

Liftoff in Government Healthcare: Revenue Management and Billing for Medicare and Medicaid Plans

Healthcare is expected to grow exponentially by 2040

Global Healthcare spend is expected to more than double from \$9 to \$24 trillion by 2040¹

\$24 Trillion

And these 4 trends are transforming the healthcare industry

The Healthcare Industry has been trending at a rapid pace to keep up with Compliance and security, evolving consumerism, care delivery and payment models, and an increasing aging population. Healthcare payers are struggling to process growing Medicare enrollments, mismatching data with CMS, managing pricing and billing and reducing operational costs. Members are simply looking for quality care, billing and payment transparency, and a better member experience.

Aging population

- Aging in baby boomers
- Late retirees
- Increased risk due to multiple chronic conditions
- Importance of population health

Care delivery and payment models

- Outcome based payments
- Transition to Covid-19 care
- Virtual care and technology to enable innovation
- Employer-Provider direct contracts

Evolving consumerism

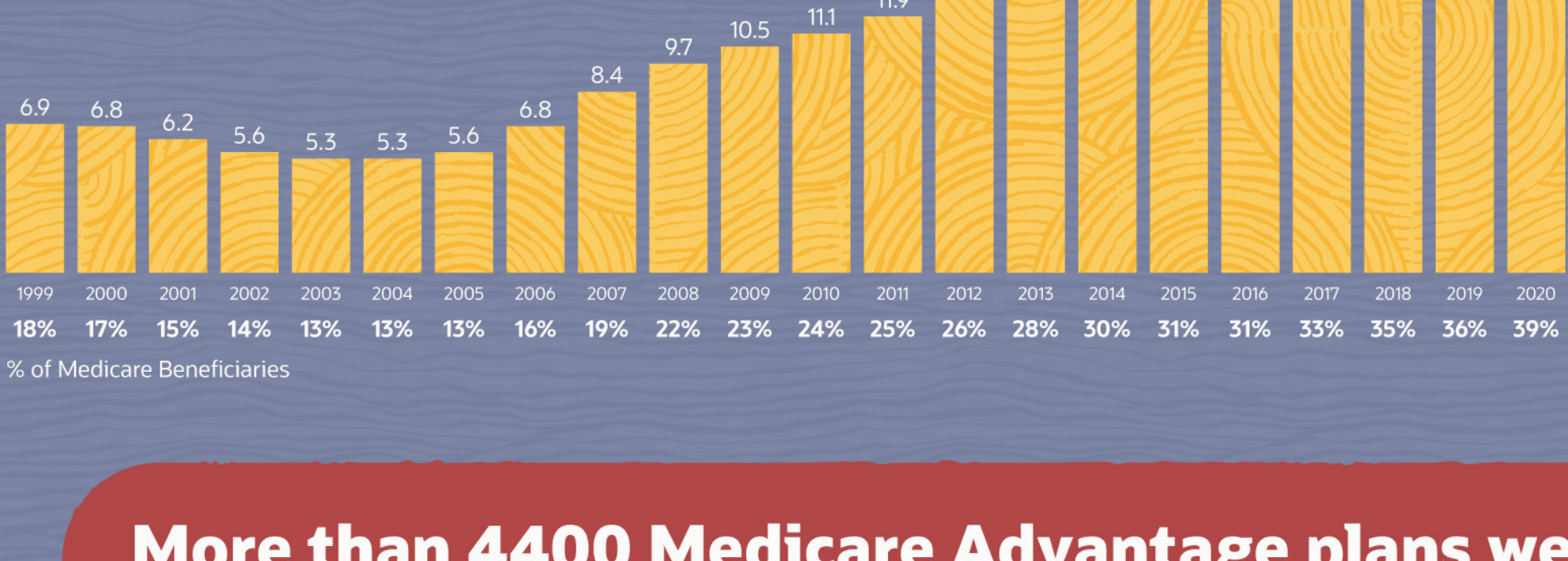
- Member experience
- Health and Wellness
- Ratings and rankings
- Convenience
- Data Interoperability
- Social determinants

Compliance and security

- Protected health information
- CMS / HIPAA / GDPR
- Cybersecurity
- Healthcare reform
- Government Regulations

Medicare Advantage Plans continue to witness robust growth fueled by demographic factors

Total Medicare Advantage Enrollment, 1999-2020 (in millions)



Enrollment in Medicare Advantage program has more than doubled over the past decade fueled by an aging population.

