

CREATING A WORKFLOW FOR CLAIMS – MIP WEB

Search Results: 4 records found... Selected All Print Copy Communication Template: Healthcare Default Email Template Send

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
<input type="checkbox"/>		RES000457234	1	[Redacted]		Emails	Assessing Emails	Virtual Postman	Multimedia Resource Group	Business	New	eml	700.24 KB	2021/03/12 15:44	Mip (Mip user)		
<input type="checkbox"/>		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)		
<input type="checkbox"/>		RES000457196	1	(from claims@totalrisksa.co.za)MIP [Redacted]		Emails	Assessing Emails	Virtual Postman	Multimedia Resource Group	Business	New	eml	2.68 MB	2021/03/12 14:12	Mip (Mip user)		
<input type="checkbox"/>		RES000457137	1	(from claims@totalrisksa.co.za) [Redacted]		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.

Document Details for RES000457213

Options

Document Obj: 299131535	Parent document:
Reference: RES000457213	User: Mip (Mip user)
Version: 1	Repository: Virtual Postman
Template Category: Emails	Content Type: eml
Template: Assessing Emails	Class: Business
Group Category: Multimedia Resource Group	Status: New
Description: (from claims@totalrisksa.co.za)MIP149529 DR DEIST SD 28/01/2021	Created Datetime: 2021/03/12 14:38:31.361+02:00
Wordindex:	Effective From: 2021/03/12 14:38:31.361+02:00
Attributes: 2849070	Effective To:
Size: 3.34 megabytes	
Hash:	

Related Entities Hide optional entities

Member Cross Reference:
Member:
Service Provider:
Call Log:

Document details

Document:

Index / Split New Version Switch Template Add Change Delete

- Claim is indexed under the policyholder’s profile and a workflow created.

Document Details for RES000457213

Reference: RES000457213	Parent Reference:
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 D	Status: New Resource
Wordindex:	Created Datetime: 2021/03/12 14:38:31.361+02:00
Attributes: 2849070	Size: 3.34 megabytes
Document:	

Related Entities Hide optional entities

Member Cross Reference:

Member: 149529

Service Provider: 2603373

Call Log:

Link document - please supply at least one option below

Call Centre Reference:

Work Flow Reference:

Start New Process:

Manual Index: Initiate no further action

Autofocus Existing Work Flow:

Autofocus New process:

Relationship type: Resource

- The policyholder's policy number is 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 current worklist...

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		Document Identification	Active			2021/03/12 16:21		ClmIndex		2021/03/12 16:21		Major	Date received at scheme: DR DEIST SD 28/01/2021 more...	Resource: RES000457213 (from claims@totalrisksa.co.za)MIP149529 DR DEIST SD 28/01/2021 more...

Current Workflow

Document Identification in Process Claim (wf_33387734)

Due by: 2021/03/17 11:00

Reference Values

Related Entities

Document Identification in Process Claim (wf_33387734)

Reference Values Hide optional values

What type of document is this? <Please Select>

- The type of document is identified on this screen.

Member Claims Logging

Member Number: 149529

Service Provider: 2603373

Provider Practice Number:

Referred To:

Referred By:

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:

Submit

- 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.

Member Claims Logging

Member Number: [REDACTED]

Service Provider: 2603373 [REDACTED]

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

- Select Accept.

Your current worklist...

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		Process claim on character	Active			2021/03/12 16:33		CImAssesor		2021/03/12 16:21		Major	Date received at scheme: 2021/03/12 DR DEIST SD 28/01/2021	Resource: RES000457213 (from claims@totalrisksa.co.za)MIP1495

