

ACC Case Study

APIs – Claims lodgement and Invoice submission



Need to streamline data transfer to ACC?

High volumes of data
Automated into back-office systems
24x7 service availability

Challenge

Automation of health provider data transfer into ACC back-office systems

Automating data transmission from health providers to ACC can be challenging – and prove problematic and time-consuming to all concerned.

Claims lodgement and invoice submissions are examples of how ACC supports clients by funding health providers to diagnose, then treat accident-related issues. ACC requires set information for each accident. Health providers submit this information when lodging a claim, then once approved subsequently invoice ACC for reimbursement for the cost of treatment provided.

Claims and invoices are two examples of high-volume business processes, where business rules and logic can enable validation of datasets, prior to ACC accepting or rejecting the information directly into its back-office systems.

Objective

High volumes of data transfer

ACC receives circa 2 million claims and circa 20 million invoices every year, from thousands of health providers. Many health providers generate these transactions using their Practice Management Systems (PMS). Enabling such high volumes of data transfer from PMS' securely to ACC results in both time and cost savings for health providers and ACC.

Solution

APIs – open for business 24x7

Strategically ACC understood the need to develop and deliver customer-facing Application Programming Interfaces (APIs), in order to enable 24x7 high volumes of data transfer from health providers using their system of choice.

APIs enable secure data sharing and validation, allowing integration of applications which is seamless to the user experience. This enables workflows inside familiar, existing PMS applications. This requires a level of technical expertise to ensure the APIs conform to relevant standards, with formal Terms and Conditions applying to their use.

As of May 2020, 23 PMS vendors have adopted and integrated the Claim and/or Invoice APIs, and proven API solutions have now been in use for over two years. In the last 12 months, ACC received more than 244K claims and 757K invoices through its API channel. As of May 2020, more than 33% of ACC's claims and 37% of invoices were received via API.

Results

Straight-through processing

The Claim and Invoice APIs have resulted in straight-through processing into ACC's back-office systems. Business rules and logic enable validation of datasets, prior to ACC accepting or rejecting the information. Resulting in ACC being open for business 24x7. This has improved processing times for health providers and we now offer a quicker payment of invoices submitted via our APIs.

Contact Us

Interested to learn more...

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