By 2030, **more than 20%** of the U.S population will be over the age of 65.

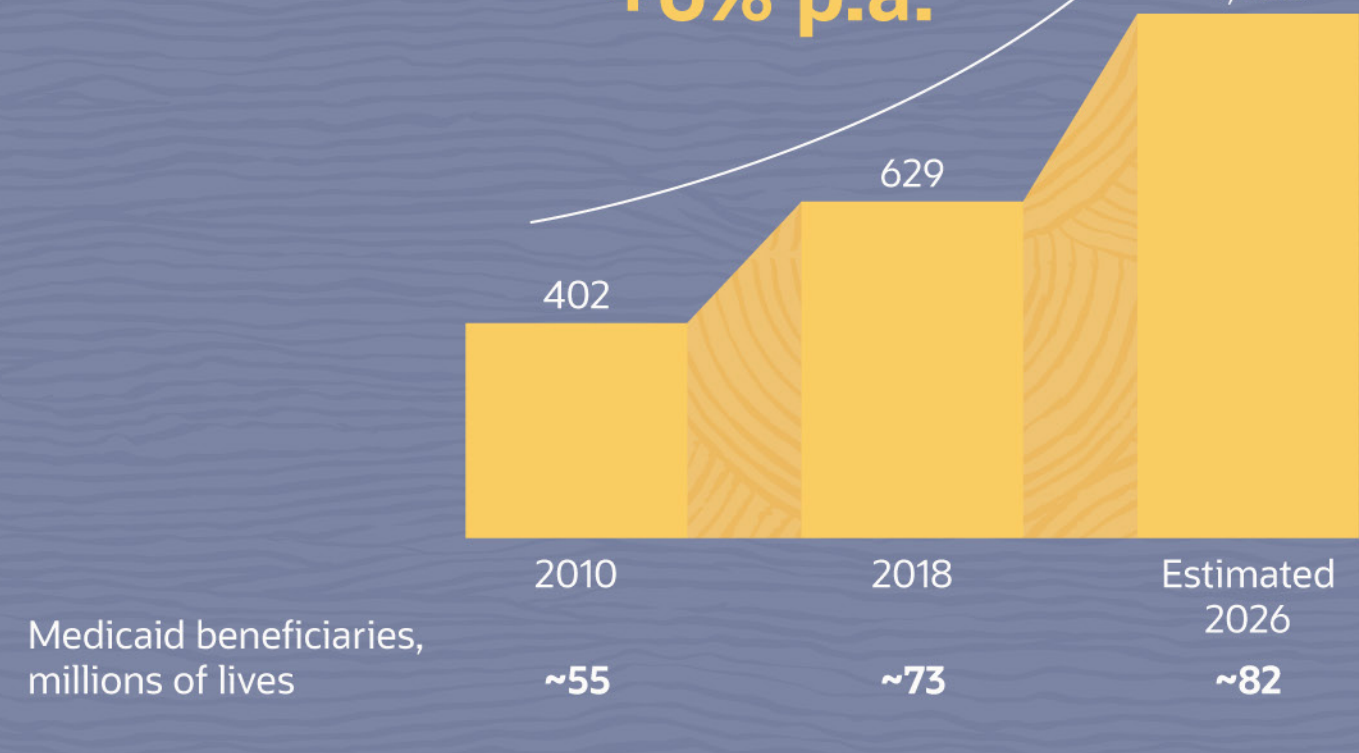
More than 4400 Medicare Advantage plans were on offering in 2021²

And Medicaid managed care is likely to continue because of macroeconomic factors and Federal mandates

Medicaid has witnessed an overall growth in covered members across the last decade and is expected to be a **trillion** dollar program by 2026.

The economic impacts of the pandemic and **Maintenance of Eligibility (MoE)** requirements will put an upward pressure on enrollment numbers in the short term.

Medicaid expenditures, \$billion



Medicaid beneficiaries, millions of lives

~55 (2010), ~73 (2018), ~82 (Estimated 2026)

4 key operational challenges that healthcare payers are facing with Medicare and Medicaid plans

1 Increasing Administrative Costs

Payers are facing rising administrative costs, with a 9.3% increase for Account and Membership Administration reported for plan years 2018-2019. As the market gets increasingly complex, those costs continue to rise.



