Oracle Health Insurance Authorizations

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INSURANCE

Healthcare payers face the challenge of a highly competitive market place, in which they need to balance the premium rates against ever increasing medical utilization costs. Oracle Health Insurance Authorizations provides an adaptive, rule driven Authorization engine that enables Healthcare Payers to manage the appropriateness and quality, as well as the cost effectiveness, of medical services for their members.

KEY FEATURES

- Built to achieve high auto-authorization rates
- Flexible rule driven configuration model
- Built to handle large volumes, architected for scalability
- Out-of-the-box web services, ready to connect to contingent components
- Complete traceability of applied rules and decisions for every request
- Native multi-language support

KEY BENEFITS

- True component solution, drastically simplifying the implementation of this component into your application landscape
- Reduce operational cost through automation of standard decisions in decision tables
- Reduce IT dependency through business-user-centric configuration, precluding the need for custom IT solutions
- Reduce time-to-market by leveraging a flexible configuration model

Managing Your Process

Oracle Health Insurance Authorizations provides you with a rule engine that 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 also by providing you with advanced decision table logic to detect non standard requests and to delegate these to your clinical review staff.

Out of the box, Oracle Health Insurance Authorizations gives you the ability to leverage the provider contract configuration and pricing logic in OHI Claims Pricing to determine the authorized amounts for the services requested. Likewise you can leverage the benefits configuration in OHI Claims Adjudication to determine the level of benefits for the requested services, so you can pro-actively inform the member.

The combination of the flexible processing flow and logic and standard processing steps allows you to achieve high auto-authorization rates and to make the most efficient use of the clinical expertise of your staff.

Managing Medical Outcomes and Costs

The flexibility and the configurable processing logic and flow provide you with the means to implement the clinical rules that ensure the appropriateness and effectiveness of the requested services in relation to the current medical condition of the member but also the medical history as captured in previous authorizations and in paid claims. This allows you to meet the dual goal of managing the medical service costs, while increasing the effectiveness your members' medical services.

Providing Insight

By tracking all rules that have been applied and allowing your staff to capture all clinical decisions that have been made, Oracle Health Insurance Authorizations provides you with full insight into, and allows you to explain to your members and providers in detail, how you arrived at an authorization request outcome. In that way you reduce the number of inquiries and appeals from members and providers.

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Industry Knowledge

Oracle Health Insurance Enterprise Commissions is built upon the industry knowledge that comes from 2 decades of experience with implementations at Healthcare Payers across the globe and an installed base with customers that range in size from 200 thousand to more than 4 million members.

Oracle Health Insurance Components

Oracle Health Insurance Authorizations is part of the Oracle Health Insurance Components suite, which are open, standards-based enterprise applications that are built specifically to integrate into a component-based architecture. Each Component automates and simplifies a specific health insurance payer core process, ranging from claims adjudication to policy administration, and can be deployed separately or pre-integrated in combination with other Components.

Oracle Health Insurance Components are built to simplify, automate and standardize a healthcare payer's back office, while retaining the agility required in dealing with ever-changing market demands in a highly competitive marketplace.

CONTACT US

For more information about Oracle Insurance, visit oracle.com/insurance or call +1.800.735.6620 to speak to an Oracle representative.

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