Oracle Health Insurance
Enterprise Policy Administration

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INSURANCE

Healthcare insurance is traditionally highly susceptible to regulations and legislation. In addition, payers tend to offer highly customizable benefit plans to provide the best possible service to their members. The challenge is to maintain a large volume of custom plans while retaining the agility to deal with the influx of legislative changes. Oracle Health Insurance Enterprise Policy Administration enables payers to rise to the challenge.

KEY FEATURES

- Built to service both the group and the individual health insurance market
- Flexible rule driven configuration model
- Built to handle large volumes, architected for scalability
- Out-of-the-box web services, ready to connect to contingent components
- Complete traceability of applied rules and calculations for every transaction
- Support for multiple sales channels
- Automatic premium recalculation in the event of changes
- Multi currency support
- Native multi-language support

KEY BENEFITS

- True component solution, drastically simplifying the implementation of this component into your application landscape
- Reduce operational cost through automated enrollment process and an automated premium calculation process.
- Reduce IT dependency through business-user-centric configuration, precluding the need for custom IT solutions
- Reduce time-to-market of new benefit plans by leveraging a flexible configuration model

Health Insurance Policy Administration

Healthcare insurance distinguishes itself from other insurance business in two ways: high volumes of members and highly volatile product configuration. Especially in group insurance markets, benefit plans are renegotiated on a yearly basis.

Unlike generic policy administration systems, Oracle Health Insurance Enterprise Policy Administration is designed specifically for the healthcare insurance market. It is built to deal with high member volumes and its configuration rules are designed to deal with changes. It leverages an extensible data model that is designed to support individual and group insurance, rather than just one or the other.

For each member, the application stores the benefit plan(s), the chosen options and member liabilities. New members can be enrolled either through the user interface or through a dedicated web service that is available out-of-the-box. This web service can be used to connect to a member portal or public or private exchange.

New enrollment requests only finalize in the system if they comply with the user configured business rules. This ensures that your membership data is clean, complete and consistent. In addition, the application includes a web service that services on-demand requests for enrollment information, e.g., supporting eligibility checks.

Integrated Premium Calculation

Based on the stored membership, Oracle Health Insurance Enterprise Policy Administration periodically calculates premium and generates financial transactions. These transactions are then ready to be processed by a downstream financial application such as Oracle Fusion Financials or any other billing solution.

The premium calculation includes the evaluation of tiered rate schedules, both individual and composite, conditional discounts and surcharges. Premium rate schedules can be configured to apply per month, calendar year or contract period. The integrated calculation logic automatically deals with scenarios around late enrollment, early termination of enrollment, and the reconciliation of applying yearly rates in combination with monthly billing.

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In addition, Oracle Health Insurance Enterprise Policy Administration includes highly sophisticated change event rules that detect when a re-calculation is required, e.g., due to retroactive changes to a member's situation. This allows you to fully automate the process to generate corrective financial transactions.

Cafeteria Style Benefit Plans

Systems that are not inherently designed to handle benefit plan variations typically require a new benefit plan to be configured for every variation. As a result, one of the greatest challenges faced by health insurance payers today is the sheer volume of configuration required to adjudicate all their benefit plans.

One of the most powerful features of the Oracle Health Insurance Components suite is that they support cafeteria style benefit plans. This means that the benefit plan configuration captures all the procedural logic required to adjudicate, but uses placeholders for cost-share values, optional benefits and other similar aspects of the plan as if they were parameters. The values of these parameters are stored on the member's enrollment records, enabling the payer to tailor the behavior of the benefit plan specifically for the member. When a claim is processed, the information on the member's enrollment record is retrieved and applied real-time to ensure accurate and fast adjudication.

This cafeteria style plan model drastically reduces the volume of the required plan configuration, thereby reducing operational costs. But more importantly, this model is inherently suited to handle custom tailored benefit plans.

Oracle Health Insurance Components

Oracle Health Insurance Enterprise Policy Administration is part of the Oracle Health Insurance Components suite, which are open, standards-based enterprise applications that are built specifically to integrate into a component-based architecture. Each Component automates and simplifies a specific health insurance payer core process, ranging from claims adjudication to policy administration, and can be deployed separately or pre-integrated in combination with other Components.

Oracle Health Insurance Components are built to simplify, automate and standardize a healthcare payer's back office, while retaining the agility required in dealing with ever-changing market demands in a highly competitive marketplace.

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Oracle is committed to developing practices and products that help protect the environment