

# Oracle Solutions for Healthcare Payers

The health insurance industry faces challenges such as rising treatment costs, ever-changing government regulations and a highly competitive marketplace. Healthcare payers are driven to optimize their core operations reducing administrative costs and containing healthcare costs.

## ORACLE HEALTH INSURANCE COMPONENTS ECOSYSTEM

Oracle Health Insurance Components support enrollment of members, premium calculation, pre-authorization processing, processing of health insurance claims, including pricing of claims, benefits adjudication, as well as the payment of providers through alternative, non-fee for service, reimbursement methods.

The components come with many standard web services that support the integration into a healthcare payer's application landscape. Each of the components provides configurable rules and an extensible data model that allow a healthcare payer to quickly react and meet ever changing business requirements and regulations.

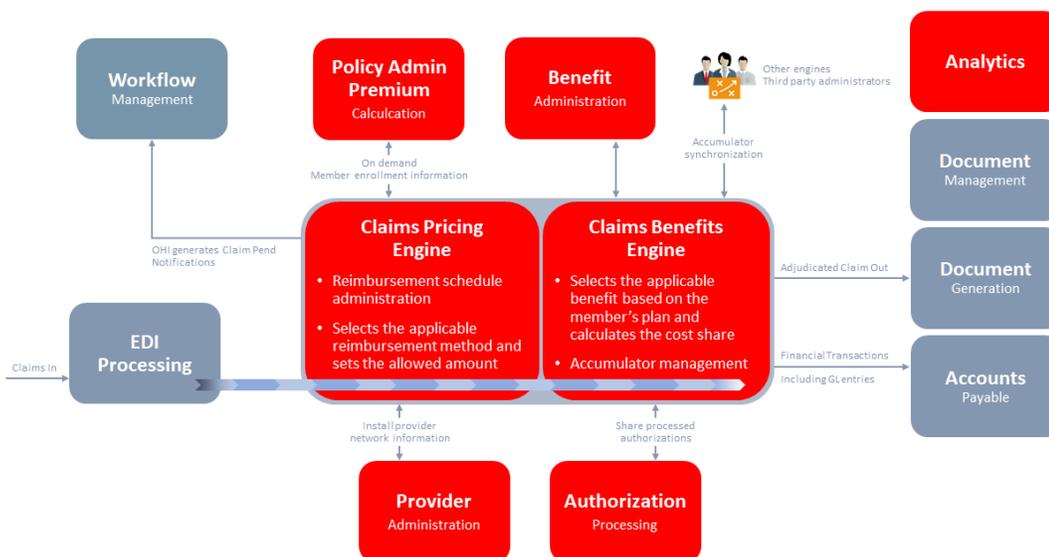
Combine extensive flexibility with outstanding performance

### Key Features

- Highly flexible, rules-driven configuration model
- Extensive provider admin and provider contract functionality
- Straight through claims processing
- Extensible data model with the possibility to tailor the standard processing logic
- Out of the box analytics dashboards
- Standard web services to connect to neighboring applications
- Integrated configuration migration functionality

### Key Benefits

- Increased auto-adjudication rates, reducing operational costs and claim turnaround times
- Scalability, applications are architected to scale through parallel processing of claims
- Flexibility to maintain business rules without software coding
- Agility through an extensible data model and possibility to tailor the standard processing logic
- Component architecture solution reducing implementation complexity



## ENTERPRISE POLICY ADMIN

Oracle Health Insurance Enterprise Policy Administration empowers payers to make smart business decisions about enrollment and premium calculations. The system executes those decisions all the way to downstream financial applications. Its flexible, rules-driven architecture enables easy configuration without code-based changes. Through one system, insurers can manage high-volume memberships and all lines of business, including group and individual.

## CLAIMS ADJUDICATION

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.

## VALUE-BASED PAYMENTS

Oracle Health Insurance Value-Based Payments provides automated payment generation for healthcare payers. The application supports automated identification of members, periods, rates, and calculations to support non fee for service reimbursement models. With a user-friendly approach to configuration and rules creation almost any reimbursement scenario can be implemented.

## DOCUMENT GENERATION

Oracle Documaker dynamically creates, manages, and delivers enterprise communications to customers and stakeholders, when and how they want them—whether by print, email, text messaging, social media, or any other format. A rules-driven documents management software, Oracle Documaker automates documents, improving communications and customer service while achieving higher levels of efficiency and reduced cost.

## CLAIMS PRICING

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.

## ENTERPRISE COMMISSIONS

In Oracle Health Insurance Enterprise Commissions, you design compensation plans by using a library of compensation rules, such as percentage of sales or level of achievement against target earnings. Full insight is provided into the calculation of a compensation payment, so each sales agent view and understand their payment and the underlying sales transactions

## BILLING

Oracle Insurance Revenue Management and Billing for Healthcare Payers is built on adaptive, configurable business rules—letting you quickly change your billing operations as your business needs dictate. The application gives you the flexibility to help you keep pace with dynamic market shifts, support new products, and comply with new regulations as they arise.

## ANALYTICS

Oracle Health Insurance Analytics comes with prebuilt dashboards, reports, and metrics that can enable healthcare payers to optimize their business. The dashboards provide insight into key topics such as current and historic. In addition to the prebuilt dashboards, Oracle Health Insurance Analytics is designed to support ad-hoc reporting.

## AUTHORIZATIONS

Oracle Health Insurance Authorizations gives you the flexibility to streamline your authorization, referral, and utilization management processes. It enables you to increase your auto-authorization rates, by automatically handling standard requests, and by delegating non-standard requests to your clinical review staff.

### Customer Success: Harvard Pilgrim Health Care

“We want to respond to the needs of the marketplace by keeping healthcare as affordable as possible, reduce expenses, and continue to provide the best services possible for our members. Oracle Health Insurance Components are helping us to achieve this.”

– Eric Schultz, CEO

### Related Products

The following complementary applications are available:

- Oracle Health Insurance Enterprise Rating
- Oracle Insurance Revenue Management and Billing
- Oracle E-Business Suite Financials
- Oracle Documaker
- Oracle Business Process Management

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