

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 10.12.1.0.0 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:

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Party Management

Re-design of postcode system, address format, name format, regions - phase 1 (M-2606)

There is a new management window, 'Address field configuration' (REL3036F). A flexible address format can be defined in this window. An address configuration can then be connected to a country in the window 'Country' (REL3005F).

Columns have been added to the 'Country' (REL3005F) management window:

- Configuration;
- Description of the address field configuration.

An address field configuration can be selected for each country. This configuration will then be applied in all windows in which the address is shown.

Party

Re-design of postcode system, address format, name format, regions - phase 1 (M-2606)

The field 'Registered office' is no longer shown in the user window 'Own account' (REL1021F).

The country has been added to the address form in the user window 'Match erroneous party' (REL3033F).

In a number of windows, the address components are presented in accordance with the address field configuration as defined in the management window, 'Address field configuration' (REL3036F).

In a number of windows, address details are shown in a so-called 'multi line field'.

The formatted address is shown in a number of query windows.

The address is no longer shown in a number of user/query windows.

The address is no longer shown in a number of user/query windows. Furthermore, these user/query windows can no longer be accessed via the menu.

Attributes have been added to the 'Address' object. The way in which these attributes are populated is dependent upon the address field configuration.

The original 2 fields for postcode (the code denoting the town and the letter code of the address area in which the address is located) have been combined into 1 field.

General Administration

SEPA, IBAN-BIC, collection, disbursement (M-2296)

The management windows 'Dynamic PLSQL type use' (SYS1138F) and 'Dynamic PLSQL definition' (SYS1139F) have been adapted to allow the use of dynamic PL/SQL for the composition of a transaction description. This is used in SEPA disbursement files (and in SEPA collection files, see below). The indicator 'Bypass?' has been added to both windows for the purposes of testing and debugging. If the 'Bypass?' indicator has been selected, PL/SQL definitions are not actually performed but instead immediately return a standard value.

Offering a uniform mechanism for control of interfaces (EI, WS, etc.) (M-2451)

The arranging of control for media, web services and scripts was previously carried out in a variety of different ways. From now on, parameters can be set in a more generic and dynamic manner in the new management window 'Back Office parameters' (SYS1144F). The values of the Back Office parameters can be maintained in the new management window 'Back Office parameter values' (SYS1145F). Checks on the parameter values entered can be implemented and maintained in the window "Dynamic PLSQL definition" (SYS1139F). For this purpose, the scope in the window "Dynamic PLSQL type use" (SYS1138F) has been expanded with the value 'Back Office parameter'.

Re-design of postcode system, address format, name format, regions - phase 1 (M-2606)

The management window 'Dynamic PLSQL type use' (SYS1138F) has been expanded with a new 'Scope': 'Address field'. A new type of 'Dynamic PLSQL type use' has been

added with the code 'REA'. Dynamic checks for code 'REA' can be defined in the window 'Dynamic PLSQL definition' (SYS1139F). The dynamic checks which have been defined there can be applied to the address fields in the window 'Address field configuration' (REL3036F).

The parameter 'Standard country code' has been added to the window 'Maintain Back Office parameters' (SYS1144F). A parameter value (country) for the parameter 'Standard country code' has to be added to the window 'Maintain Back Office parameter values' (SYS1145F). This country functions as an initial value for all windows in which a country code is applicable. This is a preset, not a control!

Care Procurement Administration

Re-design of care procurement windows (contracts and agreements) (M-2605)

The data in the area of care procurement was difficult to maintain and consult as it was spread over many different windows. This made it difficult to obtain an effective overview. The windows for care agreement (ZRG1118F) and care contracts (ZRG1124F) and a selection of related windows have therefore been redesigned. In the new design, related data is placed together in one window as much as possible, in other words, one window for a care agreement and one for a care contract.

