# Oracle Health Insurance Components

The health insurance industry today faces challenges such as rising treatment costs, ever-changing government regulations and a highly competitive marketplace. Healthcare payers are driven to optimize their core operations reducing administrative costs and containing healthcare costs.

Oracle Health Insurance Components support enrollment of members, premium calculation, pre-authorization processing, processing of health insurance claims, including pricing of claims, benefits adjudication, as well as the payment of providers through alternative, non-fee for service, reimbursement methods.
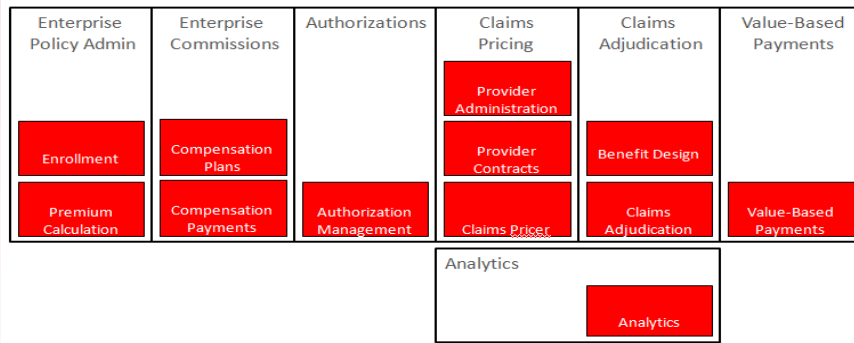
## APPLICATION ARCHITECTURE

Oracle Health Insurance Components consist of the following SOA components:

- Enterprise Policy Administration
- Enterprise Commissions
- Claims Pricing
- Claims Adjudication
- Authorizations
- Value-Based Payments
- Analytics

Combine extensive flexibility with outstanding performance

**Key Features**

- Highly flexible, rules-driven configuration model
- Extensive provider admin and provider contract functionality
- Straight through claims processing
- Extensible data model with the possibility to tailor the standard processing logic
- Out of the box analytics dashboards
- Standard web services to connect to neighboring applications
- Integrated configuration migration functionality

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| Enterprise Policy Admin | Enterprise Commissions | Authorizations | Claims Pricing | Claims Adjudication | Value-Based Payments |
|---|---|---|---|---|---|
| | | | **Provider Administration** | | |
| **Enrollment** | **Compensation Plans** | | **Provider Contracts** | **Benefit Design** | |
| **Premium Calculation** | **Compensation Payments** | **Authorization Management** | **Claims Pricer** | **Claims Adjudication** | **Value-Based Payments** |
| | | | Analytics | | |
| | | | **Analytics** | | |

Each of these components can be deployed individually in a healthcare payer's component-based service-oriented architecture or they can be deployed pre-integrated as a complete processing backbone to support a healthcare payer's primary processes.

The components come with many standard web services that support the integration into a healthcare payer's application landscape. Each of the components provides configurable rules and an extensible data model that allow a healthcare payer to quickly react and meet ever changing business requirements and regulations.

## ENTERPRISE POLICY ADMIN

**Oracle Health Insurance Enterprise Policy Admin manages your policy and membership information. New subscribers are enrolled through the sophisticated user interface or through a standard web service.**

Members can enroll in cafeteria style benefit plans, that capture the individuals choices regarding cost-share values and optional benefits. These cafeteria style plans allow payers to drastically reduce the volume of plan configuration while maintaining flexibility for the member.

Premium calculation includes the evaluation of tiered rate schedules, conditional discounts and surcharges for both individual and group account plans. The integrated logic automatically deals with late enrollment and early termination of members.

## ENTERPRISE COMMISSIONS

In Oracle Health Insurance Enterprise Commissions you design compensation plans by using a library of compensation rules, such as percentage of sales or level of achievement against target earnings.

After assigning compensation plans to teams or individuals, the calculation of compensation payment is handled automatically by allocating sales transactions to sales agents, compensation plans and rules. Full insight is provided into the calculation of a compensation payment, so each sales agent view and understand their payment and the underlying sales transactions

## AUTHORIZATIONS

Oracle Health Insurance Authorizations gives you the flexibility to streamline your authorization, referral, and utilization management processes. It enables you to increase your auto-authorization rates, by automatically handling standard requests, and by delegating non standard requests to your clinical review staff

Out of the box, Oracle Health Insurance Authorizations gives you the ability to leverage the pricing logic in OHI Claims Pricing to determine the authorized amounts, and the benefits configuration in OHI Claims Adjudication to determine the level of benefits for the requested services, so you can pro-actively inform the provider and member.