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

Current Workflow ⚙️ ▲

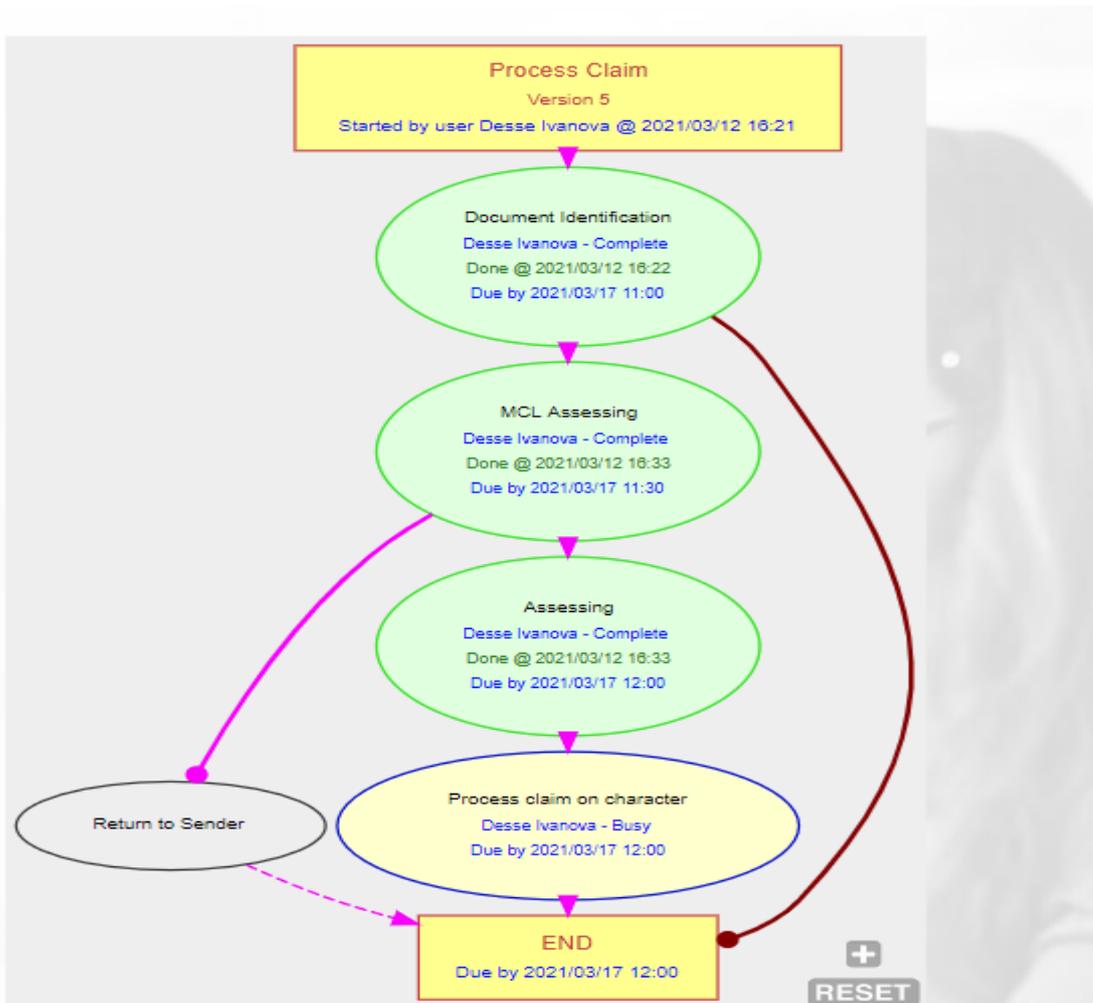
Process claim on character
in
Process Claim (wf 33387734)
Due by: 2021/03/17 12:00

Reference Values ▼

Related Entities ▼

Abandon **Park** **Details** **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

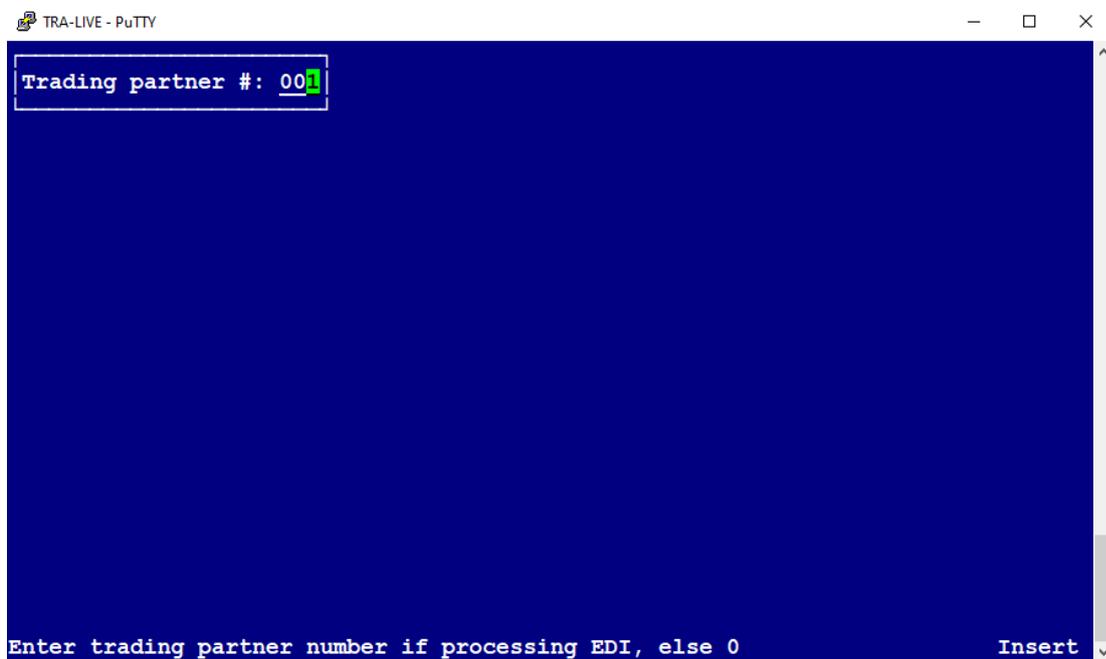
Date received at scheme: 2021/03/12
What type of document is this: Claim Document
From email:
Email Subject:
MMDocuments:
Total Claimed: 1500.00
Reference: 800/0002627
Registered Article Number:
Claim has been paid:
Duplicate Claim Continue?
Claim Number: BCNL43
Invalid Provider Number:
Invalid Member Number:
Document Date:

