

ORACLE HEALTH INSURANCE BACK OFFICE ENROLLMENT AND PREMIUM BILLING

KEY FEATURES

- Management of individual and group policies
- Management of policies for the direct and indirect channels
- Automated acceptance and adjudication of new policies and policy updates
- Creation of an automatic link to a central administration for claimants
- Calculation and recalculation of premium amounts and periodical premium renewals
- Calculation of commission for brokers
- Creation of policy sheets and healthcare ID cards

Oracle Health Insurance Back Office Enrollment and Premium Billing supports the process of registering members for policies and implementing updates. The process works independently of the chosen sales or distribution channel, and directly or indirectly, and for policies that were taken out individually or collectively. New policies and changes made to policies can be adjudicated and accepted automatically. If a premium is being charged, premium calculation and periodical renewals are performed. If brokers are being used (the indirect channel), commission calculations are also performed.

Policies

A policy signifies that one or more persons are insured for one or more configured products. The policies can be sold through the direct or indirect channel and can involve individual, target group or group policies. Enrollment and Premium Billing is used to manage the data for these policies. Registrations or updates that have been sent can be received and processed manually or using the available web services (Oracle Health Insurance Connect to Back Office).

When new members are registered, information can be entered about the old insurance situation. If an insurance policy has been canceled, the reason for cancellation and the new insurance company can be recorded. This information is used to analyze migration behavior.

If a (medical) selection applies to certain products, acceptance rules can be formulated. These rules are used to automatically evaluate the collected responses to acceptance requests. Only the established exceptions require manual acceptance or rejection. If a member is not accepted, a replacement product or a product with clauses is provided. Clauses can be used to exclude certain types of coverage and/or charge extra premium.

The possibility to purchase products can be verified by means of checks that can be configured and then performed externally. This might include a check on fraud, premium arrears at a previous insurance company or a check for the presence of claimants in a central administration, for example.

The adjudication rules that are to be formulated ensure that the process is verifiable and manageable. New registrations and policy updates are automatically tested against the defined evaluation rules before being finalized. Only the established exceptions require manual evaluation.

If the premium charges apply, rules can be configured to automatically record restrictions if there are arrears in premium payments. Restrictions can be used to temporarily freeze the member's right to coverage. In addition, rules can be configured to digitally determine whether a member's policy must be cancelled.

Premium and commission

When a premium is charged, it is automatically calculated and charged periodically. Changes to policies automatically result in recalculation and, if necessary, adjustment if too much or too little premium is being paid.

If there are brokers for whom commission agreements have been recorded, an automatic commission calculation is made.

The financial transactions resulting from these processes are sent to the financial interface.

Output

Policy sheets can be created for policyholders, contracting parties and brokers. Depending on the preferences of the customer in question, this can be a paper policy sheet or a publication on an internet site, for example. If updates are implemented, the system automatically detects whether a new policy document must be created.

If a healthcare ID card is issued, an XML output file can be created for this purpose. When any updates are entered, the system automatically detects whether a new card must be created. A European healthcare ID card can be created to cover healthcare costs abroad.

For brokers, information is collected so that the changes made to policies managed by those brokers can be electronically forwarded to them.

Process control

‘Control figures’ can be selected for process control. These can be used to:

- determine the throughput speed of the processing
- determine the volume of work in progress
- focus on exceptional situations
- perform a ‘top-to-bottom’ check on the process.

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For more information about Oracle Health Insurance, please visit oracle.com/insurance, contact us by e-mail at insurance_ww@oracle.com, or call +1.800.735.6620 to speak to an Oracle representative.



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