CREATING A WORKFLOW FOR CLAIMS - MIP WEB

| Search | Result | ts: 4 records f | ound | 0 | Select | ed 🔵 All | Print C | opy Comm | unication Ter | mplate: | Healthca | re Default E | mail Temp | olate 🗸 | Send | • • | ф / |
|--------|--------|-----------------|---------|---|---------------|----------------------|---------------------|--------------------|---------------------------------|----------|----------|-----------------|--------------|---------------------|----------------------|---------------|---------------|
| Select | View | Reference | Version | Description | Word index | Template Category | Template | Repository | Group Category | Class | Status | Content Type | Size | Created Date | Create User | Index Date | Index User |
| 0 | 0 | RES000457234 | 1 | frankihtalriska composition | • | Emails | Assessing Emails | Virtual Postman | Multimedia Resource Group | Business | New | eml | 700.24 KB | 2021/03/12 15:44 | Mip (Mip user) | | |
| | 0 | RES000457213 | 1 | (from claims@totalrisksa.co.za)MIP149529 DR DEIST SD 28/01/2021 | | Emails | Assessing Emails | Virtual Postman | Multimedia Resource Group | Business | New | eml | 3.34 MB | 2021/03/12 14:38 | Mip (Mip user) | | |
| | 0 | RES000457196 | 1 | (from claims@totalrisksa.co.za)//IP | | Emails | Assessing Emails | Virtual Postman | Multimedia Resource Group | Business | New | eml | 2.68 MB | 2021/03/12 14:12 | Mip (Mip user) | | |
| 0 | 0 | RES000457137 | 1 | (from claims@totalrisksa.co.za) | : | Emails | Assessing Emails | Virtual Postman | Multimedia Resource Group | Business | New | eml | 1.93 MB | 2021/03/12 13:00 | Mip (Mip user) | | |

• Claim is received in the assessing inbox.

| ocument Details for RES000457213 | | | ¢ ^ |
|---|---|-----------------------|-------------------------------|
| Options | | | |
| Document Obj: | 299131535 | | |
| Reference: | RES000457213 | Parent document: | |
| Version: | 1 | User: | Mip (Mip user) |
| Template Category: | Emails | Repository: | Virtual Postman |
| Template: | Assessing Emails | Content Type: | eml |
| Group Category: | Multimedia Resource Group | Class: | Business |
| Description: | (from claims@totalrisksa.co.za)MIP149529 DR DEIST SD 28/01/2021 | Status: | New |
| Wordindex: | | Created Datetime: | 2021/03/12 14:38:31.361+02:00 |
| Attributes: | 2849070 | Effective From: | 2021/03/12 14:38:31.361+02:00 |
| Size: | 3.34 megabytes | Effective To: | |
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| Member Cross Refe | Prence: | | |
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• Claim is indexed under the policyholder's profile and a workflow created.

| Reference: | RES000457213 | | | Parent Reference: | | | |
|---|--|---|---|---|-----------------------------|---------------|---|
| Version: | 1 | | | User: | Mip (Mip user) | | |
| Template Category: | Emails | | | Repository: | Virtual Postman | | |
| lemplate: | Assessing Email | ls | | Content Type: | eml | | |
| Group Category: | Multimedia R | esource Group | ~ | Class: | Business V | | |
| Description: | (from claims@ | totalrisksa.co.za)M | IP149529 DR D | Status: | New Resource | | |
| Wordindex: | | | | Created Datetime: | 2021/03/12 14:38:31.361+02: | 2:00 | |
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| Member Cross | Reference: | | ٩ | | | | |
| Member Cross | Reference: | 49529 | <u>م</u> | | | | |
| Member Cross | Reference: Member: 1 | 49529 | ব ব | | | | |
| Member Cross | Reference: Member: 1 ce Provider: 2 | 49529 | Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | ALIANTING THE OKP, UK Uptnaunology (21) | | | |
| Member Cross | Reference: Member: 1 ce Provider: 2 Call Log: | 49529 603373 | ସ ସ ସ ସ | Selecting the UK Upthatmong, 224 | | | |
| Member Cross Servic locument - please suj | Reference: Member: 1 ce Provider: 2 Call Log: pply at least o | 149529 1603373 one option below | Q Q Q Q | DEIGENIO INCORP, UR Uptnatinolog, (24) | | ¢ | |
| Member Cross Servic locument - please sup Call Centre | Reference: Member: 1 ce Provider: 2 Call Log: pply at least o Reference: | 149529 1603373 Dine option below | Q Q Q Q Q | ALIANNI INCORP, UK Uptnaunology (24) | | ¢ | , |
| Member Cross Servic locument - please suj Call Centre Work Flow | Reference: Member: 1 ce Provider: 2 Call Log: pply at least o Reference: Reference: | 149529 1603373 one option below | ସ ସ | Autofocus Exis | ting Work Flow | ¢ | , |
| Member Cross Servic locument - please suj Call Centre Work Flow Start Ne | Reference: Member: 1 te Provider: 2 Call Log: pply at least o Reference: R | 149529 1603373 one option below | Q Q Q Q Q Q | Autofocus Exis | ting Work Flow | ¢ | , |
| Member Cross Servic locument - please suj Call Centre Work Flow Start Ne | Reference: Member: 1 Se Provider: 2 Call Log: pply at least o Reference: Reference: ew Process: m | 149529 1603373 one option below | | Autofocus Exis | ting Work Flow 1 process | ¢ | , |
| Member Cross Servic locument - please sup Call Centre Work Flow Start Ne Ma | Reference: | 149529 1603373 Inter option below | Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | Autofocus Exis | ting Work Flow / process | ¢ | , |
| Member Cross Service locument - please sup Call Centre Work Flow Start Ne Ma Relatio | Reference: Member: 1 Member: 1 2 Call Log: Call Log: 2 pply at least o Reference: Reference: Reference: mual Index: 1 nship type: F F | 149529 1603373 one option below na_ProcessClaimEC I Initiate no further Resource | Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q | Autofocus Exis | ting Work Flow / process | \$ | , |

- The policyholder's policy number in entered under Member.
- Service Provider will be the claim of the Doctor that was short paid.
- Start new process is where all the details of the claim will be entered, and a claim number will be generated.

| Your curre | ent workli | st | | | | | | | | | | | | | | | | |
|---|--|------------------------------------|--------------------|----------------------|------|--------------------------------------|---------------------------------------|-------------------------|----------------------------------|-------------------------------|--------------|--------------|------|--------------------------------|-------------------------|---------------------|--|--|
| Latest Start Time | Duration | Process | Process Version | Process Reference | View | Activity | Activity Status | Park Reason | Park Till DateTime | Started DateTime | Log Notes | Role List | User | Process Started DateTime | Process Log Notes | Process Priority | Process RefList | Process RemList |
| 2021/03/17 10:30 | 30 | Process Claim | 5 | wf_33387734 | 0 | Document Identification | Active | | | 2021/03/12 16:21 | | ClmIndex | : | 2021/03/12 16:21 | | Major | Date received at scheme: <u>more</u> | Resource: RES000457213 (from claims@totalrisksa.co.za)MIP14952 DR DEIST SD 28/01/2021 more |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Current W | orkflow | ¢ | ^ | | | Document I | dentificati | ion in Pro | ocess Claim (v | wf_33387734 |) | | | | | | | ¢ ^ |
| Current W | orkflow | ¢ | ~ | | | Document I | ldentificati Values | ion in Pro | ocess Claim (v | wf_33387734 |) | | | | | | | ♦ ∧ Hide optional values |
| Current W Do Proce Due by | orkflow cument Ident in ess Claim (wf y: 2021/03/1 | ification 33387734) 17 11:00 | ~ | | | Document I | ldentificati Values | ion in Pro | ocess Claim (v | wf_33387734 |) | | | | | | | A Hide optional values |
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• The type of document is identified on this screen.

| lember Claims Logging | | | ¢ ^ |
|----------------------------|-------------|---|-----|
| Member Number: | 149529 | | |
| Service Provider: | 2603373 | | |
| Provider Practice Number: | | ٩ | |
| Referred To: | | ٩ | |
| Referred By: | | ٩ | |
| Date received at scheme: | 2021/03/12 | | |
| Total Claimed: | 1500.00 | | |
| Reference: | 800/0002627 | | |
| Registered Article Number: | | | |
| Claim has been paid: | | | |
| Invalid Member: | | | |
| Invalid Doctor: | | | |