Related Entities

Resource: RES000457213 (from claims@totalrisksa.co.za)MIP149529 00000000SD 28/01/2021
Member: 149529 (MEMBER) [REDACTED]
Service Provider: 2603373 (SERVICE) [REDACTED]
Communication:
Cmlog: 0|BCNL43|no 0|BCNL43|no
Provider Practice Number:
Referred by Doctor:
Referred to Doctor:
Member Cross Reference:

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

TRA ASESING PROCESS DOCUMENT



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

TRA-LIVE - PuTTY

Assessed: 20210312 Action: A Claim #: BCNL43 Received: 20210312 **CARDMEM SUPER+**
 Doctor #: 2603373 **DR MB DEIST M D ENGDDP**, Prov #: Payment: M
 Member #: 149529 **MR WIL GOLDREEM** Subscription: S0
 Ref to #: 0000000 Ref by #: 0000000 Susp:
 Card amt: Auth#: 00000000 Treatpln Auth#: Lines:
 Claimed: 1500.00 Claimd Enterd: Benefit: Line#:
 Scan code: RES000457213 Cmp: 2

D#	First name	Join	Rsgn	Benef	Birth	C	Exclusions
00	WILDE MICHEL	1401		140101	19881008	N	
01	WILDE TIBRA	1811		181101	19871016	N	
02	ELIAY AZRIEL	1811		181101	20100000	N	
03	ADAM SARAH	1907		190729	20190729	N	

Ref.	T	D#	Date	Diagn	C/C	Tarif	Claimed	P	R	Benefit	Mem.owes	%	Nt
tarif	K	01	201123	H18.6	099	z0001	34020.00	M		0.00	0.00	100	67
800/0	K	01	201123	H18.6	001	03121	17808.00	M		13563.50	0.00	700	
800/0	C						0.00	M		0.00	0.00	000	

DAY Ass: 0 Rev: 0 Pul: 0 |MTH Ass: 15 Rev: 0 Pul: 0 |YR Ass: 3112 Rev: 76 Pul: 0
 Enter the reference (<F2> for function key help)

- 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.

PRACTICE DETAILS		ACCOUNT DETAILS							
Pr No. 2603373		Account No:	800/0002627						
T: 04 947 7500		Referring Doctor:							
VAT: 4090161821		Admin:	DISCOVERY HEALTH						
		Scheme:	DISCOVERY						
MEMBER DETAILS		CURRENT DETAILS							
STUDENT		Admin:	DISCOVERY HEALTH						
		Scheme:	DISCOVERY						
		Plan:	SAVER CLASSIC						
		Membership No:							
MESSAGE Ref No: 16460									
DATE	PATIENT	CODE	DESCRIPTION	QTY	REJECT CODE	ORIGINAL AMOUNT	PATIENT DUE	MEDIAID DUE	BALANCE
2021-01-28		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		1500.00	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.

membership number: 320012292

Summary of your claims

Date of service	Healthcare professional	Place of service	Amount claimed	Amount paid	Amount not paid	Paid from	Paid to		More info
							You	Healthcare professional	
2021-01-28	Ophthalmologist	Christ M.B. Incor	R1 500.00	R132.20	R1 367.80	The Scheme	R132.20	R0.00	

