Oracle Health Insurance
Back Office Applications:
Flexible Solutions for Complex Healthcare Systems

The future is never certain in the highly competitive global healthcare market. Regulations change. Companies merge. Pricing models evolve. New benefit plans roll out. Most IT systems struggle to keep pace with the change. Built from the start to enable this challenging business environment, the Oracle Health Insurance Back Office applications support core business processes in, both, the public and private sectors. Oracle solutions bring critical flexibility to the healthcare IT infrastructure, adding visibility and driving innovation within the business.

The Challenge for Healthcare Payers Everywhere

Wherever they operate around the globe, healthcare payers face a common set of challenges. They must comply with ever-changing regulations, implement new health plan benefits, support innovative provider reimbursement models, manage membership growth, and accommodate increasing transaction volumes—while at the same time reducing IT cost.

It is difficult at best to meet these challenges with legacy IT systems that resist change. Custom development is a costly and cumbersome approach in a business where competitors change tactics overnight. But what is the alternative when IT systems threaten to hold the business back? Healthcare payers need maximum flexibility to address their specific business requirements and adapt in real time to ever-shifting market conditions.

For this reason, flexibility is central to the design of Oracle Health Insurance Back Office applications. The applications support core business processes in several types of healthcare systems, including:

- Public systems in which the government determines the coverage to be provided and organizes the financing
- Private systems in which commercial healthcare payers determine coverage and pricing
- Blended public and private systems in which people may choose commercial insurance as a supplement to or in lieu of public insurance

The applications consist of three primary components for policy administration, claims management, and financial management for health insurance transactions—as well as additional business intelligence and web services capabilities. (See Figure 1.)
Oracle Health Insurance Policy Administration

Oracle Health Insurance Policy Administration helps you automatically configure health benefit plans and enroll members into these plans. This application supports numerous core business processes, including the ability to:

- Record critical member information in a stakeholder registry.
- Import and maintain, both, industry standard and custom code systems for personal health numbers and other data.
- Configure and maintain contract terms (e.g., waiting periods) to support the individual and group markets for, both, public and commercial healthcare payers.
- Configure brands to enable the release of health plans to the market under distinct labels and through multiple distribution channels (direct writing and via brokers).
- Set up comprehensive enrollment and premium billing.

Oracle Health Insurance Claims Management

Oracle Health Insurance Claims Management supports the configuration and maintenance of healthcare pricing information and provider contracts. The application enables straight-through processing for the vast majority of claims, leading to lower administrative cost, as well as greater accuracy and consistency. It evaluates all claims using business rules that skilled business users can write into the system, based on a user-friendly format that reads like natural language.

End users can easily change business rules whenever a policy or regulation changes or when they want to support a new plan or benefit to meet changing market demands. This application includes the following capabilities:

- Create and maintain provider profiles in a stakeholder registry.
- Import and maintain, both, industry standard and custom code systems for procedures, diagnoses, and Diagnosis-Related Groups (DRGs).
- Configure provider agreements, including support for innovative reimbursement models.
- Enable straight-through claims processing.
- Support matching of claims to existing service authorizations and determination of third party liability.
Oracle Health Insurance Disbursements and Collections

Healthcare payers use Oracle Health Insurance Disbursements and Collections to automate the payment of financial liabilities and the billing and collection of financial receivables.

This application is designed to facilitate integration with other applications used in the processing of financial transactions. This component of the Oracle Health Insurance applications enables healthcare payers to:

- Automatically generate journal entries for financial transactions to ensure proper mapping to the general ledger.
- Implement configurable premium logic to automate premium billing.

Oracle Health Insurance Commissions

Oracle Health Insurance Commissions supports the calculations of commission. With its dynamic logic plug-in concept, the details for calculation of a specific type of commission can be fine tuned. It supports Oracle Health Insurance-based and non-Oracle Health Insurance-based commission calculations. Commissions provides:

- Maximum flexibility to support calculation of any type of commission and to define new commission models
- Automatic recalculation of already paid commission if necessary
- Traceability of calculations

Web Services

With Oracle Health Insurance Claims Management and Policy Administration Web Services, claims and policy data can be retrieved, inserted and maintained. It provides functionality to accept information about policies and claims from other systems and exposes this information to other systems.

