3	Patient Surname	An..30	ALL	M R	Surname of the person receiving treatment Returned in P3 of the response message
4	Patient Initials	An..5	ALL	R	Initials of the person receiving treatment Returned in P4 of the response message
5	Patient Full Name	An..30	ALL	M R	Full name(s) of the person receiving treatment. Returned in P5 of the response message
6	Patient DOB	Dt..8	ALL	R	Date of Birth of the person receiving treatment – CCYYMMDD format (scheme specific) Returned in P6 of the response message
7	Patient Gender	An..1	ALL		Gender of the person receiving treatment. M – Male F – Female O – Other (scheme specific)

Patient Record – Type 'P'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
8	Patient Relation Code	An..2	ALL		Code representing the relationship between the person receiving treatment and the Medical Fund member. 01 – Main Member 02 – Son 03 – Spouse 04 – Daughter 05 – Mother 06 – Father 07 - Other
9	Patient ID/Passport number	An..20	ALL	R	Patient ID/Passport Number (scheme specific) Returned in P7 of the response message
10	Recall Date	Dt..8	D		The date of the next visit for the patient. This is currently specific to dental claims and used for managed Healthcare.
11	COID Indicator	An..2	D,G,H	CM	01 – COID Used to identify COID claims Empty by default
12	Date of Accident/Injury	Dt..8	D,G,H	CM	Date of accident / injury (CCYYMMDD) Mandatory for COID claims ie if P11 = 01
13	Employer Name	An..35	D,G,H	CM	Mandatory for COID claims ie if P11 = 01
14	Employer Registration Number	An..35		CM	Mandatory for COID claims ie if P11 = 01
15	Employee No	An..35	D,G,H		Employee number (for COID claims only ie if P11 = 01)
16	CIR/CC/ Insurance No	An..35	D,G,H		CIR (Commissioner Issued Reference Number) / CC / Insurance number.
17	Authorization No	An..20		R	Medical Scheme authorization number for this claim Returned in P8 of the response message
18	Confirmation No	An..20		R	Confirmation number given verifying a valid authorization number Returned in P9 of the response message
19	Patient's PMA Account No	An..15		R	The patient's account number in the service providers PMA. (Used if service provider allocates a unique account number to each patient / dependant) Returned in P10 of the response message

Patient Record – Type 'P'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
20	Outpatient/ Hospital Patient	An..2	H	CM	In / Out Hospital Indicator 01 = Outpatient 02 = In Hospital Patient Returned in P11 of the response message Mandatory for hospital claims
21	Patient Height	I..3	H, G		Specified in centimeters with no decimals and rounded down
22	Patient Weight	I..6	H, G		Specified in grams with no decimals and rounded down
23	PMA Claim Reference Number	An..10	ALL	MR	Unique number generated by the PMA to identify this claim / invoice This number is returned in P12 of the response message

Hospital Admission Record – Type 'HA'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	ALL	M	"HA"
2	Admission Date/Time	Dt..12	H	M	Date and time of admission into hospital (CCYYMMDDhhmm).
3	Type of Service	An..2	H		Type of Service being performed: 01 – Medical 02 – Maternity 03 – Surgical 05 – Emergency

Hospital Discharge Record – Type 'HD'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	ALL	M	"HD"
2	Discharge Date/Time	Dt..12	H	CM	Date and time discharged from hospital (CCYYMMDDhhmm).
3	Disposal Code	An..2	H		01 – Home or self care 02 – Discharge to another short term facility 03 – Stepdown 04 – Discharge to another type of facility

Hospital Discharge Record – Type 'HD'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
					05 – Home nursing 06 – Left against medical advise 07 – Home IV service 08 – Neonatal ICU 09 – Neonatal high care 10 – Expired (died) 11 – Still an inpatient

Doctor Record – Type 'DR'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	ALL	M	"DR"
2	Doctor PCNS number	An..18	ALL	M	Doctor PCNS number
3	Doctor Name	An..30	ALL		Doctor name.
4	Doctor Type Code	An..2	ALL	M	01 – Attending/Treating/Prescribing Doctor 02 – Assisting Doctor 03 – Anaesthetist 04 - Admitting Doctor 05 - Referring Doctor 06 – Referred to Doctor 07 – Discharging Doctor
5	Doctor's CMS Registration Number	An..20	ALL	CM	Doctor's registration number for the CMS type in DR6 Mandatory if DR4 = 01
6	CMS Doctor Type Indicator	An..2	ALL	CM	Council of Medical Schemes Types: 01 – HPCSA 02 – A HPCSA 03 – SACSSP 04 – SADTC 05 – SANC 06 – SAPC Mandatory if DR4=01
7	Dispensing Doctor's License No	An..20		CM	Dispensing doctor's license number. Mandatory for dispensed medicine claims

8	Designated Service Provider Indicator	An..1			Y or N Use “G” record to disclose reason if “N”. (Refer to Annexure A:4 for a list of reasons)
9	Doctor Tracking Number	An..15			Referring / Referred to doctor tracking number.

Doctor Diagnosis Record – Type ‘D’					**SwitchClaim Request Format**
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	G,D,H	M	“D”
2	Doctor Type Code	An..2	ALL	M	Used to differentiate between the attending, admitting, referring and discharging doctor diagnosis ie 01 = Attending Doctor / Prescribing 02 = Admitting Doctor 03 = Referring Doctor 04 = Discharging Doctor
3	Diagnosis Code Type	An..2	G,D,H	M	Indicate the diagnosis code type for the above code. Possible values are: 01 – ICD10 02 – ICD-DA (Dental) 03 – Free Text (Specify in D5)
4	Diagnosis Code	An..10	G,D,H	CM	Doctor Diagnosis Code Mandatory if D3 is not equal to 03
5	Diagnosis Description	An..70	G,D,H	CM	Free text describing the Doctor Diagnosis Mandatory if D3 = 03 (Free Text)
6	Extended Diagnosis	An..2	G,D,H	M	Indicates whether this diagnosis is primary, secondary, a co-morbidity or a complication. Possible values are: 01 – Primary 02 – Secondary 03 – Co-Morbidity 04 – Complication 05 – Allergy

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"T"
2	Treatment number	I..4	ALL	M	Sequential number for this treatment within the preceding type 'P' record.
3	Treatment Start Date/Time	Dt..12	ALL	CM R	Start date and time of the treatment. Use the CCYYMMDDhhmm format. CCYYMMDD – mandatory hhmm – optional Returned in T2 of the response message
4	Treatment End Date/Time	Dt..12	ALL	CM R	End date and time of treatment. Use the CCYYMMDDhhmm format. Mandatory if the end date is not the same as the start date CCYYMMDD – mandatory hhmm – optional Returned in T3 of the response message
5	Authorization No	An..20	H,G,P	R	Used to populate an authorization number provided by the scheme. For claim reversals, use the original authorization number received from the Medical Scheme to populate this field. Returned in T4 of the response message
6	PMA Script / Lab Invoice Number	An..20	ALL	R	Unique number generated by the PMA to identify this prescription / lab invoice This number is returned in T5 of the response message
7	PMA Claim Line Number	An..20	All	CM R	Unique reference number generated by the PMA to identify this treatment line Mandatory for Consultation, Procedure and Material Claims. This number is used to link MSR and Switch responses to the original claim lines and for the auto allocation and reconciliation of eRA responses Returned in T6 in the response message.

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
8	Treatment type Indicator	An..2	ALL	M R	The type of treatment received: 01 – Dispensed Medicine 02 – Tariff 03 – Modifier (use for modifiers that are billed on their own lines - without tariff codes and with their own monetary values) Returned in T8 of the response message
9	Quantity / Number of Units	N..8	ALL	M R	The quantity or number of units applicable to the Unit Type in T10. Default = 100 Returned in T9 of the response message
10	Quantity / Unit Type Indicator	An..2	ALL	M	Applicable to quantity / number of units in T9 01 – Day 02 – Hour 03 – Minute 04 – Second 05 – Kilometer 06 – Unit (default) 07 – Item (used for dispensed medicines and lab invoices to identify the number of medicines/items included with this script/claim) 08 – Theatre Time (Indicate number of minutes in T9) Returned in T10 of the response message
11	Tariff / Procedure / Modifier Code	An..15	ALL	CM R	The tariff / procedure / modifier/medicine item tariff code for this treatment Mandatory if T8 is not equal to 01 (Dispensed Medicine) Returned in T10 of the response message

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
12	Tariff Code Type / Procedural Coding Standard	An..2	ALL	M	Indicator to show what type of tariff code has been sent in field T11. Allowable values are: 01 – NHRPL 02 – NAPPI (use if T8 = 01) 03 – CPT / CCSA (CPT) 04 – CDT 05 – SAOA (South African Optometric Ass) 06 – Orthotist 07 – UPFS
13	Modifier Type	An..2	ALL		Used to identify the type of Modifier: 01 = Informational Modifier 02 = Reduction Modifier 03 = Add Modifier 04 = Compound Modifier
14	NAPPI Code	An..9	ALL	CM R	NAPPI code for this item. This field is only used for consumables where the Dispensed Medicine Record (C Record) is not part of the treatment, also called an "In Line Consumable). Returned in T11 of the response message.

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
15	Service Rate / Pricing Tariff Indicator	An..2	ALL		Used to indicate the rate / pricing standard used: 01 – NHRPL 02 – COID 03 – Fund Tariff 04 – Managed Fee for Service 05 – Group Capitation 06 – Individual Capitation 07 – Ethical Tariff Rates (HPCSA) 08 – SAMA 09 – SADA 10 – SAOA 11 – HASA 12 – Fixed Fee (Hospital) 13 – Per Diem (Hospital) 14 – UPFS
16	Tariff / Modifier / Treatment Description	An..70	ALL	R	Description of the tariff / modifier code or treatment Returned in T12 of the response message
17	Registered PMB Condition	A..1			'Y' / "N" – If 'Y' use Diagnosis record D to describe indicated PMB condition.
18	Script Written Date	Dt..8	G,P		Date prescription was written.
19	Benefit Type Indicator	An..2	G,P	R	Benefit Type Indicator: 01 – Acute (Default) 02 – Chronic 03 – Over the Counter / PAT 04 – Chemotherapy Returned in T13 of the response message

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
20	Hospital Tariff Type	An..2	H		Used for in-hospital claims to indicate the type of treatment: 01 – Ward Fees 02 – Theatre Fees 03 – TTO 04 – Ward Extra 05 – Gas 06 – Dispensed Drugs 07 – Exclusions 08 – Ward Drugs 09 – Theatre Drugs 10 – Miscellaneous 11 – Theatre Extra 12 – Dispensary Fees 13 – Management Fees
21	Laboratory PCNS or Council Registration number	An..18	D		Dental or Pathology laboratory PCNS number or Council registration number.
22	Laboratory reference number	An..32	D	R	Dental or Pathology laboratory reference number Returned in T14 of the response message
23	Laboratory Name	An..20	D		Dental or Pathology laboratory name.
24	Re-submission Reason Code	An..2	ALL		Code indicating the reason for a claim being resubmitted: 01 – Unpaid 02 – Details Changed This field should be blank by default. Populate this field with one of the above codes when a previously transmitted claim line is re-submitted / re-sent.
25	Original Claim / Script / Invoice number	An..20	ALL	CM	The original unique number generated by the PMA to identify this claim / prescription / lab invoice Mandatory when resubmitting / resending claims. Empty by default

Treatment Record – Type 'T'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
26	Date/Time Original Claim / Script / Invoice file was created	Dt..12	ALL	CM	Date/Time stamp the claim file was originally created (CCYYMMDDhhmm) Mandatory when resubmitting / resending claims Empty by default
27	PHISC Place of Service Code	An..2	H	CM	PHISC Place of Service Code. (refer to Annexure A:2) Primarily used to differentiate between in and out hospital patient treatments Mandatory for treatments provided to in-hospital patients

Procedure Record – Type 'PR'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	H	M	"PR"
2	Procedure Code	An..15	H	M	Procedure code.
3	Procedure Code Type	An..2	H	M	Procedure code type / standard: 01 – NHRPL 02 – CPT / CCSA 03 – CDT
4	Procedure Description	An..70	H	M	Procedure Description.