- The date the claim was received, the total amount claimed by the Doctor and his account number is added in the above fields. This information will reflect once the claim is processed for reconciliation purposes as well.
- Submit.

| ber Claims Logging | | ¢ ^ |
|----------------------------|-------------|---------------|
| Member Number: | | |
| Service Provider: | 2603373 | |
| Provider Practice Number: | | |
| Referred To: | | |
| Referred By: | | |
| Date received at scheme: | 21/03/12 | |
| Total Claimed: | 1500 | |
| Reference: | 800/0002627 | |
| Registered Article Number: | | |
| Claim has been paid: | | |
| Invalid Member: | | |
| Invalid Doctor: | | |
| | | Change Accept |
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| or Flagdet Records | | \$ A |

• Select Accept.

| Your curre | ent workli | st | | | | | | | | | | | | | | | | |
|-------------------------|------------|------------------|--------------------|----------------------|------|---|--------------------|----------------|-----------------------|---------------------|--------------|------------|------|--------------------------------|-------------------------|---------------------|--|--|
| Latest Start Time | Duration | Process | Process Version | Process Reference | View | Activity | Activity Status | Park Reason | Park Till DateTime | Started DateTime | Log Notes | Role List | User | Process Started DateTime | Process Log Notes | Process Priority | Process RefList | Process RemList |
| 2021/03/17 12:00 | 0 | Process Claim | 5 | wf_33387734 | 0 | <u>Process</u> <u>claim on</u> <u>character</u> | Active | | | 2021/03/12 16:33 | | ClmAssesor | r | 2021/03/12 16:21 | | Major | Date received at scheme: 2021/03/12 more | Resource: RES000457213 (from claims@totalrisksa.co.za)MIP1495 DR DEIST SD 28/01/2021 <u>more</u> |

• The log of the claim is now complete. Select process on Character for the final steps.

| Current Workflow | ¢ ^ |
|--|---|
| Process claim on cha in Process Claim (wf 33 Due by: 2021/03/17 | <u>aracter</u> 1 <mark>387734)</mark> 12:00 |
| Reference Values | ~ |
| Related Entities | V |
| Abandon Park Detail | s Comment |

• Claim number is found in the below directory.



• Assessing workflow chart – from logging to assessing

| Process Description: | Process Claim |
|----------------------------|--|
| Process Log Reference: | wf_33387734 |
| Status: | Active |
| Latest Finish Date/Time: | 2021/03/17 12:00:00.000+02:00 |
| Reference Values | |
| Date received at sche | me: 2021/03/12 |
| What type of document is t | his: Claim Document |
| From en | nail: |
| Email Subj | ect: |
| MMDocume | nts: |
| Total Claim | red: 1500.00 |
| Referen | nce: 800/0002627 |
| Registered Article Num | ber: |
| Claim has been p | aid: |
| Duplicate Claim Contin | lue? |
| Claim Num | ber: BCNL43 |
| Invalid Provider Num | ber: |
| Invalid Member Num | ber: |
| Document D | ate: |
| Related Entities | |
| Resource: | 8E5000457213 (from claims@totalrisksa.co.za/MIP149529 80-05555 SD 28/01/2021 |
| | |
| Member: | |
| Service Provider: | |
| Communication: | |
| Cimiog: | U BCNL43 n0 U BCNL43 n0 |
| Provider Practice Number: | |
| Referred by Doctor: | |
| Hambar Cross Peferance | |
| member cross Reference: | |
| | |
| | |

- The Claim now has been logged and can be Assessed on Putty.
- A Claim number is now available.

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TRA ASESSING PROCESS DOCUMENT

| Putty | - | | × |
|--|---|-------|---|
| Trading partner #: 001 | | | ^ |
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| Enter trading partner number if processing EDI, else 0 | 1 | nsert | ~ |

- Claim is assessed on Putty menu MCU.
- Every Assessor has a trading partner number linked to their name.

| <i>lember</i> | #: : | 149529 | 200.UU | I COLD | | | | | | Su | bscripti | on: S0 | | |
|-----------------------|------|--------|---------|--------|--------|----------|-------|------|------|------|----------|-----------|-------|----------|
| Ref to | #: | 000000 | 0 | | | Ref by | #: | 0000 | 0000 | | | Susp: | | |
| Card an | at: | | A | uth#: | 00000 | 000 Trea | tplr | Aut | :h#: | | | Lines | : | |
| Claime | ed: | 1500.0 | 0 | Claim | d Ente | erd: | | | Ben | eft: | | Line# | : | |
| Scan co | ode: | RES00 | 04572 | 13 | | | | | | | | Cmp: | 2 | |
| D# Firs | st n | ame | Join 1 | Rsgn B | enef | Birth | С | Excl | lusi | ons | | | | |
| | | | 1 4 0 1 | | 40101 | 1000100 | | | | | | | | |
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| 02 BTT7 | NO A | PDTRT | 1921 | 1 | 81101 | 2020000 |) N | | | | | | | |
| 03 ADTI | | anona | 1207 | 1 | 90729 | 2019012 | 9 N | | | | | | | |
| Ref. 1 | D# | Date | Dia | gn C/C | Tari | E I | Clai | med | PR | | Benefit | Mem.owes | 8 | Nt |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| tarif H | C 01 | 20112 | 3 H18 | .6 099 | z000 | 1 3 | 4020 | .00 | М | | 0.00 | 0.00 | 100 | 67 |
| 800/0 B | C 01 | 20112 | 3 H18 | .6 001 | 0312 | 1 1 | 7808 | .00 | М | 1 | 3563.50 | 0.00 | 700 | |
| <mark>8</mark> 00/0 (| 2 | | | | | | C | .00 | М | | 0.00 | 0.00 | 000 | |
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| | | 1.011 | - 141 | | | . 10 10 | | | | 1 | | | 0 1 a | <u>.</u> |

- Use the claim number that was created in the workflow process.
- Policy Number, Practice number etc. will all pull through based on the information that was logged.

| | PRACTIC | E DETAILS | S | TA | TEN | IEN ⁻ | Г | Date: 202 Page No: | 1 -02-04 1 |
|-------------------|--------------|---|-----------|----------|----------------|-----------------------|----------------|-----------------------|----------------------|
| Pr No. 2603373 | | | \square | | | ACCOUNT | DETAILS | | |
| | | | Acc | count No |): | 800/00026 | 627 | | |
| | | Tel 011 017 7500 | Ref | erring D | octor: | | | | |
| | | VAT: 4090161821 | Adı | nin: | | DISCOVE | RY HEAL | тн | |
| | MEMBER | DETAILS | Sch | neme: | | DISCOVE | RY | | |
| | | | \square | | | CURRENT | DETAILS | | |
| | | | Adı | nin: | | DISCOVER | RY HEALT | гн | |
| STDENHAL) | | | Sch | neme: | | DISCOVER | RY | | |
| | | | Pla | n: | | SAVER CL | ASSIC | | |
| | | | Ме | mbershi | p No: | | | | |
| MESSAGE R | ef No: 16460 | | | | | | | | |
| DATE PAT | TIENT CODE | DESCRIPTION | | QTY | REJECT CODE | ORIGINAL AMOUNT | PATIENT DUE | MEDAID DUE | BALANCE |
| 2021-01-28 (Cotto | 3124 3124 | Removal of corneal stitches under microscope (maxi DR MB DEIST (Pr. No: 0260002603373) Diagnosis Code: H18.6 Diagnosis Code: H18.9 Diagnosis Code: T81.9 Diagnosis Code: Y83.0 | | 1 | | 1 <mark>500.00</mark> | 0.00 | 0.00 | 0.00 |
| 2021-01-28 | PAY/MEM | Payment, Thank you | | | | -1500.00 | 0.00 | 0.00 | 0.00 |

• Copy of Doctor's account.

| Date of | Healthcare | Place of | Amount | Amount | Amount | Paid | Paid to | | More |
|------------|-----------------|------------------|------------------------|---------|-----------|---------------|---------|----------------------------|----------------|
| service | professional | service | claimed | paid | not paid | from | You | Healthcare professional | info |
| 2021-01-28 | Ophthalmologist | Poist M.B.Incore | <mark>R1 500.00</mark> | R132.20 | R1 367.80 | The Scheme | R132.20 | R0.00 | $(\rightarrow$ |

• Medial Aid statement.

