

# Oracle Health Insurance Claims Adjudication



Oracle Health Insurance Claims Adjudication automates claim benefit adjudication by leveraging its adaptive, rules-driven architecture and managing variations in benefit plans.

Combine extensive flexibility with outstanding performance

#### 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
- Calculates and tracks annual deductibles, out-of-pocket maximums and other limits
- Supports a wide range of code sets and has the flexibility to define new code sets
- Many standard integration points to connect to neighboring applications in a component architecture
- Highly configurable pre-authorization matching
- Integrated configuration migration tool

#### KEY BENEFITS

- Reduce operational costs and claim turnaround times through increased auto adjudication rates
- Scalability. Architected to scale through parallel processing of claims
- Flexibility to maintain benefits without software coding
- Agility through an extensible data model and possibility to tailor the standard processing logic
- Compliance. Ability to comply with ever-changing regulations

## Meet the challenge

Oracle Health Insurance Claims Adjudication provides automated claims benefit adjudication for healthcare payers. The application supports straight-through processing of claims, enabling healthcare payers to significantly increase auto-adjudication rates by offering a wide range of configuration rules, including flexible benefits, authorization matching, duplicate claim (line) recognition, filing limit detection, and call out rules that retrieve information from neighboring components.

Oracle Health Insurance Claims Adjudication has the ability to overlay one benefit with the other, selecting the benefit with the highest priority. This keeps the benefit configuration transparent and prevents possible gaps in the coverage.

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 Health Insurance Claims Adjudication achieves this through leveraging a central definition of medical services, used by all plans, while storing frequently changing aspects (cost sharing amounts) per plan.

## Standard integration points

Oracle Health Insurance Claims Adjudication is built to perform in a component based service oriented architecture. This means that it keeps the amount of local data required to adjudicate a claim to an absolute minimum. However, Oracle Health Insurance Claims Adjudication is pre integrated with other Oracle Health Insurance components. The application comes with many standard integration points, which allows it to import and maintain configuration and operational data. It also provides standard operations, such as bulk claim updates and claim reprocessing requests.

## Keeping count

Oracle Health Insurance Claims Adjudication comes with a fully integrated benefit accumulation structure that ensures that benefit limits are applied correctly. The

- Component architecture solution, reducing implementation complexity

#### RELATED PRODUCTS

The following complementary applications are available:

- Oracle Health Insurance Claims Pricing
- Oracle Health Insurance Value-Based Payments
- Oracle Health Insurance Claims Analytics
- Oracle Health Insurance Enterprise Rating
- Oracle Insurance Revenue Management and Billing
- Oracle E-Business Suite Financials
- Oracle Documaker
- Oracle Business Process Management

configuration model supports all types of accumulators, including individual versus family accumulation, contract versus calendar year accumulation, amounts versus units versus service day accumulation, and configurable carry over periods.

Healthcare payers can have more than one benefit adjudication engine. To support such a multi-engine architecture, the application comes with a standard integration point that supports real-time synchronization of counters, ensuring that, e.g., a deductible is applied consistently across engines. This integration point can also be used to offset counters for members that are entitled to transfer their counters from a previous plan or account.

### Transparent processing

For each processed claim Oracle Health Insurance Claims Adjudication keeps track of the benefits and calculations that led to the final adjudication result. This provides operators complete visibility and traceability. The application shows which counters where applied, which authorizations where matched to the claimed service, as well as a complete status history of the claim. The claim history also shows if the claim pended and, if it did, which user worked on the claim, and the business rules that were triggered for the claim. This creates a full audit trail of every claim from entry to final adjudication.

### Financial output

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.



#### CONTACT US

For more information about Oracle Health Insurance, visit [oracle.com/insurance](http://oracle.com/insurance) or call +1.800.735.6620 to speak to an Oracle representative.

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#### Hardware and Software, Engineered to Work Together

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