5.5.4 SwitchOn eRA

5.5.4.1 SwitchOn eRA Response Structure

Type H
Type S
Type EB

Legend
{ Repeats }
[Optional]

    { Type M
     Type P
              { Type I
           { [Type R] }
          { [Type AF] }
           { [Type G] }
            Type EY }
    Type EZ}
{[Type EJ]}
[Type DS]
Type EF
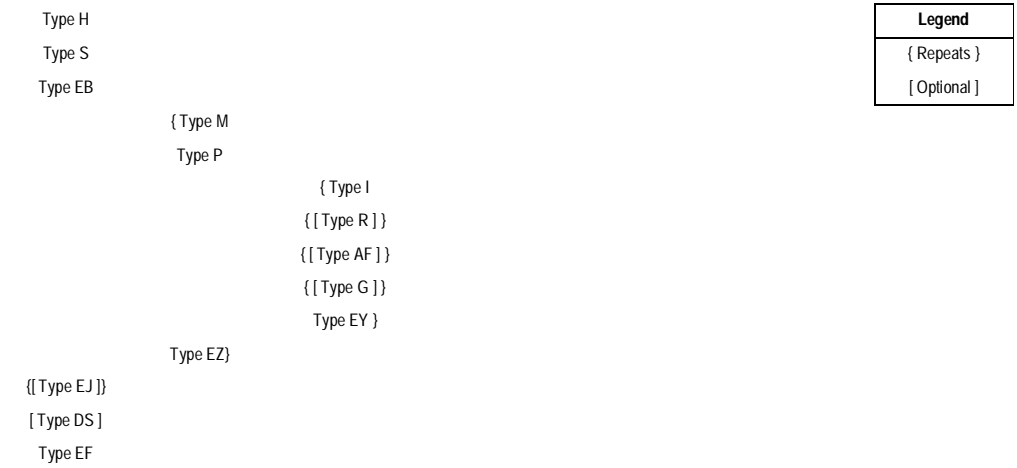
*Note that a maximum of 2 AF records per eRA will be returned

5.5.4.2   SwitchOn eRA Response Record Format

5.5.4.2.1   Header Record

Header (Start of Message) Record – Type 'H'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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	Opening Balance	N..12		Remittance Advice opening balance
13	Closing Balance	N..12		Remittance Advice closing balance

5.5.4.2.2   Service Provider Record

Service Provider Record – Type 'S'				Switch eRA Format
FIELD NO	FIELD NAME	FORMAT	REQ	REMARKS
1	Record Type	A..1	M	"S"
2	Billing Practice PCNS number	An..18	M	PCNS number of Billing Practice
3	Billing Practice Name	An..40	M	Name of Billing Practice

5.5.4.2.3   Bank Deposit Record

Bank Deposit Record – Type 'EB'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..2	M	"EB"
2	Paid To Account Number	An..20		Account number to which the payment was made
3	Paid To Branch Code	An..10		Bank branch (code) to which the payment was made
4	Paid To Bank Name	An..30		Bank (name) to which the payment was made
5	Payment Date	Dt..8		Date of payment (CCYYMMDD)
6	Payment Method	An..10		Method of payment
7	Payment Reference Number	An..20		Payment reference number
8	Payment Amount	N..12	M	Total Payment amount to the Healthcare Service Provider for this remittance advice

5.5.4.2.4   Member Record

Member Record – Type 'M'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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.

5.5.4.2.5   Patient Record

Patient Record – Type 'P'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..1	M	"P"
2	Dependant Code	An..3		The patient's dependant code
3	Patient Surname	An..30		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.

Patient Record – Type 'P'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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 Healthcare Service Provider PMA as submitted in P19 of the claim request message

5.5.4.2.6 Claim Item Record

Claim Item Record – Type 'I'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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..20		Medical scheme claim reference tracking number
7	Treatment Start Date/Time	Dt..12	M	Start Date/time of treatment.
8	Treatment End Date/Time	Dt..12		End Date/Time of treatment
9	Tariff / Procedure / Modifier Code	An..15	CM	The tariff / procedure / modifier code for this treatment, as submitted in T11 of the claim request message. Will be returned if I10 is not populated.
10	NAPPI Code	An..9	CM	NAPPI code for this item as submitted in T14 of the claim request message. Will be returned if I9 is not populated.
11	Tariff / Treatment Description	An..70		Description of the tariff code or treatment
12	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

5.5.4.2.7 Item Financial Record

Item Financial Record – Type 'EY'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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	Amount paid by the medical scheme to the Healthcare Service Provider for this item
4	Amount Paid to Member	N..12		Amount paid by the medical scheme to the member for this item
5	Item Patient Liable Portion	N..12		The patient liable portion for this item, as calculated by the medical scheme.

5.5.4.2.8 Additional Financial Record

Additional Financial Record – Type 'AF'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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

5.5.4.2.9 Response Record

Response Record – Type 'R'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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

5.5.4.2.10 Journal Record

Journal Record – Type 'EJ'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..2	M	"EJ"
2	Journal Amount	N..12	M	Journal Amount
3	Journal Description	An..60	M	Journal Description

Journal Record – Type 'EJ'				Switch eRA Format
Field No	Field Name	Format	Man	Description
4	Journal Date	Dt..8	M	Journal Date (CCYYMMDD)

5.5.4.2.11 General Comment Record

General Comments Record – Type 'G'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..1	M	"G"
2	General Comments	An..512	M	General comments.

5.5.4.2.12 Disclaimer Record

Disclaimer Record – Type 'DS'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..2	M	"DS"
2	Disclaimer	An..512	M	Disclaimer.

5.5.4.2.13 Patient Financial Totals Record

Patient Financial Totals Record – Type 'EZ'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..2	M	"EZ"
2	Total Claimed Amount	N..12	M	Total Amount claimed for this patient (sum of EY2 for the patient)
3	Total Item Paid Amount	N..12	M	Total Amount paid by the medical scheme to the Healthcare Service Provider for this patient (sum of EY3 for the patient)
4	Total Paid to Member	N..12		Total Amount paid by the medical scheme to the member for this patient for this eRA (sum of all EY4)
5	Total Patient Liable Portion	N..12		The total patient liable portion for this patient for this eRA, as calculated by the medical scheme (sum of all EY5).

5.5.4.2.14 eRA Financial Totals Record

eRA Financial Totals Record – Type 'EF'				Switch eRA Format
Field No	Field Name	Format	Man	Description
1	Record Type	A..2	M	"EF"
2	Total eRA Claimed Amount	N..12	M	Total amount claimed for this eRA (sum of EZ2)
3	Total eRA Paid Amount	N..12	M	Total Amount paid by the medical scheme to the Healthcare Service Provider 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		Total Amount paid by the medical scheme to all members for all patients for this eRA (sum of all EZ4)
6	Total Patient Liable Portion	N..12		The total patient liable portion for all patients this eRA, as calculated by the medical scheme (sum of all EZ5).