VIEW PREVIOUS CLAIMS

- Medial Aid statement.

```

TRA-LIVE - PuTTY
Assessed: 20210312 Action: A Claim #: BCNL43 Received: 20210312 CARDEN SUPER+
Doctor #: 2603373 026 REIST M B INCORP, Prov #: Payment: M
Member #: 149529 MD NY GOLDEN Subscription: S0
Ref to #: 0000000 Ref by #: 0000000 Susp:
Card amt: Auth#: 00000000 Treatpln Auth#: Lines:
Claimed: 1500.00 Claimd Enterd: Beneft: Line#:
Scan code: RES000457213 Cmp: 2
D# First name Join Rsgn Benef Birth C Exclusions
00 LEND MICHEL 1401 140101 19991000 N
01 LEND MICHEL 1811 181101 19871216 N
02 ELIAY AZRIEL 1811 181101 20190300 N
03 ADINA SAROVA 1907 190729 20190729 N
Ref. T D# Date Diagn C/C Tarif Claimed P R Benefit Mem.owes % Nt
tarif K 01 201123 H18.6 099 z0001 34020.00 M 0.00 0.00 100 67
800/0 K 01 201123 H18.6 001 03121 17808.00 M 13563.50 0.00 700
800/0 K 01 210128 h18.6 001 03124 1500.00 M 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.

TRA-LIVE - PuTTY

Assessed: 20210312 Action: A Claim #: BCNL43 Received: 20210312 **SUPER+**
 Doctor #: 2603373 026 **LEISA M B ENGOPP**, Prov #: Payment: M
 Member #: 149529 **MR VY GOLDSTEIN** Subscription: S0
 Ref to #: 0000000 Ref by #: 0000000 Susp:
 Card amt: Auth#: 00000000 Treatpln Auth#: Lines:
 Claimed: 1500.00 Claimd Enterd: Benefit: Line#:
 Scan code: RES000457213 Cmp: 2

D# First name Join Rsgn Benef Birth C Exclusions

ORIGINAL SCHEME AMOUNTS RECEIVED

Scheme Paid: 132.20 **Scheme Tariff: 132.20**

Ref.	T	D#	Date	Diagn	C/C	Tariff	Claimed	P	R	Benefit	Mem.owes	%	Nt
tarif	K	01	201123	H18.6	099	z0001	34020.00	M		0.00	0.00	100	67
800/0	K	01	201123	H18.6	001	03121	17808.00	M		13563.50	0.00	700	
800/0	K	01	210128	h18.6	001	03124	1500.00	M		0.00	0.00	000	

- 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.

Assessed: 20210312 Action: A Claim #: BCNL43 Received: 20210312 **SUPER+**
 Doctor #: 2603373 026 **LEISA M B ENGOPP**, Prov #: Payment: M
 Member #: 149529 **MR VY GOLDSTEIN** Subscription: S0
 Ref to #: 0000000 Ref by #: 0000000 Susp:
 Card amt: Auth#: 00000000 Treatpln Auth#: Lines:
 Claimed: 1500.00 Claimd Enterd: 1500.00 Benefit: 925.40 Line#:
 Scan code: RES000457213 Cmp: 2

Ref.	T	D#	Date	Diagn	C/C	Tariff	Claimed	P	R	Benefit	Mem.owes	%	Nt
tarif	K	01	201123	H18.6	099	z0001	34020.00	M		0.00	0.00	100	67
800/0	K	01	201123	H18.6	001	03121	17808.00	M		13563.50	0.00	700	
800/0	K	01	210128	H18.6	001	03124	1500.00	M		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)
 Due by: 2021/03/17 12:00

Reference Values

Related Entities

Abandon Park Details Comment

Process claim on character in Process Claim (wf_33387734)

Reference Values

Hide optional values

Did you process the claim on character:

Complete

- Claim is now assessed – workflow can be closed.

Search Results: 40 records found...

View Attachment	View Message	From	To	Subject	Template Category	Medium	Status	User	Datetime	Cc	Bcc	
		MSG000550246	0872406116	[REDACTED]	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		

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

TOTAL CLAIMED: 1,500.00 TOTAL BENEFIT: 925.40 TOTAL REJECTED: 574.60 TOTAL OWED: 0.00 TOTAL SAVINGS: 0.00 TOTAL REVERSED: 0.00
 Colour key: Red = Reversed claim, Amber = no Benefit, Green = Claim suspended, Purple = Claim short-paid, Brown = Discount Received

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
2021/01/28	01	2603373	03124	H18.6		1,500.00	925.40	0.00	442.40	90		0.00	0.00	Member 800/0002627 BCNL43	K	1 - GAP COVER				2107JFU

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

Member Number: 149529
 Claim Number: BCNL43
 Tariff Code: 03124
 Units: 0.00
 EDI Line number:

Patient and Doctor Details
 Tariff Description: Removal of corneal stitches under micros
 EDI Line number:

Dependents: 1
 Service Provider: 2603373
 Practice Type: 026
 Prov pr Number: 0
 Referred By: 0
 Referred To: 0

Name: [REDACTED]
 Description: Ophthalmology
 Name: [REDACTED]
 Name: [REDACTED]
 Name: [REDACTED]

Payee: Member
 Pay Vendor Number: 0
 Negotiation Group:
 Negotiation Group:
 Negotiation Group:

Amounts
 Claimed: 1,500.00
 Benefit: 925.40
 Owes: 0.00
 Savings: 0.00
 Tariff Amount: 132.20
 Discount: 0.00
 COP: 0.00
 Third Party: 132.20
 Copy: 0.00
 Short Payment: 442.40
 Percent: 700
 RPL: 1,500.00

Treatment and Dates
 Claim Code: 1
 Treatment date: 2021/01/28
 Received date: 2021/03/12
 Assess Date: 2021/03/12 16:48:41.865
 Payment Date:
 Description: GAP COVER
 Authorization Number:
 Days: Treatment to Received: 43
 Days: Received to Assessed: 0
 Days: Received to Payment:
 Claim Type: K
 Reference Auth Number:
 Received:
 Credit Card Used:
 Suspend Until:

Note Code / Rejections
 Reason:
 Note Code: 90 - Shortfall amount is above Gap Option % benefit
 Rejection Code 1:
 Rejection Code 3:
 Rejection Code 2:
 Rejection Code 4:

Extras
 Modifier:
 Scan Code: RES000457213
 Reg Article Number:
 Reference: 800/0002627
 NOTE CODES:
 Reference 4:
 Suspended:
 Reported After resign:
 Trade Number: 1
 Trade Partners: DESSE IVANOVA
 Assessor: Desse Ivanova
 LAB SLIP:
 Reference 5:
 Reference 3:
 Gen.Claim Nr: 2107JFU

Diagnosis Details
 Diagnosis Code: H18.6
 Asterisk Code: -
 Morphology Code: -
 Base rate: SCHEME
 Alternate Reimbursement Rate:
 Diagnosis: Keratoconus
 Description: SCHEME BASE RATE
 Registered for Condition?: no
 Mouth Parts:

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

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
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	K		

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			(inline)
Document(text/plain)		Download attachment	(inline)
Document(text/html)		Download attachment	(inline)
image001.png	View Attachment as PDF	Download attachment	(inline)
image002.png	View Attachment as PDF	Download attachment	(inline)
image003.png	View Attachment as PDF	Download attachment	(inline)
Dr Deist Stitches statement.pdf	View Attachment as PDF	Download attachment	(inline)
Authorisation.pdf	View Attachment as PDF	Download attachment	(inline)
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	(inline)

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

Limits for YEHUDA YISRAEL - 2021											
Scheme	Effective Date	Limit Number	Description	Available	Claimed	Limit used	Authorised	Paid by Member	Remaining	Year	Limit M
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/DEDUCTIBLES - 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	14.00	2021	Limited

- Limit utilisation is verified.

TOTAL CLAIMED: 1,500.00 TOTAL BENEFIT: 925.40 TOTAL REJECTED: 574.60 TOTAL OWED: 0.00 TOTAL SAVINGS: 0.00 TOTAL REVERSED: 0.00

Colour key: Red = Reversed claim, Amber = no Benefit, Green = Claim suspended, Purple = Claim short-paid, Brown = Discount Received

Member 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
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	K	1 - GAP COVER				2107JFNU

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

Date	Provider	Code	Payment	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	K	99 - REJECTED CLAIM
2021/01/27 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 67673181	000142	K	99 - REJECTED CLAIM
2021/01/26 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 67673182	000142	K	99 - REJECTED CLAIM
2021/01/25 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 67673185	000142	K	99 - REJECTED CLAIM
2021/01/24 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 67673196	000142	K	99 - REJECTED CLAIM
2021/01/23 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 67673195	000142	K	99 - REJECTED CLAIM
2021/01/22 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 67673194	000142	K	99 - REJECTED CLAIM

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

Medium: Email
 User: Mip (Mip user)
 Address From: noreply@totalrisksa.co.za
 Address To: [Redacted]
 Address Cc:
 Address Bcc:
 Subject: Claims Statement

Template: Claims Statement
 Status: Sent

Description:
 The payment date is 2021/03/11.
 Should you have any queries, please do not hesitate to contact us on 011 372 1540 or contact us at one of the email addresses mentioned above.

Kind Regards,
 The TRA Team

16 Jersey Drive | Longmeadow Business Estate East | Longmeadow | 1609
 You are receiving this vital email because you provided electronic correspondence details on your Gap Cover policy application form.

Wordindex:
 Created Datetime: 2021/03/11 19:54
 Send at Datetime: 2021/03/11 19:53

Priority: Normal
 Attributes:
 Send Delay: 0 min
 Resend As Included Message:

Related Entities Hide optional entities ⚙️

Attachments: RES000456909 Member Statement
 RES000456785 Claim Rejection Letter - PMB

Member: [Redacted]

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

TRA_GAP_COVER_CLAIM_10032021_00151.csv 2021/03/10 08:00:08.438

noreply@totalrisksa.co.za
To: Janine Engelbrecht; Desse Ivanova TRSA; Antoinette Matthyser; Nokuzola Sibiyi; mwakhed@mip.co.za

SWITCH_20210310_000142_010.TXT
48 KB

File Name : TRA_GAP_COVER_CLAIM_10032021_00151.csv

File Status : File loaded

Lines in File : 340

File Total Amount : 668869.2

Assessed: Claim amount : 668869.2