| ssessed: 20210312 Ac | tion: A Claim #: BCl | NL43 Received: 2021031 | .2 CURRENT SUPER- |
|----------------------------|----------------------|-----------------------------|-------------------|
| Ooctor #: 2603373 026 | ETERT IN D THOURD, P | rov #: | Payment: 1 |
| 4ember #: 149529 🚛 🖉 | Y COLDERTY | Subscripti | on: S0 |
| Ref to #: 0000000 | Ref by | #: 0000000 | Susp: |
| Card amt: A | uth#: 00000000 Treat | pln Auth#: | Lines: |
| Claimed: 1500.00 | Claimd Enterd: | Beneft: | Line#: |
| can code: RES0004572 | 13 | | Cmp: 2 |
| # First name Join 1 | Rsgn Benef Birth | C Exclusions | |
| 00 10000 110000 1401 | 140101 10021000 | N | |
| 1 UEINDA WICH. 1811 | 181101 19971216 | N | |
| 2 ELTAN AZDIEL 1811 | 181101 20190220 | N | |
| 3 11111 SMICHE 1907 | 190729 20100720 | N | |
| Ref. T D# Date Dia | gn C/C Tarif C. | laimed P R Benefit | Mem.owes % Nt |
| | C 000 -0001 | | 0 00 100 65 |
| Carif K 01 201123 H18 | .6 099 20001 340 | 020.00 M 0.00 | 0.00 100 67 |
| 300/0 K 01 201123 H18 | .6 001 03121 178 | 808.00 M 13563.50 | 0.00 700 |
| 300/0 K 01 210128 h18 | .6 001 03124 1 | 50 <mark>0.00 M</mark> 0.00 | 0.00 000 |

ICD-10 is: Keratoconus

- All claims are processed line by line to ensure no overpayments are made and that procedures that are not covered by the medical aid can be rejected.
- The original tariff code and ICD 10 codes are used.
- PMB conditions are built into the system and will warn Assessors if it is a possible PMB claim.
- Account number from the Practice is used.
- Date of service
- ICD 10 code
- Benefit from where the claim will be paid.
- Tariff code.
- Amount claimed by Practice.

| - | 1 4111 | | | | | | | | | | |
|---|-------------|------------------|---------------------------------------|-----------------------------|----------------------------------|--------------------------|----------------|----------------------------|----------|---------------------|--------|
| Assesse | ed: | 20210312 | 2 Acti | on: 1 | A Claim | #: BCNL43 Red | ceived: | 2021031 | .2 644 | 🔹 SUI | PER+ |
| Doctor | #: : | 2603373 | 026 🖿 | TOM | N D THOU | DD, Prov #: | | | Pa | yment | t: M |
| Member | #: | 149529 1 | | | | | Su | bscripti | on: S0 | | |
| Ref to | #: 0 | 0000000 | | | Re | f by #: 0000 | 000 | | Susp: | | |
| Card am | nt: | | Aut | h#: (| 00000000 | Treatpln Aut | h#: | | Lines | : | |
| Claime | ed: | 1500.00 | C | laimo | d Enterd: | 1 | Beneft: | | Line# | : | |
| Scan co | ode: | RES0004 | 457213 | | | | | | Cmp: | 2 | |
| D# Firs | st n | ame Jo | oin Rse | gn Be | enef Bir | th C Exclu | usions | | | | |
| 1 | | OKIGII | AL SCI | | AMOUNTS | RECEIVED | | 7 | | | |
| Scheme | e Pa | id: 132 | .20 .07 | 1 | Scheme | Tariff: 132 | .20 | | | | |
| Scheme Cirwii Ref. T | Pa. C D# | id: 132 | .20 907 Diagn | 19 c/c | Scheme 90729 201 Tarif | Tariff: 132 | .20 P R | Benefit | Mem.owes | 90 | Nt |
| Scheme C5 nors Ref. T | Pa. D# | id: 132 | .20 907 Diagn | 19 C/C | Scheme 90729 201 Tarif | Tariff: 132 | .20 P R | Benefit | Mem.owes | * 100 | Nt |
| Scheme CC null Ref. T tarif K 800/0 K | r D# | 201123 201123 | .20 907 Diagn H18.6 H18.6 | 19 C/C 099 001 | 20001 03121 | 34020.00 1 17808.00 1 | .20 P R | Benefit 0.00 3563.50 | Mem.owes | * 100 700 | Nt |

• Field will open where the amount that was paid by the medical aid is captured. The system will then automatically calculate the amount that must be paid.

| Assess Doctor | sed r # | : 2 | 20210312 2603373 | 2 Actio 026 L | on: 1 | A Claim | #: BCNL43 Re PP, Prov #: | ece | ived: | 2021031 | 2 Pa | SUI ymen | PER+ t: M |
|------------------|------------|------|---------------------|------------------|-------|-----------|-----------------------------|-----|-------|----------|----------|----------------|--------------|
| Member | r # | : 1 | L49529 N | m vv (| | | | | Sul | oscripti | on: S0 | | |
| Ref to | o # | : (| 0000000 | | | Re | f by #: 000 | 000 | 0 | | Susp: | | |
| Card a | amt | : | | Auth | n#: (| 0000000 | Treatpln Au | th# | : | | Lines | : | |
| Clair | nec | 1: 1 | 1500.00 | C] | Laimo | d Enterd: | 1500.00 | Ве | neft: | 925.40 | Line# | : | |
| Scan o | cod | e: | RES0004 | 157213 | | | | | | | Cmp: | 2 | |
| Ref. | т | D# | Date | Diagn | c/c | Tarif | Claimed | P | R I | Senefit | Mem.owes | 2 6 | Nt |
| tarif | ĸ | 01 | 201123 | H18.6 | 099 | z0001 | 34020.00 | м | | 0.00 | 0.00 | 100 | 67 |
| 800/0 | к | 01 | 201123 | H18.6 | 001 | 03121 | 17808.00 | М | 13 | 3563.50 | 0.00 | 700 | |
| 800/0 | к | 01 | 210128 | H18.6 | 001 | 03124 | 1500.00 | М | | 925.40 | 0.00 | 700 | |
| 800/0 | C | | | | | | 0.00 | M | | 0.00 | 0.00 | 000 | |

- If an amount exceeds the 700% or the policyholder has reached his limit, the system will warn the Assessor.
- If the same tariff code is used more than once, the system will warn the Assessor that this might be a duplicate claim.

| Current Workflow 🔅 🔨 | Process claim on character in Process Claim (wf_33387734) | \$ |
|---|---|----------------------|
| Process claim on character in Process Claim (vrf. 33387734) | Reference Values | Hide optional values |
| Due by: 2021/03/17 12:00 eference Values | Did you process the claim on character: | |
| lated Entities V | | Comple |
| bandon Park Details Comment | | 1 |



• Claim is now assessed – workflow can be closed.

| Search Resu | Search Results: 40 records found | | | | | | | | | | | | | |
|--------------------|----------------------------------|------------|----------|--|---------------------------|--------|--------|--|---------------------|----|--|-----|--|--|
| View Attachment | View Message | From | То | Subject | Template Category | Medium | Status | User | Datetime | Cc | | Bcc | | |
| | <u>MSG000550246</u> | 0872406116 | 01440745 | Dear TRA policyholder. Your claim for DEIST M B INCORP, DR has been assessed. A claims statement with further details will be issued in due course. | Communication Template | SMS | Sent | Desse Ivanova (Desse Ivanova) | 2021/03/12 16:54 | 2 | | | | |

• Once the claim is completed, an SMS is sent to the policyholder confirming that a claim for a specific provider was processed.

| | | | | то | TAL CLA | IMED: 1,500 |).00 TOTA | BENEFIT: | 925.40 | TOTAL REJE | CTED: | 574.60 TO | TAL OWE | D: 0.00 | TOTAL S | AVINGS: 0.0 | 0 TOTAL R | EVERSED | : 0.00 | | |
|-----|-------------------|-----------|---------------------|--------|---------------|--------------|------------------------|------------|-----------|------------------|--------------|-----------------|----------|-------------|-----------|--------------|-----------------|---------------|------------------|---------------|--------------|
| Men | nber Claim I | List | | | | ndur key: Ne | u = Keverse | d claim, A | mber = no | Benefit, Or | een = Ci | aim suspend | Jea, Par | ole = Clair | n snort-p | aid, brown = | Discount R | cerved | | | |
| | Treatment Date | Dependant | Service Provider | Tariff | Nappi Code | Diagnosis | Claimed | Benefit | Discount | Short Payment | Note Code | Payment Date | Owes | Savings | Payee | Reference | Claim Number | Claim Type | Claim Code | Authorisation | Gen.Cl Nr |
| 0 | 2021/01/28 | | 2603373 - | 03124 | | H18.6 | 1 <mark>,500.00</mark> | 925.40 | 0.0 | 0 442.40 | 90 | | 0.00 | 0.00 | Member | r 800/000262 | 7 BCNL43 | к | 1 - GAP COVER | | 2107JF |
| | | | | - | | | | | | | | | | | | | 1 | - | - | | |

