

Oracle Health Insurance Claims Pricing



Provides automated claims pricing, reducing overhead and administrative costs

KEY FEATURES

- Highly flexible, and extensible provider and network configuration model
- Template driven provider contract configuration
- Rules-driven architecture Automated bundling of claims into an episode of care
- Automated support for pricing claims using ICD9 and ICD10 codes
- Integrated configuration migration functionality
- Ability to process bundled payments
- Many standard integration points to connect to neighboring applications in a component architecture

KEY BENEFITS

- Reduced effort to operationalize provider contracts
- Increased auto-pricing rates reducing operational costs
- Manage provider contracts based on healthcare costs incurred
- Component architecture solution reducing implementation complexity
- Agility through an extensible data model and possibility to tailor the standard processing logic

Oracle Health Insurance Claims Pricing enables healthcare payers to efficiently manage healthcare provider data, setup provider contract configuration, and automate claims pricing by leveraging its adaptive, rules-driven architecture.

Meet the challenges

Oracle Health Insurance Claims Pricing provides automated claims pricing enabling healthcare payers to significantly increase auto-pricing rates by offering a wide range of configuration rules, including fee schedules and prospective payment systems, as well as modifier, multiple procedure, and provider limit reductions. Industry-standard DRG grouping and claims editing components can be leveraged using configurable call out rules.

Manage provider data

Healthcare payers face the challenge of managing complex provider networks and contracts that they need to operationalize in their claims process.

The provider administration and contract functionality of Oracle Health Insurance Claims Pricing enables healthcare payers to manage provider networks, efficiently configure provider contracts, and automatically install these contracts in the claims pricing engine.

The full complexity of a network and provider records can be managed, forming the basis for cost effective reimbursement management. With its extensible configuration capabilities, network structures, the relations between providers in the network, and the access of members to these providers and networks can be managed. The provider and network structures can be extended with dynamic fields and dynamic records allowing storing data of any type or any form.

Manage provider contract configuration

Oracle Health Insurance Claims Pricing provides a repository of reusable provider contract configuration templates that allow healthcare payers to rapidly configure new contracts while also allowing to quickly make modifications when needed.

The provider contract configuration templates refer to shared provider reimbursement methods, such as fee schedules, prospective payment systems, or shared rules for reductions or outlier payments.

RELATED PRODUCTS

The following complementary applications are available:

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

The business flow for provider contracts allows you to configure these contracts in a separate configuration area before they are deployed completely automatically in the Claims Pricing section of the operational claims flow. This caters for the initial configuration of a contract, and also for individual contract updates, as well as for yearly contract renewal.

Operational traceability

Oracle Health Insurance Claims Pricing provides full traceability of the applied provider contract configuration and the corresponding claims pricing results. This provides full insight in the healthcare costs associated with a provider contract.

Integration

Oracle Health Insurance Claims Pricing comes with a number of web services that support the real time exchange of provider records and network structures with, for example, a self service provider portal or an external source of provider data such as a national provider registry.

Claims pricing

How to deal with the complexity of provider contracts and payment policies? Oracle Health Insurance Claims Pricing uses a priority structure in its pricing configuration, precluding the need to change the existing configuration to 'carve out' a contract or payment policy exception. This is keeping the configuration concise and transparent.

Oracle Health Insurance Claims Pricing features the calculation of the provider payment amount per claim line, per admission, per DRG, as well as the calculation of retrospective or prospective bundled payments across multiple claims and multiple procedure reductions within a single claim and across multiple claims. Next to calculating an allowed amount, it can also recognize that a service is paid for under a capitation arrangement, that the service therefore must be included in the member liability calculation, and that it should be excluded from payment.

Bundled payments

Oracle Health Insurance Claims Pricing provides a solution for automating the bundling of claims into an episode of care and making one bundled payment to a provider who reimburses other providers or by making payments up to a total amount per episode.

Oracle Health Insurance Claims Pricing can recognize, in real time, a new episode of care from the submitted claims or it can receive episodes of care from a care management application. It bundles all claims from multiple providers that fit into an existing episode of care and triggers the re-pricing of previously processed claims to include them in the episode.

This bundled payment functionality allows for cost-effectively processing bundled payments, moving away from fee for service claims processing towards payment bundles. This encourages provider collaboration and coordination and reduces the claims burden.

Transparent configuration

A key challenge for healthcare payers is the variation in provider contracts, as each variation must be accounted for in the configuration. This requires a pricing engine that provides extensive flexibility, as well as the means to efficiently maintain the contract configuration while facing exceptions and variations. To achieve such a flexible, efficient and transparent configuration, Oracle Health Insurance Claims Pricing separates the contract-specific configuration from the shared parts of configuration. An example of contract-specific configuration is the percentage of the fee schedule at which a specific provider is reimbursed. Examples of shared configuration are standard adjustment rules and payment policies.

A powerful feature is the integrated configuration migration function, allowing healthcare payers to selectively move newly added or updated configurations to test environments (or even to production environments).

Transparent pricing

For each processed claim Oracle Health Insurance Claims Pricing keeps track of the specific pricing configuration rules that have been applied. This provides operators complete visibility and traceability on the calculations that led to the pricing results for that claim, such as the fee schedule or prospective payment system that was applied or which reductions or outlier payments were applied.

In addition to tracking the applied pricing rules, each claim has a status history, showing how the claim flowed through the system, which events were generated to other systems, why and when the claim pended for manual review, and who has resolved a pend.

Standard integration points

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

The application comes with many standard integration points, which allows it to import and maintain code sets, configuration and operational data. It also provides standard operations, such as bulk updates and claim re-pricing, which can be invoked from external mediating services.



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Hardware and Software, Engineered to Work Together

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