

Health Insurers Simplify Multiline Billing and Gain Competitive Advantage with Oracle Revenue Management and Billing



This data sheet sheds light on the current challenges and uncertainties that health insurers face, including regulatory and inflationary pressures, operational efficiencies and disparate legacy systems. Health insurers are navigating an increasingly complex business environment that is creating challenges across all lines of business. As a result, they understand the need for simplifying their revenue management and billing systems. This is where Oracle Revenue Management and Billing (ORMB) plays a crucial role as it provides a unified platform to deliver immediate and lasting value to health insurers.

Inflation concerns persist and uncertainty around reimbursement in the coming years is on the rise. In addition, after investing heavily in Medicare Advantage programs in recent years, many insurers [face growing headwinds](#) related to greater than expected utilization of benefits coupled with lower than expected reimbursement rates. Further, health insurers with Medicaid lines of business have seen states move forward with removing ineligible beneficiaries from their programs, reducing plan participants. In this environment, insurers across the industry are experiencing higher medical loss ratio, which directly impacts their bottom line.

Regulatory and administrative complexity also is increasing, driving up operational costs and diverting resources that insurers could otherwise apply to innovation and growth initiatives. And, plan members continue to expect more from their health insurers in the way of 24/7 service via their channel of choice, plan and payment flexibility, consolidated billing, and more.

Health insurers today seek new ways to boost operational and regulatory compliance efficiency as well as customer experience levels across all lines of business. Increasingly, they are turning their attention to revenue management and billing modernization—specifically seeking a single platform that enables them to manage enterprise-wide billing operations across all lines of business for greater transparency, flexibility, and efficiency, as well as streamlined compliance management.

Delivering immediate and lasting value to health insurers

- Unified billing across products
- Enhanced accuracy
- Improved operational efficiency.
- Streamlined compliance
- Better financial management
- Real-time insights
- Elevated member experience



Navigating complexity and compliance in healthcare billing

Many health insurers continue to operate multiple billing systems across their enterprise, often aligned by lines of business. This reality increases operational costs as insurers need to license and expend resources to maintain multiple systems—resources that might otherwise be applied to more strategic initiatives. Just as important, this approach precludes a complete view of a member and their relationship with the insurer.

Further, siloed systems limit membership pricing and billing flexibility because it's extremely difficult to combine, offer, and manage mixed and/or bundled products across multiple pricing and billing systems. It also prevents insurers from rapidly introducing new products and pricing methods and providing bespoke solutions to their customers.

In addition, workflows across a patchwork of legacy systems continue to require significant manual intervention, which opens the possibility for greater errors, slower processes, and makes it difficult to provide the consolidated billing that many plan sponsors seek. Disjointed processes and the absence of advanced analytical capabilities also limit transparency and open the door to revenue leakage due to inaccurate or incomplete billing and reconciliation.

Even as insurers look to standardize on a single platform, they may still face challenges related to finding a solution that can meet all of the distinct requirements associated with specific lines of business. There are different rates and rules associated with various lines of business, including self-insured, fully insured, government-sponsored, and even pharmacy billing. For example, a system that supports pharmacy billing must be able to handle complex rebate calculations while a system that supports fully insured plans must be able to support 9/10 month billing, split billing, and even premium holidays. Self-funded lines of business have unique requirements related to claims-based pricing and billing, while government-sponsored plans have myriad restrictions and requirements that change from year to year.

In a dynamic environment, insurers can no longer tolerate lengthy implementations that take years to complete and deliver value. They need solutions that they can deploy and scale readily to yield immediate results and potentially gain a competitive advantage.

ORMB features

- Customer management
- Optimizes Pricing & Billing
- Payments, reconciliations and refund-write-offs.
- Delinquency management
- Granular subledger control
- Creating a seamlessly integrated accounting pathway
- Secure integration and a wide range of API access
- Reporting and extract capabilities



Oracle Revenue Management and Billing: A unified platform that helps optimize billing

Oracle Revenue Management and Billing provides a unified SaaS solution that enables health insurers to address billing and revenue management requirements across all lines of business, empowering them to move nimbly, swiftly, and confidently to help improve efficiency, reduce revenue leakage, elevate the customer experience, and capture new opportunities.

End-to-end automation and scalability to support business growth

Oracle Revenue Management and Billing enables end-to-end automation of pricing and billing for a frictionless experience, as well as greater efficiency, reduced risk, and streamlined compliance. Further, automated reconciliation helps to accelerate identification and correction of billing inconsistencies that can lead to revenue leakage. ORMB is an enterprise-grade solution that has been proven to scale effortlessly and meet the performance requirements to support some of the largest payer membership volumes.