• The shortfall amount is above the 700% Gap cover – note code 90 (shortfall amount is above Gap Option % benefit.

| Member Number: | 149529 | Tariff Code: | 03124 | |
|-------------------------------|---|------------------------------|-----------------------|-------------------------------|
| Claim Number: | BCNL43 | Units: | 0.00 | |
| Tariff Description: | Removal of corneal stitches under micros | EDI Line number: | | |
| Patient and Doctor Details | | | | |
| Dependant: | 1 | Name: | | Payee: Member |
| Service Provider: | 2603373 | Name: | DELCT IL R INCORP. DR | Pay Vendor Number: 0 |
| Practice Type: | 026 | Description: | Opthalmology | |
| Prov pr Number: | 0 | Name: | - | Negotiation Group: |
| Referred By: | 0 | Name: | | Negotiation Group: |
| Referred To: | 0 | Name: | | Negotiation Group: |
| Amounts | | | | |
| | 4 500 00 | * 100 - | 100.00 | |
| Claimed: | 1,500.00 | lantf Amount: | 132.20 | Copay: 0.00 |
| Benefit: | 925.40 | Discount: | 0.00 | Short Payment: 442.40 |
| Owes: | 0.00 | COP: | 0.00 | Percent: 700 |
| Savings: | 0.00 | Third Party: | 132.20 | RPL: 1,500.00 |
| Treatment and Dates | | | | |
| Claim Code: | 1 | Description: | GAP COVER | Claim Type: K |
| Treatment date: | 2021/01/28 | Authorization Number: | | Reference Auth Number: |
| Received date: | 2021/03/12 | Days: Treatment to Received: | 43 | Receipted: |
| Assess Date: | 2021/03/12 16:48:41.865 | Days: Received to Assessed: | 0 | Credit Card Used: |
| Payment Date: | | Days: Received to Payment: | | Suspend Until: |
| Note Code / Rejections | | | | |
| Reason: | | Rejection Code 1: | | Rejection Code 2: |
| Note Code: | 90 - Shortfall amount is above Gap Option % benefit | Rejection Code 3: | | Rejection Code 4: |
| Extras | | | | |
| Modifier: | | | | Trade Number: 1 |
| Scan Code: | RES000457213 | Suspended: | | Trade Partner: DESSE IVANOVA |
| Reg Article Number: | | Reported After resign: | | Assessor: Desse Ivanova |
| Reference: | 800/0002627 | | | |
| NOTE CODES: | | LAB SLIP: | | Reference 3: |
| Reference 4: | | Reference 5: | | Gen.Claim Nr: 2107JFNJ |
| Diagnosis Details | | | | |
| Diagnosis Code: | H18.6 | Diagnosis: | Keratoconus | |
| Asterisk Code: | • | | | Registered for Condition?: no |
| Morphology Code: | • | | | Mouth Parts: |
| Base rate: | SCHEME | Description: | SCHEME BASE RATE | |
| Alternate Reinbursement Rate: | | | | |

• Full details of the claim information can be viewed on the Web.

| Mem | ber Claim L | ist | | | | | | | | | | | | | | | | |
|-----|-------------------|------------------------|--------------------------------------|------------|---------------|-----------|----------|---------|----------|------------------|--------------|-----------------|------|---------|--------|-------------|-----------------|--------------|
| | Treatment Date | Dependant | Service Provider | Tariff | Nappi Code | Diagnosis | Claimed | Benefit | Discount | Short Payment | Note Code | Payment Date | Owes | Savings | Payee | Reference | Claim Number | Clai Type |
| 0 | 2021/01/28 | 01 - YEHUDA YISRAEL | 2603373 - DEIST M B INCORP, DR | 03124 { | | H18.6 | 1,500.00 | 925.40 | 0.00 | 442.40 | 90 | | 0.00 | 0.00 | Member | 800/0002627 | BCNL43 | К |
| | | | | _ | _ | | | _ | | | | | - | | _ | | | - |

whatsoever without the prior written consent of TRA.

| Attachments: | | | |
|--|------------------------|------------------------|-------------------|
| Document(text/plain) | | Download attachment | (inline) |
| Document(text/html) | | Download attachment | (inline) |
| 526612202 - B30757 - MR YY GOLDFEIN - PR 2603373 - SD 2812021 - DR MB DEIST.eml | | | (<u>inline</u>) |
| Document(text/plain) | | Download attachment | (inline) |
| Document(text/html) | | Download attachment | (<u>inline</u>) |
| image001.png | View Attachment as PDF | Download attachment | (<u>inline</u>) |
| image002.png | View Attachment as PDF | Download attachment | (<u>inline</u>) |
| image003.png | View Attachment as PDF | Download attachment | (inline) |
| Dr Deist Stitches statement.pdf | View Attachment as PDF | Download attachment | (<u>inline</u>) |
| Authorisation.pdf | View Attachment as PDF | Download attachment | (<u>inline</u>) |
| Claims Notification Dr Deist second procedure.pdf | View Attachment as PDF | Download attachment | (inline) |
| Gap Cover Claim Form.pdf | View Attachment as PDF | Download attachment | (<u>inline</u>) |

• All documents submitted with the original email are stored in the claim and can be viewed.

| | | | | | 2 23 | | | | | | | | | | |
|------------------|--------------------------------|--------------|---|------------|----------|------------|------------|----------------|----------------------|------|---------|--|--|--|--|
| Limits for Manua | imits for Matthe Manual - 2021 | | | | | | | | | | | | | | |
| Scheme | Effective Date | Limit Number | Description | Available | Claimed | Limit used | Authorised | Paid by Member | Remaining | Year | Limit / | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 1 | OVERALL ANNUAL LIMIT | 171,000.00 | 1,500.00 | 925.40 | 0.00 | 574.60 | 170,074.60 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 3 | PMB's | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 9 | ONCOLOGY GAP BENEFIT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 10 | ONCOLOGY EXTENDER BENEFIT | 30,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 30,000.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 11 | ACCIDENTAL DEATH - INSURED/SPOUSE | 10,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10,000.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 12 | ACCIDENTAL DEATH - DEPENDANT | 5,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,000.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 17 | TRA - ASSIST | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 50 | CO-PAYMENT/DEDUCTABLES - NON DSP's AMOUNT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 71 | COVID-19 ISOLATION HOTEL BENEFIT AMOUNT | 6,000.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6,000.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 77 | COVID-19 ISOLATION HOTEL BENEFIT QTY | 10.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.00 | 2021 | | | | | |
| 72-CUREM SUPER+ | 2021/01/01 | 112 | Psychiatric treatment | 14.00 | 0.00 | 0.00 | 0.00 | 0.00 | 14 <mark>.</mark> 00 | 2021 | Limited | | | | |

• Limit utilisation is verified.

| | | | | то | TAL CLA | IMED: 1,500 | 0.00 TOTA | BENEFIT: | 925.40 1 | TOTAL REJE | CTED: | 574.60 TO | TAL OWE | D: 0.00 | TOTAL S | AVINGS: 0.0 | D TOTAL R | EVERSED | : 0.00 | | |
|-----|-------------------|------------------------|--------------------------------------|------------|---------------|---------------|-------------|------------|-------------|------------------|--------------|-----------------|-----------|-------------|-----------|--------------|-----------------|---------------|------------------|---------------|-----------------|
| | | | | | Co | olour key: Re | d = Reverse | d claim, A | mber = no l | Benefit, Gn | een = Cl | aim suspend | led, Purj | ple = Clair | n short-p | aid, Brown = | Discount R | eceived | | | 297 |
| Men | nber Claim I | list | | | | | | | | | | | | | | | | | | | |
| | Treatment Date | Dependant | Service Provider | Tariff | Nappi Code | Diagnosis | Claimed | Benefit | Discount | Short Payment | Note Code | Payment Date | Owes | Savings | Payee | Reference | Claim Number | Claim Type | Claim Code | Authorisation | Gen.Clain Nr |
| 0 | 2021/01/28 | 01 - YEHUDA YISRAEL | 2603373 - DEIST M B INCORP, DF | 03124 t | | H18.6 | 1,500.00 | 925.40 | 0.00 | 442.40 | 90 | | 0.00 | 0.00 |) Member | 800/000262 | 7 BCNL43 | к | 1 - GAP COVER | | 2107JFNJ |
| | | | | - | | | | | - | | | | | | | | - | - | | | 1 |