Modifier Record – Type 'MD'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	ALL	M	"MD"
2	Modifier Code	An..15	ALL	M	Used to submit modifier codes that are billed in the same line as the tariff with a single value
3	Modifier Type	An..2	ALL		Used to identify the type of Modifier: 01 – Informational Modifier

					02 – Reduction Modifier 03 – Add Modifier 04 – Compound Modifier

Optical Record – Type 'OP'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..2	O	M	"OP"
2	Item No	I..2	O	M	Sequence number of this item within the preceding type "T" record.
3	Frame Supplier Name	An..50	O		Frame Supplier Name.
4	Frame Model Name	An..50	O		Frame model name.
5	Frame Model Number	An..5			Frame model number
6	Frame Size	An..8			Frame size
7	Eye – L/R	An..1	O		L – Left eye R – Right eye
8	Lens Prescription Sphere	N..5	O		Sphere (Abbreviation: SPH): This is the amount of Short-sightedness or Long-sightedness expressed in Dioptres (a function of the focal length).
9	Lens Prescription Cylinder	N..5	O		Cylinder (Abbreviation: CYL): This indicates the amount of astigmatism resent in the eye. Cyl values (also expressed in dioptres) always have a negative value.
10	Lens Prescription Axis	N..5	O		Axis (major plane): This describes the axis of astigmatism.
11	Lens Prescription Reading Additions	N..5	O		This is the additional strength used in a multifocal lens.
12	Lens Prescription Prism	N..5	O		Prism: This lens component is used as an aid for correcting muscle imbalances and squints.
13	Lens Prescription Base	An..15	O		Base: This describes the direction of the prism base: In, Out, Up and Down and the intermediates In and Up, In and Down, Out and Up and Out and Down.
14	Density of Tint	An..6	O		Density of tint specified per eye.

Optical Record – Type 'OP'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
15	Description	An..70	O		Description of the lens or frame.

Tooth Record – Type 'N'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	D	M	"N"
2	Tooth Number	I..2	D	M	Number of the tooth. Format of this number is: First digit indicates the quadrant in the mouth. Adults: Quad 1 – 4 ; 8 permanent teeth/quad. Second digit indicates the tooth in the quadrant. Children: Quad 5 – 8 ; 5 milk teeth/quad.
3	Tooth Surface	A..7	D		This field indicates the surface(s) on which the preceding treatment was performed. There are 7 possible entries, each of which should be sent if that surface was worked on. The possible entries are: B – Buccal D – Distal O – Occlusal L – Lingual I – Incisal P – Palletal M – Measal
4	Super-Numary Tooth Indicator	A..1	D		This field will be set to "S" if a super-numary tooth was worked on.

General Comments Record – Type 'G'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"G"
2	General Comments	An..512	ALL	M	General comments.

File Attachment Record – Type 'A'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1		M	"A"
2	File Name	An..128			Name of the file. The contents of the attachment would be separated from the claim by a NULL (0) character, and would be followed by a NULL (0) character. If multiple files are attached, it would be separated by a single NULL (0) character.
3	File Size	I..7		M	Size of the attachment in bytes. The total transaction size may not exceed 5 Megabytes.

Dispensed Medicine Record – Type 'C'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"C"
2	Mixture Indicator	An..1	ALL	M R	Y/N – To indicate if this item is a mixture (Default "N"). Returned in C2 of the response message
3	Mixture Ingredient No	I..2	P	M R	Sequence number of ingredient within a mixture. Defaults to '0' for all records that are not an ingredient that forms part of a mixture. Set to '1' for first ingredient within a mixture, then increment by 1 for each new ingredient. Returned in C3 of the response message
4	Mixture Ingredient/Unit Cost	N..9	P	CM	Gross cost of an ingredient within a mixture. Mandatory if C2 = Y and C3>0
5	Medicine Type	An..2	P	CM	An indicator for the type of mixture dispensed: 01 – Drops 02 – Liquid (Default) 03 – Cream 04 – Powder
6	NAPPI Code	An..9	ALL	M R	NAPPI code for this item. Returned in C4 of the response message

Dispensed Medicine Record – Type 'C'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
7	EAN Code	An..15	ALL		EAN code for this item.
8	Item Description	An..70	ALL	M R	Description of the item. Returned in C7 of the response message
9	Quantity / Number of Units dispensed	N..10	ALL	M R	Total quantity of the item dispensed. For a mixture header, this is the total quantity of all ingredients. Where a pack can be broken, the individual quantity must be specified e.g. 200 (ml liquid); 15 (tablets) etc. Where a pack can't be broken, e.g. eye drops, a quantity of 1 is specified. Returned in C8 of the response message
10	Daily Dosage	I..6	G,P		Number of doses per day.
11	Days of Therapy	I..3	G,P	M	Number of days of supply.
12	Basis of Days of Therapy	An..2	G,P		Basis on which the 'days of supply' was calculated. 01 – Not Specified 02 – On Script / Implicit Usage 03 – Dispensers Estimation 04 – Doctor's Directions
13	Repeat Number	I..2	G,P		The number of this repeat.
14	Repeats Authorised	I..2	G,P		Total number of repeats authorized.
15	Original Prescription Number	An..20	G,P		The number of the original script filled in the case of a repeat.
16	DAW	An..2	G,P		Dispense as written code: 01 – No DAW (Default) 02 – Dr. DAW 03 – Pat. DAW 04 – Rph. DAW 05 – No generic available 06 – Brand dispensed as generic
17	Benefit Type Indicator	An..2	G,P	M	Benefit Type Indicator: 01 – Acute (Default)

Dispensed Medicine Record – Type 'C'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
					02 – Chronic 03 – Over the Counter / PAT 04 – Chemotherapy
18	Authorisation No	An..20	G,P	R	The authorization number provided by the medical scheme for this medicine item Returned in C10 of the response message
19	Basis of Price	An..2	G,P		How the price was calculated: 01 – Single Exit Price (SEP) 02 – Avg Wholesale Price 03 – Avg Wholesale + Amount 04 – Avg Wholesale + % 05 – Other (Default)
20	PMA Medicine Item Line Number	An..20	G,P	M R	Unique number for this medicine generated by the PMA and stored within the Provider's database. This number is used to link MSR and Switch responses to the original claim lines and for the auto allocation and reconciliation of eRA responses Returned in C12 of the response message.
21	Re-Submission Reason Code	An..2	G,P		Code indicating the reason for a dispensed medicine being resubmitted: 01 – Unpaid 02 – Details Changed This field should be blank by default. Populate this field with one of the above codes when a previously transmitted dispensed medicine is re-submitted.

Laboratory Record – Type 'L'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	D	M	"L"
2	Item No	I..2	D	M	Sequence number of this item within the preceding type "T" record.
3	Lab Item Tariff	An..15	D	M R	Lab tariff code.

Laboratory Record – Type 'L'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
	Code				Returned in L2 of the response message
4	Lab Tariff Description	An..70	D	R	Item description of tariff code. Returned in L3 of the response message
5	Quantity / Number of Units	N..9	D	M R	Number of items / units Returned in L4 of the response message
6	PMA Item Line Number	An..20	D	M R	Unique number generated by the PMA for this Lab Item This number is used to link MSR and Switch responses to the original claim lines and for the auto allocation and reconciliation of eRA responses Returned in L5 of the response message

Item Financial Record – Type 'Y'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"Y"
2	Item Net Amount / Price (inclusive of VAT)	N..12	ALL	M	Item net amount / price (ie Single Exit Price or Wholesale Price or Shelf price of item) for the preceding 'C' record or Lab Item net amount for the preceding 'L' record
3	Item Gross Amount / Price (inclusive of VAT)	N..12	ALL	M	Item Gross amount / price plus markup / fees ie Y3 = Y2 + Y4 + Y5 + Y6 + Y7
4	Item Dispensing Fee / Mark-up	N..12	P		Dispensing fee / mark-up for the item reflected on the preceding C record
5	Container Fee	N..12	P		Container fee for the item reflected in the preceding C record
6	Excess Time Fee	N..12	P		The excess time fee charged for the additional time devoted to the compounding and/or manufacture of the item reflected in the preceding C record.
7	Item Contract Fee	N..12			Contract Fee for the item reflected in the preceding C record

Item Financial Record – Type 'Y'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
8	Item Claimed Amount	N..12	ALL	M	Item Gross amount less discount amount ie Y8 = Y3 – Y9
9	Discount Amount	N..12	ALL		Item discount amount
10	Patient Levy Amount	N..12	ALL		The patient levy amount for this item to be collected at the point of service
11	MMAP Surcharge Amount	N..12	G,P		In the instance where the Medical Fund has adopted the MMAP program, but the patient chooses to take a higher-priced non-MMAP product – the patient is liable for the difference in the prices of the respective products – the difference is referred to as the MMAP surcharge this is payable by the member.
12	Item Co-Payment Amount	N..12	ALL		The patient co-payment amount for this item
13	Item Patient Liable Portion	N..12	ALL		The patient levy amount plus the MMAP surcharge amount plus the patient co-payment amount for this item (ie Y13 = Y10 + Y11 + Y12)
14	Item Medical Fund Liable Amount	N..12	ALL		Item claimed amount less item patient liable amount (ie Y14 = Y8 – Y13)
15	Member Reimbursement Amount	N..12	ALL		Used to Identify a Member Paid Claim and the amount to be reimbursed by the scheme to the member. Field to be populated with the medical fund liable amount that was paid by member / patient for this item.