360-degree view of client hierarchies in a single reference system

Oracle Revenue Management and Billing is the only solution that provides a true 360-degree view of group and member hierarchies in a single reference system. As a result, insurers can drill down to detailed billing reports across products, services, and lines of business for a comprehensive view of their respective sub-ledgers, AR/AP processes, and/or adapted revenue allocation, providing clear insight for better decision-making.

Faster time to value

As a SaaS solution, Oracle Revenue Management and Billing enables health insurers to incorporate technology innovation faster, at scale so they can focus on growing their business and not on the technology fuelling it. The solution's pre-configured industry standard setup on cloud enables insurers to gain traction rapidly and cost-effectively and expand confidently with out-of-the-box industry best practices and processes that are easy for line of business users to leverage. It also supports progressive modernization initiatives, so an enterprise can begin their journey, show rapid ROI, and continue to transform.

Intelligent Revenue Management

Oracle Revenue Management and Billing enables you to make faster and more-informed decisions by empowering your workforce to work more effectively by leveraging the embedded AI/ML functions. With features like anomaly detection, chatbots and continually enhanced predictive analysis

Experience, resources, and stability drive assurance

- Purpose built and backed by the power and stability of the Oracle ecosystem.
- 12 years serving top healthcare payers and complex global enterprises.
- Deep focus on simplifying pricing, billing, and revenue management.
- Continuous R&D and innovation focus to accelerate business impact.
- Extensive track record of successful implementations and deep resources.
- Fully integrated with Oracle E-Business Suite Financials and Oracle Health Insurance (OHI) so customers can rapidly benefit from the full suite of Oracle Payer solutions.

capabilities, the application aims to simplify and optimize the overall revenue operations.



Delivering immediate and lasting value to health insurers

Oracle Revenue Management and Billing delivers several important business benefits that position insurers to successfully navigate market complexity and capture new opportunities across all lines of business.

Unified billing across products

Centralized billing for multiple products and lines of business, including fully insured, self-insured, government-sponsored, and pharmacy billing, helps reduce complexity, speed time to market, and cut IT management costs.

Enhanced accuracy

End-to-end automation and streamlined workflows help reduce billing errors and costly and time-consuming billing disputes .

Improved operational efficiency

Faster billing cycles, optimized automation, and reduced administrative burdens drive cost savings.

Streamlined compliance

Business rule-driven processes facilitate compliance with complex and changing healthcare billing regulations .

Better financial management

More accurate billing and the ability to identify and capture revenue leakage helps lead to better cash flow and financial planning. Complete transparency that shows the entire customer financial history helps improve insurers' ability to understand and optimize revenue management and billing operations.

Real-time insights

AI-driven analytics and reporting tools enable more-informed decision-making and empower insurers to identify potential billing issues early .

Elevated member experience

Consolidated invoice, transparency, greater billing and payment flexibility, and fewer billing disputes help improve the member experience and strengthen relationships.

Related products

The following services support Oracle Main Product:

- Oracle Insurance Policy Administration
- ORMB for Financial Services

Oracle Revenue Management and Billing in action

A large US health insurer reduces costs and improves billing agility, speed, and accuracy with a single revenue management and billing platform.

Highlights:

- One billing system for all lines of business- consolidating from 20-plus systems.
- One view of all member and group transactions
- 1800-plus workflows and processes eliminated due to automation- reducing the number of key processes to fewer than 150

| BUSINESS CHALLENGES | ORMB IMPACT | WHY THEY CHOSE ORACLE |
|--|--|---|
| <ul style="list-style-type: none"> • Improve ability to quickly make changes to billing systems and processes to meet changing business needs • Reduce costs associated with operating and maintaining more than 20 legacy billing systems—some of which were no longer vendor supported • Improve speed and accuracy of billing processes with automation and a single view of customers across lines of business. | <ul style="list-style-type: none"> • Gained new levels of operational efficiency and agility by consolidating multiple billing systems onto a single, modern platform for all lines of business • Reduced IT management burden, cost, and complexity with a single billing solution • Improved its ability to make changes faster and introduce billing innovation with a highly configurable solution that eliminated the need for hard coding changes • Accelerated billing and improved accuracy with expanded automation • Gained a single view of all member transactions across multiple lines of business. | <ul style="list-style-type: none"> • Oracle Revenue Management and Billing’s scalability, agility, and proven success in the market • Extensive functionality and flexibility in terms of addressing billing requirements across multiple lines of business with a single platform • Ability to incorporate changes via configuration, not hard coding |

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