As a result, the following management windows have been removed:

- 'Reimbursement agreement' (ZRG1120F)
- 'Debtor rule agreement' (ZRG1278F)
- 'Restriction agreement' (ZRG1121F)
- 'Care contract property' (ZRG1127F)
- 'Status history of care contract' (ZRG1138Q)
- 'Individual agreement' (ZRG1128F)
- 'Individual agreement property' (ZRG1133F)
- 'Non-standard reimbursement' (ZRG1129F)
- 'Non-standard debtor rule' (ZRG1139F)
- 'Non-standard restriction' (ZRG1130F).

Other management windows remain, as there is management data that can be maintained outside of the context of a care arrangement or care agreement.

Amending repayment invoices in the case of a contracted care provider (M-2615)

Insurance companies can arrange with contracted care providers that the care provider only provides care in kind if this is reimbursed from the basic insurance. For care that is not reimbursed by the basic insurance, the invoice is presented to the member. The member can then submit this invoice to the health insurer as a repayment claim. If the member's policy conditions appear to show that the contracted care is met from the basic insurance, this repayment claim may not be reimbursed from the basic insurance. However, it must remain possible for the claim to be reimbursed from the additional insurance. In order to support this scenario, the checkbox 'Prevent repayment claims for contracted care?' has been added to the tab 'Individual agreement' in the management window 'Care contract' (ZRG1124F).

Product Administration

Re-design of coverage windows (M-2556)

The data of a coverage group was difficult to maintain and consult as it was spread across different windows. It was also not possible to show the full hierarchy of a coverage group. In order to offer an improved overview, all related management data has been placed in a single window, namely the management window 'Coverage group' (ZRG 1212F) that was previously called 'Coverage'. As a result, the following management windows have been removed:

- 'Coverage class' (ZRG1213F)
- 'Coverage extent rule' (ZRG1214F)
- 'Coverage threshold' (ZRG1216F)
- 'Qualifying period' (ZRG1217F)
- 'Coverage class determining factor' (ZRG1151F)
- 'Coverage class diagnosis' (ZRG1251F)
- 'Coverage class provider' (ZRG1266F)
- 'Initial treatment procedure' (ZRG1219F)
- 'Primary pre-authorization rule' and 'Pre-authorization continuation rule' (ZRG1218F)
- 'Coverage procedure' and 'Coverage procedure determining factor' (ZRG1215F).

The management window 'Member class' (ZRG7006F) remains so that you can also maintain this management data outside the context of a coverage group.

Policy Administration

SEPA, IBAN-BIC, collection, disbursement (M-2296)

Thanks to the phasing out of a business rule it is now possible to use each account as an account for premium and/or deductible (as set out in the policy) and for group contracts (as set out in the group contract).

Claims

Claims: fewer problems due to provider/location not being evaluated (M-2452)

'Claim line evaluation deviations' can be established in the new management window (ZRG7059F). In the case of a claim line evaluation deviation the scope (in-kind, repayment or both) can be specified, among other things, and whether the provider and/or location should be excluded from evaluation. It should also be specified which classifications the deviation applies to by using the population of a classification group.

The following changes have been introduced to the process and checks performed in the manual or API-conducted registration of a claim line:

- The provider and specialism may both be entered.
- If the provider and specialism have been entered, the specialism of the provider must be the same as the specialism that has been entered. If this is not the case, a new fatal error will immediately be created.

The claim processing now takes into account any claim evaluation deviations that may have been set up.

- If no claim evaluation deviation is found, the existing check is still performed as to whether provider and specialism have both been entered. If this is the case, the existing fatal error for the claim line is logged.
- If a claim line evaluation deviation applies to provider and/or location, a new warning is created for the claim line. The claim line is then processed as though the provider and/or location had not been entered. This means that any provider or location that has been entered are ignored for all checks and determinations in the process, such as searching for a usable authorization.