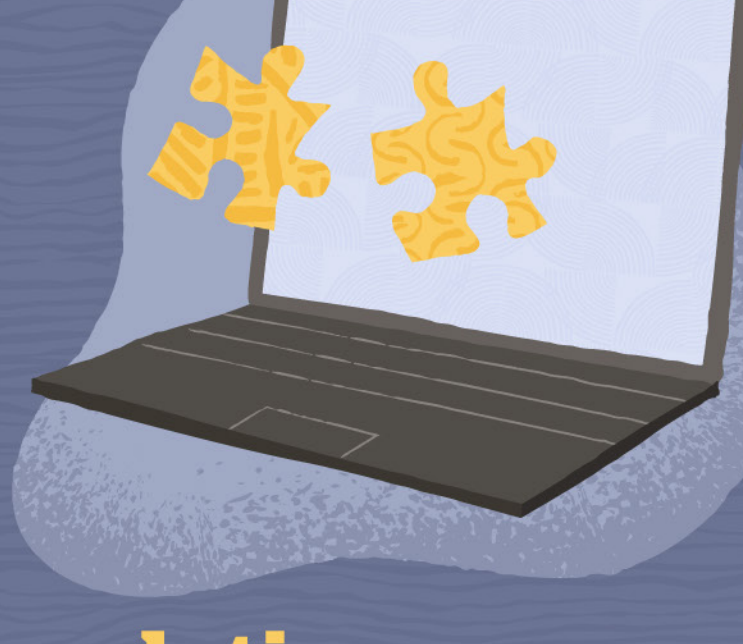
2 Lack of Data Consistency with CMS

Access to quality data enables smooth operation and fuels a frictionless customer experience. But healthcare providers often have data that differs from enrollment data in CMS enrollment records. The growing amount of data available is powerful—but is of no use if it is not consistent.



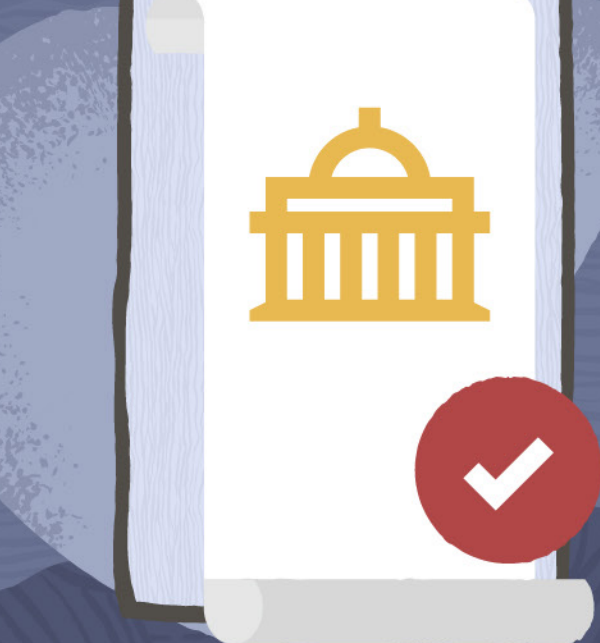
3 Complicated Payment Reconciliation

Data is often mismatched between CMS and Payers—if it has the wrong beneficiary, member, or other indicator—manual reconciliation is required. This process is inefficient, costly, and can lead to errors and customer frustration. Healthcare payers require an automated process that uses rules-based automatic payment application.



4 Government Regulations and Compliance

CMS and HIPAA establish new regulations and compliance each year that healthcare payers must be agile to adhere to and adapt the way they operate and offer government plan products.



Oracle Revenue Management and Billing for Medicare and Medicaid Plans

A comprehensive premium calculation, billing, accounts receivable, and collections solution that offer end to end capabilities for government sponsored plans.



Member 360
Complete, cross-product, member 360 dashboard to view Medicare and Medicaid billing statements and payments