Treatment Financial Record – Type 'Z'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"Z"
2	Treatment / Prescription Net Amount	N..12	ALL	M	Net price for the treatment / prescription reflected in the preceding T record or Summation of item net amounts for the preceding Y records (following each C or L record) ie Z2 = (SUM Y2)

Treatment Financial Record – Type 'Z'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
3	Treatment / Prescription Gross Amount	N..12	ALL	M	Gross price for the treatment / prescription reflected in the preceding T record plus mark-up / fees ie Z3 = Z2+Z4+Z5+Z6+Z7+Z8+Z9+Z10 or Summation of item gross amounts for the preceding Y records (following each C or L record) Ie Z3 = (SUM Y3)
4	Total Dispensing Fee / Mark-up for Prescription	N..12	P		Summation of item dispensing fees / mark-ups for the preceding Y records (following each C record) ie Z4 = (SUM Y4)
5	Total Container Fees for Prescription	N..12	P		Summation of item container fees for the preceding Y records (following each C record) ie Z5 = (SUM Y5)
6	Excess Time Fee	N..12	P		Summation of the excess time fee charged for the additional time devoted to the compounding and/or manufacture of the item reflected in the preceding Y records (following each C record). ie Z6 = (SUM Y6)
7	Prescription Call-out Fee	N..12	P		Call-out fee or Late fee, for after hours prescription.
8	Prescription Copy Fee	N..12	P		Fee for providing a copy of the prescription
9	Prescription Delivery Fee	N..12	P		Fee for delivering the prescription.
10	Contract Fee	N..12	ALL		Summation of contract fees for the preceding Y records (following each C or L record) ie Z10 = (SUM Y7)
11	Treatment / Prescription Claimed Amount	N..12	ALL	M	Treatment / Prescription gross amount less discount amount ie Z11 = Z3 – Z12 or Summation of item claimed amounts for the preceding Y records (following each C or L record) ie Z11 = (SUM Y8)

Treatment Financial Record – Type 'Z'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
12	Discount Amount	N..12	ALL		Treatment / Prescription discount amount or Summation of item discount amounts for the preceding Y records (following each C or L record) ie Z12 = (SUM Y9)
13	Patient Levy Amount	N..12	ALL		Treatment / Prescription patient levy amount collected at the point of service or Summation of item deductible / levy amounts for the preceding Y records (following each C or L record) Ie Z13 = (SUM Y10)
14	MMAP Surcharge	N..12	G,P		Summation of item MMAP surcharge amounts for the preceding Y records (following each C record) Ie Z14 = (SUM Y11)
15	Treatment / Prescription Patient Co-Payment Amount	N..12	ALL		Patient co-payment amount for the treatment / prescription reflected in the preceding T record or Summation of patient co-payment amounts for the preceding Y records (following each C or L record) Ie Z15 = (SUM Y12)
16	Treatment / Prescription Patient Liable Portion	N..12	ALL		Patient levy amount plus MMAP surcharge amount plus patient co-payment amount for the treatment / prescription reflected in the preceding T record (ie Z16 = Z13 + Z14 + Z15) or Summation of treatment / prescription patient liable amounts for the preceding Y records (following each C or L record) Ie Z16 = (SUM Y13)
17	Treatment / Prescription Medical Fund Liable Amount	N..12	ALL		Claimed amount less patient liable amount for the treatment / prescription reflected in the preceding T record (ie Z17 = Z11 – Z16) or Summation of treatment / prescription medical fund liable amounts for the

Treatment Financial Record – Type 'Z'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
					preceding Y records (following each C or L record) Ie Z17 = (SUM Y14)
18	Member Reimbursement Amount	N..12	ALL		Used to Identify a Member Paid Claim and the amount to be reimbursed by the scheme to the member. Field to be populated with the medical fund liable amount that was paid by member / patient for this treatment / prescription. F18 = (SUM Y15)

Claim Financial Record – Type 'F'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"F"
2	Claim Net Amount	N..12	ALL	M	Net amount of the claim for the patient reflected in the preceding P record or Summation of treatment / prescription net amounts for the preceding Z records following each T record for the same patient (P record) ie F2 = (SUM Z2)
3	Claim Gross Amount	N..12	ALL	M	Gross amount of the claim for the patient reflected in the preceding P record or Summation of treatment / prescription gross amounts for the preceding Z records following each T record for the same patient (P record) ie F3 = (SUM Z3)
4	Total Claimed Amount	N..12	ALL	M	Claim gross amount less claim discount amount ie F4 = F3 – F5 or Summation of treatment / prescription claimed amounts for the preceding Z records following each T record for the same patient (P record) ie F4 = (SUM Z11)

Claim Financial Record – Type 'F'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
5	Claim Discount Amount	N..12	ALL		Claim discount amount or Summation of treatment / prescription discount amounts for the preceding Z records following each T record for the same patient (P record) ie F5 = (SUM Z12)
6	Claim Deductible / Levy Amount	N..12	ALL		Claim cumulative levy amount collected at the point of service or Summation of treat,emt / prescription deductible / levy amounts for the preceding Z records following each T record for the same patient (P record) Ie F6 = (SUM Z13)
7	Claim MMAP Surcharge	N..12	G,P		Summation of prescription MMAP surcharge amounts for the preceding Z records following each T record for the same patient (P record) Ie F7 = (SUM Z14)
8	Claim Co-Payment Amount	N..12	ALL		Scheme co-payment amount for the claim for the patient reflected in the preceding P record or Summation of treatment / prescription co-payment amounts for the preceding Z records following each T record for the same patient (P record) Ie F8 = (SUM Z15)
9	Receipt No	An..10	ALL		Receipt number issued to patient for payment.
10	Claim Patient Liable Portion	N..12	ALL		Levy amount plus MMAP surcharge amount plus co-payment amount for the claim for the patient reflected in the preceding P record (ie F10 = F6 + F7 + F8) or Summation of treatment / prescription patient liable amounts for the preceding Z records following each T record for the same patient (P record) Ie F10 = (SUM Z16)

Claim Financial Record – Type 'F'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
11	Claim Medical Fund Liable Amount	N..12	ALL		Total claimed amount less patient liable amount for the claim for the patient reflected in the preceding P record ie F11 = F4 – F10 or Summation of treatment / prescription medical fund liable amounts for the preceding Z records following each T record for the same patient (P record) Ie F11 = (SUM Z17)
12	Member Reimbursement Amount	N..12	ALL		Used to Identify a Member Paid Claim and the amount to be reimbursed by the scheme to the member. Field to be populated with the medical fund liable amount that was paid by member / patient for this claim. F12 = (SUM Z18)

Footer (End of Message) Record – Type 'E'					SwitchClaim Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"E"
2	Transmission Number	I..10	ALL	M	Unique sequential number generated by the PMA to identify this claim/group of claims. This number is also populated in the 'H2' request record. This number is returned in H2 and E2 of the response message
3	Number of Claims	I..3	ALL	M	Total number of claims (P records) in the file.
4	Value of Claims	N..12	ALL	M	Total value of claims in the batch. (This is a control total of the sum of the applicable net amounts in Z2 records or the sum of the applicable net amounts in the F2 records).

B:3.2 Response Format

```
{
 Type H
 {
  [
   Type S
   Type M
   Type P
   {
    Type T
    {
     [
      Type C
      [
       {
        Type C
        { [ Type R ] }
        { [ Type U ] }
        { [ Type G ] }
        Type Y
       }
      ]
      { [ Type R ] }
      { [ Type U ] }
      { [ Type G ] }
      Type Y
     ]
     [
      {
       Type L
       { [ Type R ] }
       { [ Type G ] }
       Type Y                          (Note : Mixture Total)
      }
     ]
     { [ Type R ] }
     { [ Type G ] }
    }
    Type Z
    { [ Type R ] }
    { [ Type G ] }
   }
   Type F
  ]
 }
 { [Type G] }
 Type E
}
```

LEGEND:
{Repeats} [Optional]

Note: In the case of mixtures, a Y record per ingredient as well as a summation Y record for the mixture ingredient may be returned.

Note: Medical Schemes may only supply financial information on a header level on some responses, if returned at all. Therefore some line level responses may have “zero” values even though the status may indicate “Paid in Full, or “Paid in Part”

Header (Start of Message) Record – Type 'H'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"H"
2	Transmission Number	I..10	M	The original number transmitted in H2 and E2 of the request message. This number used to identify this claim/group of claims. This number is also returned in E2 of the response record

Service Provider Record – Type 'S'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"S"
2	Response File Creation Date/Time	Dt..12	M	Date/Time stamp the response file was created (CCYYMMDDhhmm).
3	Billing Practice PCNS number	An..18	M	PCNS number of Billing Practice
4	Billing Practice Name	An..40		Name of Billing Practice
5	PMA Dataset Identifier	An..50		The PMA dataset from which the claim originated. If populated in the request message this field is returned to enable the PMA to link back the response message to the corresponding dataset submitted with the original request message.
6	Reject Count	I..3		Number of claim line rejections/errors.

Member Record – Type 'M'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"M"
2	Member Surname	An..30	M	Surname of the principal Medical Fund member.
3	Member Full Names	An..30	M	First name(s)/initials of the Medical Fund member.

Member Record – Type 'M'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
4	Membership Number	An..20	M	Medical Fund membership number.
5	Member's PMA Account No	An..15	M	The member's account number in the service providers PMA as transmitted in M9 of the request message
6	Medical Scheme Name	An..20		The name of the medical scheme
7	Medical Scheme Registration Number	An..15		Registration number of Medical Scheme
8	Switch Destination Code	An..8	M	Switch Destination Code for the Medical Scheme / Plan
9	Destination Contact Number	An..20		Telephone number of the destination call centre / help desk

Patient Record – Type 'P'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"P"
2	Dependant Code	An..3		The patient's dependant code
3	Patient Surname	An..30	M	Patient's surname
4	Patient Initials	An..5		Patient's initials
5	Patient Full Name	An..30	M	Patient's full name(s)
6	Patient DOB	Dt..8		Date of Birth of the person receiving treatment – CCYYMMDD format.
7	Patient ID/Passport number	An..20		Patient's ID/Passport number
8	Authorization No	An..20		Medical Scheme authorization number for this claim
9	Confirmation No	An..20		Confirmation number given verifying a valid authorization number
10	Patient's PMA Account No	An..15		The patient's account number in the service provider's PMA as transmitted in P19 of the request message
11	Outpatient/ Hospital Patient	An..2		The In / Out Hospital Indicator submitted in P20 of the request message
12	PMA Claim Reference Number	An..10	M	Unique number generated by the PMA to identify this claim / invoice and submitted in P23 of the request message

Patient Record – Type 'P'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
13	Response / Status Level Indicator	An..2	M	Indicates at what level the response is given 01 = Patient (P) record 02 = Treatment (T) record 03 = Item (C or L) record
14	Response Result Code	An..2		Indicates type of response message being sent at claim level: 01 = Claim Accepted for delivery 02 = Claim Accepted for processing 03 = Claim Rejected 04 = Claim Approved for Payment 05 = Claim Approved for Part Payment 06 = Claim Reversal Accepted 07 = Claim Reversal Rejected
15	Responding Party	An..2		01 = Switch 02 = Medical Scheme / Administrator

Treatment Record – Type 'T'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"T"
2	Treatment Start Date/Time	Dt..12	M	Start date/time of treatment.
3	Treatment End Date/Time	Dt..12		End date/time of treatment.
4	Authorisation Number	An..20		Medical Scheme authorization number for this treatment
5	PMA Script /Lab Invoice Number	An..20		The original prescription / invoice number submitted in T6 of the request record
6	PMA Claim Line Number	An..20		Unique reference number generated by the PMA for this treatment line, as submitted in T7 of the request message. This number is used to link the response to the original request.
7	Scheme / Destination Claim reference tracking number	An..12		Medical scheme / destination claim reference tracking number

Treatment Record – Type 'T'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
8	Treatment Type Indicator	An..2		The type of treatment received (as submitted in T8 of the request format): 01 – Dispensed Medicine 02 – Tariff 03 – Modifier
9	Quantity / No of Units	N..8		The quantity or number of units
10	Tariff / Procedure / Modifier Code	An..15		The tariff / procedure / modifier code for this treatment, as submitted in T11 of the request format.
11	NAPPI	An..9		NAPPI code for this item
12	Tariff / Treatment Description	An..70		Description of the tariff code or treatment
13	Benefit Type Indicator	An..2		Benefit Type indicator: 01 – Acute (Default) 02 – Chronic 03 – Over the Counter / PAT 04 – Chemotherapy
14	Laboratory reference number	An..32		Dental or Pathology laboratory reference number, as submitted in T22 of the request format.
15	Response Result Code	An..2		Indicates type of response message being sent at treatment level: 01 = Treatment Accepted for delivery 02 = Treatment Accepted for processing 03 = Treatment Rejected 04 = Treatment Approved for Payment 05 = Treatment Approved for Part Payment 06 = Treatment Reversal Accepted 07 = Treatment Reversal Rejected
16	Responding Party	An..2	M	01 = Switch 02 = Medical Scheme / Administrator

