

PROCUREMENT CONTRACT HEALTHCARE FOR YOUR MEMBER'S NEEDS

ORACLE HEALTH INSURANCE
PROCUREMENT SUPPORTS
THE FOLLOWING:

- recording of procedure tariffs
- recording of agreements with healthcare provider groups regarding tariffs and administration
- recording of individual agreements with healthcare providers.

Oracle Health Insurance Procurement can be used to record tariffs and administrative agreements with healthcare providers.

Tariff

A tariff is the cost of a procedure that has been provided. This amount is not connected to the coverage provided by one or more healthcare products. A tariff is expressed as:

- a fixed amount
- a formula calculation (for example, for pharmacy services)
- a number of points, each of which has a fixed price.

In a number of situations, tariffs are split:

- if multiple healthcare providers claim part of the tariff — for example, the costs for a specialist and the costs for the hospital
- to make a distinction between the provision of a procedure and any repair or maintenance costs.

A tariff is charged for a procedure that has been provided or for a subscription system; a healthcare provider then claims a procedure for each member for an agreed period. Tariffs can be degressive, which means that the tariff depends on the extent of the healthcare provided during a certain period. Factors can also be allocated to procedures for calculation of the scale. Surcharges can be allocated to occupational groups (a positive or negative percentage of the tariff). Rules can also be formulated for payments in relation to a tariff, expressed in a percentage of the tariff. In this way, for example, amounts can be transferred to umbrella organizations or pension funds.

Most of the information about tariffs is imported automatically and can also be edited manually, if necessary.

Administrative agreements

Administrative agreements can be made with healthcare providers about:

- the payment moment for claims
- the settlement of advance payments
- debtor risks
- requesting of permission before certain procedures can be claimed
- the restrictions in the size of amounts to be claimed

- the claim specification.

The agreements about payment moments are based on the moment a claim is received (payment in the same month or the next month). The payment moment can be expressed in the number of days after the claim was received.

When a claim cannot be settled on time, an advance payment can be made. Here it is possible to configure what must be done when an advance payment is found to be too high after the claim has been settled — that is, whether the excess amount that was paid must be collected or whether it should be left and later deducted from claims that still have to be settled.

Agreements can be made with healthcare providers to pay out the non-covered part of a tariff. In such cases, the healthcare insurer/payer takes on the (debtor) risk for the collection of that portion of the tariff from the member. These agreements will result in a greater volume of electronic claims traffic.

At product level, rules can be recorded as to whether the prior permission of the healthcare insurer/payer is required before a procedure will be provided to the member. Deviation from this rule can be configured for each individual healthcare provider. For (groups of) procedures, volume agreements can be formulated that set a maximum for claims, in either quantity or amount, for every healthcare provider and for every period.

Healthcare providers receive a specification of the settled claims. This specification can contain all the detailed information or only information about claim lines that deviate from the submitted claim after they have been processed. It is also possible to configure how the healthcare provider wishes to receive the specification — for example, electronically, on paper, or published on an internet site.

Healthcare providers

Healthcare providers can be subdivided into:

- care providers
- practices: the locations where care providers work
- institutions
- cooperative ventures
- umbrella organizations.

Oracle Health Insurance Procurement records the information about healthcare providers and their mutual relationships. To facilitate the electronic exchange of data with healthcare providers, these providers have a unique code. Most of the information about healthcare providers is imported automatically and can then be edited manually.

Group agreements

Tariff and administrative agreements can be made with occupational groups. These agreements can be geared to the labels and products being sold, the origin of a claim and whether the healthcare has been contracted. For example, agreements can be

made with dentists to allow the tariff for electronically received claims to differ from the tariff for claims received on paper.

An existing set of agreements can easily be deemed applicable for one or more healthcare providers. For example, the following types of agreements are possible:

- the tariff and corresponding agreements (for example, contributions)
- verification rules.

Most of the information about the agreements is imported automatically and can then be edited manually.

Individual agreements

Individual agreements with healthcare providers are supported by means of contracts. The types of agreements are the same as the possible agreements with occupational groups. The sets of agreements already formulated for occupational groups can easily be reused, if required, in which case only the differences need to be specified. In addition, authorization restrictions can be formulated if the healthcare provider may only provide healthcare in a certain geographical area. Healthcare agreements are assigned a status that indicates whether the agreement has been signed and whether leniency will be applied if they are still unsigned.

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