



HEALTHCARE  
ADMINISTRATORS

## **EXTERNAL PROVIDER LOGIN**

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**Profmed Limit view training document**

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## Introduction

A Medical service Provider can access the PPSHA Profmed Administration system via a Web Login, from the Profmed website ([www.profmed.co.za](http://www.profmed.co.za)).

The provider can now view a member's Limit without having to phone the Profmed Call Centre. All scheme / plan limits won't be available for viewing by all practice disciplines. If there are more limits that your practice discipline needs to view, please inform our Profmed provider team so that it can be reviewed.



## What the Provider can view on the Profmed Web Login

- Payment run statements,
- .CSV Remittance Advises
- Member validity
- Member Limits
- Communication between provider and scheme administrator
- Claims / payment of claims
- Your Provider Basic details and Banking details
- The history on your account (EFT Payments / Cheques / Account Transactions)
- **Profmed Scheme information:**
  - o Rand Conversion Factors
  - o Dental Provider Documents (*will only be relevant and visible to dental disciplines*)
  - o Schedule of benefits
  - o Scheme Rates

## Web Login

Go to the PPSHA Provider portal on <https://ppsha.co.za/providers/> and click on Profmed.




Once you have selected to login as a Provider from the Profmed website, the **Profmed Login** screen will display.



If you do not have a profile/ login – please use the **“Register for an account”** link, to create a login and password, and follow below steps on screen.

Profmed New User Registration Form



**Fill out the following form correctly**

User Code:

User Name:

Email Address:

Mobile Number:

Desired Password:

Confirm Password:

**\*\*Minimum Length:** 12

**\*\*Special Characters:** At least 3 of the following characters: 0123456789!@#%&ABCDEF GHIJKLMNOPQRSTUVWXYZ.

Register as a Member, Provider, Company or Broker:

Member, Provider, Company or Broker Number:

Additional Numbers to be linked (comma delimited please):

**Mandatory Questions**

What is your ID number?

- User code (Login): Choose a user code of your choice (suggestion to use provider number)
- User name field: Use the same name as the User code
- Email address: Insert your e-mail address
- Mobile number: Insert your mobile number in this field
- Desired password: Insert the password that you would like to use
- Confirm password: Confirm the password that you want to use again
- Minimal Length-this indicates the number of characters needed for the password
- Register as a Member, Provider, Company or Broker- on this field there is a drop-down list where you can select an option, for example Provider
- Member, Provider, Company, or Broker number: insert your Provider number in this field
- What is your ID number: this is a mandatory field, and you have to insert your ID number
- Your request will be in a pended status until confirmed by the Scheme. Please wait for the confirmation e-mail.

Once successfully logged in, the Provider screen will display:

Service Provider Menu

- Important Scheme Information
- Service Provider**
- Accounts
- Banking Details
- Basic Details
- Claims
- Communications
- Contact Information
- Verify Membership
- Statements

Service Provider Details

Number: [REDACTED] Name: [REDACTED]  
Start Date: 2000/12/31 Id Number Type: [REDACTED]  
End Date: [REDACTED] Id Number: 0  
Paid by Schedule?:  SAMDC Number: [REDACTED]  
Allow Rams Update:  Pay Method: Assessing Decision  
Dispense:  Hold Credit:   
Use Email:  Education: XRef:

Discipline

Discipline Code: [REDACTED]  
Sub Discipline Code: [REDACTED] Termination Date: [REDACTED]  
Activate Date: 2000/12/31

Contact Information

Discipline Codes

License Numbers

Associated Practices

## Basic details



To access any information that does not display on the **Basic Details** menu, click on the down arrow next to the **Service Provider** option, to view the additional menus.

Service Provider Menu

- Important Scheme Information
- Service Provider**
- Accounts
- Banking Details
- Basic Details
- Claims
- Communications
- Contact Information
- Verify Membership
- Statements

## Accounts details

The Menu for **Accounts** will indicate the history on your account (EFT Payments / Cheques / Account Transactions)



DEFAULT - PPSHA-PROFMED - Service Provider Accounts

Service Provider Menu

- Important Scheme Information
- Service Provider
- Accounts**
- Banking Details
- Basic Details
- Claims
- Communications
- Contact Information
- Verify Membership
- Statements

**Service Provider Information**

Service Provider No: \_\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 End Date: \_\_\_\_\_

**Account Search Form**

Transaction Type:

Current/History: All

Doctor Account Type: All

Scheme: All

From Date: 2000/12/31

To Date: 2023/03/03

**EFT Payments**

Original Scheme	Sequence	Doctor Account Type	Transaction Date	Transaction Type	Reference	Narration	Amount
8 - PROACT+ S	727	D	2023/01/18	4 - EFT Payment to Provider		D/O claims paid re stmt 23/01/15	1,145.20
		D	2023/01/18			<b>Date Total</b>	<b>1,145.20</b>
12 - PROSECURE	290	D	2022/11/03	4 - EFT Payment to Provider		D/O claims paid re stmt 22/10/31	705.60
		D	2022/11/03			<b>Date Total</b>	<b>705.60</b>
13 - PROACTIVE+	88	D	2022/10/19	4 - EFT Payment to Provider		D/O claims paid re stmt 22/10/16	552.60
		D	2022/10/19			<b>Date Total</b>	<b>552.60</b>

## Banking details

The Menu for **Banking Details** will reflect the bank Account number that payments on claims will be paid into.



DEFAULT - PPSHA-PROFMED - Bank details for serv prov

Service Provider Menu

- Important Scheme Information
- Service Provider
- Accounts
- Banking Details**
- Basic Details

**Service Provider Information**

Service Provider No: \_\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 End Date: \_\_\_\_\_

**Service Provider Bank Account List**

Scheme	Bank	Branch	Account Number	Account Name	Payment Type	Start Date	End Date	Account Type	Maximum Amount	Subscriptions	Claim Dr	Claim Cr	Strike Day
ALL Schemes	ABSA(VOL, TRU, UNT, UNI, ALLI)				ACB	2011/11/02		Current Account	9,999,999.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	00

## Provider Basic details



The Menu for **Basic Details** will reflect the provider contact and general info mostly received on BHF updates

## Claims details



The Menu for **Claims** will reflect the provider Claiming profile. That screen enables the user to search for any specific claim based on the below search criteria:



If more than 50 claims are available, increase the QTY in the “**Number of claims**” field in order to displayed more than 50 Records on screen.

To view more details with regards to a specific claim you can click on the underlined treatment date on the screen, and it will display more specific claims details.



DEFAULT - PPSHA-PROF MED - Claim search for doctor

Service Provider Menu

- Important Scheme Information
- Service Provider**
- Accounts
- Banking Details
- Basic Details
- Claims**
- Communications
- Contact Information
- Verify Membership
- Statements

### Service Provider Information

Service Provider No: \_\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 End Date: \_\_\_\_\_

### Service Provider Claims

Collect Value

#### Search Criteria for Assessed Claims

Views:  Default  Claim Event Only  Medicine Details      Sort By:  Date Only  Provider and Date

Member Numbers: \_\_\_\_\_  
 Member ID Num: \_\_\_\_\_  
 From Treatment Date: 2023/03/01  
 To Treatment Date: 2023/03/03  
 Payment Date: \_\_\_\_\_

Assessed, not yet paid:   
 Tariff Code: \_\_\_\_\_  
 Authorization No: \_\_\_\_\_  
 T/Plan Authorization No: All  
 Reject Code: \_\_\_\_\_  
 Nappi Code: \_\_\_\_\_  
 Show Hidden Claims:

Payee: All  
 Number of Claims: 50  
 Reference: \_\_\_\_\_

TOTAL CLAIMED: 27,978.17    TOTAL BENEFIT: 7,965.20    TOTAL REJECTED: 20,012.97    TOTAL OWED: 0.00    TOTAL SAVINGS: 0.00    TOTAL REVERSED: 0.00

Colour key: Red = Reversed claim, Yellow = Pending, Green = Claim suspended, Purple = Claim short-paid, Brown = Discount Received

### Service Provider Claim List

Treatment Date	Member	Dependant	Tariff	Nappi Code	Diagnosis	Claimed	Benefit	Discount	Short Payment	Note Code	Payment Date	Payee	Reference	Claim Number	Claim Type	Claim Code	Authorisation	T/Plan Authorisation	Gen.Claim Nr	Option	External Reference	Free Text
<u>2023/12/22</u>																						

You may click on the underlined treatment date, the following claims details will appear:

### Claim Details

Scheme Code: 08      Scheme: ProActive Plus Savvy  
 Member Number: \_\_\_\_\_      Tariff Code: 08159  
 Claim Number: \_\_\_\_\_      Units: 1  
 Tariff Description: Prophylaxis - complete dentition      EDI Line number: 001

