SwitchOn eRA

Contents

1   Overview

Participating medical schemes submit electronic remittance advices (eRA's) via MediSwitch to Healthcare Service Providers. These advices reflect the details of the amounts allocated for payment to the Healthcare Service 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 SwitchOn 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 eRA's against their claims.

If during the auto-allocation process, the original claim for a payment or rejection received via an eRA cannot be located (i.e. the eRA response cannot be matched to the original PMA generated claim line), the payment or rejection should be reflected on an exception report for manual intervention and allocation.

eRA's 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.

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.

2 SwitchOn eRA Format

2.1 SwitchOn eRA Response Structure

Type H

Type S

{ Type EB }

    { Type M

    Type P

        { Type I

        { [Type R] }

        { [Type AF] }

        { [Type G] }

        {[Type EA]}

        Type EY }

    Type EZ}

{[Type EJ]}

[Type DS]

Type EF

Legend
{ Repeats }
[Optional]
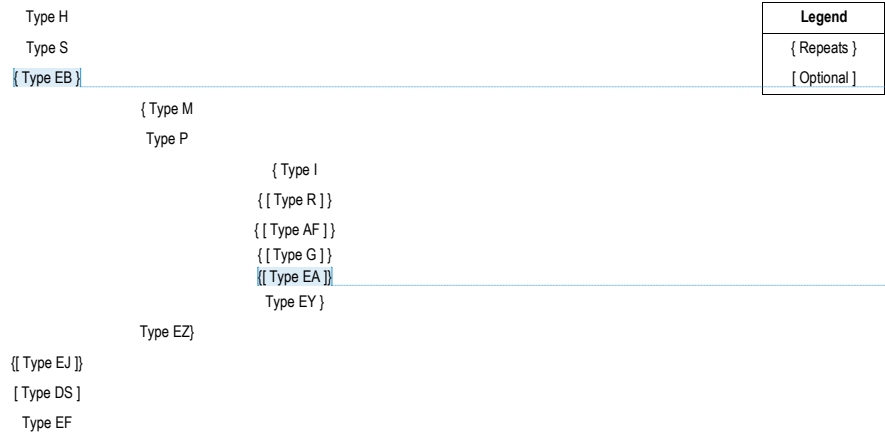
Commented [AJN1]: Update to be Repeatable to cater for Multiple Bank Deposits

Commented [AJN2]: Added Item Allocation Record that reference the Bank Deposit Record

*Note that a maximum of 2 AF records per eRA will be returned

2.2 SwitchOn eRA Response Record Format

2.2.1 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

2.2.2 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 Healthcare Service Provider PCNS number	An..18	M	PCNS number of Billing Healthcare Service Provider
3	Billing Healthcare Service Provider Name	An..40	M	Name of Billing Healthcare Service Provider

2.2.3 Bank Deposit Record

Field No	Field Name	Format	Man	Description
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
9	Deposit Reference	I..2	M	The reference number of the deposit, used to link item payment records to the deposit (EA Record Field 3)

Commented [AJN3]: Added Deposit reference field to link with EA Record

Should it be M or CM? Do all schemes return this field

2.2.4 Member Record

Field No	Field Name	Format	Man	Description
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.

2.2.5 Patient Record

Field No	Field Name	Format	Man	Description
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

2.2.6   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

2.2.7 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.

2.2.8 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

2.2.9 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

2.2.10 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
4	Journal Date	Dt..8	M	Journal Date (CCYYMMDD)

2.2.11 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.

2.2.12 Item Allocation Record

Disclaimer Record – Type 'EA'				Switch eRA Format
Field No	Field Name	Format	Man	Description
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 (EB Record Field 9)

2.2.13 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.

2.2.14 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).

2.2.15 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).

3 Change History

VERSION		CHANGES
1.15	6.12.3.2 eRA Payment Allocations	- Incorrect Reference to Item Paid Amount (I3) changed to EY3
	Electronic Remittance Advice Format	- I record, field 3, PMA Claim Line Number, length changed to 20 - I record, field 4, PMA Claim/Script/Lab Invoice Number, length changed to 20 - I record, field 5, Laboratory Reference Number, length changed to 32 - I record, field 13, Response Result Code, Codes 06 and 07 removed - I record, field 14, Responding Party, removed - EA record, field 2, Item Paid Amount, description corrected to "Item Paid Amount per Deposit". - AF record, field 2, Column Name, data format changed to An 20 -
1.16	Switch eRA Format	- I record, field 5, Lab Reference Number, length changed to 32, description reference corrected to refer to T22 instead of T24 - I record, field 9, Tariff/Procedure/Modifier Code, description reference corrected to refer to T11 instead of T12 - I record, field 10, Nappi Code, description reference corrected to refer to T14 instead of T15 - AF record, field 1, Record Type, type identifier corrected to AF - EZ record, field 1, Record Type, type identifier corrected to EZ - EZ record, field 2, Total Claimed Amount, Length changed to 12 - EZ record, field 3, Total Paid Amount, length changed to 12 - EF record, field 1, Record Type, type identifier corrected to EF - EF record, field 2, Total ERA Claimed Amount, Length changed to 12 - EF record, field 3, Total ERA Paid Amount, length changed to 12 - EF record, field 4, Total ERA Journal Amount, length changed to 12 - EF record, field 5, Total Paid to Member Amount, length changed to 12 - EF record, field 6, Patient Liable Portion, length changed to 12 The following records were changed from format type I (integer) to An (alpha numeric): - I record, field 12, Benefit Type Indicator -
	B:2 Message Formats – Data and Record Types	- EJ record, description added DS record, description added
1.17	Switch eRA Format	- H record, all amount fields changed to length N..12 - EB record, all amount fields changed to length N..12 - EY record, all amount fields changed to length N..12 - EA record, all amount fields changed to length N..12 - AF record, all amount fields changed to length N..12 - EJ record, all amount fields changed to length N..12 - EF record, all amount fields changed to length N..12 - I record, field 2, PMA Dataset Identifier, reference to request record corrected to S5 - I record, field 13, Response Result Code, length corrected to An..2
1.18	6.12.3.1 eRA's – Download Delayed Responses and File Updates	- Reference to "Forced Delayed Responses and File Updates" changed to "Fetch Delayed Responses and File Updates". - Description of functionality to fetch eRA responses only using transaction type 307 removed. -

