

Release Notes

ABOUT ORACLE INSURANCE FOR HEALTH PRODUCTS

As a healthcare insurer/payer, you are regularly confronted with changes in laws and regulations. You need to be able to quickly integrate these changes into work processes and support systems.

If you are operating in a commercial healthcare system, price (or premium) is an important competitive instrument. A low premium is possible if you minimize the administrative costs and the costs of healthcare. Good service and compliance with agreements help you to retain your members. Reaching new target groups of consumers is a condition for further growth. If you are operating in a public healthcare system, the emphasis is more on implementing the relevant laws and regulations at the lowest possible cost.

Oracle provides you with applications for the effective automated support of your business processes. These applications enable you to implement changes in laws and regulations and provide consumers with tailor-made products while using uniform administrative processing. Join the many successful insurer/payers around the world that are using Oracle to achieve the following:

- Reduce ICT, administration, and healthcare costs;
- Involve customers in processing by providing self-service functionality;
- Broaden the market across language areas, using the multilingual nature of the applications;
- Make the ICT support flexible by using service-oriented architecture (SOA).

NEW FEATURES AND ENHANCEMENTS

Release 10.13.1.0.0 of Oracle Insurance for Health contains numerous new features and enhancements. These product changes are grouped into functional areas. Each change refers to an Oracle theme number. This enables you to quickly and easily see which functionality in the new release is important to you. The product changes are summarized in the following categories:

- Back Office 2
- Members 4
- Financial 8

- Relation 10
- System and Technology 11

BACK OFFICE

Enlarge the number of pre-authorization rules (M-2267)

A maximum of 1600 test strips can be reimbursed each calendar year unless pre-authorization has been granted. Multiple elements are covered by the definition and arrive from multiple care types. It must be possible to set these up via the coverage. It was only possible to set up a maximum of 99. This was not enough. The number in the pre-authorization rule and coverage extent rule was therefore increased to 6 positions. To ensure consistency, the number in the procedure authorization rule was also increased to 6 positions. The fields for Number in the blocks for primary and subsequent pre-authorization rules were adjusted to comply with the new length in the 'Coverage' (ZRG1212F, Pre-Authorization Rules tab) window. The field for the Maximum Number in this window, in the block for primary and subsequent coverage rules ('Coverage Classes' tab), has also been adjusted to comply with the new length. The Number field in the block for procedure authorizations has been adjusted to comply with the new length in the 'Procedure Authorization Rule' (ZRG1141F, page 2) window. The same applies for the 'Provider Contract' (ZRG1124F, Pre-Authorization Deviations tab) window and the 'Provider Agreement' (ZRG1118F, Pre-Authorization tab) window in the blocks for procedure authorizations.

Claim

Capture all data from electronic claims (M-2928)

OHI Back Office does not record all the data when importing Dutch EI claims. The process for importing the EI standards has been modified so that all the data is recorded in OHI Back Office, so that files can be created that are compliant with the Q-standards or user-specific reports. The missing data for the procedure record was recorded in OHI Back Office for the following EI standards: - 'Import Pharmacy Claim - AP304' (ZRG8035I); 'Import Primary Psychologists Claim - EP301' (ZRG8204I); 'Import Family GP Care Claim - HA304' (ZRG8039I); 'Import Aids Claim - LH307' (ZRG8031I); 'Import Oral Care Claim - MZ301' (ZRG8203I); 'Import Care - Other Sectors Claim - OS301' (ZRG8221I); 'Import Paramedical Care Claim - PM304' (ZRG8032I); 'Import Transport Claim - VE303' (ZRG8034I); 'Import Obstetrics Claim - VK301' (ZRG8049I). The missing data for the procedure and care need records are recorded in OHI Back Office for the EI standard 'Import Maternity Care Claim - KZ301' (ZRG8202I). The missing data for the procedure and tariff records are recorded in OHI Back Office for the EI standard claim 'Import PSY claim - GZ311, version 2.0' (ZRG8220I).