### Patient and Doctor Details

Dependant: \_\_\_\_\_      Name: \_\_\_\_\_      Payee: Provider  
 Service Provider: \_\_\_\_\_      Name: \_\_\_\_\_      Pay Vendor Number: 0  
 Practice Type: \_\_\_\_\_      Description: \_\_\_\_\_  
 Prov pr Number: \_\_\_\_\_      Name: \_\_\_\_\_      Negotiation Group:  
 Referred By: 0      Name: \_\_\_\_\_      Negotiation Group:  
 Referred To: 0      Name: \_\_\_\_\_      Negotiation Group:

### Amounts

Claimed: 674.00      Tariff Amount: 394.90      Copay: 0.00  
 Benefit: 394.90      Discount: 0.00      Short Payment: 279.10  
 Owes: 0.00      PMB Value: 0.00      Percent: 100  
 Savings: 0.00      Third Party: 0.00      RPL: 0.00

### Treatment and Dates

Claim Code: 540      Description: BASIC DENTISTRY      Claim Type: C  
 Treatment date: 2022/12/22      Authorization Number: \_\_\_\_\_      Reference Auth Number:  
 Received date: 2022/12/26      Days: Treatment to Received: 4      Receipted:  
 Assess Date: 2023/01/05 13:45:29.129      Days: Received to Assessed: 10      Credit Card Used:  
 Payment Date: 2023/01/15      Days: Received to Payment: 20      Suspend Until:

### Note Code / Rejections

Note Code: \_\_\_\_\_      Rejection Code 1: \_\_\_\_\_      Rejection Code 2: \_\_\_\_\_  
 Rejection Code 3: \_\_\_\_\_      Rejection Code 4: \_\_\_\_\_

### Extras

Modifier: \_\_\_\_\_      Suspended:       Trade Number: 30  
 Scan Code: \_\_\_\_\_      Reported After resign:       Trade Partner:  
 Reg Article Number: \_\_\_\_\_      NHA NOTES: \_\_\_\_\_      Assessor:  
 Reference: \_\_\_\_\_      NHA BATCH: \_\_\_\_\_      NHA AUTH:  
 NOTE CODES: \_\_\_\_\_      Gen.Claim Nr: 232F65X3  
 STAT/RULE: \_\_\_\_\_

### Diagnosis Details

Diagnosis Code: K03.6      Diagnosis: Deposits [accretions] on teeth  
 Asterisk Code: -      Registered for Condition?: no  
 Morphology Code: -      Mouth Parts:  
 Base rate: SCHEME      Description: SCHEME RATE  
 Alternate Reimbursement Rate: \_\_\_\_\_

### Resources for this Claim

There are no resources for this claim

### External references for this Claim

Interface Type	Interface Description	Reference Code	Reference Description	Reference Value	Last Modified Datetime	Claim Origin
DENTCORT		PAY		DE00056386	2023/01/05 13:45:29.132	
MIP	MIP ADMIN SYSTEM	Inklmedi	Link claim record to EDI record	030 055826 000090 001	2023/01/05 13:45:29.131	
MIP	MIP ADMIN SYSTEM	QEDI TransNum	QEDI Transaction Number	2087736405324201986	2023/01/05 13:45:29.131	

## Statement details



The Menu for **Statements** will reflect the provider's Payrun statements and .CSV Remittance Advises as per the relevant payment run.

View	Description	Date	Content Type
		2023/01/19 11:32:27.170+02:00	pdf
		2023/01/15 06:14:20.942+02:00	csv
		2023/01/04 16:12:45.572+02:00	pdf
		2022/12/31 05:26:30.831+02:00	csv
		2022/11/02 02:40:29.958+02:00	pdf
		2022/10/31 20:20:27.968+02:00	csv



To view the attachment of the communication sent, click on the **View Attachment** icon

## Verify Member details



The Menu for **Verify Membership** will reflect scheme membership details with regards to member validity and relevant Benefit limits that would be required by the specific Provider discipline.

Currently all **Dental** Providers will be able to see a member and dependent's limits on basic Day-to-Day limits available and basic dentistry limits. The system will also indicate if it is a limit that is subject to another limit.

You can now enter the desired member number and press search:

Member Number:  Id Number:  Search

You'll note a "**General Member Detail**" Container will display which will give high level details on the requested member like (option name/ dependent and their relation to main member, spouse, child etc. / birth-, join-, benefit-, resign-, suspend date)

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:

Id Number:

Search

Member Detail : (10358398) MRS IB SAAYMAN, Scheme : ProActive Plus Savvy

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			Main Member		2022/06/01	2022/09/01				
1			Spouse		2022/06/01	2022/09/01				
2			Child		2022/06/01	2022/09/01				
3			Child		2022/06/01	2022/09/01				
4			Child		2022/06/01	2022/09/01				

Family Limits



## Verify Member Limits

You'll note that there is another Container for "**Family Limits**". It will display the limits for all active dependents, and you'll note that there are limits that will be dependent on the Overall Family limit as well.