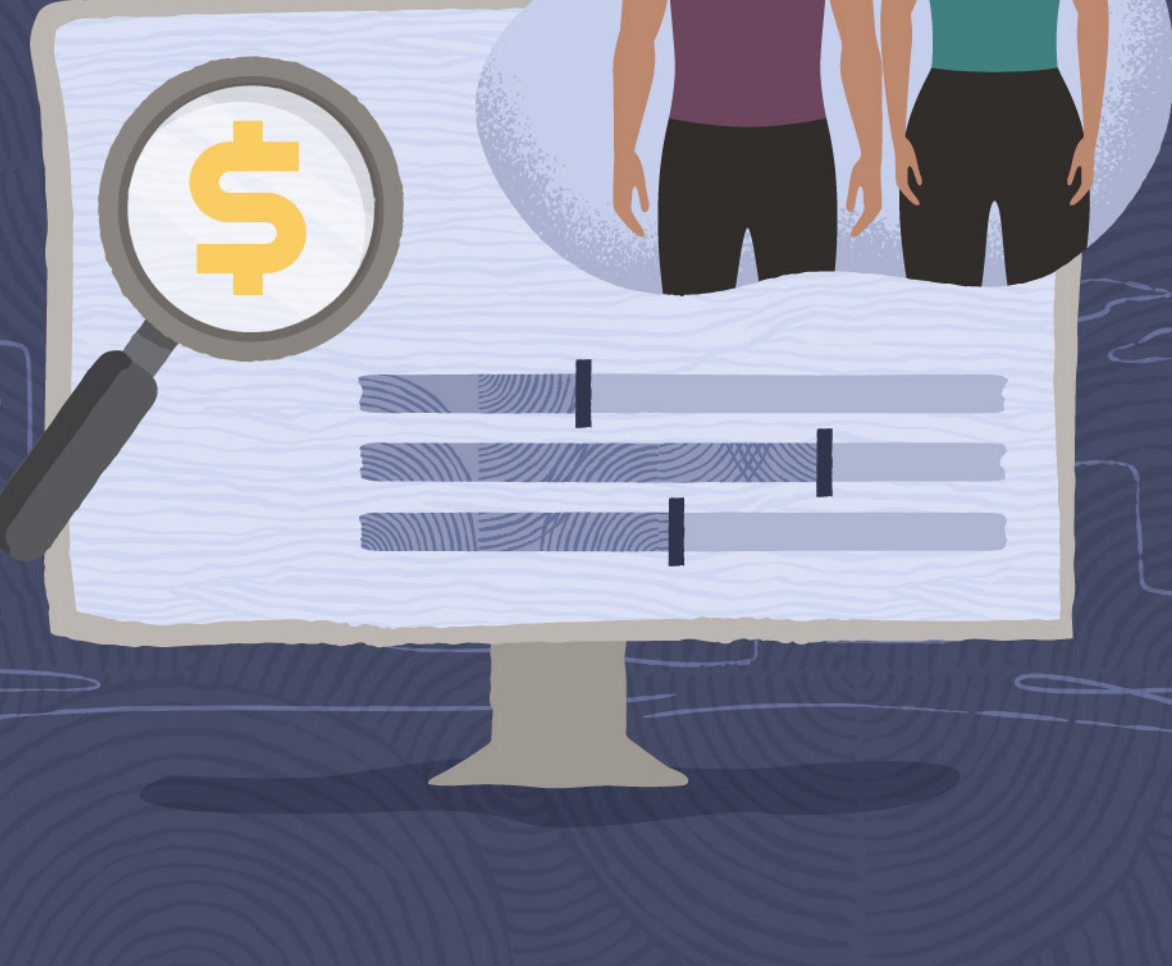
Configurable Pricing and Billing
A single solution for Medicare group and individual billing, retroactive billing and flexible rules for state Medicaid plans

Payment Reconciliation
Automated reconciliation framework for matching CMS payments, SSA/RRB withholdings

Financial Accounting
Integrated sub-ledger with deferred revenue recognition for government plans

Whether it's multiple plan offerings, managing regulatory changes, improving member satisfaction...

- 1 Seamless and quick onboarding experience to launch multiple government sponsored plans
- 2 Configurable solution to manage CMS regulatory rules
- 3 Digital solution with dedicated user interface for accessing billing & payment details from any platform



Subsidy billing, payment reconciliation or managing data mismatch with CMS records...

- 4 Configurable pricing and billing for Medicare split-billing with retroactive adjustments
- 5 Automated payment reconciliation with a member and CMS dashboard for one-click visibility to view, track and drill down on specific payments and discrepancies
- 6 Data mismatch and dispute management system coupled with rule-based discrepancy resolution for write-offs, disability gaps, etc.

Oracle has you covered.

[Learn more](#)

¹ Bill and Melinda Gates Foundation
² <https://www.kff.org/medicare/issue-brief/medicare-advantage-2021-spotlight-first-look/#:~:text=Total%20Number%20of%20Plans,2%3B%20Appendix%20Table%201>