Attachment : SWITCH_20210310_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.

no	570015	rie1	tratst1part	claims1	dessei	2021/03/03	11:05:54
no	570016	red1	tratst1part	claims1	dessei	2021/03/03	11:05:54

- Reports are generated and placed in Web.

TRA-TEST - PuTTY

ABSOLUTE

Trading partner #: 012
Claim number: 000008
Member number:
Doctor number:

EDI PROCESSED FLAG UPDATE							
	RcvdDate	Acct Ref	CHead#	Doctor#	Member	Member name	P I
1	2021/03/03	13549812	000001	0105406	178414	Janice van Boven	Y Y
2	2021/03/03	182405396	000002	0069930	178414	Janice van Boven	Y Y
3	2021/03/03	8334332274	000028	2603969	171502	IRONSIDE	Y Y
4	2021/03/03	8334332271	000029	2603969	171502	IRONSIDE	Y Y
5	2021/03/03	172503004	000032	0472522	171502	IRONSIDE	A N
6	2021/03/03	8345121040	000034	1011367	167450	IRONSIDE	Y Y
7	2021/03/03	8385174312	000035	1011367	167450	IRONSIDE	I N
8	2021/03/03	8366116447	000039	0084190	167450	IRONSIDE	I N
9	2021/03/03	8366116444	000040	0084190	167450	IRONSIDE	I N
10	2021/03/03	8342415244	000041	1009842	167450	IRONSIDE	I N
11	2021/03/03	8366643987	000042	1011367	167450	IRONSIDE	I N

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

TRA-TEST - PuTTY

CLAIM LINES - Janse van Rensburg Approx Benefit 13416.72										
Lines	D#	Tarif	C/C	T	Claimed	Benefit	Units	Nt	P Desc	Proc St
0001	01	02471	000	K	12651.47	3788.90	0.00		D TOTAL AB	yes
0002	01	02493	000	K	4453.53	1418.00	0.00		D LAPAROSC	yes
0003	01	00009	000	K	2560.00	1041.38	0.00		D ASSISTAN	yes

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

TRA-TEST - PuTTY

CLAIM LINES - Janse van R										
Lines	D#	Tarif	C/C	T	Clai	ADDITIONAL EDI CLAIM DETAILS				
0001	01	02471	000	K	12651.4	Claim date: 2020/12/09				
0002	01	02493	000	K	4453.5	Patient name: [REDACTED]				
0003	01	00009	000	K	2560.0	Description: H				
						Diagnos: N92.1				
						Referred by: 0227277				
						Auth num:				
						External reference[1]:				
						External reference[2]:				
						External reference[3]:				
						External reference[4]: /u1/tratst/wrk/Medsh				
						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				

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

- Hospitalisation details are also provided.

TRA-TEST - PuTTY

Assessed: 20210312 Action: E Claim #: 000008 Received: 20210303 VITAL+*

Doctor #: 1011367 010 SACCA S C, DR Prov #: Payment: A

Member #: 167450 MR Subscription: SP

Ref to #: Ref by #: 5700159 ANNCRON CLINI Susp:

Card amt: Auth#: 00000000 Treatpln Auth#: Lines: 2

Claimed: 1824.85 Claimd Enterd: Benefit: Line#: 1

Scan code: Cmp: 2

D#	First name	Join Rsgn	Benef	Birth	C Exclusions
00		0101	010101		N
01		0101	010101		N
02		0101	010101		N

Ref.	T	D#	Date	Diagn	C/C	Tarif	Claimed	P	R	Benefit	Mem.owes	% Nt
83451	K	00	191217	C18.7	001	01657	4709.94	M		1028.04	0.00	700
83451	K	00	191217	C18.7	001	00151	508.80	M		139.00	0.00	700
83451	K	00	191217	C18.7	001	01220	548.80	M		119.70	0.00	700
83451	K	00	191217	C18.7	001	01218	457.30	M		99.30	0.00	700
33851	K	00	201124	C18.7	000	00151	560.10	M		0.00	0.00	000

- 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.

TRA-TEST - PuTTY

Assessed: 20210312 Action: E Claim #: 000008 Received: 20210303 VITAL+*

Doctor #: 1011367 010 SACCA S C, DR Prov #: Payment: A

Member #: 167450 MR Subscription: SP

Ref to #: Ref by #: 5700159 ANNCRON CLINI Susp:

Card amt: Auth#: 00000000 Treatpln Auth#: Lines: 2

Claimed: 1824.85 Claimd Enterd: Benefit: Line#: 1

Scan code: Cmp: 2

D# First name Join Rsgn Benef Birth C Exclusions

ORIGINAL SCHEME AMOUNTS RECEIVED	
Scheme Paid: 388.30	Scheme Tariff: 388.30

Ref.	T	D#	Date	Diagn	C/C	Tarif	Claimed	P	R	Benefit	Mem.owes	%	Nt
83451	K	00	191217	C18.7	001	01657	4709.94	M		1028.04	0.00	700	
83451	K	00	191217	C18.7	001	00151	508.80	M		139.00	0.00	700	
83451	K	00	191217	C18.7	001	01220	548.80	M		119.70	0.00	700	
83451	K	00	191217	C18.7	001	01218	457.30	M		99.30	0.00	700	
83851	K	00	201124	C18.7	001	00151	560.10	M		0.00	0.00	000	

- 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: Red = Reversed claim, Amber = no Benefit, Green = Claim suspended, Purple = Claim short-paid, Brown = Discount Received

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 -	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	K	99 - REJECTED CLAIM	

- Claim information is obtained from Web.

TRA-TEST - PuTTY

CLAIM PULLING

Member #: _____

Claim #: _____ Doctor #: _____

Paid: _____ Dependant: _____

Claimed From: _____ Until: _____

Claim Code: _____ ClaimType: _____ Tariff: _____

Total Amount Pulled: 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.

TRA-TEST - PuTTY