It will display what the limit is that the member / dependent received for the benefit year and what is left. These limits are not a guarantee of payment, as claims will be paid on first-come-first-pay basis.

## Limits on ProSecure Savvy

The below show for example a member's limits on "Prosecure Savvy", which has:

- **Family Overall Day-to-Day Limit** (*this limit will only display on the Main member's dependant code*)
- **Dentistry Family Overall Limit** (*this limit will only display on the Main member's dependant code*)
- **Dentistry Beneficiary Limit** (*the beneficiary limit will display on each beneficiary, and will be subject to available Family Dentistry limits on the main Member*)

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:  Search

**Member Detail:** MS H MUNGLIEE, Scheme : ProSecure Savvy

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			E Main Member		2003/05/01	2003/05/01				
1			Child		2013/09/01	2013/09/11				
2			Child		2018/01/01	2018/01/12				

**Family Limits**

Dependant:	Description:	Benefit:	Remaining:	Limit Message:
0 - H/	DAY-TO-DAY ANNUAL LIMIT	23,300.00	23,300.00	Family Overall limit
0 - H/	DENTISTRY FAMILY (DEPENDANT SUB-LIMITS APPLICABLE)	12,500.00	12,500.00	Family Overall limit
0 - H/	DENTISTRY BENEFICIARY	6,200.00	6,200.00	Subject to Family Dentistry limit
1 - YA	DENTISTRY BENEFICIARY	6,200.00	6,200.00	Subject to Family Dentistry limit
2 - YA	DENTISTRY BENEFICIARY	6,200.00	6,200.00	Subject to Family Dentistry limit

# Limits on Proselect

The below show for example a member's limits on "Proselect", which has:

- NO Family Overall Day-to-Day Limit (this limit will only display if option is eligible for Day-to-Day limits)
- Dentistry Family Overall Limit (this limit will only display on the Main member's dependant code)
- Dentistry Beneficiary Limit (the beneficiary limit will display on each beneficiary, and will be subject to available Family Dentistry limits on the main Member)

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:  Search

**Member Detail : (10248870) MR PN SAAYMAN, Scheme : ProSelect**

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			Main Member		2019/03/01	2019/06/01				
1			Spouse		2019/03/01	2019/06/01				
2			Child		2019/03/01	2019/06/01				

**Family Limits**

Dependant:	Description:	Benefit:	Remaining:	Limit Message:
0 -	DAY-TO-DAY ANNUAL LIMIT	0.00	0.00	No DAY-TO-DAY benefits on this option
0 -	DENTISTRY FAMILY (DEPENDANT SUB-LIMITS APPLICABLE)	1,800.00	1,800.00	Family Overall limit
0 -	DENTISTRY BENEFICIARY	700.00	700.00	Subject to Family Dentistry limit
1 -	DENTISTRY BENEFICIARY	700.00	700.00	Subject to Family Dentistry limit
2 -	DENTISTRY BENEFICIARY	700.00	700.00	Subject to Family Dentistry limit

# Limits on ProActive Plus Savvy

The below show for example a member’s limits on “ProActive Plus Savvy”, which has:

- Family Overall Day-to-Day Limit (this limit will only display on the Main member's dependant code)
- No Dentistry Family Overall Limit (this limit will only display if option is eligible for Dental limits)
- No Dentistry Beneficiary Limit (this limit will only display if option is eligible for Dental limits)

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:

Id Number:

Search

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**Member Detail : (10358398) MRS IB SAAYMAN, Scheme : ProActive Plus Savvy**

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			Main Member		2022/06/01	2022/09/01				
1			Spouse		2022/06/01	2022/09/01				
2			Child		2022/06/01	2022/09/01				
3			Child		2022/06/01	2022/09/01				
4			Child		2022/06/01	2022/09/01				

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**Family Limits**

Dependant:	Description:	Benefit:	Remaining:	Limit Message:
0 - I	DAY-TO-DAY ANNUAL LIMIT	7,600.00	7,600.00	Family Overall limit
0 - I	DENTISTRY FAMILY (DEPENDANT SUB-LIMITS APPLICABLE)	0.00	0.00	No Dentistry limits for this option
0 - I	DENTISTRY BENEFICIARY	0.00	0.00	No Dentistry limits for this option
1 - .	DENTISTRY BENEFICIARY	0.00	0.00	No Dentistry limits for this option
2 - I	DENTISTRY BENEFICIARY	0.00	0.00	No Dentistry limits for this option
3 - .	DENTISTRY BENEFICIARY	0.00	0.00	No Dentistry limits for this option
4 - .	DENTISTRY BENEFICIARY	0.00	0.00	No Dentistry limits for this option

