



# Oracle Health Insurance Policy Administration Cloud Service

Simplifying your innovation journey and connecting the lives of the members you serve.

Healthcare industry is in the midst of a seismic change. Increasing cost pressures and the continuing uncertainty surrounding healthcare reform are threatening current business models. Payers need to simplify, modernize, and digitize their core systems to foster business growth.

Oracle Insurance Policy Administration Cloud Service is the most flexible and adaptable solution in the market today that helps payers ease setup of employer groups & enrollment rules, streamline the member enrollment process, and provide exceptional service with centralized member data.

## PRODUCT HIGHLIGHTS

- Single platform for all health insurance lines – Commercial, Government programs, & specialty
- Simplified group & membership management
- Automated multichannel enrollment processing
- Seamless premium calculation with automated retro calculations
- Complete data transparency for member service excellence
- Next-gen rules-driven architecture with robust model for data and process extensions
- Designed to handle large volumes & proven scalability
- Comprehensive SaaS offering on secure and scalable Oracle Cloud Infrastructure



## BUSINESS BENEFITS

- Personalize service with a consolidated view of a member journey across all lines of business
- Reduce time-to-market for new business -- new product lines, new states for Medicaid, new groups and more
- Accept enrollment from a variety of sources and cut enrollment error rates
- Reduce operational cost through high levels of automation across billing & customer service
- Reduce IT dependency through business-user-centric configuration, precluding the need for custom IT solutions
- Cut IT operational costs, increase compliance, and provide scale with move to Oracle Cloud

# EMPOWERING BUSINESS OPERATIONS EXCELLENCE

## SIMPLIFIED GROUP & MEMBERSHIP ADMINISTRATION

- Create base products that can be reused across group & individual plans
- Speed creation of small group plans with reusable rules templates
- Setup complex benefit plans for large groups and national accounts
- Administer add-ons such as supplemental products or wellness programs
- Setup variety of linked financial accounts such as HRA, HAS, & FSA.
- Capture extensive custom member attributes via business user configuration layer
- Capture membership information for Medicare, State Medicaid, & other governmental programs.
- Enrich Member data with automated PCP & network assignments

## AUTOMATED MULTICHANNEL ENROLLMENT

- Interface with wide variety of enrollment sources including standardized EDI 834 formats, non-standard custom files, public programs, portals, & other digital front ends.
- Setup validation and callout rules to automate enrollment verification.
- Setup automated provider assignment rules.
- Pend enrollments with errors for manual intervention and automatically reprocess them once corrected.
- Ensure that membership data is clean, complete and consistent.
- Support on-demand requests for enrollment information, e.g. eligibility checks, via prebuilt web services.
- Conduct off-cycle special enrollment periods.

## SEAMLESS PREMIUM CALCULATION

- Define flexible premium schedules based on a variety of membership attributes with no limitation on the number of user-defined attributes.
- Calculate premium based on simple tables, external lookups, complex calculations or any combination of those mechanisms.
- Simplify common mechanisms such as tiered rates, conditional discounts, and one-off rate overrides based on underwriting.
- Apply penalties such as late enrollment, early termination of enrollment, and subsidies such as low-income subsidy.
- Setup Billing Accounts and map them to the group account structure at any level.
- Setup rates once per product category and inherit that for any group on that product.
- Calculate rates at any frequency, including for contract period, with variable lookback period for enrollment.
- Generate base or incremental financial transactions for downstream systems.

## DELIVERING SERVICE EXCELLENCE

- Have full visibility into membership information and the historical changes; all changes are automatically version controlled and accessible via user interface.
- Create a member-centric culture with full 360 visibility into the membership data across all lines of business.
- Automate wide variety of group & member management transactions including address changes, plan changes for life-events, renewals etc.
- Automate ID card production based on a variety of attributes and ensure accuracy of the information.
- Proactively address services issues with highly sophisticated change event rules that detect when a re-calculation is required, e.g., due to retroactive changes to a membership change.
- Fully automate the process to generate corrective financial transactions based on membership changes.
- Automate generation of membership data needed for capitation calculations.

## INDUSTRY-LEADING TECHNOLOGY PLATFORM

There is no question about it: modern technology is a significant transformative force that fosters business growth. Oracle Health Insurance platform is open, multi-tiered Java application that complies with most payers' architecture and technology requirements for modernization. OHI application features many technology innovations:

- Services Oriented Architecture with separation of data, business logic, & user experience layers.
- All functional artifacts exposed as Objects with the ability to extend at a canonical level. Objects also expose native methods to manipulate the data, all of which is available through user interface layer. This simplifies business rules maintenance and provides ease of upgrades.
- Bundled with a purpose-built OHI gateway that simplifies integration with internal or third party applications. OHI comes with 150+ pre-built APIs, and all objects enabled for RESTful services. The gateway component provides rich user interface to monitor integration processes and troubleshoot failures.
- Separation of UI & processing nodes, with the ability scale up or down the processing power based on time-of-day loads. Proven linear scale in throughput with increased node (JVM) capacity providing for a hyper-automated environment to meet the demands of high scalability and future growth.
- API-driven approach to generate Reporting Views that incorporate custom attributes to enable ease of reporting and complete data transparency. Optionally available tools such as Oracle Data Visualization Desktop or Oracle Analytics Cloud Service, to provide rich visualization of application data.

## ABOUT OHI CLOUD SERVICES

Cloud computing is a key enabler of digital transformation in healthcare, and Oracle Health Insurance Cloud Services provide a secure and cost-effective solution to legacy modernization. They offer scalability and the capability to adjust to rapid demands, enabling faster deployments, greater employee productivity, and improved stakeholder collaboration. Additionally, the economic benefits of cloud computing are significant and allow for cost flexibility and cost optimization. Key highlights of OHI Cloud Services include:

- Secure Cloud environment through Oracle's state-of-the-art data centers with heightened security and compliance based on an ISO 27000 framework.
- Annually tested by a 3rd party auditor and found to be in compliance with the HIPAA Privacy Rule, and HIPAA Security Rule.
- Oracle is the only large-scale cloud provider that builds the entire stack in-house: hardware, firmware, software-defined networks, and business software, to offer highly competitive Cloud pricing.

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