

# Oracle Insurance Claims Administration Cloud Service



The Healthcare industry today requires deep collaboration between multiple parties including healthcare providers, government officials, insurers, labs, pharmaceutical companies, and providers of specialized services. Healthcare payers face the challenge of managing complex provider networks and contracts that they need to operationalize in their claims process. Claims administration and processing is a complex activity that involves managing the claims across multiple systems. Sometimes, manual intervention is required which can lead to delays in processing, increased turn-around-time, increased operational costs and hinder a good customer and/or provider experience. Ever changing market demands and government regulations lead to an increase in the complexity of claims. In an effort to remain innovative while keeping pace with the market demands, payers are now requiring a modern, flexible and adaptable claims adjudication system to reduce the amount of time spent managing claims processing and take control of the administrative costs.

## Oracle Insurance Claims Administration Cloud Service

Oracle Insurance Claims Administration Cloud Service is designed in such a way that it caters to the entire claims operational/administrative processes including authorizations, notifications, referrals, eligibility, straight-forward and/or complex benefit and plan management as well as supporting numerous provider pricing methodologies; including claims editing and third-party vendor pricing. Support is also available for maintaining provider pricing contracts. Oracle Insurance claims administration cloud service combines versatility with performance and the outcome has a competitive edge over the other players in the market.

The following are the components of Oracle Insurance Claims Administration Cloud Service:

- Claims Adjudication
- Claims Pricing
- Authorizations
- Analytics

**KEY FEATURES**

- Real-time claims processing, no need to wait for batch processes. Translates adjudicated claims into financial messages to be processed downstream
- Highly flexible, rules-driven configuration model
- Rules-driven architecture
- Automated bundling of claims into an episode of care
- Automated support for pricing claims using ICD9 and ICD10 codes
- Built to achieve high auto-adjudication rates and to handle large volumes
- Complete traceability of applied rules and decisions for every request;
- Native multi-language support
- Provide visibility into forecasted versus actual performance
- Integrate data from multiple sources to provide key stakeholders with a complete, consistent view
- Tailor analytics to specific functions

**KEY BENEFITS**

- Reduce operational costs and claim turnaround times through increased auto adjudication rates
- Scalable and flexible;
- Architected to scale through parallel processing of claims
- Increased auto-pricing rates reducing operational costs
- Component architecture solution reducing implementation complexity
- True component solution, drastically simplifying the implementation of this component into your application landscape
- Reduce time-to-market by leveraging a flexible configuration model

**Claims Adjudication**

The claim adjudication functionality provides automated claims benefit adjudication for healthcare payers by leveraging its adaptive, rules-driven architecture. It is built to perform in component based service oriented architecture. For each processed claim, the Oracle Insurance Claims Administration Cloud Service keeps track of the benefits and calculations that led to the final adjudication result. Adjudicated claims are stored in a versioned repository. Claims are translated into payment transactions. In the final stage of adjudication, these payment transactions are processed and checked for payment holds, individual transactions are grouped, and general ledger transactions are generated, all based on configurable rules.

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 configured benefits organized and categorized in order to deal with all the exceptions and variations. Oracle Insurance Claims Administration Cloud Service achieves this through leveraging a central definition of medical services, used by all plans, while storing frequently changing aspects (cost sharing amounts) per plan.

**Claims Pricing**

The claims pricing functionality enables healthcare payers to efficiently manage healthcare provider data, setup provider contract configuration, and automate claims pricing by leveraging its adaptive, rules-driven architecture. It provides automated claims pricing enabling healthcare payers to significantly increase auto-pricing rates by offering a wide range of configuration rules; such as fee schedules and prospective bundled payments in addition to modifier, multiple procedure and provider limit reductions. Oracle Insurance Claims Administration Cloud Service enables healthcare payers to manage provider networks, efficiently configure provider contracts, and automatically install these contracts in the claims pricing engine. It provides a repository of reusable provider contract configuration templates that allow healthcare payers to rapidly configure new contracts while also allowing quick modifications; when needed.

The pricing functionality provides complete traceability of the applied provider contract configuration and the corresponding claims pricing results. It also integrates a number of web services that support the real time exchange of provider records and network structures with, for example, a self-service portal or an external source of provider data such as a national provider registry. To deal with the complexity of provider contracts and payment policies, Oracle Insurance Claims Administration Cloud Service 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 and multiple procedure reductions within a single claim and across multiple claims.