• Once the claim goes through a payment run the payment run date will be populated and a statement generated.

| Date | Provider | Code | | | rayment | Code | Date | | | number | type | Code |
|-----------------------|---|-------|----------|------|-------------|------|--------------------------|------|----------------------|--------|------|-----------------------------------|
| 2021/01/28 01 | 651958 - Dr BUKIWE 00109 PEYA | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673180 | 000142 | к | 99 - REJECTED CLAIM |
| 2021/01/27 01 - | 651958 - Dr BUKIWE 00109 PEYA 651958 - | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673181 | 000142 | К | 99 - REJECTED CLAIM 99 - |
| 2021/01/26 01 | Dr BUKIWE 00109 PEYA | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673182 | 000142 | K | REJECTED |
| 2021/01/25 01 - | 651958 - Dr BUKIWE 00109 PEYA | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2 <mark>021/03/11</mark> | 0.00 | 0.00 Member 67673185 | 000142 | к | 99 - REJECTED CLAIM |
| 2021/01/24 01 - Remp | 651958 - Dr BUKIWE 00109 PEYA 651958 | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673196 | 000142 | К | 99 - REJECTED CLAIM |
| 2021/01/23 01 | Dr BUKIWE 00109 PEYA | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673195 | 000142 | К | REJECTED CLAIM |
| 2021/01/22 01 - Barry | Dr BUKIWE 00109 PEYA | U07.1 | 1,115.40 | 0.00 | 0.00 737.40 | 26 | 2021/03/11 | 0.00 | 0.00 Member 67673194 | 000142 | К | REJECTED CLAIM |

• Above is an example of a claim that was processed and rejected for a possible PMB.

| | | · · | | • | |
|-------------------|---|--|------------------|------------------------|-------|
| Medium: | Email | Template: | Claims Statement | | |
| User: | Mip (Mip user) | Status: | Sent | | |
| Address From: | noreply@totalrisksa.co.za | | | | |
| Address To: | theoloup @tottooneet | | | | |
| Address Cc: | | | | | |
| Address Bcc: | | | | | |
| Subject: | Claims Statement | | | | |
| Description: | The payment date is 2021/03/11. Should you have any queries, please do not hesitate to contac email addresses mentioned above. Kind Regards, The TRA Team 16 Jersey Drive Longmeadow Business Estate East Longmen You are receiving this vital email because you provided electro policy application form. | t us on 011 372 1540 or contact adow 1609 nric correspondence details on y | us at one of the | | |
| Wordindow | | Drioritu | Nermal | | |
| Created Datatimes | 2021/02/11 19-54 | Attributory | Normat | | |
| Created Datetime: | 2021/03/11 17:34 | Attributes: | 0 min | | |
| Send at Datetime. | 2021/03/11 17:33 | Record As Included Messages | | | |
| | | Resend As included message. | | | |
| Related Entities | | | | Hide optional entities | ۰ 🗸 |
| | Attachments: RES000456909 Member Statement 💿 | | | | |
| | RES000456785 Claim Rejection Letter - PMB | | | | |
| | , | | | | |
| | Member: | | | | |
| | | | | Resend Add | Print |
| | | | | | |
| | | | | | |
| | | | | | |

- An email regarding the claim's payment is sent to all of the policyholder's in the payment run, along with their attached claims statement.
- Rejection letters are generated for all rejected claims, and will then also be attached to the email.

These emails and attachments can be found under the member's communications.

EDI CLAIMS

| ∎ 9 7) ↑ ↓ | 2 | TRA_GAP_COVER_CLAIM_100320 | 021_00151.csv 2021/03 | /10 08:00:08.438 | 8 - Message (HTML) | | | \mathbf{O} | | - 0 | X |
|---|---|---|-----------------------|-------------------------------------|---|----------------|--|-------------------------|-----------------------|-------------------|---------|
| File Message Hel | p 🛛 🖓 Tell me what you want to | o do | | | | | | | | | |
| © Ignore ∭ — ⊗ Junk ~ Delete Archive Delete | Reply Reply Forward All Respond | Claims → To Manager Team Email ✓ Done Create New Quick Steps | | 9 Rules ~ OneNote Actions ~ I | Assign Mark Categorize Policy ~ Unread ~ Tags | Follow Up ~ | ✓ Find Melated × ↓ Select × Editing | Read Aloud Speech | Translate Language | Q Zoom Zoom | |
| TRA GAP COVER | CLAIM 10032021 00151.c | sv 2021/03/10 08:00:08.438 | 3 | | | | | | | | |
| | lrisksa co za | , | | | | | ← Reply | ≪ Repl | y All 🚽 | Forward | |
| To O Janine Eng | jelbrecht; O Desse Ivanova TRSA; O Anto | inette Matthyser; 🔿 Nokuzola Sibiya; 오 mz | wakhed@mip.co.za | | | | | | Wea | d 2021/03/10 8 | 8:05 AM |
| SWITCH_20210310_0 48 KB | 000142_010.TXT 🗸 | | | | | | | | | | |
| File Name - TRA CAR C | OVER CLAIM 10022021 00151 | | | | | | | | | | |
| File Name : TRA_GAF_C | OVER_CLAIM_10032021_00151.0 | csv | | | | | | | | | |
| File Status : File loaded | | | | | | | | | | | |
| Lines in File : 340 | | | | | | | | | | | |
| File Total Amount : 6688 | 869.2 | | | | | | | | | | |
| Assessed: Claim amount | t : 668869.2 | | | | | | | | | | |
| Attachment : SWITCH_2 | 0210310_000142_010.TXT | | | | | | | | | | |
| | | | | | | | | | | | |

• EDI claim files are placed on our FTP site as per the agreements with the relevant medical aid schemes. The files are automatically imported into the system – notification emails are sent to the relevant staff members.

| 0 | no | 570015 | rie1 | tratst1part | claimsl | dessei | 2021/03/03 | 11:05:54 |
|---|----|---------------|------|-------------|---------|--------|------------|----------|
| • | no | <u>570016</u> | red1 | tratst1part | claimsl | dessei | 2021/03/03 | 11:05:54 |

• Reports are generated and placed in Web.

| Tr | ading partne Claim nu Member nu Doctor nu | er #: 012 nber: 000008 nber: nber: | | | | ABSOL | UTE | |
|----|--|---|---------|----------|------------|--------------------|-----|---|
| | | | EDI PRO | CESSED F | LAG UPDATE | | | |
| | RcvdDate | Acct Ref | CHead# | Doctor# | Member | Member name | P | L |
| 1 | 2021/03/03 | 13549812 | 000001 | 0105406 | 178414 | | Y | Y |
| 2 | 2021/03/03 | 182405396 | 000002 | 0069930 | 178414 | Tance van Persia | Y | Y |
| 3 | 2021/03/03 | 8334332274 | 000028 | 2603969 | 171502 | | Y | Y |
| 4 | 2021/03/03 | 8334332271 | 000029 | 2603969 | 171502 | TROUGTE | Y | Y |
| 5 | 2021/03/03 | 172503004 | 000032 | 0472522 | 171502 | | A | N |
| 6 | 2021/03/03 | 8345121040 | 000034 | 1011367 | 167450 | | Y | Y |
| 7 | 2021/03/03 | 8385174312 | 000035 | 1011367 | 167450 | Second Second | I | N |
| 8 | 2021/03/03 | 8366116447 | 000039 | 0084190 | 167450 | Low and the second | I | N |
| 9 | 2021/03/03 | 8366116444 | 000040 | 0084190 | 167450 | | I | N |
| 10 | 2021/03/03 | 8342415244 | 000041 | 1009842 | 167450 | 1 | I | N |
| 11 | 2021/03/03 | 8366643987 | 000042 | 1011367 | 167450 | | Ι | N |