E-125 file, foreign claims (M-3172)

Dutch health care payers have agreed with the Health Insurance Board (CVZ) that from now on the E-125 form will be exchanged electronically. An EI standard is provided for this. It has also been agreed that as of July 1, 2013 the health care payers will also supply the return information electronically. The E-125 form is processed differently to a conventional EI claim in OHI Back Office. One of the major differences is that claims supplied via the E-125 form cannot be paid to foreign providers as CVZ is responsible for this. However, health care payers are required to report on these claims (which are paid by CVZ) in the quarterly and annual reports to CVZ. A new incoming file interface has been introduced: 'Import Claim (E)125 Form - EF301' (ZRG8225I). This file interface allows EF301 type (E)125 form files imported into OHI Back Office to be processed to create claims and claim lines. A new return file interface has also been introduced: 'Create Return Information (E)125 Form - EF302' (ZRG8325I). This return information is the response to an imported and processed claims file that was supplied in accordance with the EI standard, the (E)125 form 'EF301'. The Automatic Processing (SYS1124S) data processing batch has also been modified to support the new file interface Import Claim in (E)125 Form - EF301 (ZRG8225I). The Finalize Claim (ZRG3012S) data processing batch has also been modified: if the pay indication for a claim has not been checked and the claim has been imported using the file interface ZRG8225I, then direct bookings will be created and the claim in question will not be paid.

New evaluation criterion for Claims (M-3200)

A request has been submitted for additional adjudication criterion to be added for the automatic adjudication of claims. Two additional procedure evaluation criteria have been added for this, one in the claim type and one in the pre-authorizations type. The adjudication criterion can be used for setting up adjudication rules for claims and pre-authorizations in the 'Adjudication Rule' (ZRG1282F) management window. By filling in one or both parameters, it is possible to indicate that claims with one or more claim lines that have a claim date in the period covered by the adjudication rule must be excluded from the automatic adjudication. The rule that applies for pre-authorizations is also that when the date on which the pre-authorized care period starts lies within the period stated in the adjudication rule, they must also be excluded from the automatic adjudication. The data processing batch procedures 'Automatic Claim Adjudication' (ZRG3075) and 'Automatic Pre-Authorization Adjudication' (ZRG3058S) have been modified so that the new evaluation criterion is taken into account. The risk factors for claims that are exceptions are also logged.

Procurement

AGB new version and dynamic columnbound controls (M-985)

A new data structure for committing provider data has been developed in the Netherlands. The data model for providers in OHI Back Office has been made more flexible in order to process the data in this structure and to tie in better with international requirements. The provider's provider code has been extended and made free-format; the provider type can be freely chosen and the classification has become a time-valid detail. The classification code has also become free-format. The classification type (2 digits) is

no longer used and therefore, in some places, the classification has been replaced by a classification group. The current institution members have been replaced by a generic structure, enabling an n-layer hierarchy for providers. The provider data has been converted to the new data model using controlled conversions. The modifications to the data model mean that modifications were required to a large number of windows and reports. The batches in the claim and pre-authorization processes have also been modified. In addition, there were modifications to the claim file interfaces, the web services for pre-authorizations and claims and the 'Import Health Care Provider Registration' (ZRG8001I) and 'Import TFCA' (ZRG8011I) Dutch file interfaces. Because the sub-characterization of providers and the associated checks have ceased to be used, the column-bound scope was added to the dynamic PL/SQL definition. It is possible to implement replacement and additional checks. These checks can be carried out when data is entered, modified and deleted.

