Oracle Health Insurance Claims Adjudication

The challenges facing today’s health insurance industry include rising treatment costs, ever-changing government regulations and a highly competitive marketplace. All of these factors drive healthcare payers to optimize their core operations and reduce administrative costs to stay competitive. Oracle Health Insurance Claims Adjudication automates claim benefit adjudication by leveraging its adaptive, rules-driven architecture and manages the overwhelming variation in benefit plans.

**Meet Today’s Challenges**

Oracle Health Insurance Claims Adjudication provides automated claims benefit adjudication for healthcare payers. This application enables the straight-through processing, allowing payers to reach the highest possible auto-adjudication rates by offering a wide range of configuration rules, including flexible benefit rules, pre-authorization matching, duplicate claim (line) recognition, filing limit detection, and callout rules that retrieve information from neighboring components.

How can you deal with ever-changing federal regulations? Oracle Health Insurance Claims Adjudication uses a priority structure in its benefit configuration, precluding the need to change the existing configuration to ‘carve out’ a new benefit every time a new mandate comes into effect, resulting in keeping the configuration concise and transparent.

Another unique feature is the ability to recognize member-centric episodes of care, supporting scenarios where benefits applied to ancillary services are driven by the primary service, e.g. For surgery performed by a participating healthcare provider, all ancillary services are also adjudicated with the in-network benefit, even when rendered by a non-participating provider. These rules work together to reduce manual intervention to an absolute minimum.

**Transparent Configuration**

A key challenge for healthcare payers today is the overwhelming variation in benefit plans, as each variation must be accounted for in the configuration. This requires a benefit engine to, both, provide extensive flexibility, as well as the means to keep the benefit configuration organized while facing numerous exceptions and variations. Oracle Health Insurance Claims Adjudication separates highly volatile configurations, such as the copayment amount or deductible from the more robust configuration or service definitions, in order to achieve an efficient and transparent overall configuration.
KEY BENEFITS

• Increased auto-adjudication rates, reducing operational costs and increasing claim throughput time
• Flexible, yet transparent, configuration model
• Real-time claim processing with no waiting for batch processes
• Improved ability to comply with the ever-changing industry
• True service-oriented architecture solution

A powerful feature is the integrated configuration migration function allowing payers to selectively move a newly added or updated configuration to test (or even production) environments without the drawbacks of environment cloning, such as losing all of your test cases.

Transparent Claim Processing

Each processed claim keeps track of the specific benefit configuration rules that have been applied, providing operators with complete visibility on how the application came to the adjudication results for that claim, which accumulators were updated in the process, and which pre-authorizations were used in the process. In addition to tracking the applied benefit rules, each claim maintains a status history, showing how the claim flowed through the system, which events were generated to other systems, and if, why and when the claim pended for manual review, as well as who resolved the pend.

Keeping Count

In order to adjudicate a claim’s benefits, the application needs to keep track of various accumulators such as annual deductibles, out-of-pocket maximums, and benefit limits. Oracle Health Insurance Claims Adjudication has a fully integrated benefit accumulation structure that ensures such limits are applied correctly. The configuration model supports a wide range of accumulators, including individual versus family accumulation, contract versus calendar year accumulation, amounts versus units versus service day accumulation, and configurable carry over periods.

It is not uncommon for healthcare payers to have more than one benefit adjudication engine instance. To support a multi-engine architecture, the application has a standard integration point that allows for real-time synchronization of limits, ensuring that a deductible is applied properly across engines. Another important use of this feature is to offset the accumulators when migrating new members to Oracle Health Insurance Claims Adjudication, without having to replicate claim history.

Standard Integration Points

Oracle Health Insurance Claims Adjudication is built to perform in a service-oriented architecture. This means that it keeps the amount of local data required to adjudicate a claim to an absolute minimum. For example, instead of keeping a local copy of the member enrollment records and, thereby, forcing payers to deal with constant synchronization across systems, the application makes a real-time callout whenever it requires the information to process a claim.

The application has over 20 standard integration points, including support for the import and maintenance of code sets, configuration, and operational data. The application also provides standard operations, such as bulk updates and claim reprocessing, which can be invoked external mediating services.
We want to respond to the needs of the marketplace by keeping health care as affordable as possible, reduce expenses, and continue to provide the best service possible to our members. Oracle Insurance Claims Adjudication for Health is helping us to achieve this. – Eric Schultz, CEO

Related Products
Oracle Health Insurance Components:
• Oracle Health Insurance Alternative Reimbursement
• Oracle Health Insurance Claims Analytics
• Oracle Health Insurance Claims Pricing
• Oracle Health Insurance Enterprise Rating

The following complementary applications are available:
• Oracle Documaker Enterprise Edition
• Oracle E-Business Suite Financials
• Oracle Human Workflow
• Oracle Insurance Revenue Management and Billing for Healthcare Payers
• Siebel Customer Relationship Management

Automate Alternative Reimbursements with User-friendly Configurations
Oracle Health Insurance Alternative Reimbursement offers unlimited flexibility in the setting up of agreements and reimbursement arrangements. With a highly user-friendly approach to configuration and rules creation, you can configure the system to calculate nearly any circumstance. At each identified period, the system will automatically calculate the appropriate payment amount based on the configured rules to include rates, rate sheets, defined incentives, bonus payments, surcharges, and any other reimbursement arrangements that are needed in your program.

Improve Transparency and Itemization of Reimbursements
Oracle Health Insurance Alternative Reimbursement lets you establish modeling functions that will allow users to track and trace individual results within reimbursement transactions. The ability to re-execute historical reimbursement generations gives users and providers complete transparency of all records (members, rates, rate sheets, calculations) within a payment.

Integrate with Other Systems for End-to-End Processing
Oracle Health Insurance Alternative Reimbursement integrates with third party systems to accept source data electronically and automated for the trigger of alternative reimbursement transactions. The Oracle solution can accept data from providers as well as a browser-based interface to support on-line collection of source information. Once alternative reimbursements have been generated, they can automatically be forwarded as a financial transaction to Oracle’s E-Business Suite Financials or any third party financial package for payment fulfillment and check runs. This integration can be accomplished with confidence, knowing that all transactions have a transparent and complete audit trail accessible online through a web-based user interface.

Contact Us
For more information about Oracle Insurance, visit oracle.com/insurance or call +1.800.735.6620 to speak to an Oracle representative.

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