Dispensed Medicine Record – Type 'C'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"C"
2	Mixture Indicator	An..1	M	Y/N – To indicate if this item is a mixture (Default "N").
3	Mixture Ingredient No	I..2	M	Sequence number of ingredient within a mixture. Defaults to '0' for non-mixture header record. Set to '1' for first ingredient within a mixture, then increment by 1 for each new ingredient.
4	NAPPI Code	An..9	M	NAPPI code for this item.
5	EAN Code	An..15		EAN Code.
6	MMAP	An..11		MMAP drug code.
7	Description	An..70	M	Description of this item
8	Quantity / Number of Units dispensed	N..10	M	Total quantity of the item dispensed. For a mixture, this is the total quantity of all ingredients. Where a pack can be broken, the individual quantity must be specified e.g. 200 (ml liquid); 15 (tablets) etc. Where a pack can't be broken, e.g. eye drops, a quantity of 1 is specified.
9	Benefit Type Indicator	An..2		Benefit Type Indicator: 01 – Acute (Default) 02 – Chronic 03 – Over the Counter / PAT 04 – Chemotherapy
10	Authorisation No	An..20		The authorization number provided by the medical scheme for this medicine item
11	Basis of Reimbursement	An..2		How the reimbursement amount was calculated: 01 – Single Exit Price (SEP) 02 – Avg Wholesale Price 03 – Avg Wholesale + Amount 04 – Avg Wholesale + % 05 – Other (Default)
12	PMA Medicine Item Line Number	An..20	M	The unique reference number generated by the PMA for this medicine item, as submitted in C21 of the request message This number is used to link the response to the original request

Dispensed Medicine Record – Type 'C'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
13	Number of DUR Messages	I..2	M	Total number of type "U"" records following this record.
14	Response Result Code	An..2		Indicates type of response message being sent at item level: 01 = Item Accepted for delivery 02 = Item Accepted for processing 03 = Item Rejected 04 = Item Approved for Payment 05 = Item Approved for Part Payment 06 = Item Reversal Accepted 07 = Item Reversal Rejected
15	Responding Party	An..2	M	01 = Switch 02 = Medical Scheme / Administrator

DUR Record – Type 'U'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"U"
2	DUR Severity Indicator	An..2		Severity of DUR Message that follows: 00 – Not Specified 01 – Major 02 – Moderate 03 – Minor
3	DUR Item No	An..1		Corresponding Item number.
4	DUR Add Info Indicator	An..1		Signals that additional DUR information from the processor is available. 0 - not specified 1 - no additional info available 2 – additional info available The practice should contact the processor for the additional information.
5	Drug Conflict Code	An..2		DUR – type of utilization conflict that was detected. Tabulation can be found in Annexure A:3.

DUR Record – Type 'U'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
6	Other Pharmacy / Dispensing Practitioner Indicator	An..2		DUR – Source of prior conflicting prescription: 01 – Same Pharmacy / Dispensing Practitioner 02 – Different Pharmacy / Dispensing Practitioner, Same Chain 03 – Different Pharmacy/ Dispensing Practitioner, Different Chain
7	Previous Date of Fill	Dt..8		DUR – the previous date the prescription was filled.
8	Quantity of Previous Fill	I..5		DUR – metric quantity of the conflicting agent that was previously filled.
9	Other Prescriber Indicator	An..1		DUR – compares prescriber of current prescription to prescriber of previously filled conflicting prescription. 0 - no value or not applicable 1 - same prescriber 2 - other prescriber
10	Comments1	An..50		General comments.
11	Comments2	An..80		General comments.
12	Comments3	An..172		General comments.
13	Database Indicator	An..1		Database indicator. Identifies the source of the message. 1 - first databank 2 - medi-span 3 - redbook 4 - processor developed 5 - other

Laboratory Record – Type 'L'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"L"
2	Lab Item Tariff Code	An..15	M	Lab item tariff code.
3	Lab Tariff Description	An..70		Item description of tariff code.
4	Quantity / Number of Units	N..8	M	Number of items / units
5	PMA Item Line Number	An..20	M	The unique reference number generated by the PMA for this item, as submitted in L6 of the request message This number is used to link the response to the original request.

6	Authorization No	An..20		Item authorization number provided by the medical scheme
7	Response Result Code	An..2		Indicates type of response message being sent at item level: 01 = Item Accepted for delivery 02 = Item Accepted for processing 03 = Item Rejected 04 = Item Approved for Payment 05 = item Approved for Part Payment 06 = Item Reversal Accepted 07 = Item Reversal Rejected
8	Responding Party	An..2	M	01 = Switch 02 = Medical Scheme / Administrator

Response Record – Type 'R'				**SwitchClaim Response Format**
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"R"
2	Response Code	An..6	M	Response code from Switch or Medical Fund
3	Response Description	An..60	M	Description of response from Switch or Medical Fund.

General Comments Record – Type 'G'				**SwitchClaim Response Format**
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"G"
2	General Comments	An..512	M	General comments.

Item Financial Record – Type 'Y'				**SwitchClaim Response Format**
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"Y"

Item Financial Record – Type 'Y'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
2	Item Net Amount (inclusive of VAT)	N..12	M	Item net amount, as calculated by the medical scheme ie: Item net amount / price (ie Single Exit Price or Wholesale Price or Shelf price of item) for the preceding 'C' record or Lab Item net amount for the preceding 'L' record
3	Item Gross Amount (inclusive of VAT)	N..12	M	Item gross amount as calculated by the medical scheme ie Item net amount plus markup / fees ie Y3 = Y2 + Y4 + Y5 + Y6 + Y7
4	Item Dispensing Fee / Mark-up	N..12		Dispensing fee / mark-up for the item reflected on the preceding C or L record, as calculated by the medical scheme
5	Container Fee	N..12		Container fee for the item reflected in the preceding C record, as calculated by the medical scheme
6	Excess Time Fee	N..12		Excess time fee for the item reflected in the preceding C record, as calculated by the medical scheme.
7	Contract Fee	N..12		Contract Fee for this item, as calculated by the medical scheme
8	Item Claimed Amount	N..12	M	Item claimed amount as submitted in Y8 of the request message
9	Discount Amount	N..12		Item discount amount, as calculated by the medical scheme
10	Item Overcharged Amount	N..12		Amount overcharged by provider for this item, as calculated by the medical scheme ie this amount is not payable by the patient so will not form part of patient liable amount.
11	Patient Levy Amount	N..12		The patient levy amount, as calculated by the medical scheme
12	MMAP Surcharge Amount	N..12		The MMAP surcharge amount, as calculated by the medical scheme ie the MMAP surcharge payable by the member.
13	Patient Co-Payment Amount	N..12		The patient co-payment amount, as calculated by the medical scheme
14	Item Patient Liable Portion	N..12		The patient liable portion for this item, as calculated by the medical scheme ie Item Levy amount plus MMAP surcharge amount plus item co-payment amount (ie Y14 = Y11 + Y12 + Y13)

Item Financial Record – Type 'Y'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
15	Item Medical Fund Liable Amount	N..12		The medical fund liable amount for this item as calculated by the medical scheme ie item claimed amount less item patient liable amount (ie Y15 = Y8 – Y14)
16	Amount Authorized for Payment to Provider	N..12		Amount authorized by the medical scheme for payment to the provider for this item
17	Member Reimbursement Amount	N..12		Amount authorized by the medical scheme for reimbursement to the patient for this item

Treatment Financial Record – Type 'Z'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"Z"
2	Treatment / Prescription Net Amount	N..12	M	Net amount for this treatment, as calculated by the medical scheme ie Net price for the treatment / prescription reflected in the preceding T record or Summation of item net amounts for the preceding Y records (following each C or L record) ie Z2 = (SUM Y2)
3	Treatment / Prescription Gross Amount	N..12	M	Gross amount for this treatment, as calculated by the medical scheme ie Net price for the treatment / prescription reflected in the preceding T record plus mark-up / fees ie Z3 = Z2+Z4+Z5+Z6+Z7+Z8+Z9+Z10 or Summation of item gross amounts for the preceding Y records (following each C or L record) Ie Z3 = (SUM Y3)
4	Total Dispensing Fee / Mark-up for Prescription	N..12		Dispensing fee / mark-up for this prescription, as calculated by the medical scheme ie Summation of item dispensing fees / mark-ups for the preceding Y records (following each C record) ie Z4 = (SUM Y4)

Treatment Financial Record – Type 'Z'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
5	Total Container Fees for Prescription	N..12		Total amount for container fees for this prescription, as calculated by the medical scheme ie Summation of item container fees for the preceding Y records (following each C record) ie Z5 = (SUM Y5)
6	Excess Time Fee	N..12		Total excess time fees for this prescription, as calculated by the medical scheme ie Summation of the excess time fee charged for the additional time devoted to the compounding and/or manufacture of the item reflected in the preceding Y records (following each C record). ie Z6 = (SUM Z6)
7	Prescription Call-out Fee	N..12		Call-out fee or Late fee, for after hours prescription, as calculated by the medical scheme.
8	Prescription Copy Fee	N..12		Fee for providing a copy of the prescription, as calculated by the medical scheme
9	Prescription Delivery Fee	N..12		Fee for delivering the prescription, as calculated by the medical scheme.
10	Contract Fee	N..12		Total contract fee for this treatment / prescription, as calculated by the medical scheme ie Summation of contract fees for the preceding Y records (following each C or L record) ie Z10 = (SUM Y7)
11	Treatment / Prescription Claimed Amount	N..12	M	Treatment / Prescription claimed amount as submitted in Z11 of the request message or Z11 = (SUM Y8)
12	Discount Amount	N..12		Treatment / Prescription discount amount, as calculated by the medical scheme ie Summation of item discount amounts for the preceding Y records (following each C or L record) Ie Z12 = (SUM Y9)
13	Treatment / Prescription Overcharged Amount	N..12		Total amount overcharged by provider for this treatment / prescription, as calculated by the medical scheme ie this amount is not payable by the patient so will not form part of the patient liable amount ie Z13 = (SUM Y10)
14	Patient Levy Amount	N..12		Treatment / Prescription patient levy amount, as calculated by the medical scheme or Summation of item patient levy amounts for the preceding Y records (following each C or L record) Ie Z14 = (SUM Y11)

Treatment Financial Record – Type 'Z'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
15	MMAP Surcharge	N..12		Summation of item MMAP surcharge amounts, as calculated by the medical scheme for the preceding Y records (following each C record) Ie Z15 = (SUM Y12)
16	Treatment / Prescription Patient Co-Payment Amount	N..12		Patient co-payment amount, as calculated by the medical scheme for the treatment / prescription reflected in the preceding T record or Summation of item patient co-payment amounts for the preceding Y records (following each C or L record) Ie Z16 = (SUM Y13)
17	Treatment / Prescription Patient Liable Portion	N..12		Treatment / prescription patient laible portion as calculated by the medical scheme ie Patient levy amount plus MMAP surcharge amount plus patient co-payment amount for the treatment / prescription reflected in the preceding T record (ie Z17 = Z14 + Z15 + Z16) or Summation of treatment / prescription patient liable amounts for the preceding Y records (following each C or L record) Ie Z17 = (SUM Y14)
18	Treatment / Prescription Medical Fund Liable Amount	N..12		Treatment / prescription medical fund liable amount, as calculated by the medical scheme ie Claimed amount less patient liable amount for the treatment / prescription reflected in the preceding T record (ie Z18 = Z11 – Z17) or Summation of treatment / prescription medical fund liable amounts for the preceding Y records (following each C or L record) Ie Z18 = (SUM Y15)
19	Amount Authorized for Payment to Provider	N..12		Amount authorized by the medical scheme for payment to the provider for this claim
20	Member Reimbursement Amount	N..12		Amount authorized by the medical scheme for reimbursement to the patient for this claim