Amending repayment invoices in the case of a contracted care provider (M-2615)

Insurance companies can arrange with contracted care providers that the care provider only provides care in kind if this is reimbursed from the basic insurance. For care that is not reimbursed by the basic insurance, the invoice is presented to the member. The member can then submit this invoice to the health insurer as a repayment claim. If the member's policy conditions appear to show that the contracted care is met from the basic insurance, this repayment claim may not be reimbursed from the basic insurance. However, it must remain possible for the claim to be reimbursed from the additional insurance. In order to support this scenario, the new indicator 'Prevent repayment claims for contracted care' shall now be evaluated in the scripts 'Process claim' (ZRG3009S) and 'Make claim payable' (ZRG3012S).

Checks (restriction rules) on combination of procedure code and property (M-2709)

A combination of procedure and dynamic property (e.g. dental element) (dynamic property) can from now be checked for in the claim process (by using restriction rules). Checks for aids (left/right/both) and foreign countries are also now supported.

The scripts 'Process claim' (ZRG3009S) and 'Make claim payable' (ZRG3012S) have therefore been adjusted.

Improved return reporting for registration rates of GPs claimed twice (M-2792)

The data processing scripts 'Process claim' (ZRG3009S) and 'Make claim payable' (ZRG3012S) have been adjusted so that in the case of duplicate claims for a registration rate, a differentiation is made on the basis of the provider (location). If the provider and location are the same, the new possible error 0670 is given. If the provider and/or location differ, the existing possible error 0306 is given.

Financial Management**SEPA, IBAN-BIC, collection, disbursement (M-2296)**

The existing structure for members accounts (that are set out in the window 'Own account' [REL1021F]), are now also used for receipt and payment accounts. With this, IBAN and BIC can be used for a receipt and payment account. The management window 'Financial unit' (FIN6001F) has been adjusted so that each unit is obligated to have its (own) member. A collection identification can now be specified, alongside the member, for a financial unit. The collection identification is used for performing automated collections in the financial unit. The collection identifications specified are checked for validity.

The field 'Account' (previously 'Number') in the management window 'Receipt and payment account' (FIN4005F) is no longer a 'free' numeric field. Instead, from now on the field must refer to an existing account of the member that is connected to the selected

financial unit. The currency can no longer be set as a separate datapoint in the receipt and payment account; this is derived from the connected (member) account. Various business rules have been (technically) adjusted. Existing receipt and payment accounts will be converted to the new set-up.

A new business rule ensures that the accounts that are used as receipt or payment account are not used as a valid account for other parties.

Targets can be established for the authorizations for automatic collection in the new management window 'Authorization target for automatic collection' (REL1029F). For example, 'Premium' or 'Deductible'. This enables the use of an authorization to be limited to one or more targets. One or more categories can be specified for a target. A target applies to the automatic collection of demands that have an invoice category that has been established for the target.

Financial

SEPA, IBAN-BIC, collection, disbursement (M-2296)

Thanks to the phasing out of a business rule, it is now possible to use each account as an account for demands (set at the time of the demand).

The outgoing medium 'Create receipt and payment' (FIN4013I) no longer appears to be in use among customers, so it has been phased out.

The report 'Overview of advance receipt' (FIN2033R) has been rebuilt as a .csv file (instead of Oracle Reports) in order to enable IBANs to be displayed.

The data processing script 'Generating disbursement order' (FIN3024S) has been adjusted so that it takes into account the new script parameter 'SEPA Transfer date' when creating disbursement orders. From that date, the script assumes that automatic payment in Euros must be made by means of a SEPA Credit Transfer. In this case, non-Dutch IBANs in Euros, among others, can also be selected under the payment method 'Automatic payment'. The script has also been adjusted so that the payment method under which an obligation is selected only depends on the account and currency of the obligation and not on the payment method established for the obligation.

The new outgoing medium 'Create automatic disbursement (SEPA Credit Transfer)' (FIN3034R) shall create SEPA disbursement files in accordance with pain.001.001.03 (ISO20022). This medium is the SEPA counterpart to the outgoing medium 'Create automatic disbursement' (FIN3032S/FIN3007I), which creates files in accordance with the ClieOp03 standard. The functionality of both is largely the same (except for the file format). In the new SEPA medium, use can be made of dynamic PL/SQL definitions (see above) for the composition and description of payment references.

