EDI

Electronic Data Interchange

Cut the headache out of
dental claims management.

Get your claims processed...

#Within5Days

shsb

dental quality assurance

What is EDI?

As the digital world continues to advance, we are privileged to use various software and technologies that make our jobs easier. One such technology is Electronic Data Interchange (EDI) software.

EDI in healthcare is usually included in practice management systems/billing systems, and allows for improved claims processing with improved security and efficiency for healthcare providers and medical aid providers.

Healthcare professionals everywhere are taking the leap and adopting EDI for quicker turnaround of information, reducing administrative expenses and avoiding claim processing delays. In simpler words, EDI serves as the courier of data between two parties.

Why EDI is the future?

Amidst the ever-evolving regulatory challenges in healthcare, and the pressure of curbing rising costs, it is vital for healthcare providers to stay on top of their efficiency levels.

Managing healthcare payment is a significant process which puts tremendous stress on administrative bandwidth and affects efficiency, regulatory compliance as well as cost of care. Any gap in filing claims could lead to claim rejections and subsequent paper work.

Medical aid providers and their partners have to leverage technology to enable smooth claim processing - EDI is the electronic remedy to handling healthcare claims and payment challenges.

The most important aspect of EDI in healthcare are the governing standards - every EDI transaction needs a standardised format to ensure quick transfer and interpretation of data. Also, EDI transactions have to be compliant with regulatory requirements from the medical aid provider.

With supporting documentations and claims being submitted via EDI, healthcare providers and medical aid providers are reaping the benefits of fewer denials and rework requests, faster identification of submission errors and claims processing, resulting in faster payments for the healthcare providers.

#Within5Days

EDI Benefits

Security

Traditional/manual claim processing through submission of paper claims mailed through the postal system, or information emailed to an individual, increased the chances of unnecessary persons coming into contact with the private information. While these individuals may have clearance to handle this information, it is inefficient and insecure.

EDI, on the other hand, specifically integrates with a practice management system within your healthcare practice to minimise information handling during claims processing. Instead of passing patient information from person to person (or email to email), the EDI software passes the documents through a securely integrated system.

Error Identification

The manual claims process is riddled with error-prone actions that lead to costly denials and wasted time. An EDI system ensures that information is accurate upon first access and thus increases the reliability, or accuracy of the information that is being exchanged.

Efficiency

EDI significantly decreases the amount of time it takes to submit and process a claim as it helps to identify potential mistakes within the claim as well as assist in the processing by providing real-time feedback about the claim's submission.

Payments

Increased efficiency and accuracy combine to bring providers their payments at a faster rate. EDI in healthcare streamlines the billing process and reduces denials. The impact of this is extended into how quickly a payment comes through. An integrated EDI solution increases clean claims, eliminating time spent resubmitting corrected denials, and shortening the distance between providers and their payments.
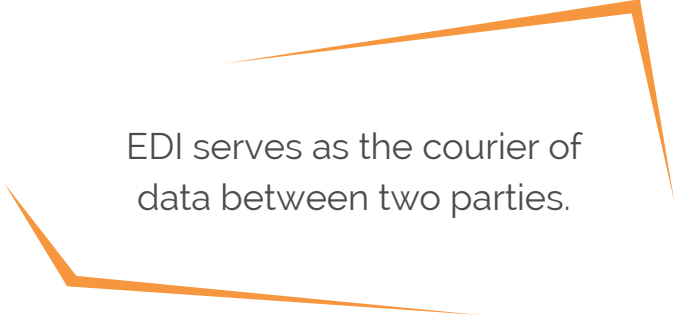
Cost-Effectiveness

Not only do efficiency and accuracy lead to timely payments, but they also lead to huge cost savings. Manual paper claims are more expensive in nature simply due to the fact that they involve a lot more overhead. Providers have to buy paper, ink, supplies, envelopes, and more - they also lead to more denials which can cost a provider a lot of money each year.

Decreased Administrative Burden

Patients deserve their healthcare provider's undivided attention, and an integrated EDI solution can help them get it. Rather than wasting valuable provider time on manual claims management - EDI relieves the healthcare provider of that burden.