MEMBERS

Renewal/Premium Recalculation

More possibilities for premium renewal (was: Configurable collection schemes) (M-2865)

This theme relates to the following processes:

- Recalculate and settle premium
- Renew premium

Currently it is only possible to renew in whole calendar months. This means that all policies with a premium calculated for a particular calendar month are renewed when that calendar month is renewed. Insurance months are used in Brazil. The premium must be able to be renewed per insurance month. For example, renew all policies for which the starting date is on the first of the month, or renew all policies with a start date on the tenth of the month or earlier. It is now possible to collect premiums depending on the policy start date (contract date). If, for instance, a policy starts on the tenth of the month, then the insurance month runs from the 10th of that month until the 9th of the following month. Functionality has been added that makes it possible to renew per insurance month in theme M-2871. For each branded product, it is possible to define how many months in advance the renewal must be. For each group contract branded product, it is possible to define how many months in advance the renewal must be. When starting up the renewal batch run, it is possible to specify a start date. If the day number is for example '1', only policies where the start date is the first of the month are to be renewed. If the day number is '10' then all policies for which the start date is the tenth of the month or earlier are to be renewed.

Premium based on insured months (M-2871)

This theme relates to the following processes:

- Recalculate and settle premium
- Renew premium

In Brazil it is customary to calculate the premium using the insurance month method. This method was not yet supported in OHI Back Office. The insurance month method has been added to OHI Back Office for the premium calculation in this theme. Two new fields have been added to the 'Brand' (ZRG1271F) and 'Group Contract' (ZRG2011F) windows: Premium Calculation Method and Initial Mandatory indication. A new field, Premium Calculation Method, has been added to the 'Add Policy' (ZRG2201F) and 'Modify Policy' (ZRG2202F) windows.

The PREMIUM CALCULATION METHOD field has been added to Functional API 'API_VER_POLICY_AND_DETAILS'. The fields PREMIUM CALCULATION METHOD and INITIAL MANDATORY indication have been added to Functional API 'API_VER_GROUP_CONTRACT'.

The business services 'findPoliciesAndDetailsByPolicyOwner' ([FINDPOLICIESANDDetailsSBYPOLICY]) and 'getPolicyDetailsByPolicyNumberInternal' ([GETPOLICYDETAILSBYPOLICYNUMBER]) now also return the Premium Calculation Method.

A modification has been made to the 'Recalculate and Settle Premium' (ZRG4031S) batch for calculating the time lines and a modification has been made to the policy member's age calculation for policies that use the insurance month calculation method. The 'Renew Premium' (ZRG4030S), 'Revise Premium Renewal' (ZRG4041S), 'Reverse Main Policy Renewal' (ZRG4010S) and 'Reverse Group Contract Renewal' (ZRG4011S) batches have been modified for policies that have insurance month as their premium calculation method.

Two attributes have been added to the GROUP CONTRACT and BRAND objects: PREMIUM_CALCULATION_METHOD and INITIAL_MANDATORY_INDICATION. The PREMIUM_CALCULATION_METHOD attribute has been added to the POLICY object.

Two batches are modified: 'Purge Policies' (ZRG6121S) and 'Purge Time Lines' (ZRG6124S).

Policy specific premium / nominal discounts (M-2914)

This theme relates to the recalculate and settle premium process.

In Brazil it is possible for the courts to enforce a premium deviation in individual cases. The premium deviation applies for a specific period and can be imposed in the following three ways: 1. The premium must be equal to the premium at a given reference point. 2. The premium must be a specific amount lower (or higher) than the standard premium. 3. The premium must be a specific percentage lower (or higher) than the standard premium. This theme provides functionality for supporting methods 1 and 2 in OHI Back Office. Method 3 is already supported in OHI Back Office. Clauses and the associated discounts

and surcharges can be used for this. One Amount field has been added to the windows listed below; the amount that must be calculated as the discount or surcharge can be entered here: 'Clause' (ZRG7060F) window, 'Add Policy' (ZRG2201F) window and 'Modify Policy' (ZRG2202F) window. The original Amount field in the 'Add Policy' (ZRG2201F) window has been renamed Reimbursement Limit. A change has been made to the 'Recalculate and Settle Premium' (ZRG4031S) batch. For all clauses added to a membership or policy product, the system determines whether a discount or surcharge amount applies and what that amount is. One attribute has been added to the MEMBERSHIP CLAUSE and POLICY PRODUCT CLAUSE objects: DISCOUNT_SURCHARGE_AMOUNT. Two batches were modified: 'Purge Policies' (ZRG6121S) and 'Purge Policy Details' (ZRG6122S).