```

CLAIM PULLING
Member #: 106840 Mr. J. Fournie
Claim #: 000115 Doctor #: 0188069 SPIES P, DR
Paid: p Dependant: 00 [REDACTED]
Claimed From: 2020/10/27 Until: 2020/10/27
Claim Code: all ClaimType: Tariff:

T D# Claim Dt C/C Tariff Claimed Benefit Nt P Ref. R Susp To
-----
00 2020/10/27 099 z0001 4551.62 0.00 55 M mod009 N
    
```

- 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

TRA-TEST - PuTTY

```

CLAIM PULLING
Member #: 106840 Mr. J. Fournie
Claim #: 000115 Doctor #: 0188069 SPIES P, DR
Paid: p Dependant: 00 [REDACTED]
Claimed From: 2020/10/27 Until: 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
Claim #: 000115 Doctor #: 0188069 SPIES P, DR
Paid: p Dependant: 00
Claimed From: 2020/10/27 Until: 2020/10/27
Claim Code: all ClaimType: Tariff:
Total Amount Pulled: 4,551.62

Batch number: 002052

HOSPITALISATION DETAILS
Admitted Dischrg LetPrt TuDone Delete
2020/10/27 2020/10/28 no no yes

Take note of the batch number, press spacebar to continue
    
```

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

Colour key: red = reversed claim, Amber = no benefit, Green = Claim suspended, Purple = Claim short-paid, brown = Discount received

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	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	K	99 - REJECTED CLAIM		2107J014
2020/10/27	00	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	K	99 - REJECTED CLAIM		2007HV7P

- The reversed claim will now reflect on the Web.