## CLAIMS PRICING

Healthcare payers face the challenge of managing complex provider networks and contracts that they need to operationalize in their claims process.

The provider administration and contract functionality of Oracle Health Insurance Claims Pricing enables healthcare payers to manage provider networks, efficiently configure provider contracts, and automatically install these contracts in the claims pricing engine.

Oracle Health Insurance Claims Pricing provides automated claims pricing enabling healthcare payers to significantly increase auto-pricing rates by offering a wide range of configuration rules, including fee schedules and prospective payment systems, as well as modifier, multiple procedure, and provider limit reductions. Industry-standard DRG grouping and claims editing components can be leveraged using configurable call out rules.

Oracle Health Insurance Claims Pricing features the calculation of the provider payment amount per claim line, per admission, per DRG, as well as the calculation of retrospective or prospective bundled payments across multiple claims. This functionality enables healthcare payers to move away from fee for service claims processing towards the more cost-effective bundled payments.

## CLAIMS ADJUDICATION

Oracle Health Insurance Claims Adjudication provides automated claims benefit adjudication for healthcare payers. The application supports straight-through processing of claims, enabling healthcare payers to significantly increase auto-adjudication rates by **offering a wide range of configuration rules, including flexible benefits, authorization matching, duplicate claim (line) recognition, filing limit detection, and call out rules that retrieve information from neighboring components.**

Oracle Health Insurance Claims Adjudication has the ability to overlay one benefit with the other, selecting the benefit with the highest priority. This keeps the benefit configuration transparent and prevents possible gaps in the coverage.

A key challenge for healthcare payers is the variation in benefit plans, as each variation must be accounted for in configuration. This requires a benefits engine that provides extensive flexibility while keeping the benefits organized and categorized in order to deal with all the exceptions and variations. Oracle Health Insurance Claims Adjudication achieves this through leveraging a central definition of health services, used by all plans, while storing frequently changing aspects (cost sharing amounts) per plan.

Manual intervention can be reduced to an absolute minimum. Pend rules can be configured to define in which circumstances claims need to handled by an operator. Through a workflow web service pended claims can be handled by a workflow managed by a separate workflow system.

## VALUE-BASED PAYMENTS

Oracle Health Insurance Value-Based Payments provides automated payment generation for healthcare payers. The application supports automated identification of members, periods, rates, and

**Related Products**

The following complementary applications are available:

- Oracle Health Insurance Enterprise Rating
- Oracle Insurance Revenue Management and Billing
- Oracle E-Business Suite Financials
- Oracle Documaker
- Oracle Business Process Management

calculations to support non fee for service reimbursement models. With a user-friendly approach to configuration and rules creation almost any reimbursement scenario can be implemented. For each identified period, the system will automatically calculate the appropriate payment amount based on the configured rules, including rates, rate sheets, defined incentives, bonus payments, surcharges, and any other reimbursement arrangement.

## ANALYTICS

Oracle Health Insurance Analytics comes with prebuilt dashboards, reports, and metrics that can enable healthcare payers to optimize their business.
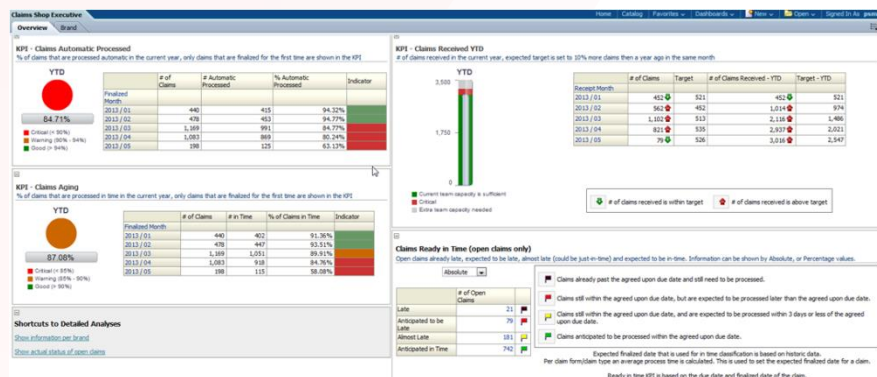


The dashboards provide insight into key topics such as current and historic trends in reimbursed claims, the efficiency of claims operations, the number of adjustments on processed claims, the current and historic trends in the number of outstanding claims, and the claims utilization by provider and by product.

In addition to the prebuilt dashboards, Oracle Health Insurance Analytics is designed to support ad-hoc reporting.

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