Policy

New subsystem for commission structure and calculation part A (M-2913)

This functionality is available as a separate licensable option.

New commission functionality is provided in this theme giving flexibility in the way commission rules are set up and in how the commission is calculated and paid. In this functionality commission is dependent on a person's job within the organization. It is possible in the 'Hierarchy' (COM1003F), 'Job Title' (COM1004F), 'Commission Type' (COM1002F) and 'Job Holder Commission Rules' (COM1005F) windows to set up the jobs a recipient of commission fills and the commission rules applicable to that person. Requests to calculate the commission are processed in the 'Process Calculation Requests' (COM1100S) batch. This determines who is entitled to which commission. Commission entitlements are created for this and a commission calculation is created to determine the extent of the entitlement. These calculations are processed in the 'Process Commission Calculations' (COM1101S) batch. This produces the commission amounts. The commission amounts can then be finalized using the 'Finalize Commission Amounts' (COM1103S) batch. This batch produces transactions that can be exported to external systems. The entitlements, with the associated calculations and amounts, can be viewed in the 'Commission Entitlement' (COM1008F) window. As this is sensitive data, it is possible to set up which users are allowed to query this data in the 'Commission Authorization' (COM1007F) window. It is possible to make manual adjustments to the commission. The commission that has been calculated and the adjustments can be communicated using the 'Commission Specification' (XML) (COM1106R) specification. Previously processed data can be reprocessed using the 'Create Recalculations' (COM1104S) and 'Create Recalculation Requests' (COM1105S) batches.

Generate policy sheet and HIC for a specific policy (M-3065)

A new 'Member Output' (ZRG6144S) batch makes it possible to print a policy document and/or health insurance card for one specific policy. The new batch uses the existing output products 'Create Policy Document (XML)' (ZRG6127R) and 'Create Health Insurance Card (XML)' (ZRG6110R). These have therefore been extended with a Policy number parameter.

Acceptance rules on a per policy basis (M-3068)

In Brazil, the carrying out all checks on policy modifications immediately after they have been entered, rather than having to wait for the results of batch runs is needed. It is therefore possible to indicate when apply is reported to a new or modified policy that the entire process right through to the final status must be carried out straight away, without using batches. This option has been added to the 'Add Policy' and 'Modify Policy' user windows. An 'immediate' flag for a policy remains active until the final status is obtained. The flag is deleted automatically afterwards. As a consequence the process can continue immediately after the user has taken the requisite actions in cases where the policy requires a manual intervention. This can be prevented if necessary by deleting the 'immediate' flag from the policy at the time that any such intervention is made. The policy will then follow the normal process when batches can be run. If the policy with the 'immediate' flag is included in a modification group, then the flag shall apply to all the policies and even the relations in the modification group. To avoid conflicts, the 'Automatic Policy Acceptance' (ZRG4043S) and 'Automatic Policy and Relation Adjudication' (ZRG4021S) batches have been altered so that policies which have the 'immediate' flag set are left alone.

Custom modules (was: Query screen overview not finalized policies) (M-3110)

In Brazil there is a requirement for query windows to be added to OHI Back Office to give a continuous display of policy tasks. As there are already standard overviews available for this, it has been decided not to include these query windows in the core. Instead, a new 'Custom' sub-menu has been added to the 'System' subsystem menu within OHI Back Office. 25 query windows have been defined within that sub-menu as custom modules (SYS7001Q to SYS7025Q), all of which have 'Custom' as their description. The new 'Custom Module' (SYS1150F) management window allows a URL to be defined for each of these user windows.

New subsystem for commission structure and calculation part B (M-3195)

This functionality is available as a separate licensable option.

This is the second part of the 'New Subsystem for Commission Structure and Calculation, Part A' (M-2913) theme. See theme M-2913 for more information.