Claim Financial Record – Type 'F'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"F"
2	Claim Net Amount	N..12	M	Net amount of the claim for the patient reflected in the preceding P record, as calculated by the medical scheme or Summation of treatment / prescription net amounts for the preceding Z records following each T record for the same patient (P record) ie F2 = (SUM Z2)
3	Claim Gross Amount	N..12	M	Gross amount of the claim for the patient reflected in the preceding P record, as calculated by the medical scheme or Summation of treatment / prescription gross amounts for the preceding Z records following each T record for the same patient (P record) ie F3 = (SUM Z3)
4	Total Claimed Amount	N..12	M	Claim gross amount less claim discount amount, as calculated by the medical scheme ie F4 = F3 – F5 or Summation of treatment / prescription claimed amounts for the preceding Z records following each T record for the same patient (P record) ie F4 = (SUM Z11)
5	Claim Discount Amount	N..12		Claim discount amount, as calculated by the medical scheme or Summation of treatment / prescription discount amounts for the preceding Z records following each T record for the same patient (P record) ie F5 = (SUM Z12)
6	Claim Overcharged Amount	N..12		Total amount overcharged by provider for this claim, as calculated by the medical scheme ie this amount is not payable by the patient so will not form part of the patient liable amount ie F6 = (SUM Z13)
7	Patient Levy Amount	N..12		Claim cumulative patient levy amount, as calculated by the medical scheme or Summation of treat,emt / prescription deductible / levy amounts for the preceding Z records following each T record for the same patient (P record) ie F7 = (SUM Z14)

Claim Financial Record – Type 'F'				SwitchClaim Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
8	Claim MMAP Surcharge	N..12		Cumulative MMAP surcharge for this claim, as calculated by the medical scheme. Summation of prescription MMAP surcharge amounts for the preceding Z records following each T record for the same patient (P record) ie F8 = (SUM Z15)
9	Claim Patient Co-Payment Amount	N..12		Cumulative patient co-patient amount for this claim for the patient reflected in the preceding P record, as calculated by the medical scheme or Summation of treatment / prescription co-payment amounts for the preceding Z records following each T record for the same patient (P record) ie F9 = (SUM Z16)
10	Claim Patient Liable Portion	N..12		Levy amount plus MMAP surcharge amount plus co-payment amount for the claim for the patient reflected in the preceding P record (ie F10 = F7 + F8 + F9) or Summation of treatment / prescription patient liable amounts for the preceding Z records following each T record for the same patient (P record) Ie F10 = (SUM Z17)
11	Claim Medical Fund Liable Amount	N..12		Total claimed amount less patient liable amount for the claim for the patient reflected in the preceding P record ie F11 = F4 – F10 or Summation of treatment / prescription medical fund liable amounts for the preceding Z records following each T record for the same patient (P record) Ie F11 = (SUM Z18)
12	Amount Authorized for Payment to Provider	N..12		Amount authorized by the medical scheme for payment to the provider for this treatment / prescription
13	Member Reimbursement Amount	N..12		Amount authorized by the medical scheme for reimbursement to the patient for this treatment / prescription

Footer (End of Message) Record – Type 'E'	SwitchClaim Response Format

FIELD NO	FIELD NAME	FORMAT	MAN	REMARKS
1	Record Type	A..1	M	“E”
2	Transmission Number	I..10	M	The original number submitted in the ‘H2’ and ‘E2’ request records used to identify this claim/group of claims. This number is also returned in the ‘H2’ response record
3	Number of Claims	I..3	M	Total number of responses in the batch.
4	Value of Claims	N..12	ALL	Value of claims (This is a control total of the Sum of the applicable Net Amounts in Z2 record, associated with "T" records).

B:4 Electronic Remittance Advice (eRA) Format

```
Type H
Type S
{
 Type EB
}
{
 Type M
 Type P
  {
    Type I
    Type EY
    { [ Type R ] }
    { [ Type EA ] }
    { [ Type AF ] }
    { [ Type G ] }
    }
   Type EZ
 }
{ [ Type EJ ] }
{ [ Type G ] }
[ Type DS ]
Type EF
```

LEGEND:
{Repeats} [Optional]

Note: The EA record will only be returned if there is more than one EB record in the message.

Header (Start of Message) Record – Type 'H'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"H"
2	Medical Scheme Name	An..20	M	The name of the medical scheme
3	Medical Scheme Administrator Name	An..20	M	The name of the medical scheme administrator
4	Medical Scheme Registration Number	An..15		Registration number of Medical Scheme
5	Switch Destination Code	An..8	M	Switch Destination Code for the Medical Scheme / Plan
6	Medical Scheme contact details	An..50		Contact details (department) of medical scheme with regards to claim queries.
7	Contact Telephone Number	An..20		Medical Scheme Telephone Number
8	Contact Fax Number	An..20		Medical Scheme Fax Number
9	Contact email address	An..50		Medical Scheme email address
10	RA Reference Number	An..20	M	Remittance Advice Reference Number
11	RA Issue Date	Dt..8	M	Remittance Advice Issue Date (CCYYMMDD)
12	RA From Period	Dt..8		Remittance Advice Period start date (CCYYMMDD)
13	RA To Period	Dt..8		Remittance Advice period end date (CCYYMMDD)
14	Opening Balance	N..12		Remittance Advice opening balance
15	Closing Balance	N..12		Remittance Advice closing balance
16	Total Payment Amount	N..12	M	Total payment amount for remittance advice

Service Provider Record – Type 'S'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"S"

Service Provider Record – Type 'S'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
2	Billing Practice PCNS number	An..18	M	PCNS number of Billing Practice
3	Billing Practice VAT Number	An..20		Billing practice VAT registration number
4	Billing Practice Name	An..40	M	Name of Billing Practice
5	Billing Practice Address Line 1	An..35		Billing Practice Address Line 1
6	Billing Practice Address Line 2	An..35		Billing Practice Address Line 2
7	Billing Practice Address Line 3	An..35		Billing Practice Address Line 3
8	Billing Practice Address Line 4	An..35		Billing Practice Address Line 4
9	Billing Practice Address Line 5	An..35		Billing Practice Address Line 5
10	Billing Practice Contact Number 1	An..20		Billing Practice Contact Number 1
11	Billing Practice Contact Number 2	An..20		Billing Practice Contact Number 2
12	Billing Practice Contact Number 3	An..20		Billing Practice Contact Number 3

Bank Deposit Record – Type 'EB'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EB"
2	Deposit Reference	I..2	M	The reference number of the deposit, used to link item payment records to the deposit (EA3)
3	Payment Bucket Name	An..20		The name of the payment column / payment bucket, for printing purposes
4	Payor Name	An..20	M	The name of the medical scheme or administrator making the payment.
5	Paid From Account Number	An..20		Account number from which the payment was made
6	Paid From Branch Code	An..10		Bank branch (code) from which the payment was made

Bank Deposit Record – Type 'EB'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
7	Paid From Bank Name	An..30		Bank (name) from which the payment was made
8	Paid To Account Number	An..20		Account number to which the payment was made
9	Paid To Branch Code	An..10		Bank branch (code) to which the payment was made
10	Paid To Bank Name	An..30		Bank (name) to which the payment was made
11	Payment Date	Dt..8	M	Date of payment (CCYYMMDD)
12	Payment Method	An..10		Method of payment
13	Payment Reference Number	An..20	M	Payment reference number
14	Payment Amount	N..12	M	Payment amount
15	Opening Balance	N..12		Opening balance for this payment bucket (if relevant)
16	Closing Balance	N..12		Closing balance for this payment bucket (if relevant)

Member Record – Type 'M'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"M"
2	Member Surname	An..30	M	Surname of the principal Medical Fund member.
3	Member Full Names	An..30		First name(s)/initials of the Medical Fund member.
4	Membership Number	An..20	M	Medical Fund membership number.
5	Member's PMA Account No	An..15		The member's account number in the service providers PMA as submitted in M9 of the claim request message

Patient Record – Type 'P'				Switch eRA Format
	FIELD NAME	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"P"
2	Dependant Code	An..3		The patient's dependant code
3	Patient Surname	An..30	M	Patient's surname
4	Patient Initials	An..5		Patient's initials
5	Patient Full Name	An..30	M	Patient's full name(s)
6	Patient DOB	Dt..8		Date of Birth of the person receiving treatment – CCYYMMDD format.
7	Patient ID/Passport number	An..20		Patient's ID/Passport number
8	Patient's PMA Account No	An..15		The patient's account number in the service provider's PMA as submitted in P19 of the claim request message

Claim Item Record – Type 'I'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"I"
2	PMA Dataset Identifier	An..50		The PMA dataset from which the claim originated as submitted in S5 of the claim request message. If returned, this field enables the PMA to link back the remittance advice item to the corresponding dataset submitted with the original request message.
3	PMA Claim Line Number	An..20		Unique reference number generated by the PMA for this treatment line, as submitted in T7 of the claim request message. This number is used to link the response to the original request.
4	PMA Claim/Script /Lab / Invoice Number	An..20		The original prescription / invoice / lab number submitted in T6 of the claim request message
5	Laboratory reference number	An..32		Dental or Pathology laboratory reference number, as submitted in T22 of the claim request message.
6	Scheme Claim reference tracking number	An..12		Medical scheme claim reference tracking number
7	Treatment Start Date/Time	Dt..12	M	Start Date/time of treatment.
8	Treatment End	Dt..12	M	End Date/Time of treatment

Claim Item Record – Type 'I'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
	Date/Time			
9	Tariff / Procedure / Modifier Code	An..15	M	The tariff / procedure / modifier code for this treatment, as submitted in T11 of the claim request message.
10	NAPPI	An..9	M	NAPPI code for this item as submitted in T14 of the claim request message
11	Tariff / Treatment Description	An..70		Description of the tariff code or treatment
12	Benefit Type Indicator	An..2		Acute/Chronic/PAT/Chemo indicator: 01 – Acute (Default) 02 – Chronic 03 – Over the Counter / PAT 04 – Chemotherapy 05 – Other
13	Response Result Code	An..2	M	Indicates type of response message being sent at item level: 03 = Claim Rejected 08 = Claim Adjusted 09 = Claim Paid in Full 10 = Claim Part Paid

Item Financial Record – Type 'EY'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EY"
2	Item Claimed Amount	N..12	M	Item claimed amount as submitted in Y8 of the claim request message
3	Total Item Paid Amount	N..12	M	Total Amount paid by the medical scheme for this item
4	Amount Paid to Member	N..12		Amount paid by the medical scheme to the patient for this item
5	Item Patient Liable Portion	N..12		The patient liable portion for this item, as calculated by the medical scheme.

Item Allocation Record – Type 'EA'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EA"
2	Item Paid Amount	N..12	M	Item paid amount per deposit.
3	Deposit Reference	I..2	M	The deposit to which this payment is applicable (EB2)

Additional Financial Record – Type 'AF'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"AF"
2	Column Name	An..20	M	Print Column Name (print label)
3	Column Sequence	I..2		Print Column Sequence, for printing purposes
4	Amount	N..12	M	Amount

Response Record – Type 'R'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"R"
2	Response Code	An..6	M	Response code from medical fund
3	Response Description	An..60	M	Description of response from medical fund

Journal Record – Type 'EJ'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EJ"
2	Journal Amount	N..12	M	Journal Amount

Journal Record – Type 'EJ'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
3	Journal Description	An..60	M	Journal Description
4	Journal Date	Dt..8	M	Journal Date (CCYYMMDD)
5	Deposit Reference	I..2	CM	The deposit to which this journal amount applies (EB2). Mandatory if there are more than one EB record in the message.

