Oracle Health Insurance Analytics provides healthcare payers the detailed analysis needed to make advantageous business decisions in key areas such as provider contracting, benefit plan design and claims processing.

**Meet the challenges**
A key challenge for healthcare payers is the pressure to contain healthcare costs, improve outcomes and meet legislative demands to demonstrate compliance. Oracle Health Insurance Claims Analytics comes with prebuilt dashboards, reports, and metrics. With this information key stakeholders can efficiently monitor performance, analyze key performance indicators and compare them to benchmarks.

Oracle Health Insurance Analytics offers the flexibility to customize dashboards for each role within the organization. It offers rapid, tailored access to the metrics needed to detect and diagnose operational or policy issues; offering payers the benefit of implementing corrective actions and cost containment measures in a timely fashion and avoiding unnecessary expenses due to penalties.

**Supporting analytics ambitions**
OHI Analytics enables healthcare payers to implement measures aimed at reducing operational costs and improving efficiency by utilizing the prebuilt dashboards to provide insight into key topics like claims process times, trend analysis, number of adjustments, outstanding claims (pends/holds), and team workloads. With these metrics, operational managers can quickly determine areas that would benefit from process improvements or additional training needs allowing for greater operational efficiency and accuracy.
The following complementary applications are available:

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

In addition to prebuilt dashboards, Oracle Health Insurance Analytics is designed to conveniently provide ad-hoc reports that can be leveraged in the development of new provider contracts, reimbursement models and new benefit plan designs. For example, key stakeholders can quickly analyze current and historical claim data providing insight into the metrics needed to produce efficient, cost-effective agreements. For example, with ACOs in the United States, analyses to determine the services to include in a retrospective or prospective bundled payment arrangement or the data needed, at the most granular level, to determine high volume, high cost benefit utilization. These detailed analyses provide healthcare payers with the information needed to quickly make advantageous business decisions and adhere to the ever changing market demands in a timely, cost-efficient manner.

Integration with other systems

Oracle Health Insurance Analytics is built on the Oracle Business Intelligence Suite Enterprise Edition platform and is pre-integrated with other Oracle Health Insurance components.
OHI Analytics leverages the flexibility of an open integration layer to incorporate data from information sources across the organization providing an enterprise-wide single source of truth for all your analytical needs. Standard data marts are used to provide a consistent view of data received from multiple sources within the organization allowing key stakeholders better insight into the in-depth analysis needed to make timely, cost-efficient decisions. This integration can be accomplished with confidence, knowing that all transactions have a transparent and complete audit trail.

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

Integrated Cloud Applications & Platform Services

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