Integrated Business Intelligence Capabilities

Oracle Health Insurance Policy Administration Data Marts and Oracle Health Insurance Claims Management Data Marts comprise a business intelligence component for the Oracle Health Insurance applications. These data marts, used in conjunction with Oracle Business Intelligence Suite Enterprise Edition, allow healthcare payers to create dashboards and ad hoc reports to analyze policy and claims data for an integrated, worry-free business intelligence solution. Healthcare payers can use these applications to create reports that are required by regulatory bodies, as well as to analyze data from the policy and claims processes to procure healthcare services, calculate premiums, and further optimize business processes. You can use these applications for:

- Statutory reports to regulatory bodies
- Claims burden analysis
- Benchmark information about performance of healthcare providers
- Provider reimbursement model analysis
- Member inflow and outflow analysis
Key Features of the Applications

Oracle Health Insurance Back Office applications allow users to take advantage of a highly configurable solution, straight-through processing, and innovative pricing models in a secure and integrated solution. The multi-tier technical architecture features a completely browser-based user interface. End users see application screens that show workload overviews and a log of activities by process step. The applications share one code base with localizations available to support country-specific requirements. These commercial off-the-shelf applications come with global 24 x 7 technical support.

Configuration Flexibility

Highly configurable, rule-based applications allow skilled business users to implement changes without IT engagement. Business rules can be configured in advance to take effect in any timeframe and to allow for unique health plan and coverage arrangements. These flexible configuration concepts also allow business users to extend the data models and apply new attributes to core processes without custom development. Finally, application process screens are designed to allow efficient data entry.

Straight-through Processing

Each component in the Oracle Health Insurance Back Office applications supports straight-through processing of core transactions, such as claims and enrollment. Configuration capabilities support the identification of transactions that may require manual intervention for fraud detection or other purposes. This is a robust, scalable solution designed specifically for complex and high-volume healthcare transaction processing.

Reimbursement Models

The Oracle Health Insurance Back Office applications support custom and innovative provider reimbursement models, such as service based, population based and pay for performance. Blended models are supported as well, adding even greater flexibility to the solution.

Security

A flexible authorization matrix for individual users or groups governs access to application modules, specific data and process steps. And integration with Oracle Identity Management solutions supports features like single sign-on.

Integration

Integration capabilities (web services and PL/SQL APIs) facilitate connection to the healthcare payer's broader IT landscape. Rich XML process output capabilities support customization by transaction type, stakeholder, or communication channel (e.g., paper, PDF, email). Oracle tools facilitate the migration of configuration data from test to production environments. Oracle also offers integration support for the Oracle Service Bus and Oracle Web Services Manager.
Built on State of the Art and Proven Oracle Technology

Oracle Health Insurance Back Office applications are built on Oracle’s modern and proven core technology to ensure reliability, scalability, and performance. The applications leverage the following:

- Oracle Fusion Middleware Suite
- WebLogic Server
- Options: Single Sign-On
- Oracle Database Enterprise Edition
- Options: Partitioning, Advanced Compression, RAC (Real Application Clusters), (Active) Data Guard

Oracle Health Insurance Back Office applications support a variety of operating systems, including:

- Oracle Linux (incl. Oracle VM)
- Red Hat Enterprise Linux
- IBM AIX
- Sun Solaris (incl. Solaris Zones/Containers)

Benefits of a Rules-driven Approach

Oracle’s flexible, rules-driven approach gives you control over business rules and the ability to negotiate innovative contracts with providers. Our healthcare payer solution helps you break down operational silos, leading to increased efficiency throughout the business. You’ll be able to adapt to regulatory changes, handle an increase in claims volume, respond to competitive threats, plan for the future, and meet any opportunity or challenge the market delivers.

CONTACT US

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