## Limits on Propinnacle

The below show for example a member's limits on "ProPinnacle". Orthognathic limits will only show on your Propinnacle and Propinnacle Savvy options. The orthognathic Limit will be an overall Family Limit:

- Orthognathic Overall Family Limit (this limit will only display on the Main member's dependant code)
- Family Overall Day-to-Day Limit (this limit will only display on the Main member's dependant code)
- No Dentistry Family Overall Limit (this limit will only display if option is eligible for Dental limits)
- No Dentistry Beneficiary Limit (this limit will only display if option is eligible for Dental limits)

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:

Member Detail : (34423) ADV M SELIGSON, Scheme : ProPinnacle Savvy

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
1			Main Member		1983/05/01	1983/05/01				
2			Spouse		2000/09/01	2000/09/01				

Family Limits

Dependant	Description:	Benefit:	Remaining:	Limit Message:
1 -	DENTISTRY- ORTHOGNATHIC SURGERY	37,292.00	37,292.00	Family Overall limit
1 -	DAY-TO-DAY ANNUAL LIMIT	28,200.00	26,114.72	Family Overall limit
1 -	DENTISTRY FAMILY (DEPENDANT SUB-LIMITS APPLICABLE)	14,600.00	14,600.00	Family Overall limit
1 -	DENTISTRY BENEFICIARY	7,300.00	7,300.00	Subject to Family Dentistry limit
2 -	DENTISTRY BENEFICIARY	7,300.00	7,300.00	Subject to Family Dentistry limit

## Limits on other disciplines like GPs

The below show for example a member's limits on "Proselect". There are no Day to Day limits on Proselect.

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:

Member Detail : (10248870) MR PN SAAYMAN, Scheme : ProSelect

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			Main Member		2019/03/01	2019/06/01				
1			Spouse		2019/03/01	2019/06/01				
2			Child		2019/03/01	2019/06/01				

Family Limits

Dependant	Description:	Benefit:	Remaining:	Limit Message:
0 - PAUL NICHOLAS	DAY-TO-DAY ANNUAL LIMIT	0.00	0.00	No DAY-TO-DAY benefits on this option

Exclusions List

There are no exclusions for this dependant

Primary Care Provider Records

No Primary Care Provider Records

The below show for example a member’s limits on “ProActive Plus Savvy”. There are overall Day to Day Family limits on ProActive Plus Savvy.

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:

**Member Detail : (10358398) MRS IB SAAYMAN, Scheme : ProActive Plus Savvy**

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
0			Main Member		2022/06/01	2022/09/01				
1			Spouse		2022/06/01	2022/09/01				
2			Child		2022/06/01	2022/09/01				
3			Child		2022/06/01	2022/09/01				
4			Child		2022/06/01	2022/09/01				

**Family Limits**

Dependant:	Description:	Benefit:	Remaining:	Limit Message:
0 - IZOLDA BERNADETTE	DAY-TO-DAY ANNUAL LIMIT	7,600.00	7,600.00	Family Overall limit

**Exclusions List**

*There are no exclusions for this dependant*

**Primary Care Provider Records**

*No Primary Care Provider Records*

The below show for example a member’s limits on “ProSecure”. There are overall Day to Day Family limits on ProSecure.

DEFAULT - PPSHA-PROFMED - Member Search form

Member Number:  Id Number:

**Member Detail : (19063) MRS AC SMIT, Scheme : ProSecure**

Dependant	First Name	Surname	Type	Birth Date	Join Date	Benefit Date	Resign Date	Suspend Date	Exclusions	Dependant Exclusions?
1			Spouse		1990/08/01	1990/08/01	2015/05/31			
2			Main Member		1990/08/01	1990/08/01				
3			Adult		1990/08/01	1990/08/01	2003/12/31			
4			Adult		1990/08/01	1990/08/01	2006/06/30			
5			Child		1990/08/01	2005/11/01	2012/05/31			
6			Adult		2009/01/01	2009/01/01	2009/12/31			

**Family Limits**

Dependant:	Description:	Benefit:	Remaining:	Limit Message:
2 - AUGUSTA CRONJE	DAY-TO-DAY ANNUAL LIMIT	11,900.00	8,063.77	Family Overall limit

**Exclusions List**

*There are no exclusions for this dependant*

**Primary Care Provider Records**