During the transition to SEPA, all IBANs can be entered as account, while they must still be paid via ClieOp03. In order to support this scenario, the outgoing medium 'Create automatic disbursement' (FIN3032S/FIN3007I) has been adjusted, so that these Dutch IBANs will be translated to Dutch BBANs.

The name of the output product 'Foreign disbursement' (FIN3031S/FIN3026R) has been changed to 'Generic disbursement' ('Generic' in the sense of: 'not particular to a specific format'). The old name no longer makes sense, since 'foreign' also includes countries that form part of SEPA.

The payment method of an obligation is only determined when generating disbursement orders (analogous to the determination of the collection method of a demand). The 'Foreign' payment method at the level of the obligation has therefore been removed (this can still be found at the level of the disbursement order). The data processing scripts 'Load financial transaction' (FIN5009S), 'Convert demand to obligation' (FIN2004S) and 'Convert advance receipt to obligation' (FIN2045S) have been adjusted so that the obligations are always created with the 'Automatic' payment method (and no longer 'Foreign'). The 'Foreign' payment method is no longer available in the user windows 'Obligation' (FIN3001F), 'Maintain previous obligation' (FIN3010F) and 'Evaluate previous obligation' (FIN3011F) and in the XML objects 'OBLIGATION' and 'CALCULATING OBLIGATION'. Existing obligations are converted to the 'Automatic' payment method.

Authorizations can be created and maintained for automatic collection in the new user window 'Authorization for automatic collection' (REL1030F). One or more targets must be connected to an authorization. As of the transition to SEPA, OHI Back Office checks for the existence of a valid authorization when performing automatic collection.

The data processing script 'Generating collection order' (FIN2008S) has been adjusted so that it takes into account the new script parameter 'SEPA Transfer date' when creating collection orders. From this date the script assumes that automatic collection in euros must be made with a SEPA Direct Debit. In this case, non-Dutch IBANs in euros, among others, can also be selected under the collection method 'Automatic collection'. As of the transition to SEPA, the existence of a valid authorization is checked for when selecting demands for automatic collection. Depending on a new script parameter, claims are either not selected or selected under the 'giro' collection method, if there is not a valid authorization. As of the transition to SEPA, separate collection orders will be created according to claim type ('FRST' or 'RCUR'). A new script parameter can be used to opt for the creation of a collection order for only one of these sequence types.

The sequence type of a collection order for SEPA Direct Debit can be found in the user window 'Collection order' (FIN2009F).

The new outgoing medium 'Creation of automatic collection (SEPA Direct Debit)' (FIN2117R) shall create SEPA collection files in accordance with pain.008.001.02 (ISO20022). This medium is the SEPA counterpart to the outgoing medium 'Create automatic collection' (FIN2028S/FIN2010I), which creates files in accordance with the ClieOp03 standard. The functionality of both is largely the same (except for the file format). In the new SEPA medium, use can be made of dynamic PL/SQL definitions (see above) for the composition and description of collection references. When saving collection actions, the existence of a valid authorization is again checked for. This is due to the fact that time may pass between the creation of the collection order (when the check is also performed) and the creation of the SEPA collection file. The authorization may (for example) have been withdrawn by the authorizing party in that time. A collection action is not recorded in the SEPA collection file if there is not a valid

authorization. Finally, the process date reported to the bank can be automatically adjusted with the help of script parameters to ensure SEPA compliance.

In the transition to SEPA, all IBANs can be entered as account, while they must still be collected via ClieOp03. In order to support this scenario, the outgoing medium 'Create automatic collection' (FIN2028S/FIN2010I) has been adjusted, so that these Dutch IBANs will be translated to Dutch BBANs.

The name of the output product 'Create collection of non-standard currency' (FIN2103S/FIN2104R) has been changed to 'Generic collection' ('Generic' in the sense of: 'not particular to a specific format'). The old name no longer makes sense, since this output product can also accommodate euro payments that don't run via SEPA (because, for example, use is made of BBANs instead of IBANs).