General Comments Record – Type 'G'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..1	M	"G"
2	General Comments	An..512	M	General comments.

Disclaimer Record – Type 'DS'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"DS"
2	Disclaimer	An..512	M	Disclaimer.

Member Total Record – Type 'EZ'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EZ"
2	Total Claimed Amount	N..12	M	Total of claim amounts for member (sum of EY2 for the member)
3	Total Item Paid Amount	N..12	M	Total Amount paid by the medical scheme for this member (sum of EY3 for the member)

Financial Totals Record – Type 'EF'				Switch eRA Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**REMARKS**
1	Record Type	A..2	M	"EF"
2	Total eRA Claimed Amount	N..12	M	Total amount claimed for the eRA (sum of EZ2)
3	Total eRA Paid Amount	N..12	M	Total Amount paid by the medical scheme for this eRA (sum of EZ3)
4	Total eRA Journal Amount	N..12	M	Total Amount of all journal records for this eRA (sum of all EJ2)
5	Total Paid to Member	N..12	M	Total Amount paid by the medical scheme to the patient for this eRA (sum of all EY4)
6	Total Patient Liable Portion	N..12	M	The total patient liable portion for this eRA, as calculated by the medical scheme (sum of all EY5).

B:5 Member Status Validation (MSV) Format

B:5.1 Request Format

Type H
Type S
  {
   Type M
   Type P
   }
Type E

LEGEND
{Repeats}
[Optional]

Header (Start of Message) Record – Type 'H'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"H"
2	Transmission Number	I..10	ALL	M R	Unique sequential number generated by the PMA to identify this MSV request or group of requests. This number is also used to populate E2 of the request message Returned in H2 and E2 of the response message
3	Switch Format Version number	An..10	ALL	M	The version number of the Switch Format
4	PMA Software Package and Version No	An..30	ALL	M	The PMA software package and version number via which the MSV request is submitted. The version number should be separated from the package name using a colon (:)

Service Provider Record – Type 'S'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"S"
2	Request File Creation Date/Time	Dt..12	ALL	M R	Date/Time stamp the request file is created (CCYYMMDDhhmm).
3	Billing Practice PCNS number	An..18	ALL	M R	PCNS number of Billing Practice Returned in S3 of the response message
4	Billing Practice Name	An..40	ALL		Name of Billing Practice
5	PMA Dataset Identifier	An..50	ALL	CM R	The PMA dataset from which the claim originated. This field is mandatory if the Service Provider / Billing practice has multiple datasets. This field is used by the PMA to link back responses to their corresponding datasets. Returned in S5 of the response message

Member Record – Type 'M'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"M"

Member Record – Type 'M'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
2	Member ID	An..20	ALL		ID / Passport number of the principal member
3	Member Title	An..5	ALL		Title of the principal member e.g. Mr, Dr.
4	Member Initials	An..10	ALL		Initial(s) of the principal member.
5	Member Surname	An..30	ALL	M R	Surname of the principal member. Returned in M2 of the response message
6	Member Full Names	An..30	ALL	M R	Full name(s) of the principal member. Returned in M3 of the response message
7	Membership Number	An..20	ALL	CM R	Medical Fund membership number of the principal member. Returned in M4 of the response message
8	Card Swipe Indicator	An..1	ALL		Y/N – Indicator to show if the member information was retrieved by swiping a membership card.
9	Member's PMA Account No	An..15	ALL	CR	Member's account number in the Service Provider's PMA Returned in M5 of the response message if this field is populated
10	Address 1	An..35	ALL		Postal Address Line 1
11	Address 2	An..35	ALL		Postal Address Line 2
12	Town/City	An..35	ALL		Town/City
13	Postal Code	An..5	ALL		Postal Code
14	Cardholder Telephone / Cellphone No	An..20	ALL		Cell phone number of the principal member
15	Medical Scheme Plan / Option Name	An..20	ALL		The plan / option name of the medical scheme
16	Medical Scheme Plan / Option Reference / Number	An..14	ALL		The plan / option number of the medical scheme.
17	Medical Scheme Name	An..20	ALL	R	The name of the medical scheme Returned in M6 of the response message
18	Medical Scheme Registration Number	An..15	ALL		Registration number of Medical Scheme
19	Medical Scheme Registration Type indicator	An..2	ALL		01 – CMS Registration Number 02 – Phisc Registration Number 03 – Other

Member Record – Type 'M'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
20	Medical Scheme Claim option	AN..15	ALL		Medical Scheme claiming arrangements specific to this claim ie contract / network / re-imbursement arrangement
21	Switch Destination Code	An..8	ALL	M R	Switch Destination Code for the Medical Scheme / Plan

Patient Record – Type 'P'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"P"
2	Dependant Code	An..3	ALL	R	The patient's dependant code (will only be returned if provided in the medical scheme's cardholder file) Returned in P2 of the response message
3	Patient Surname	An..30	ALL	M R	Surname of the person receiving treatment Returned in P3 of the response message
4	Patient Initials	An..5	ALL	R	Initials of the person receiving treatment Returned in P4 of the response message
5	Patient Full Name	An..30	ALL	M R	Full name(s) of the person receiving treatment. Returned in P5 of the response message
6	Patient DOB	Dt..8	ALL	R	Date of Birth of the person receiving treatment – CCYYMMDD format (will only be returned if provided in the medical scheme's cardholder file) Returned in P6 of the response message
7	Patient Gender	An..1	ALL		Gender of the person receiving treatment. M – Male F – Female O – Other (scheme specific)

Patient Record – Type 'P'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
8	Patient Relation Code	An..2	ALL		Code representing the relationship between the person receiving treatment and the Medical Fund member. 01 – Main Member 02 – Son 03 – Spouse 04 – Daughter 05 – Mother 06 – Father 07 – Other
9	Patient ID/Passport number	An..20	ALL	R	Patient ID/Passport Number (scheme specific) Returned in P7 of the response message

Footer (End of Message) Record – Type 'E'					Switch MSV Request Format
FIELD NO	**FIELD NAME**	**FORMAT**	**REQ**	**MAN**	**REMARKS**
1	Record Type	A..1	ALL	M	"E"
2	Transmission Number	I..10	ALL	M	Unique sequential number generated by the PMA to identify this MSV request / group of requests. This number is also populated in the 'H2' request record. This number is returned in H2 and E2 of the response message
3	Number of MSV Requests	I..3	ALL	M	Total number of MSV requests (P records) in the file.

B:5.2 Response Format

Type H
Type S
{
Type M
Type P
Type RV
}
Type E

LEGEND:

{Repeats}
[Optional]

Header (Start of Message) Record – Type 'H'				Switch MSV Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"H"
2	Transmission Number	I..10	M	The original number submitted in H2 and E2 of the request message. This number used to identify this MSV request / group of requests. This number is also returned in E2 of the response record

Service Provider Record – Type 'S'				Switch MSV Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"S"
2	Response File Creation Date/Time	Dt..12	M	Date/Time stamp the response file was created (CCYYMMDDhhmm).
3	Billing Practice PCNS number	An..18	M	PCNS number of Billing Practice
4	Billing Practice Name	An..40		Name of Billing Practice
5	PMA Dataset Identifier	An..50		The PMA dataset from which the request originated. If populated in the request message this field is returned to enable the PMA to link back the response message to the corresponding dataset submitted with the original request message.

Member Record – Type 'M'				Switch MSV Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"M"
2	Member Surname	An..30		Surname of the principal Medical Fund member.
3	Member Full Names	An..30		First name(s)/initials of the Medical Fund member.
4	Membership Number	An..20	M	Medical Fund membership number.
5	Member's PMA Account No	An..15		The member's account number in the service providers PMA as submitted in M9 of the request message
6	Medical Scheme Name	An..20	M	The name of the medical scheme
7	Medical Scheme Registration Number	An..15		Registration number of Medical Scheme
8	Switch Destination Code	An..8	M	Switch Destination Code for the Medical Scheme / Plan
9	Funder Contact Number	An..20		Telephone number of the funder call centre / help desk
10	Member ID	An..20		ID / Passport number of the principal member

Patient Record – Type 'P'				Switch MSV Response Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"P"
2	Dependant Code	An..3		The patient's dependant code
3	Patient Surname	An..30	M	Patient's surname
4	Patient Initials	An..5		Patient's initials
5	Patient Full Name	An..30	M	Patient's full name(s)
6	Patient DOB	Dt..8		Date of Birth of the person receiving treatment – CCYYMMDD format.
7	Patient ID/Passport number	An..20		Patient's ID/Passport number

Response Record – Type 'RV'	Switch MSV Response Format

FIELD NO	FIELD NAME	FORMAT	MAN	REMARKS
1	Record Type	A..1	M	"RV"
2	Result Code	An..2	M	01 = Invalid 02 = Valid 03 = Additional information required
3	File Date	Dt..8	M	Date which the cardholder file was last updated.
4	Benefit Start Date	Dt..8		Benefit start date.
5	Benefit End Date	Dt..8		Benefit end date.
6	Maximum Benefit	N..12		Maximum benefit allowed
7	Benefit Used	N..12		Benefit amount used to date
8	Benefit Available	N..12		Current benefit amount available
9	Disclaimer	An..512		Medical fund disclaimer
10	Comments	An..512		General comments
11	Result Description	An..512	CM	The medial scheme description for the result code in 'RV2' Returned if RV2 = 01 or 03 (Can contain info even if RV2 = 02 but not guaranteed)
12	Validation Method	An..2	M	01 = CDV 02 = Card Holder File 03 = Medical Scheme

Footer (End of Message) Record – Type 'E' **Switch MSV Response Format**

FIELD NO	FIELD NAME	FORMAT	MAN	REMARKS
1	Record Type	A..1	M	"E"
2	Transmission Number	I..10	M	The original number submitted in the 'H2' and 'E2' request records used to identify this MSV request / group of requests. This number is also returned in the 'H2' response record
3	Number of MSV Responses	I..3	M	Total number of responses in the batch.

B:6 Destination Codes Format

Type H
{Type DC}
{ [MC]}
Type E

LEGEND:

{Repeats}
[Optional]

Fields 1 to 14 define the demographic information related to the destination, field 15 is used to indicate if the record has been updated, field 15 specifies the end date for a destination code and fields 17 to 21 define the transaction types that each destination can process electronically. If an entry reflects an N indicator in these fields, the destination does not accept electronic requests for that transaction type. If a field has a Y indicator in fields 17 to 21 the PMA must display to the user the relevant active icon provided for that specific transaction type.

Processing Guidelines:

- PMA to verify that Field H2 = E2 to ensure that downloaded file is complete.
- PMA to do a “DC” count and then verify with Field E3 to ensure that downloaded file includes all entries.
- PMA to generate a “DC” import count to be reconciled with Field E3 to ensure that all entries were processed.
- PMA to display Field E2 from the payload and “DC” import count generated by the PMA (Not Field E3)

If Medprax is used:

- PMA to do a “MC” count and then verify with Field E4 to ensure that downloaded file includes all entries.
- PMA to generate a “MC” import count to be reconciled with Field E4 to ensure that all entries were processed.
- PMA to display Field E2 from the payload and “MC” import count generated by the PMA (Not Field E4)

Header (Start of Message) Record – Type 'H' Format				Switch Destination Codes
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**DESCRIPTION**
1	Record Type	A..1	M	"H"
2	File Release Date & Time	I..12	M	Date & Time File was release. Format = CCYYMMDDHHMM.

