

ACC Case Study

Query APIs – Provider Claims and Invoices



Need to query or progress-chase transactions with ACC?

Efficient **Automated** **24x7**

query follow-up

into back-office systems

service availability

Challenge

Increasingly high volumes of health provider claim and invoice queries via our Contact Centres

Manual handling of routine claim and invoice queries, both for ACC and for health providers, can be time-consuming for 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 key information for each accident. Health providers submit this when lodging a claim, then once approved subsequently invoice ACC for reimbursement for the cost of treatment provided.

ACC receives an ever-increasing volume of routine claim (~258K p.a.) and invoice enquiries (~56K p.a.), where providers then progress-chase for updates from our Contact Centres.

This could include status updates of claims awaiting approval by ACC or if subsequent invoices have been accepted and paid. Such routine telephone transactions are costly and detract staff from more value-add interactions.

Objective

Automation of health provider claim and invoice queries into practice management systems

ACC receives vast numbers of routine claim and invoice enquiries every year, from thousands of health providers. Many of these health providers generate their claims and invoices using their Practice Management Systems (PMS). Enabling such high volumes of routine queries from PMS' securely to ACC, results in both time and cost savings for health providers and ACC.

Solution

Query 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.

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. Proven API solutions have been in use for many years. Implementation requires a level of technical expertise, to ensure the APIs conform to relevant standards, with formal Terms and Conditions applying to their use.

Several PMS vendors initially integrated both the Claim lodgement and Invoice submission APIs, enabling these transactions to be automated. Subsequently, some PMS vendors have gone further and have adopted and integrated both the Claim and Invoice Query and Payment Status APIs, thus enabling these routine queries to also be automated.

The Query Claim Status API offers the ability for the provider to see whether a claim has been registered with ACC and what diagnosis details have been registered to the injury claim. If the claim is registered, the provider will be able to provide treatment and invoice ACC for their services.

The Query Invoice and Payment Status APIs offers the ability for the provider to see whether invoices for the claim, or secondary interactions, have been accepted and paid.

Results

Automated query status updates

ACC now receives circa 450K claim enquiries and circa 2.3M invoice enquiries every year via the respective query APIs. This has resulted in automated secure status updates to health providers' PMS applications, direct from ACC's back-office systems. This has reduced the time health providers spend chasing updates, and subsequently reduced handling times and call volumes for our Contact Centres.

Contact Us

Interested to learn more...

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