Broker**Registration of proposta form ID with broker (M-3063)**

In Brazil, health care payers issue numbered offers/subscription forms (known as *propostas*) for each broker. When a new policy is committed, the proposta number in the application is recorded as a flex field. To prevent the theft of *propostas*, a check must be carried out when a new policy is committed to see whether the associated proposta number was issued to the broker who is registering the policy. This check will take the form of a customer specific (dynamic) validation during the acceptance process. To enable this check, it is possible to register time-valid issued numbers/series of numbers of

offers for each broker in the 'Broker Offer Number' (ZRG2057F) management window that has been added to OHI Back Office. This new window can also be accessed from a context menu in the existing 'Broker' (ZRG2019F) window.

Expand length brokers (M-3258)

In practice, it turns out that the length of the code for the broker and broker organization in OHI Back Office was not always sufficient. The maximum length of this code has therefore been increased from 8 to 30 characters. This change has been implemented in all windows, reports, external integration file interfaces, functional APIs and business services in which the broker or broker organization appears.

Information

Memo functionality for Parties (M-3070)

The new 'Relation Note' (REL1032F) user window allows a note to be recorded for each relation. Notes are time-valid and have a mandatory start date. The new window has been added as a context menu to the 'Maintain Relation' (REL1001F) and 'Modify Relation' (REL1023F) windows. If a relation that has one or more current notes is selected in the 'Relation Information' (ZRG6001Q) window, this will be flagged.

Adjust window 'Claim Member' for use GPH (M-3197)

The 'Claim Member' (ZRG6007Q) window was not designed to provide a clear display of the long generic aid product (GPH) coding. In addition, the horizontal scroll was cumbersome to use and the description of the procedure was not shown. Searching on the description was required. Furthermore, the description from the diagnosis code list was shown instead of the description of the diagnosis. The 'Member' block did not allow searches on personal numbers. The 'Claim Member' (ZRG6007Q) query window has been modified so that it is now capable of giving a clear display of the long GPH code. The description of the procedure has been added so that it can be searched on. Furthermore, the description from the diagnosis is now shown rather than the description of the diagnosis code. The spread-table-format of the multi-record block has been replaced by a block with an overflow area underneath. The personal number has been added to the 'Member' block so that it can be searched on.

FINANCIAL

Dunning

Costs on overdue payments (M-2949)

In accordance with Brazilian legislation, costs and interest are charged in the case of late payment of a receivable. The costs are calculated on the basis of the number of working days between the due date and the payment date. A fixed amount for costs and a

percentage interest are charged for each working day. Whether the legal interest must be calculated for a receivable that category that is paid too late is set up for each category in the 'Category' (FIN1013F) window. At the moment when a receipt is related to a receivable in the 'Payment Matching Detail' (FIN4006F) window, it is determined whether the legally defined interest and charges should be calculated. This is the case if:

- The category of the receivable has been set up so that the legally defined interest is applicable;
- The daily statement to which the receivable is related, is not a reserve daily statement;
- The receipt too late. In this case, the receivable is committed to a new technical table.

The new data processing batch procedure 'Calculate Legal Interest Due' (FIN2118S) calculates the costs and interest for receivables in the technical table. The interest percentage and the cost amount per day are committed using two new OHI Back Office parameters. For the calculated costs and interest, an 'INCA' (Dunning collection costs) receivable is created. Separate receivable details are created to split the amount into costs and interest. In addition, two receivable general ledger entries are created for booking to the general ledger. The appropriate general ledger accounts are determined using batch parameters.

Statement

Generic handler for incoming statements (M-3035)

OHI Back Office supports the MT940 reporting format, but the bank-specific implementation result in a relatively large number of exceptions when processing. A generic integration point for reporting files has been delivered to ensure support for the different bank specific formats. The data model has become generic so that it can be populated using a relatively simple file interface. Data that is not available in the generic model can be committed as entity flex fields. Flex fields for daily statements and payment matching rules can be set up in the 'Entity flex fields' (ZRG7027F) window. The 'Modify Payment Matching Detail' (FIN4019S) batch can be used to determine the reference for the imported details. The 'Process Payment Matching Detail' (FIN4020S) batch will then process the details in OHI Back Office. The 'Import Payments and Receipts' (FIN2040I) and 'Import SWIFT/MT940' (FIN2107I) batches have been modified so that all the details are imported into the generic model.