• In Putty – all claims and details of the claim are viewed in menu IED 8.

```
🚰 TRA-TEST - PuTTY
```

| Tradin (Me Do | ng p Clai embe | partner im numk er numk or numk | r #: 012 ber: 0000 ber: ber: | 08 | | | | | IA | BSOLUTE |
|-------------------------|----------------------|--|---------------------------------------|-----|------------|-----------|----------|-------|----------|---------|
| | | CLAIM | LINES - | Jan | se van Ren | sburg A | pprox Be | nefit | 13416.72 | |
| LineS | D# | Tarif | c/c | т | Claimed | Benefit | Units | Nt P | Desc | Proc St |
| 0001 | 01 | 02471 | 000 | ĸ | 12651.47 | 3788.90 | 0.00 | Д | TOTAL AB | |
| 0002 | 01 | 02493 | 000 | к | 4453.53 | 1418.00 | 0.00 | D | LAPAROSC | yes |
| 0003 | 01 | 00009 | 000 | к | 2560.00 | 1041.38 | 0.00 | D | ASSISTAN | yes |
| | | | | | | | | | | |
| | | | | | | | | | | |

• It reflects the Dependant code, Tariff code, Amount claimed, and amount paid.

| 🐉 TRA-TEST | - PuTI | ΓY | | | |
|------------|--------------|---------|-------------|----------|--|
| r | | | | 1 | ABSOLUTE |
| Tradi | ng l | partnei | r #: 012 | | ADDITIONAL EDI CLAIM DETAILS |
| (| :la : | im numb | ber: 000008 | | Claim date: 2020/12/09 |
| Me | embe | er numb | ber: | | Patient name: Choine |
| Do | octo | or numb | ber: | | Description: H |
| L | | | | J | Diagnos: N92.1 |
| | | CLAIM | LINES - Jan | se van R | Referred by: 0227277 |
| LineS | D# | Tarif | с/с т | Claime | Auth num: |
| | — | | | | External reference[1]: |
| 0001 | 01 | 02471 | 000 K | 12651.4 | External reference[2]: |
| 0002 | 01 | 02493 | 000 K | 4453.5 | External reference[3]: |
| 0003 | 01 | 00009 | 000 K | 2560.0 | <pre>External reference[4]: /u1/tratst/wrk/Medsh</pre> |
| | | | | | External reference[5]: |
| | | | | | Mouth part id[1]: 00 |
| | | | | | Mouth part id[2]: 00 |
| | | | | | Mouth part id[3]: 00 |
| | | | | | Mouth part id[4]: 00 |
| | | | | | Mouth part id[5]: 00 |
| | | | | | Override practice type: 000 |
| | | | | | |

| | | | | | ABSOLUTE |
|---------|--------------|------------|--------------------|--------------------|-------------|
| Tra | ading partne | er #: 012 | | | |
| ļ | Claim nu | nber: 0000 | EDI | HOSPITAL DETAILS | |
| | Member nu | nber: | Admission date: | 2020/12/09 00:00 | |
| | Doctor nu | nber: | Discharged date: | 2020/12/10 00:00 | |
| L | | | Reference auth.#: | | |
| | | | Auth-number: | Not found | |
| | RcvdDate | Acct Ref | Diagnosis: | N92.1 | L |
| | | | Claimed tot: | 19665.00 | |
| 1 | 2021/03/03 | 13549812 | Doctor number: | 0105406 BRINK C, I | DR Y |
| 2 | 2021/03/03 | 182405396 | Provider PR#: | 0000000 Default Pr | covider Y |
| 3 | 2021/03/03 | 833433227 | Admitting doctor: | 0000000 Default Pr | covider Y |
| 4 | 2021/03/03 | 833433227 | Resubmission: | N | Y |
| 5 | 2021/03/03 | 172503004 | Specialist doctor: | 000000 | N |
| 6 | 2021/03/03 | 834512104 | Admission number: | | Y |
| 7 | 2021/03/03 | 838517431 | Bed days: | 0.00 | N |
| 8 | 2021/03/03 | 836611644 | Primary procedure: | | N |
| 9 | 2021/03/03 | 836611644 | Add diagnosis: | N83.1 | N |
| 10 | 2021/03/03 | 834241524 | Add procedure: | | N |
| 11 | 2021/03/03 | 836664398 | İ | | N |
| I | | | | | |

• Hospitalisation details are also provided.

| TRA-TEST - PuTTY | | | | | | _ |
|------------------|--------------|---------------|---------------|------------|----------|---------|
| Assessed: 20210 | 312 Action: | E Claim #: 0 | 00008 Receive | d: 2021030 | 3 VITAL | +* |
| Doctor #: 10113 | 67 010 SACCA | SC, DR | Prov #: | | Pay | ment: A |
| Member #: 16745 | 0 MR | | | Subscripti | on: SP | |
| Ref to #: | | Ref by | #: 5700159 A | NNCRON CLI | NI Susp: | |
| Card amt: | Auth#: | 00000000 Trea | tpln Auth#: | | Lines: | 2 |
| Claimed: 1824. | 85 Claim | d Enterd: | Benef | t: | Line#: | 1 |
| Scan code: | | | | | Cmp: | 2 |
| D# First name | Join Rsgn B | enef Birth | C Exclusion | S | | |
| | 0101 0 | 10101 101000 | | | | |
| | 0101 0 | | N N | | | |
| | 0101 0 | 10101 3 | N | | | |
| | 0101 0 | | - M | | | |
| Ref. T D# Date | Diagn C/C | Tarif | Claimed P R | Benefit | Mem.owes | % Nt |
| 83451 K 00 1912 | 17 C18.7 001 | 01657 | 4709.94 M | 1028.04 | 0.00 | 700 |
| 83451 K 00 1912 | 17 C18.7 001 | 00151 | 508.80 M | 139.00 | 0.00 | 700 |
| 83451 K 00 1912 | 17 C18.7 001 | 01220 | 548.80 M | 119.70 | 0.00 | 700 |
| 83451 K 00 1912 | 17 C18.7 001 | 01218 | 457.30 M | 99.30 | 0.00 | 700 |
| | | | | | | |

• Claims are assessed in menu MCU – there is no workflow for EDI claims. All information is provided by the medical aid and populated when the file is imported.

| Asses | sec | i: 2 | 2021031 | 2 Actio | on: 1 | E Claim | #: 000008 Re | eceiv | red: 2021030 | 3 VITA | 6+* | |
|--|----------------------------|-----------------------------------|--|--|--|--|--|--------------------------------|---|----------------------------------|--------------------------------------|------|
| Docto | r ‡ | : :: | 1011367 | 010 SZ | ACCA | S C, DR | Prov #: | | | Pay | yment | t: 1 |
| Membe: | r ‡ | #: : | 167450 1 | MR | | | | | Subscripti | on: SP | | |
| Ref t | o ‡ | # : | | | | Re | f by #: 570 | 0159 | ANNCRON CLI | NI Susp: | | |
| Card | amt | t: | | Autl | n#: (| 0000000 | Treatpln Au | th#: | | Lines | : 2 | |
| Clai | mec | i: : | 1824.85 | C | Laimo | d Enterd: | - | Bene | eft: | Line# | : 1 | |
| Scan (| coc | de: | | | | | | | | Cmp: | 2 | |
| D# Fi | rst | t n | ame "To | oin Rse | m Be | enef Bir | th CExc | lusid | ons | | | |
| | | | | | | | | | | | | |
| | _ | | OPTGTI | NAT. SCI | TEME | | | | | | | |
| | | | ORIGI | and bei | 1120412 | AMOUNTS | KECHI VED | | | | | |
| Sche | me | Pa | id: 388 | .30 | | Scheme | Tariff: 38 | 3.30 | | | | |
| Sche | me | Pa: | id: 388 | .30 | | Scheme | Tariff: 3 <mark>81</mark> | 3.30 | ■ | | | |
| Sche | me | Pa | id: 388 | .30 | | Scheme | Tariff: <mark>3</mark> 8 | 3.30 | | | | |
| Scher Ref. | me T | Pa: D# | id: 388 | .30 Diagn | c/c | Scheme | Tariff: 38 | 9.30 P R | Benefit | Mem.owes | Q | Nt |
| Scher Ref. | me T | Pa D# | 1d: 388 | .30 Diagn | c/c | Scheme Tarif | Tariff: 380 Claimed | P R | Benefit | Mem.owes | & | Nt |
| Scher Ref. 83451 | me T - K | Pa: D# | Date 191217 | .30 Diagn | c/c | Tarif 01657 | Tariff: 381 Claimed 4709.94 | P R M | Benefit | Mem.owes | * 700 | Nt |
| Ref. 83451 83451 | T T K K | Pa: D# 00 00 | Date 191217 191217 | Diagn C18.7 C18.7 | C/C 001 001 | Scheme Tarif 01657 00151 | Tariff: 381 | P R M M | Benefit | Mem.owes 0.00 | % 700 700 | Nt |
| Ref. 83451 83451 83451 | T K K K | Pa: | Date 191217 191217 191217 | Diagn C18.7 C18.7 C18.7 | C/C 001 001 | Scheme Tarif 01657 00151 01220 | Claimed 4709.94 508.80 548.80 | P R M M M | Benefit | Mem.owes 0.00 0.00 0.00 | * 700 700 700 | Nt |
| Ref. 83451 83451 83451 83451 83451 | T K K K | Pa: D# 00 00 00 00 | Date 191217 191217 191217 191217 191217 | Diagn C18.7 C18.7 C18.7 C18.7 C18.7 | C/C 001 001 001 001 | Scheme Tarif 01657 00151 01220 01218 | Claimed 4709.94 508.80 548.80 457.30 | P R M M M M | Benefit 1028.04 139.00 119.70 99.30 | Mem.owes | * 700 700 700 700 | Nt |
| Ref. 83451 83451 83451 83451 83451 83451 | T K K K K K | Pa: D# 00 00 00 00 | Date 191217 191217 191217 191217 191217 201124 | Diagn C18.7 C18.7 C18.7 C18.7 C18.7 C18.7 C18.7 | C/C 001 001 001 001 001 | Scheme Tarif 01657 00151 01220 01218 00151 | Claimed 4709.94 508.80 548.80 457.30 560.10 | P R — — M M M M | Benefit 1028.04 139.00 119.70 99.30 0.00 | Mem.owes | 8 700 700 700 700 000 | Nt |