```

TRA-TEST - PuTTY
Assessed: 20210312 Action: E Claim #: 002052 Received: 20210312
Doctor #: 0188069 028 SPIES P, DR Prov #: Payment: A
Member #: 106840 Subscription: SP
Ref to #: Ref by #: 5808650 WILGERS HOSPI Susp:
Card amt: Auth#: 00000000 Treatpln Auth#: Lines: 1
Claimed: 0.00 Claimd Enterd: Benefit: Line#: 1
Scan code: Cmp: 2

D# First name Join Rsgn Benef Birth C Exclusions
00 Johannes He 1309 130901 19490418 N
01 Cornelius Jan 1309 130901 19520406 N

Ref. T D# Date Diagn C/C Tarif Claimed P R Benefit Mem.owes % Nt
mod00 K 00 201027 M25.5 099 z0001 4551.62 M 0.00 0.00 100 55
mod00 K 00 201027 M25.5 099 z0001 -4551.62 M 0.00 0.00 100 09
mod00 C 00 201027 M25.5 000 z0001 4551.62 M 0.00 0.00 000

Dependant is Johannes Hendrik N 1949/04/18
    
```

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

```

Assessed: 20210312 Action: E Claim #: 002052 Received: 20210312 VITAL+
Doctor #: 0188069 028 SPIES P, DR Prov #: Payment: A
Member #: 106840 Mrs. J. Fournie Subscription: SP
Ref to #: Ref by #: 5808650 WILGERS HOSPI Susp:
Card amt: Auth#: 00000000 Treatpln Auth#: Lines: 1
Claimed: 0.00 Claimd Enterd: Beneft: Line#: 1
Scan code: Cmp: 2
D# First name Join Rsgn Benef Birth C Exclusions

ORIGINAL SCHEME AMOUNTS RECEIVED
Scheme Paid: 1,517.20 Scheme Tariff: 1,517.20

Ref. T D# Date Diagn C/C Tarif Claimed P R Benefit Mem.owes % Nt
-----
mod00 K 00 201027 M25.5 099 z0001 4551.62 M 0.00 0.00 100 55
mod00 K 00 201027 M25.5 099 z0001 -4551.62 M 0.00 0.00 100 09
mod00 K 00 201027 M25.5 001 z0001 4551.62 M 0.00 0.00 000
    
```

```

TRA-TEST - PuTTY
Assessed: 20210312 Action: E Claim #: 002052 Received: 20210312 VITAL+
Doctor #: 0188069 028 SPIES P, DR Prov #: Payment: A
Member #: 106840 Mrs. J. Fournie Subscription: SP
Ref to #: Ref by #: 5808650 WILGERS HOSPI Susp:
Card amt: Auth#: 00000000 Treatpln Auth#: Lines: 1
Claimed: 0.00 Claimd Enterd: 4551.62 Beneft: 3034.42 Line#: 1
Scan code: Cmp: 2
D# First name Join Rsgn Benef Birth C Exclusions
00 Johanna H 1309 130901 10400410 N
01 Cornelia Jan 1309 130901 10500400 N

Ref. T D# Date Diagn C/C Tarif Claimed P R Benefit Mem.owes % Nt
-----
mod00 K 00 201027 M25.5 099 z0001 4551.62 M 0.00 0.00 100 55
mod00 K 00 201027 M25.5 099 z0001 -4551.62 M 0.00 0.00 100 09
mod00 K 00 201027 M25.5 001 z0001 4551.62 M 3034.42 0.00 700
C 0.00 M 0.00 0.00 000
    
```

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

Date	Provider	Code	Payment	Code	Date	number	type	Code
2020/10/27	00 - 188069 - SPIES P, DR	z0001 M25.51	4,551.62 3,034.42	0.00 0.00		002052	K	1 - GAP COVER
2020/10/27	00 - 188069 - SPIES P, DR	z0001 M25.51	4,551.62 0.00	0.00 - 3,034.42	09	000115	K	99 - REJECTED CLAIM
2020/10/27	00 - 188069 - SPIES P, DR	z0001 M25.51	4,551.62 0.00	0.00 3,034.42	55	000115	K	99 - REJECTED CLAIM

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