	Electronic Remittance Advice Record	- Record Structure, EA Record (Item Allocation Record) added as repeatable under EJ Record (Journal Record) to cater for Journal Amount allocations to multiple deposits. - EJ Record, field 5, removed.
	Switch MSV Request Format	- M Record, field 2, MSV Level, added. - M Record, fields 2 to 9 renumbered to 3 to 10 - M Record, fields 10 to 20 removed - M Record, Field 21, Switch Destination Code, renumbered to field 11 -
	Switch Claim Response Format	- Note added to explain the medical scheme responses, may only contain financial information on header level, if returned at all.
	Switch MSV Response Format	- Record structure, repeatable Benefit Record (BR) added - M Record, field 2, MSV Level, added - M Record, Fields 3 onward, renumbered because of addition of field 2 - M Record, field 6, Member ID, moved from field 10 to field 6. - M Record, field 7, Member's PMA Account Number, moved from field 5 to field 7. - M Record, fields 8 to 11 and 15 to 17 added - M Record, fields 7 and 8 moved to fields 13 and 14 - M Record, fields 9 and 10 moved to fields 18 and 19 - RV Record, field 1, Record Type, length corrected to 2 - RV Record, fields 4 to 7, removed and added to new BR record - RV Record, field 8, benefit available removed - RV Record, fields 9 to 12 renumbered to fields 4 to 7 -
	Switch Destination Code Format	- Reference to field numbers in file processing description changed to reflect the changes below. - H record, field 2, File Release Date, format corrected to Date..2 - DC Record field 4, Medical Scheme Name, length changed to An..64 - DC Record field 7, Administrator Name, length changed to An..64 - DC Record field 8, Medical Scheme Name Acronym added - DC Record field 8 to 21 renumbered to 9 to 22, - DC Record field 18 to 22, format corrected from I1 to An1 - MC record, field 1, Record Type, length corrected to 2. - MC record, field 3, Medprax Grouper Code added. - MC record, fields 3 to 6 renumbered to 4 to 7 - MC record, field 4, Medical Scheme Sub Option, length changed to 64. - MC record, field 5, Medical Scheme Option, length changed to 64. - MC record, field 6, Medical Scheme Name, length changed to 64.
	Electronic Remittance Advice Overview	Changes made to the third paragraph, describing an overview of the auto-allocation process
	Electronic Remittance Advice User Processes	- Changes made to the to the description of the auto allocation of eRA payments and responses process; - Changes made to the description of the manual allocation of eRA payments and responses process.
	Electronic Remittance Advice Record Structure and Format	- Record Structure, the hierarchy of the EB record changed - Record Structure, the repeatable status of the EB record removed - Record structure, the EA record removed - Record structure, a note added to specify that a maximum of 2 AF records per eRA will be returned. - H Record, field 12, RA From Period removed - H Record, field 13, RA To Period removed - H Record, field 16, Total Payment Amount removed - S Record, field 3, Billing Practice VAT number removed - S Record, field 5, Billing Practice Address Line 1 removed - S Record, field 6, Billing Practice Address Line 2 removed - S Record, field 7, Billing Practice Address Line 3 removed - S Record, field 8, Billing Practice Address Line 4 removed - S Record, field 9, Billing Practice Address Line 5 removed

		- S Record, field 10, Billing Practice Contact Number 1 removed
		- S Record, field 11, Billing Practice Contact Number 2 removed
		- S Record, field 12, Billing Practice Contact Number 3 removed
		- EB Record, field 2, Deposit Reference removed
		- EB Record, field 3, Payment Bucket Name removed
		- EB Record, field 4, Payor Name removed
		- EB Record, field 5, Paid from Account Number removed'
		- EB Record, field 6, Paid from Branch code removed
		- EB Record, field 7, Paid from Bank name removed
		- EB Record, previously field 11, now field 5, Payment Date removed Mandatory status
		- EB Record, previously field 13, now field 7, Payment Reference Number removed Mandatory status
		- EB Record, field 15, Opening Balance removed
		- EB Record, field 16, Closing Balance removed
		- M Record, field 5, Member's PMA account number removed
		- P Record, field 3, Patient Surname removed Mandatory status
		- I Record, field 8, Treatment End Date removed Mandatory status
		- I Record, field 6, Scheme Claim reference number max length changed to 20
		- I Record, field 9, Tariff / Procedure / Modifier code change Mandatory status to Conditional Mandatory
		- I Record, field 10 NAPPI code changed Mandatory status to Conditional Mandatory
		- I Record, field 12 Benefit Type Indicator, removed
		- EA Record, Item Allocation removed entire record
		- EZ Record, changed name to Patient Totals Record
		- EZ Record, field 5, Total Paid to Member added
		- EZ Record, field 6, Total Patient Liable Portion added
		- EF Record, field 5, Total Paid to member, removed Mandatory status
		- EF Record, field 6 Total Patient Liable Portion removed Mandatory status
1.20		Update Structure • Change EB Record to be repeatable • Added EA Record to Item Level (I..EY) structure