• Before each payment run, the assessing department runs a report for all claims not yet paid. They follow a checklist (provided) to verify that claims are processed correctly. See RCH Checklist- excel document.

CLAIM CORRECTION/REVERSAL

| | | | | | | Colour key: I | Red = Rever | sed claim, | Amber = n | o Benefit, (| Green = | Claim suspend | led, Pur | ple = Clair | m short-p | aid, Brown = | Discount F | Received | J | |
|----|-------------------|-------------------------------|-------------------------|--------|---------------|---------------|-------------|------------|-----------|------------------|--------------|-----------------|----------|-------------|-----------|--------------|-----------------|---------------|---------------------------|------|
| Me | ember Claim | List | | | | | | | | | | | | | | | | | | |
| | Treatment Date | Dependant | Service Provider | Tariff | Nappi Code | Diagnosis | Claimed | Benefit | Discount | Short Payment | Note Code | Payment Date | Owes | Savings | Payee | Reference | Claim Number | Claim Type | Claim Code | Auth |
| | 2020/10/27 | 00 - Joahannes Honorita | 188069 - SPIES P, DR | z0001 | | M25.51 | 4,551.62 | 0.00 | 0.00 | 3,034.42 | 55 | 2020/12/08 | 0.00 | 0.00 | Member | mod009 | 000115 | к | 99 - REJECTED CLAIM | |

• Claim information is obtained from Web.

| TRA-TEST - PuTTY | | | | | | |
|------------------|------------|---------------|---|--|--|---|
| | | CLAIM PULLING | - | | | 1 |
| Member #: | | | | | | |
| Claim #: | | Doctor #: | | | | |
| Paid: | | Dependant: | | | | |
| Claimed From: | | Until: | | | | |
| Claim Code: | ClaimType: | Tariff: | | | | |
| Total Amount Pul | led: 0.00 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- If a claim was incorrectly assessed and has not gone through a pay run, the claim can • be pulled.
- If the claim has gone through a run, it must be reversed. •

- In order to pull/reverse the claim, the policy number must be typed in.
- You need the original claim number,
- Practice number,
- Dependant code, and,
- Date of service

🔗 IRA-IEST - PUTTY CLAIM PULLING Member #: 106840 Mm T Fourie Claim #: 000115 Doctor #: 0188069 SPIES P, DR Paid: p Dependant: 00 Until: 2020/10/27 Claimed From: 2020/10/27 Claim Code: all ClaimType: Tariff: Total Amount Pulled: 4,551.62 NT: 09 Reason: Claim correction Comment: claim correction Adm 2020/10/27 2020/10/28 no no yes

• The relevant reason code is entered when a claim is reversed.

🗬 TRA-TEST - PuTTY

| CLAIM | PULLING |
|--|-------------------------------|
| Member #: 106840 Martin Trumis | |
| Claim #: 000115 Doct | or #: 0188069 SPIES P, DR |
| Paid: p Depend | lant: 00 Techennes Wendmile M |
| Claimed From: 2020/10/27 U | ntil: 2020/10/27 |
| Claim Code: all ClaimType: Ta | riff: |
| | |
| Total Amount Pulled: 4,551.62 | |
| | |
| | |
| | |
| Batch num | ber: 002052 |
| | |
| | |
| | |
| | |
| HOSPITALISATION DETAILS | |
| Admitted Dischrge LetPrt TuDone De | Lete |
| | |
| 2020/10/27 2020/10/28 no no yes | 5 |
| i | i |
| | |
| | |
| Take note of the batch number, press spa | acebar to continue |
| | |
| | |

• Once the claim is reversed a new batch (claim number is generated).

| | | | | | | Colour key: | kea = kever | sea claim, | Amper = n | o Benefit, V | preen = | Claim suspend | iea, rur | pie = Cian | m snort-p | baid, Brown = | DISCOURT M | eceivea | | | | |
|----|-------------------|---------------------|-------------------------|--------|---------------|-------------|-------------|------------|-----------|------------------|--------------|-----------------|----------|------------|-----------|---------------|-----------------|---------------|---------------------------|---------------|-----------------|---|
| Me | Aember Claim List | | | | | | | | | | | | | | | | | | | | | |
| | Treatment Date | Dependant | Service Provider | Tariff | Nappi Code | Diagnosis | Claimed | Benefit | Discount | Short Payment | Note Code | Payment Date | Owes | Savings | Payee | Reference | Claim Number | Claim Type | Claim Code | Authorisation | Gen.Claim Nr | |
| | 2020/10/27 | 00 - Jandeileite | 188069 - SPIES P, DR | z0001 | | M25.51 | 4,551.62 | 0.00 | 0.00 | - 3,034.42 | 09 | | 0.00 | 0.00 | Member | mod009 | 000115 | К | 99 - REJECTED CLAIM | | 2107J014 | 1 |
| | 2020/10/27 | | 188069 - SPIES P, DR | z0001 | | M25.51 | 4,551.62 | 0.00 | 0.00 | 3,034.42 | 55 | 2020/12/08 | 0.00 | 0.00 | Member | mod009 | 000115 | к | 99 - REJECTED | | 2007HV7P | |

• The reversed claim will now reflect on the Web.

| | EST - PuTTY | | | | | | | | | | | |
|-------|-------------|-------|------------|-------|----------|-----------|----------------|---------|-----------|----------|------|------|
| Asses | sed: 2 | 02103 | 12 A | ctior | E Cl | aim #: 00 | 2052 Re | eceived | : 2021031 | .2 VITA | L+ | |
| Docto | r #: 0 | 18806 | 9 02 | 8 SPI | ES P, D | R P: | rov #: | | | Pa | ymen | t: 2 |
| Membe | r #: 1 | 06840 | | | | | | S | ubscripti | on: SP | | |
| Ref t | o #: | | | | | Ref by | ‡: 5808 | 3650 WI | LGERS HOS | PI Susp: | | |
| Card | amt: | | 1 | Auth | : 00000 | 000 Treat | oln Aut | th#: | | Lines | : 1 | |
| Clai | med: 0 | .00 | | Cla | imd Ent | erd: | | Beneft | : | Line# | : 1 | |
| Scan | code: | | | | | | | | | Cmp: | 2 | |
| D# Fi | rst na | me | Join | Rsgr | Benef | Birth | C Excl | lusions | | | | |
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| 00 50 | | a He | 1309 | | 130901 | 10100120 | N | | | | | |
| 01 📿 | melie | -In- | 1309 | | 130901 | 10520406 | N | | | | | |
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| Dof | m 54 | Data | D 4 | | | e a | laimad | | Denefit | Mam area | 0. | |
| ReI. | т D# | Date | DI | agn c | /C Tari | I C. | Larmed | PR | Benefit | Mem.owes | ъ | NC |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| mod00 | K 00 | 20102 | 7 M2 | 5.5 (| 99 z000 | 1 4 | 551.62 | м | 0.00 | 0.00 | 100 | 55 |
| | | | | | | | EE1 60 | | 0 00 | 0 00 | 100 | 00 |
| mod00 | K 00 | 20102 | 7 M2 | 5.5 (| 199 ZOOO | ⊥ −4 | DD1.02 | M | 0.00 | 0.00 | TOO | 09 |