EDI creates an environment where a provider and their team no longer have to print, sort, stuff, and mail their claims. Not only does this process increase the opportunity for human error, but it also heightens a provider's likelihood of a denied claim. With an automated tool, providers can trust that their information is accurate without having to bend over backward. They can return that much-deserved attention to their patients.
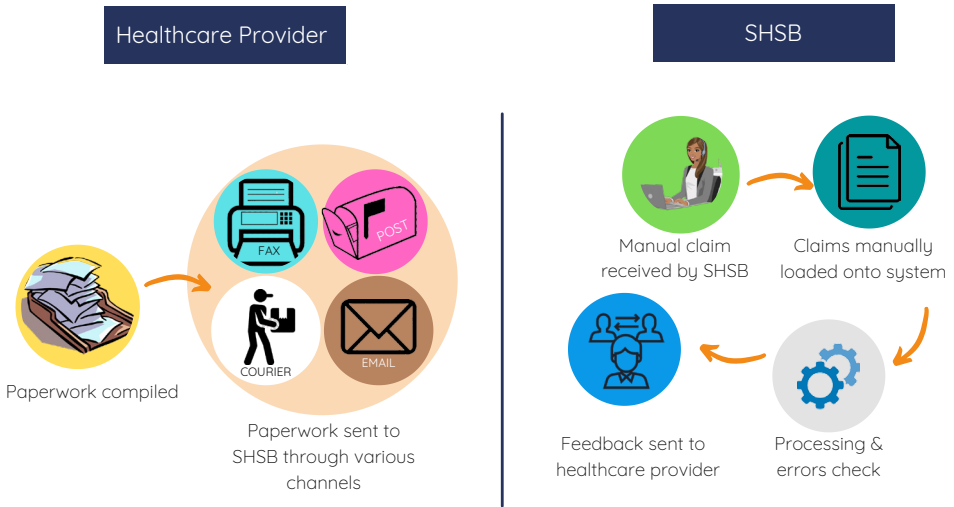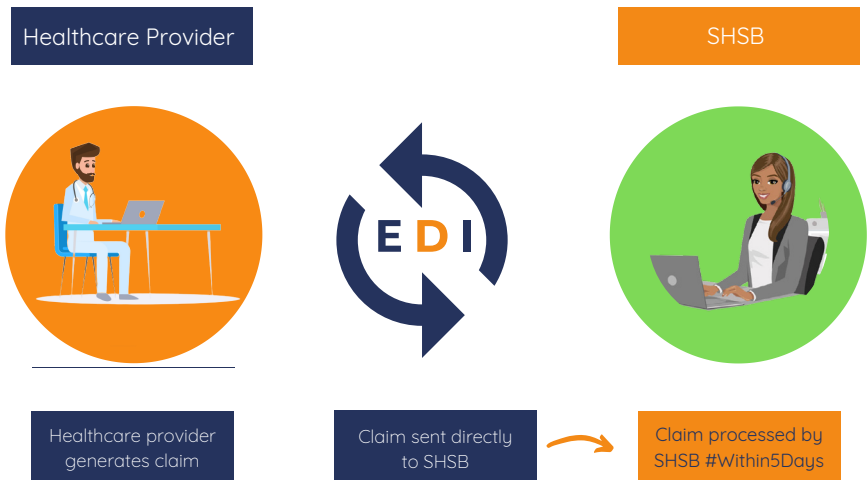
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Steps of an EDI Transaction

1. EDI transactions start with an inquiry from the healthcare provider and conclude with a response from the medical aid provider/payer.

2. The inquiry is submitted to SHSB

3. SHSB facilitates the inquiry to the medical aid provider.

4. Once the medical aid receives the inquiry, they send the response back to SHSB.

5. SHSB then sends the data to the healthcare provider's practice management/billing system.

6. If there's an error in the data, the healthcare provider is notified to correct it and resubmit it to the SHSB for a response.

7. In the absence of issues, claims are processed #Within5Days.

#Within5Days

Manual Claims

Healthcare Provider

Paperwork compiled

FAX
POST
COURIER
EMAIL

Paperwork sent to SHSB through various channels

SHSB

Manual claim received by SHSB

Claims manually loaded onto system

Processing & errors check

Feedback sent to healthcare provider

EDI Claims

Healthcare Provider

EDI

SHSB

Healthcare provider generates claim

Claim sent directly to SHSB

Claim processed by SHSB #Within5Days

#Within5Days