Switch Destination Code Record – Type 'DC'				Switch Destination Codes Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**DESCRIPTION**
1	Record Type	A..2	M	"DC"
2	Switch Destination Code	An..8	M	Switch Destination Code for the Medical Scheme / Plan
3	QEDI Activation Code	An..4	M	Qedi Activation Code for the Medical Scheme / Plan (for matching purposes only, not to be used in claim submission)
4	Medical Scheme Name	An..20	M	The name of the Medical Scheme
5	Medical Scheme Registration Number	An..15		The registration number of the Medical Scheme
6	Medical Scheme Registration Type Indicator	An..2		The registration type indicator of the Medical Scheme Registration number in DC 05 01 – CMS Registration Number 02 – Phisc Registration Number 03 – Other
7	Administrator Name	An..40	M	The name of the Administrator who administers the Medical Scheme
8	Address 1	An..35		Postal Address Line 1
9	Address 2	An..35		Postal Address Line 2
10	Town / City	An..35		Town / City
11	Postal Code	An..5		Postal Code
12	Contact Telephone Number	An..20		Area Code and Telephone Number
13	Contact Fax Number	An..20.		Area Code and Fax Number
14	Contact email address	An..50		Email Address
15	Checksum	An..32	M	This field indicates if the record has changed since the previous destination code file was released. The PMA should store this number when updating the destination code within the PMA. If the checksum of a new destination code file is different than the stored checksum on the PMA, it indicates that the data of the record has changed.

Switch Destination Code Record – Type 'DC'				Switch Destination Codes Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**DESCRIPTION**
16	Switch End Date	Dt..8		Date from which no claims will be accepted by Switch
17	Membership Status Validation (MSV)	I..1	M	Y / N indicator
18	SwitchClaim Reversal	1..1	M	Y / N indicator
19	Statistical Transactions	I..1	M	Y / N indicator
20	Member Paid Claims	I..1	M	Y / N indicator
21	eRAs	I..1	M	Y / N indicator

Medprax Code Record – Type 'MC'				Switch Destination Codes Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**DESCRIPTION**
1	Record Type	A..1	M	"MC"
2	Medprax Code	An..6	M	The Medprax code for the Medical Scheme Plan / Option
3	Medical Scheme Sub-Option	An..20		The sub-option name of the Medical Scheme
4	Medical Scheme Option	An..20		The option name of the Medical Scheme
5	Medical Scheme Plan Reference Number	An..14		The plan number of the Medical Scheme

Footer (End of Message) Record – Type 'E'				Switch Destination Codes Format
FIELD NO	**FIELD NAME**	**FORMAT**	**MAN**	**REMARKS**
1	Record Type	A..1	M	"E"
2	File Release Date & Time	I..12	M	Date & Time File was release. Format = CCYYMMDDHHMM.
3	DC line Count to import	I..5	M	DC Control Count to reconcile PMA import.
4	MC line Count to import	I..5	M	MC Control Count to reconcile PMA import.

Example Files and FAQs

Index

1. SwitchClaim Request and Response Messages
2. Switch Communication error message
3. The Fetch Responses / Updates function
4. MSV Request and Response Messages

C:1 SwítchClaim Request and Response Messages

1.1 SwitchClaim Request

A SwitchClaim Request for a single ‘Now’ claim

A SwitchClaim Request for a group of ‘Later’ claims

1.2 SwitchClaim Response Content files

A Switch Acknowledgement Response

A Response to a a single ‘Now’ claim

A Response to a group of ‘Later’ claims

C:2 Switch Communications error Messages

2.1 SwitchComm Plus Connection Error Messages

A Communication error message if SwitchComm fails to connect to Switch

2.2 Switch System Error Messages

A Switch system error message if Switch receives the claim successfully but fails to process

C:3 Switch Delayed Responses / File Updates Response

The Delayed Responses / File Updates Response

C.4: MSV Request and Response Messages

4.1 MSV Requests

A MSV Request for a single MSV query

A MSV Request containing a group of MSV queries

4.2 MSV Response Content files

A Response to a single MSV query

A Response to a group of MSV queries

SwitchOn Development Testing and Accreditation Criteria

Index

1. Development and Accreditation Phases
2. Discipline Groups
3. Switch Test Harness
4. Overview of the Accreditation Criteria
5. Criteria for the Format Content Assessment
6. Criteria for the Primary Assessment
7. Criteria for Pilot Assessment
8. Criteria for Final Assessment

1 Development and Accreditation Phases

As defined in section 3 of the SwitchOn Developer's Guide, the Development and Accreditation Process comprises the following phases:

- Initiation
- Development
- Format Content Assessment
- Primary Assessment
- Pilot
- Final Accreditation

The sections below document the details and criteria to support the above phases.

2 Discipline Groups

The following are the discipline groups for which accreditation can be applied:

- General Medical Practitioner
- Dental Practitioner
- Specialist
- Anaestheology
- Optometry
- Auxiliary
- Pathology
- Radiology
- Hospital

3 Switch Test Harness

The Switch test harness is designed to enable you to evaluate your SwitchOn development in a test environment.

The test harness can be used to initiate the return of both Switch validation responses and simulated Medical Scheme responses.

The Switch Destination codes file includes the following two test destinations which are used in conjunction with the test harness:

DESTINATION	REQUEST FIELDS TO BE POPULATED
Test Switch	*Used to test Switch Validation (IAC) responses*
Test Destination	*Used to test Medical Scheme Responses*

3.1 Switch Validation Responses:

Based on the data content of the message transmitted, the following Switch Validation responses are returned:

VALIDATION RESPONSE	DATA CONTENT	SWITCHON STATUS
Switch ACCEPTED claim	*Valid data in all mandatory fields used*	SwACC
Switch REJECTED claim	*Invalid data in one or more of the mandatory fields used*	SwREJ

3.2 Destination Responses:

The test harness returns simulated Medical Scheme responses based on certain pre-defined values being populated in specified fields of the request message.

RESPONSE LEVEL	REQUEST FIELDS TO BE POPULATED

For a Claim Level Response	*Populate the first character of the Patient Initials field (P4) with one of the indicators below*
For a Line Level Response	*Populate the first character of the Treatment Description field (T16) with one of the indicators below*
For an Item Level Response	*Populate the first character of the of the Item Description field (C10 or L4) with one of the indicators below*

The following values, when populated in one of the fields listed above, will return the indicated response types:

INDICATOR	RESPONSE TYPE	SWITCHON STATUS
#A	Acknowledged (received) Claim	mfACK
#R	Rejected Claim	mfREJ
#P	Claim Approved for Full Payment	mfAPP
#S	Claim Approved for Part Payment	mfPRT
#Y	Claim Reversal Accepted	mfRVA
#X	Claim Reversal Rejected	mfRVR

4 Overview of the Accreditation Criteria

During the accreditation process the following functionality will be evaluated:

- Integration with SwitchComm via the Switch Client Interface – SwitchCI.dll
- the transmission of mandatory as well as industry required specified data content;
- the implementation of the following transaction types:
  - SwítchClaim (based on the Now or Later methodology)
  - Uploading and processing of on-line and delayed responses
  - SwítchNavigator (reporting tool used to view and print reports for claims by status)

- Member Paid Claims
- Uploading of eRAs and the auto-allocation of eRA payments and responses
- Membership status validation
- Uploading of and integration with the Switch destination codes files

5 Criteria for the Format Content Assessment

The following test files for each of the applicable discipline groups being accredited for will be evaluated and assessed against the SwitchOn message formats *define in Annexure B*:

DISCIPLINE GROUP: General Medical Practitioner			
	FULL DESCRIPTION	**EXPECTED RESULTS**	**ACCREDITATION RESULTS**
1	Claim containing a Procedure and at least 3 x material items	Claim to include data in all mandatory fields including material items details	
2	Claim containing a Consultation and at least 3 x dispensed medicines, one of which is a mixture	Claim to include data in all mandatory fields including dispensed medicine details	
3	Claim containing a Procedure with an informational, add, reduction and time modifier	Claim to include data in all mandatory fields including modifier details	
4	Claim containing a Procedure with a compound modifier	Claim to include data in all mandatory fields including modifier details	

DISCIPLINE GROUP: Dental Practitioner			
	FULL DESCRIPTION	**EXPECTED RESULTS**	**ACCREDITATION RESULTS**
1	Claim containing a Consultation and at least 3 x procedure / material items	Claim to include data in all mandatory fields including tooth numbers	
2	Claim containing a Consultation and a Lab Slip containing at least 3 x Lab items	Claim to include data in all mandatory fields including lab slip details	

DISCIPLINE GROUP: Specialist

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Claim containing at least one procedure with an informational, add and reduction modifier	Claim to include data in all mandatory fields including modifier details	
2	Claim containing a procedure with at least 3 x material items and a compound modifier	Claim to include data in all mandatory fields including material item and modifier details	
3	Claim containing a procedure performed after hours with an assistant	Claim to include data in all mandatory fields including time modifier and assistant fees	

DISCIPLINE GROUP: Anaestheology

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Claim containing a pre-med, at least one procedure, a time modifier and at least 3 x material items	Claim to include data in all mandatory fields including time modifier and material item data	
2	Claim containing a pre-med, at least one procedure with a time modifier, and an informational, add and reduction modifier	Claim to include data in all mandatory fields including time and general modifier data	
3	Claim containing a pre-med, at least one procedure with a time modifier performed after hours	Claim to include data in all mandatory fields including time and general modifier data	

DISCIPLINE GROUP: Optometry

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Claim containing an examination	Claim to include data in all mandatory fields	
2	Claim containing an examination and a set of lenses plus frames	Claim to include data in all mandatory fields including lens and frame data	

DISCIPLINE GROUP: Auxilliary

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Physiotherapy claim containing at least 3 x treatments with physiotherapy modifiers	Claim to include data in all mandatory fields including physiotherapy modifiers	
2	Audiology claim containing an examination and hearing aid	Claim to include data in all mandatory fields	
3	Claim (for any auxiliary discipline) containing a procedure with at least 3 x material items and a compound modifier	Claim to include data in all mandatory fields including material item and modifier details	
4	Claim (for any auxiliary discipline) containing at least one procedure with an informational, add and reduction modifier	Claim to include data in all mandatory fields including modifier details	

DISCIPLINE GROUP: Pathology

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Claim containing at least 5 x blood tests	Claim to include data in all mandatory fields	
2	Claim containing at least 5 x pathology tests	Claim to include data in all mandatory fields	

DISCIPLINE GROUP: Radiology

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	Claim containing at least 3 x-rays	Claim to include data in all mandatory fields	
2	Claim to contain a radiology procedure and at least 3 x material items	Claim to include data in all mandatory fields including material item data	

DISCIPLINE GROUP: Hospital			
	FULL DESCRIPTION	**EXPECTED RESULTS**	**ACCREDITATION RESULTS**
1	Out of Hospital claim to include a procedure and at least 3 x material items	Claim to include data in all mandatory fields	
2	In Hospital claim to include theatre fees, ward fees (for at least 3 x days) theatre drugs and ward drugs	Claim to include data in all mandatory fields	

6 Criteria for the Primary Assessment

During the primary assessment phase, the following functionality *defined under sections 5 and 6 of the developers guide* will be evaluated:

5.1 Implementation of the SwitchOn Installation Procedure

	FULL DESCRIPTION	**EXPECTED RESULTS**	**ACCREDITATION RESULTS**
1	**a SwitchOn install procedure that incorporates the following:** ➢ **Functionality to activate the PMA and applicable datasets for SwitchOn**. ➢ **A facility to maintain Switch Settings from within the PMA** ➢ **A facility to download and process the SwitchOn destination codes file** ➢ **A Switch Activator facility to enable the user to auto activate schemes for SwitchOn**	To assist the PMA consultant with the installation of SwitchOn, it is recommended that a SwitchOn auto-install procedure is provided.	