Dependant is Joahannes Hendrik N 1949/04/18

• All reversed claims must be re-processed on Putty.

| Assess | ed: | 2021031 | 2 Actic | on: I | E Cla | aim #: | 002052 | Rece | ived: | 2021031 | L2 VITA | L+ | |
|---------------|----------------------------------|--------------------------|---------------------------|-----------------------|-----------------------|-----------------------------------|---|-----------------|------------------------|----------|-----------|---------------------|----------------|
| Doctor | #: | 0188069 | 028 SI | PIES | P, DF | ર | Prov | ŧ: | | | Pa | ymen | t: A |
| Member | #: | 106840 | 100 T 100 | anni e | 5 | | | | Su | bscripti | ion: SP | | |
| Ref to | #: | | | | | Ref b | y #: 58 | 30865 | 0 WIL | GERS HOS | SPI Susp: | | |
| Card a | mt: | | Autl | n#: (| 00000 | 000 Tre | atpln 4 | uth# | : | | Lines | : 1 | |
| Claim | ed: | 0.00 | C. | Laimo | i Ente | erd: | | Be | neft: | | Line# | : 1 | |
| Scan c | ode: | | | | | | | | | | Cmp: | 2 | |
| D# Fir | st n | ame J | oin Rso | n Be | enef | Birth | C Es | clus | ions | | | | |
| | | | | | | | | | | | | | |
| | | ODICT | | | | | | | | | | | |
| | | ORIGI | NAL SCI | IEME | AMOUN | NTS REC | EIVED | | | 1 | | | |
| Schem | e Pa | id: 1,5 | NAL SCH 17.20 | IEME | AMOUN Sch | NTS REC <mark>neme T</mark> a | EIVED | ,517 | .20 |] | | | |
| Schem | e Pa | id: 1,5 | NAL SCI 17.20 | IEME | Sch | NTS REC | EIVED | ,517 | .20 |] | | | |
| Schem | e Pa | id: 1,5 | NAL SCI 17.20 | HEME | Sch | NTS REC Neme Ta | EIVED riff: 1 | <u>, 517</u> | .20 |] | | | |
| Schem Ref. | e Pa | Date | NAL SCI 17.20 Diagn | c/c | AMOUN Sch Tarif | NTS REC 1eme Ta | EIVED riff: 1 Claime | .,517 | .20 R | Benefit | Mem.owes | Ŷ | Nt |
| Schem Ref. | e Pa T D# | Date | Diagn | C/C | Tarif | NTS REC neme Ta | EIVED riff: 1 Claime | ,517 | <mark>. 20</mark> R | Benefit | Mem.owes | % | Nt |
| Ref. | e Pa. T D# | Date | Diagn | C/C | AMOUN Self | NTS REC Neme Ta | EIVED riff: 1 Claime | .,517 | <mark>. 20</mark> R | Benefit | Mem.owes | % | Nt |
| Schem Ref. | e Pa. T D# | Date | Diagn | c/c | AMOUN Self | ITS REC | EIVED riff: <mark>1</mark> Claime | .,517 ed P 1 | . 20 R | Benefit | Mem.owes | % | Nt |
| Schem Ref. | e Pa T D# | Date 201027 | Diagn | C/C | Z0001 | ITS REC Ieme Ta | EIVED riff: | ,517 ed P 1 | <mark>. 20</mark> R | Benefit | Mem.owes | * 100 | Nt |
| Ref. | e Pa T D# K 00 K 00 | Date 201027 201027 | Diagn M25.5 M25.5 | C/C 099 099 | ZO001 | ITS REC Ieme Ta E L L | EIVED riff: Claime 4551.6 -4551.6 | ed P 1 52 M | . 20 R | Benefit | Mem.owes | * 100 100 | Nt 55 09 |

| | ST - PuTTY | 0001001 | 0. 3 - 64 | | | · | 000050 5 | | | | | |
|---------------------------------|----------------------------------|------------------------------------|---|--------------------------------|--------------------------------------|-------|---|----------------------|------------------------------------|----------------------------------|------------------------|----------------|
| Asses | sea: | 2021031 | Z ACTI | on: I | s CIa | 1m #: | 002052 R | ecei | vea: 2021031 | | 64 | |
| DOCTO | r #: | 0188069 | 028 S | PIES | P, DR | | Prov #: | | | Pa | ymen | C: A |
| Member | r #: | 106840 | | | | | | | Subscripti | on: SP | | |
| Ref to | o #: | | | | | Ref | b y #: 580 | 8650 | WILGERS HOS | PI Susp: | | |
| Card a | amt: | | Aut | h#: (| 000000 | 00 Tr | eatpln Au | th#: | | Lines | : 1 | |
| Clair | med: | 0.00 | C | laim | d Ente | rd: 4 | 551.62 | Ber | eft: 3034.42 | Line# | : 1 | |
| Scan (| code: | | | | | | | | | Cmp: | 2 | |
| D# Fi: | rst n | ame J | oin Rs | an Be | enef | Birth | C Exc | lusi | ons | - | | |
| | | | | | | | | | | | | |
| 00 70 | ahann | o c " • 1 | 309 | 11 | 30901 | 10400 | 410 N | | | | | |
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| | mali | a .Tam 1 | 300 | 11 | 20001 | 10599 | N N | | | | | |
| 01 CE | meli | a Jan 1 | 309 | 1: | 30901 | 19500 | 100 N | | | | | |
| 01 Ca | meli | a Jan 1 | 309 | 1 | 30901 | 10500 | 100 N | | | | | |
| 01 CH | T D# | Date | 309 Diagn | 1 | 30901 . Tarif | 10500 | Claimed | DI | Benefit | Mem owes | 9 | N+ |
| 01 CH Ref. | T D# | Date | 309 Diagn | 1: c/c | 30901 Tarif | 10000 | 100 N Claimed | . P I | Benefit | Mem.owes | ę | Nt |
| Ref. | T D# | Date | 309 Diagn | 1: c/c | Tarif | | Claimed | . P I | Benefit | Mem.owes | % | Nt |
| Ref. | T D# | Date | 309 Diagn M25.5 | 1: C/C 099 | Tarif | | Claimed 4551.62 | . Р І — — М | Benefit | Mem.owes | * 100 | Nt 55 |
| Ref. mod00 mod00 | T D# | Date 201027 201027 | 309 Diagn M25.5 M25.5 | 1: c/c 099 099 | Tarif z0001 z0001 | | Claimed 4551.62 -4551.62 | Р I — — М М | Benefit 0.00 0.00 | Mem.owes | * 100 100 | Nt 55 09 |
| Ref. mod00 mod00 mod00 | T D# K 00 K 00 K 00 | Date 201027 201027 201027 | 309 Diagn M25.5 M25.5 M25.5 | 1: C/C 099 099 001 | Tarif z0001 z0001 z0001 | | Claimed 4551.62 -4551.62 4551.62 | P F M M M | Benefit 0.00 0.00 3034.42 | Mem.owes 0.00 0.00 0.00 | % 100 100 700 | Nt 55 09 |

• The claim has been reprocessed and will be paid in the next payment run.

| Date | Provider | Code | | Payment Cour | Date | | | number | type | Coue |
|--------------------|-------------------------------|--------|-------------------|--------------------|------------|------|--------------------|--------|------|---------------------------|
| 00 - 2020/10/27 | 188069 - z0001 SPIES P, DR | M25.51 | 4,551.62 3,034.42 | 0.00 0.00 | | 0.00 | 0.00 Member mod009 | 002052 | к | 1 - GAP COVER |
| 2020/10/27 | 188069 - SPIES P, DR 20001 | M25.51 | 4,551.62 0.00 | 0.00 - 3,034.42 09 | | 0.00 | 0.00 Member mod009 | 000115 | к | 99 - REJECTED CLAIM |
| 2020/10/27 | 188069 - SPIES P, DR 20001 | M25.51 | 4,551.62 0.00 | 0.00 3,034.42 55 | 2020/12/08 | 0.00 | 0.00 Member mod009 | 000115 | к | 99 - REJECTED CLAIM |

• The re-processed claim can now be viewed on Web.