

CLAIMS PROCESSING & ASSESSMENT

Smartchoice Claims

From claim receipt to payment workflow.

Coordinate claim receipt, validation, pricing, benefit assessment and payment workflows. Smartchoice Claims brings configurable processing rules and exception queues together for medical scheme administration teams.

WHAT YOUR TEAM CAN DO

Validate against reference data

Check provider records, beneficiary eligibility, payment methodologies and benefits using suite components or connected client systems.

Manage changes and duplicates

Compare current claims with paid history to help identify duplicate payments. Process adjustments and reversals while retaining finalised claims history.

How it connects

Works with Smartchoice Membership, Provider, Contracts and Benefits, or existing administration systems. Pricing interfaces and downstream payment arrangements are agreed for each implementation.

Configured for your environment

Confirm South African tariff and code sets, scheme benefit rules, PMB handling, authorisations and data interfaces. These requirements are configured and tested for the agreed scope.

Configure assessment workflows

Define filters, rules and work queues, with manual pricing and review where intervention is needed.

Connect pricing and reporting

Interface with third-party pricing tools; exchange claim data through supported XML, custom and EDI formats; support reconciliation and customised reports.

Reduce avoidable rework and give claims teams more control over processing and exceptions.

Request a Smartchoice demonstration

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