



Oracle Health Insurance Claims 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 Claims Administration Cloud Service is the most flexible and adaptable solution in the market today that helps payers ease maintenance of provider contracts, streamline claims adjudication process, and provide exceptional service with centralized claims data.

PRODUCT HIGHLIGHTS

- Single platform for all health insurance lines – Commercial, Government programs, & specialty
- Business-user friendly claims product/benefit definition
- Simplified provider contracting & claims pricing
- Intelligent and automated claims adjudication
- Integrated authorization management
- 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

- Faster time-to-market for new products, updated products, custom benefit plans
- Reduce financial recoveries & claw backs with accurate claims pricing prior to payments
- Increased auto-pricing and auto-adjudication rates reducing operational costs
- Cut processing costs by in-house claims pricing
- Reduced claims pends associated with mismatched authorizations
- 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 CLAIMS OPERATIONS EXCELLENCE

SIMPLIFIED CLAIMS PRICING

- Support for wide range of pricing methods – fee schedules, payment functions, bundled amounts, diminishing rates, and percent of charged
- Extensive business rule types for pricing calculations – simple adjustment rules, combination adjustment rules, replacement rules, inclusion rules, lower-of rules, limit rules, encounter rules, and external pricing rules
- Template-driven setup of provider contracts and pricing clauses utilizing combination(s) of pricing methods and rules
- Automated support for pricing claims multiple coding standards e.g. using ICD9 and ICD10 codes within the same instance
- provider payment amount per claim line, per admission, per DRG
- calculation of retrospective or prospective bundled payments across multiple claims and multiple procedure reductions within a single claim and across multiple claims
- complete traceability of the applied provider contract configuration and the corresponding claims pricing results
- Callouts to external Pricers or sources of data during pricing calculation
- Optional AL/ML Engine for automated provider contract import

EASY-TO-USE PRODUCT DEFINITION

- Three tiered categorization of health services into Service Options, Services, & Detailed Service definitions
- Separation of benefit specification from the cost-sharing model to drive maximum configuration reusability
- Ability to define benefits in a wide range of code sets including ICD, HCPCS, CPT, CDT, NDC, and other international code sets
- Ability to define any type of cost sharing model with any number of parameters/attributes
- Store parameter definitions separate from parameter values to simplify changes during renewals
- Support for waiting-periods for dental products

AUTOMATED CLAIMS ADJUDICATION

- Real-time claims processing -- no need to wait for batch processes
- Preconfigured process flow with the ability to modify system behavior at various points in the claims flow
- Built to achieve high auto-adjudication rates with flexible benefit selection, iterative authorization matching, duplicate claim (line) recognition, automated filing limit detection, external callouts etc.
- Configurable claims messages and pends & ability to mass reprocess claims
- Integrated benefit accumulation – unlimited counters for a variety of models including individual versus family accumulation, contract versus calendar year accumulation, amounts versus units versus service day accumulation, and configurable carry over periods
- Integrate with external providers for real-time accumulator synchronization
- Complete copy of finalized claim and automated versioning when un/re-finalized
- Complete traceability of applied rules and decisions for every request
- Automated bundling of claims into an episode of care
- Rules based translation of adjudicated claims into financial messages that are grouped based on user-defined criteria
- Global financial holds on payment transactions
- Integrate seamlessly to Oracle Financials Cloud or any other financial management application

INTEGRATED AUTHORIZATIONS

- Full authorization and referral management
- Ability to receive authorizations from multiple case and clinical management systems
- Ability to key in one-off authorizations directly into the system
- Ability to have authorizations in amounts, units or time periods
- Unlimited service lines per authorization
- Ability to capture extended data and attachments with the authorization request
- Fully configurable pre-authorization matching rules

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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