Collection

Collection bank account with group contract (M-3067)

The 'Receipt and Payment Account' management window has been modified. For a group contract it allows the specification of the account to be used for collections or the account

which the member or group contract must use for premium payments. The 'Generate Collection Batch' (FIN2008S) and 'Generate Collection Batch Dunning' (FIN2037S) batches have been modified to enable a collection batch to be created for a group contract. In this case the account number will be defined with the batch. This account number will be displayed in the 'Collection Order' (FIN2009F) and 'Collection Order Dunning' (FIN2018F) windows. This account number is used by the outputs. If the account number is not populated (for example in old batches), it will be determined on the basis of the brand, currency and country code.

Garnishment

Garnishment: trusted payers (M-3145)

Two parameters have been added to the 'Back Office Parameters' (SYS1144F) window: 'Correspondence Start Trusted Payer Debtor' and 'Correspondence Start Trusted Payer Debt Counselor'. These parameters are used for automatically generating correspondence when committing a debt repayment contract of the 'Trusted Payer' type. One substitution variable has been added to the 'Substitution Variables' (REL3013F) window: 'Start Date Trusted Payer' (code 319). You can use this for 'Correspondence Start Trusted Payer Debtor' and 'Correspondence Start Trusted Payer Debt Counselor'. The Trusted Payer type has been added to 'Debt Repayment Contract' tab in the 'Debtor' (FIN2005F) window. In the 'Relation Financial Information' (FIN2083Q) window, the CVZ order types 'Trusted Payer' and 'Stop Trusted Payer' are now shown if applicable in the 'CVZ arrears' tab. The description of process status 'Retained stab. Agrmt' has been changed to 'Retained by CVZ'. The 'Trusted Payer' aspect has been added to the 'Generate Collection Batch Dunning' (FIN2037S) batch. The 'Trusted Payer' aspect has been added to the 'Adjudicate/Terminate Debt Repayment Contract' (FIN2108S) batch.

RELATION

Correspondence and Contacts

Display unique contact ID M-3069

In OHI Back Office, a reference is generated for correspondence and displayed in OHI Back Office windows. The 'Correspondence and Other Contacts' (REL1009F) user window and the 'Select Contact' (REL9025L) selection window have been modified to display a contact's unique identification. This can then be referred to in communication between the health care payer and the members.

SYSTEM AND TECHNOLOGY

Clean up and centralize error handling code for more consistent behavior (M-2077)

The way in which messages are signaled and that errors are detected and handled has become more complex over time. It is not completely unambiguous and reliable. In addition, messages are committed in the language of the user who submitted the batch. Finally, it is not always possible to determine which OHI Back Office data item was involved for messages committed during a batch. The current layered error handling code in the OHI Back Office application has been replaced by a single central error handler. The 'Batch Request Message' (SYS1134F) user window shows a message in the user's language. Identification details are also given for the data item involved in the message. In order to better trace certain error conditions, the 'User' (SYS1017) user window has been extended to include a 'Debug' indication. When this is enabled for a user, debug messages will be logged when that user performs action through the standard screens. The 'Submit Batch Request' (SYSS003F) user window also contains a 'Debug' indication for committing these messages when the batch request is executed.

Implement changes in mandatory reporting of BIG TABLES (M-2238)

When database objects are installed during the installation of OHI Back Office, information is provided about tables that contain a lot of data. The message is shown as a warning with a request to report the details to the OHI Support Help Desk. In practice, these warnings are ignored, meaning that this information did not reach the OHI Support Help Desk. Messages about tables with a lot of data are provided during the object check. When incidents are submitted to the OHI Support Help Desk, supplying information from the object check is mandatory. Information about large tables is automatically delivered with this.