5.2 Implementation of the SwitchOn Menu Structure and Icons

	FULL DESCRIPTION	**EXPECTED RESULTS**	**ACCREDITATION RESULTS**

1	**SwitchOn**	Access from within the PMA to the SwitchOn sub-menu options listed below	
2	**SwitchOn sub-menu options:** ➢ **Maintain Switch Settings** ➢ **SwitchNavigator** ➢ **Download Delayed Responses and File Updates** ➢ **eRA Payment Allocations** ➢ **Switch Activator**	To access the SwitchOn sub-menu options	
3	**Switch MSV**	access from the Patients and Accounts screen within the PMA the Switch MSV sub-menu options listed below:	
4	**Switch MSV sub-menu options** ➢ **MSV Checker** ➢ **Send MSV List**	To access the Switch MSV sub-menu optionschecker	
5	**SwitchOn icons**	display the active and inactive status' of the SwitchOn icons along side the menu options and on the appropriate screens within the PMA and display the icon 'short name' in the icon tool-tip. guidelines are given throughout the document	

5.3 Implementation with the Switch Communications Process

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**The Initialisation Process**	As detailed under section 5.5.3.1 for both a single and network installation	
2	**The Submission Process**	Create and submit claims and receive and process the on-line responses to these for both a single and network installation as detailed under section 5.5.3.2	
3	**The Submission Process**	Via Dial-up, Broadband and Wireless	
4	**The Auto Delayed Responses and File Updates Process**	Receive and process auto delayed responses and file updates as detailed under section 5.5.3.3	

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
5	**The ActiveX/DLL Upgrade Process**	As detailed under section 5.5.3.4	
6	**The Fetch Delayed Responses and File Updates Process**	Download, receive and process delayed responses and file updates as detailed under section 5.5.3.5	
7	**The eRA Print Process**	Print a specified eRA via SwitchComm Plus as detailed under section 5.5.3.6	

5.4 Implementation of the SwitchOn Status Codes and Reference Numbers

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**interpret and update each SwitchClaim line with the relevant Switch status code**	based on the SwitchClaim and eRA responses and the actions to be implemented for each as reflected on the Switch Status codes table	
2	**display, for each claim line, the most current status code together with the amount approved for payment (funder approved claims) or the rejection message (rejected claims)**	in Response Message fields on the patient account screen as well as in the SwitchNavigator.	
3	**Display the following reference numbers:** ➢ **Transmission Number** ➢ **Switch Reference Number** ➢ **MF Reference Number**	in Response Message fields on the patient account screen as well as in the SwitchNavigator.	

5.5 Implementation of the SwitchOn Destination Codes File

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS

1	**functionality to download (and import) the destination codes file initially on installation and thereafter whenever the user required to update all schemes**	via the Download Delayed Responses and File Updates menu option.	
2	**functionality to download (and import) only updated schemes from the Switch destination codes file whenever updated versions of this file are made available**	via the Download Delayed Responses and File Updates menu option and using the 'scheme updated' field.	
3	**a 'Switch destination code' field and a 'Switch active date' field for each scheme in the PMA's medical scheme codes file**	to enable the PMA to populate request messages with the correct Switch destination code, and to enable the user to manually activate individual medical schemes at scheme level to Switch active from a user specified date	
4	**a Switch Activator sub- menu option**	Includes facilities to: - auto-activate All schemes to Switch Active by date - manually activate selected schemes to Switch Active bas from a user specified date	
5	**functionality within the PMA to reference to the Switch Destination codes file**	to enable the PMA to advise the user at claim and patient levels via the relevant Switch Icons which transaction type each scheme is active for	

5.6 Implementation of the SwitchClaim (Now or Later) functionality

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**a prompt to specify at claim level to submit the claim: Now, Later, Hold or Don't Send**	ideally this prompt should display via a 'pop-up' immediately after all the lines of a claim for a scheme activated for Switch have been captured or, if the PMA does not support this type of functionality, via the use of tabs	

2	**functionality to create and transmit Now claims**	Includes the functionality and to upload and display in the same connection the on-line response files to these claims	
3	**The functionality to flag claims for 'Later' delivery**	Incorporates the functionality from within the SwitchNavigator to send batches of Later claims and to upload in the same connection the on-line response files to these claims	
4	**functionality to flag a claim to 'don't send'**	Using the 'swNO status code	
5	**functionality to flag a claim as 'hold'**	Using the 'swHOLD status code	
6	**functionality to configure the PMA to automatically transmit claims after they have been captured and to upload and display in the same connection the on-line responses to these claims**	for users who have a permanent connection to the VPHN e.g. leased-line or GPRS connection	
7	**functionality to edit (correct) and resubmit all the lines of a claim rejected by Switch or a Medical funder**	this functionality should be provided from the patient account screen as well as from SwitchNavigator	
8	**functionality to resend unpaid claims**	this functionality should be provided from the SwitchNavigator	
9	**functionality to reverse claims and to transmit these claim reversals via the SwitchClaim Now or Later process**	Claim Reversals	
10	**functionality to upload and display delayed responses**	Delayed Responses and File Updates	
11	**functionality to record and update the status of each claim line**	Based on the Switch status codes criteria	

12	**functionality to store and display under the Response Message headings the most current response to each claim on the patient account screen and the SwitchNavigator**	To facilitate with the tracking and management of SwitchClaims	

5.7 Implementation of the Member Paid Claim functionality

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**functionality to indicate via the Switch MPC icon, participating MPC schemes.**	by referring to the MPC field in the destination codes file	
2	**functionality to flag a claim as an MPC claim prior to the claim being captured**	Using the SwMPC status code	
3	**functionality to prompt, after a payment is posted against an MPC flagged claim, to send the claim Now, Later, Don't Send or Hold**	from the account payment screen	
4	**functionality to prompt after a payment has been captured for a claim that has not previously been transmitted and is not already flagged as a MPC, to submit the claim as a MPC if the claim is destined for a MPC participating scheme.**	from the account payment screen	
5	**functionality to create and transmit; and retrieve responses to MPCs**	each MPC line is to be populated with the patient reimbursement amount in the relevant fields in the Z financial records of the SwitchClaim message format	

5.8 Implementation of the eRA functionality

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**a facility via which eRA responses are downloaded**	Via the Download Delayed Responses and File Updates sub-menu option	
2	**functionality to prompt after an eRA file has been downloaded to 'upload and import the eRA' into the PMA and thereafter to 'access the Switch eRA Payment Allocations' option**	For users who wish to immediately upload, import and allocate eRA responses as soon as these are detected by the PMA	
3	**functionality to upload and import eRAs from the 'eRA payment allocations' option**	for users who do not wish to immediately upload, import and allocate eRA responses as soon as these are detected by the PMA	
4	**a facility to prompt users to allocate eRA payments and rejection responses**	Users must be given the option to allocate payments automatically or manually	
5	**a facility to automatically allocate and reconcile payment information and rejection responses from eRAs against the individual claim lines of the patients' accounts.**	via a Switch eRA Payment Allocations sub-menu option	
6	**functionality to provide users with an exception report**	to reflect eRA payments and rejection responses that have not been auto-allocated Includesa facility to manually allocate unallocated eRA payments and rejection responses from the exception report as well as to unallocated previously allocated eRA payments and rejection responses	
7	**A facility to print eRA reports**	via SwitchComm Plus based on the eRA print process detailed under section 5.5.3.6	
8	**The functionality to update the status of each claim line against which an eRA response is allocated**	and to store the eRA responses for viewing from the patient accounts screen and SwitchNavigator	

5.9 Implementation of the SwitchNavigator functionality

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**a facility to display the most recent claims lines sent via Switch together with their most recent responses under the prescribed headings**	Includes a facility to select a date range between which SwitchClaim lines should display Includes functionality to sort claims under each prescribed heading and filter the display of claims by status code and by date range.	
2	**functionality to enable the user to 'send Later claims'**	includes functionality to enable the user to view, de-select and print Later claims as well as an option to view the responses to the last batch of claims that were transmitted	
3	**a facility to resubmit rejected claims**	Based on the recommended resubmit functionality	
4	**A facility to flag unpaid claims for resending**	using a facility to select and de-select unpaid claims	
5	**a facility to reverse a previously sent and accepted claims**	Based on the recommended claim reversal functionality	
6	**a facility to view previous responses to claims**	via a Claims History function	
7	**a facility to print reports**	based on user selected criteria ie: for selected status codes and within a selected date range. refer to section 6.13.3.4	
8	**A facility to display notification updates**	To advise the user that a newsletter or bulletin message has been received and that SwitchComm should be accessed to view / print these	
9	**A facility to directly access the Swítch Doctors WEBDesk from the SwitchNavigator**.	via the Switch WEBDesk icon	

5.10 Implementation of the MSV (Membership Status Validation) functionality

	FULL DESCRIPTION	EXPECTED RESULTS	ACCREDITATION

			RESULTS
		via the Switch MSV Icon includes functionality to display the active Switch MSV icon on the patient details screen for Switch active and MSV participating schemes	
1	**functionality to generate MSV queries directly from the 'patient details' screen within the PMA**		
2	**functionality to create MSV request files**	using the information captured on the patient details screen	
3	**a prompt to specify whether an MSV query should be submitted Now or Later**	Includes the functionality to create and transmit single MSV queries and to upload and display in the same connection the on-line response files to these queries	
4	**The functionality to flag MSV queries for 'Later' delivery**	Includes functionality to create and send a list of Later MSV queries from the Send MSV List sub-menu option under the Switch MSV menu and to upload and display in the same connection the on-line response files to these queries	
5	**functionality to prompt the user to automatically update the patient and membership details within the PMA**	Using the details provided in the MSV response	
6	**functionality to generate MSV queries**	via an MSV Checker sub-menu option from the 'patients and accounts' section of the PMA for patients for whom details have not yet been captured	
7	**functionality to store MSV responses and to make these available for later viewing**	from an MSV history facility within the patient details screen to enable users to refer to MSV responses	

7 Criteria for the Pilot Assessment

On successfully completing the ***format content*** and ***primary assessment*** phases, the vendor will be required, in consultation with Switch, to select at least one, but no more than three, pilot sites for each discipline group that the PMA is being accredited for.

The following are the responsibilities of the Vendor during the pilot assessment phase:

- ***Installation*** of the SwitchOn integration software at the selected pilot sites
- Comprehensive ***training*** of the users on the SwitchOn integration software at the selected pilot sites
- ***Monitoring*** the use of the SwitchOn integration software at the selected pilot sites
- ***Noting*** any errors in the SwitchOn integration software that requires bug fixing or enhancement
- If necessary ***adapt*** the SwitchOn integration software until it functions faultlessly for a minimum period of at least 12 consecutive weeks at the practices of the pilot sites during which they must have had their claims perfectly reconciled against remittance advices for a minimum of two payment runs from funders selected by Switch

8 Criteria for Final Assessment

The following are the criteria for the final assessment:

	CRITERIA	EXPECTED RESULTS	ACCREDITATION RESULTS
1	**Successful completion of the format content assessment**	For each discipline group that the vendor requires accreditation for.	
2	**Successful completion of the primary assessment**	For each discipline group that the vendor requires accreditation for.	
3	**Successful completion of the pilot assessment**	For each discipline group that the vendor requires accreditation for.	

After successful completion of the final assessment the vendor will receive accreditation for the SwitchOn integration software within the accredited PMA for the accredited discipline group/s.

Please note that once the PMA has been accredited this implies that all transactions through the Swítch system are accredited. However, Swítch does not accredit the journal entries or accounting practices of the Vendor's system.