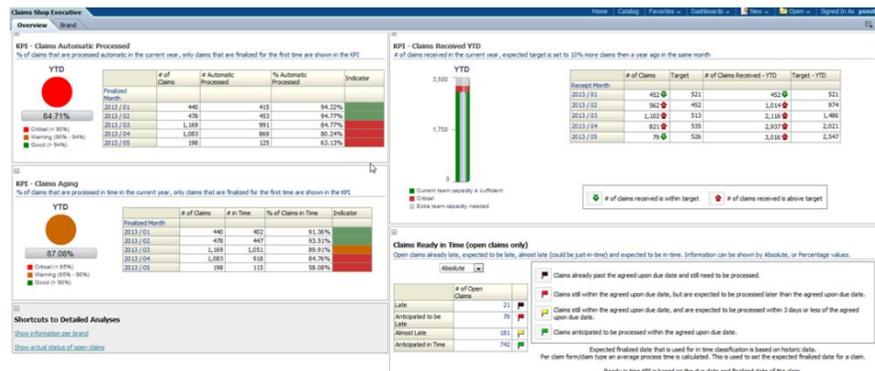
## Authorization

Healthcare payers face the challenge of a highly competitive marketplace in which they need to balance the premium rates against ever increasing medical utilization costs. The authorization functionality provides an adaptive, rule driven Authorization engine that enables Healthcare Payers to manage the appropriateness and quality, as well as the cost effectiveness, of medical services for their members.

The Authorization functionality gives payers the ability to leverage the provider contract configuration and pricing logic to determine the authorized amounts for the services requested. Likewise, they can leverage the benefits configuration to determine the level of benefits for the requested services to pro-actively inform members. The flexibility of Oracle Insurance Claims Administration Cloud Service allows payers to meet the dual goal of managing medical service costs, while increasing the effectiveness of members' medical services. It provides full insight into, and allows payers to explain to members and providers in detail of an authorization request outcome.

## Analytics

The analytics functionality provides healthcare payers the detailed analysis needed to make advantageous business decisions in key areas such as provider contracting, benefit plan design and claims processing.



### Claims Analytics Dashboard

It offers the flexibility to customize dashboards for each role within the organization and enables healthcare payers to implement measures aimed at reducing operational costs and improving efficiency by utilizing the prebuilt dashboards to provide insight into key topics like claims process times, trend analysis, number of adjustments, outstanding claims (pends/holds), and team workloads.

In addition to prebuilt dashboards, the analytics feature is designed to conveniently provide ad-hoc reports that can be leveraged in the development of new provider contracts, reimbursement models and new benefit plan designs. It is built on the Oracle Business Intelligence Suite Enterprise Edition platform and is pre-integrated with Oracle Insurance Claims Administration Cloud Service.

The analytics feature leverages the flexibility of an open integration layer to incorporate data from information sources across the organization providing an enterprise-wide single source of truth for all your analytical needs.

## Integration with other systems

Oracle Insurance Claims Administration Cloud Service is built to perform in a component based service oriented architecture. It integrates with other components and comes with standard integration points and a number of web services that support the real time exchange of data with third-party vendors (i.e., Claims editing, DRG grouping/pricing, Prospective payment systems, national provider registry, etc.)

## Oracle helps healthcare payers moving to the cloud

Slowly but surely, innovation is taking a front seat to IT management in the healthcare industry and they need flexibility, lightning speed, and freedom from the burdens that come with on-premise systems. Oracle is constantly revitalizing its healthcare portfolio to equip its customers with the most powerful solutions. Now that cloud computing has become the essential foundation of digital transformation, Oracle has made its core healthcare solutions available in the cloud. Oracle provides a secure environment through Oracle's data centers and it is fortified with heightened security and compliance based on an ISO 27000 framework. All data is encrypted, and only authorized users have the encryption keys. It is also annually tested by a 3rd party auditor and found to be in compliance against the HIPAA Privacy Rule, HIPAA Security Rule, and HITECH Breach Notification Rule. Oracle is the only large-scale cloud provider that builds the entire stack in-house: hardware, firmware, software-defined networks, and business software. Oracle Insurance Claims Administration Cloud Service can improve adjusters' productivity levels, comply with regulatory reporting requirements and cut claims costs to drive competitive advantage.

## Conclusion

With declining reimbursement rates and growing patient responsibility for payments, many healthcare providers are concerned about how they are going to get paid. Meanwhile, the amount of time spent managing claims processing drives up administrative costs. Oracle Insurance Claims Administration Cloud Service provides a modern, scalable, flexible platform to manage claims processing efficiently. It allows healthcare payers to gain control over claims processing, and reducing claims cycle time and help reduce payers' costs significantly; all while keeping up with the ever changing market demands and still maintaining the ability to remain innovative.



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## Integrated Cloud Applications & Platform Services

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