Releases names (M-2901)

The naming system for releases has been modified with effect from release 2013.01 (=10.13.1). This is in accordance with the Oracle guidelines. The names of older releases have stayed the same. The new naming system is 10.YY.P.Q.R. Here, '10' stands for the number of the basic release, 'YY' for the last two digits of the calendar year, 'P' for the sequence number of the release in the calendar year (1, 2 or 3), 'Q' for the sequence number of the patch set within the release, and 'R' for the sequence number of the interim patch within the patch set. There are no leading zeroes in the new release numbering. Examples: 10.13.1.0.0 is the 1st release for the year 2013. 10.13.1.2.3 is the 3rd interim patch on the 2nd patch set of the 1st release for the year 2013. The installation software has been modified to handle the new naming system.

Migrate OHI Back Office to PFRD release 11gR2 (M-2958)

The PFRD (Portal, Forms, Reports and Discoverer) server has been upgraded to release 11gR2.

Generic Table Flex fields solution (M-3064)

The use of flex fields is supported for 14 entities within OHI Back Office and this functionality is desirable for a great deal more. A separate table is defined for each implementation, which does not provide for uniformity or ease of maintenance. All existing implementations, with the exception of the tables covered by the modification mechanism, have been replaced by a single, new generic implementation. Specific elements of the implementations are included in the 'Entity Flex Fields' (ZRG7027F) management window so that they can be customized. All windows for maintaining the flex field values have been modified so that data is committed in the new generic table. Furthermore, a generic 'Parameter values' (ZRG7205F) window has been made available for future implementations. Existing flex field values have been converted to the new generic table.

Support more character sets on client side than only West European (M-3337)

The installation software has been modified to ensure that the installation files are installed correctly regardless of the character set used for the windows and batches. This makes it possible to use a character set for the windows other than WE8MSWIN1252 and EE8MSWIN1250 (and WE8ISO8859P15 as workaround for issues), for example a multi-byte character set. Input and output files will be interpreted and created in this character set.

API Tooling

Internationalization, API wrappers (M-1913)

An English-language wrapper is delivered for the functional PL/SQL APIs facilitating the development of customized solutions in foreign countries. Nothing has changed for Dutch clients: the PL/SQL APIs can still be called via the Dutch-language interface.

Output Control

Phase out ASCII output (M-2673)

Maintaining the ASCII outputs that are also available in XML means double maintenance costs. The XML variants of these outputs are already available in production. The software for this output has been removed from release 10.13.1. This concerns the following core output:

- 'Create External Dunning' (FIN2020I)
- 'Create Group Invoice for Third Parties' (FIN2030I)
- 'Create Standard Group Invoice' (FIN2051I)
- 'Create Group Contract Dunning' (FIN2061I)

- 'Digibord for Contracting Parties' (FIN2062I).

And the following localization modules:

- 'Create Giro Specifications' (ASC2011R)
- 'Create Group Invoice Overview' (ASC2012R)
- 'Create Reverse Entry Letter' (ASC2013R)
- 'Create Dunning' (ASC2019R)
- 'Invoice Messages Overview' (ASC2023R)
- 'Create Specifications for Direct Debit' (ASC2024R)
- 'Create Giro' (ASC2029S)
- 'Create Direct Debit Specification' (ASC2031S)
- 'Create Group Invoices Difference' (ASC2043R)
- 'Create Dunning' (ASC2086S)
- 'Final Processing of Collection Batch' (ASC2087S)
- 'Create Group Invoice' (ASC2088S)
- 'Create Advance Specification' (ASC4020R)
- 'Create Policy Document' (ASC4034S)
- 'Policy Document' (ASC6055I)
- 'Termination Letter' (ASC6056I)
- 'Direct/Refund Claim Settlement Specifications' (ASC8092I)
- 'Pre-Authorizations Settlement Specifications' (ASC8093I)
- 'No-Claim Refund Specification' (ASC8096I)
- 'Create Recourse Case Specification' (ZRG7111R).

XML output - improved version difference signaling support for impact processes (M-2743)

If a modification is made in the OHI Back Office Object Model for the XML outputs, the version number in the XSD name space is increased to show that the file definition has been modified. Sometimes the version number was updated although the XSD was not modified and vice versa. This version number must be reliable as it gives the first indication that the output file layout is modified. To ensure reliability, a hash string (a series of digits and letters) is determined during the installation on the basis of the XSD text. This hash string is then added to the name space in the XSD as a 'version number'. Because the determination of the hash string results in a different value every time there is a modification, the fact that there has been a modification will be detected quickly. If the hash string as determined differs from the hash string that was previously recorded,

the new hash string will be stored in the database. The 'Maintain Scripts' (SYS1008F) management window will be modified to display the version number associated with each output for the installed releases and the date on which that version number was determined. In this way, it will be possible to see the installed releases in which the XSD in question was modified.

Phase out ASCII output (M-2912)

The intention is to phase out the ASCII format as the maintenance of the code that supports the ASCII format is complex. For this reason, the CONTROL XML FILES domain has been modified: it no longer includes the 'ASCII Output', 'ASCII Layout' and 'Both ASCII Layout and Output' values. The reports with parameters that use this domain are to be regenerated, whereby only 'XML file', 'XSD file' and 'XML and XSD files' values can be specified for the 'File type' parameter when using these reports. In the case of batches with the 'File type' parameter, only 'XML file', 'XSD file' and 'XML and XSD files' can be filled as values for this parameter when starting up.

Online HTTP Connection

Extend number of possible HTTP connections (M-3071)

A maximum of three HTTP links could be defined for the whole of OHI Back Office. This maximum of three links was not enough. Furthermore, there were no windows available in OHI Back Office for managing the links. A new 'HTTP Link' (SYS1147F) management window makes it possible to define an unlimited number of links. A second management window, 'Window HTTP Link' (SYS1148F) provides the option of specifying which link should be active in a particular window. The OHI Back Office toolbar will display a button in these windows for starting up the defined link. Because management windows are now available, the management program ALG_OHKCFG_PCK became redundant. The data for existing links has been converted to fit the modified data model.

Authorization

Security: secure application role should always require ip address specified (M-3098)

By default, the 'Secure application' role, which has a lot of privileges, can only be used by the server processes of the application server. A (technical) table without a management window has been provided for setting up the IP addresses of the application server. Two procedures have been made available for managing this table, namely ALG_IAS_PCK.INS and ALG_IAS_PCK.DEL for respectively inputting and deleting the IP address being given. Please refer to 'Oracle Insurance for Health - Installation, Configuration and DBA Manual' for details. During the installation, the table is populated by a conversion procedure with the value or values from the OHI Back Office parameter 'Application Server IP Addresses'. Before this conversion is performed, a check is made to see if the parameter has been filled in. The OHI Back Office parameter 'Application

Server IP Addresses' is then deleted from the 'System' group of Back Office parameters during the installation. Checking the application server's IP address when assigning the 'Secure application' role has now been made mandatory. If an IP address is missing, the following error message results: 'ERROR: You must use a supported OHI Back Office (user) interface'.

System Setup

Event handling (M-3129)

The business event framework in OHI Back Office offers the option of flagging events in a batch. Flagged events are stored and are available for batch processing. Real-time signaling and processing have been added to the framework. The 'Event definition' (SYS1149F) management window allows events to be set up. For real-time events, it is possible to indicate for which events data has to be signaled by using dynamic PL/SQL. The 'Event' scope has been added to the 'Dynamic PL/SQL Usage Type' (SYS1138F) management window to enable this usage type to be specified. The programming code for this scope can then be set up in the 'Dynamic PL/SQL Definition' management window. In addition, for an event definition it will be possible to specify how the flagged data should be stored. In addition to storage in a table, it will also be possible to store in an Oracle Advanced Queue. The queue can be used to ensure that flagged events are processed directly. The 'Process Business Events' (SYS5001S) data processing batch has been modified for this.

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