The new XML object 'AUTHORIZATION FOR AUTOMATIC COLLECTION' shows information about an authorization for automatic collection. This object is recorded as an attribute under the existing object 'OWN ACCOUNT' and is therefore available in all output products in which that object is used, including the output product 'Create policy sheet (XML)' (ZRG6127R).

The XML object 'COLLECTION SPECIFICATION' has been adjusted so that in all cases, members' non-Dutch account numbers are also included in the output.

The data processing script 'Convert obligation to demand' (FIN3003S) has been adjusted so that this also converts obligations with a non-Dutch account number to demands.

The incoming medium 'Load SWIFT/MT940' (FIN2107I) has been adjusted so that this can match the loaded account number of the insurance company with a receipt and payment account, in the event that one is in BBAN format and the other in IBAN format.

The incoming medium 'Load ProcInfo' (FIN2055I) has been adjusted so that this can match a loaded BBAN with a receipt and payment account that is specified in the IBAN format.

The user window 'Payment transactions failure line' (FIN4006F) has been adjusted so that this shows the BAN code (with the IBAN) of a payment transaction failure line if this is available.

The BAN code of a payment transaction failure line is now also shown in the report 'Overview of outstanding payment transaction failure line' (FIN4007R).

The prompt for the field 'End2End Identification record' in the user window 'Access payment transaction failure line' (FIN4008Q) has been changed to 'Reference record'. Namely, there can be both an 'End2EndID' in the field as well as a 'PaymentInformationID'.

The following modules have been technically adjusted as a result of the 'knock-on effects' of the adjustments to the receipt and payment accounts:

- User window 'Collection order' (FIN2009F)
- User window 'Statement' (FIN4001F)

- User window 'Payment' (FIN3006F)
- User window '(Advance) receipt' (FIN2016F)
- Query window 'Collection action and reconciliation' (FIN2025Q)
- Query window 'Receipt per debtor' (FIN2026Q)
- Query window 'Demand and receipt' (FIN2057Q)
- User window 'Manual settlement of demand' (FIN2090F)
- User window 'Disbursement order' (FIN3006F)
- User window 'Direct booking' (FIN4003F)
- Query window 'External receipt' (FIN4012Q)
- Query window 'Reference for receipts' (FIN4018Q)
- Data processing script 'Generate disbursement order' (FIN3024S)
- Outgoing medium 'Create automatic disbursement' (FIN3032S/FIN3007I)
- Data processing script 'Generate collection order' (FIN2008S)
- Outgoing medium 'Create automatic collection' (FIN2028S/FIN2010I)
- Data processing script 'Generate collection order reminder' (FIN2037S)
- Change to report 'Create specification with giro collection form' (ASC2029S/ASC2011R)
- Change to report 'Create letter for counter-entry and corresponding giro collection form' (ASC2013R)
- Change to report 'Create reminder letter with giro' (ASC2086S/ASC2019R)
- Change to report 'Create specifications for automatic collection' (ASC2031S.ASC2024R)
- Change to incoming medium 'Load SWIFT/MT940' (FIN2107I)
- Change to incoming medium 'Load ProcInfo' (FIN 2055I)

- Change to incoming medium 'Load GMU' (FIN2040I)
- Change to data processing script 'Check and enter statement' (FIN4002S)
- Change to data processing script 'Purge daily statements' (FIN6005S)
- Change to data processing script 'Create final settlement for uninsured persons' (FIN2109S)
- Change to object 'RECEIPT OR PAYMENT ACCOUNT'
- Change to object 'CASH-BANK-GIRO STATEMENT'
- Change to the output product 'Specification for automatic collection (XML)' (FIN2077R)
- Change to report 'Overview statement' (FIN4004R)
- Change to report 'Overview of outstanding payment transaction failure line' (FIN4007R)
- Change to report 'Overview of demands connected to daily statements' (FIN4015R)
- Change to report 'Overview of obligations connected to daily statements' (FIN4017R)
- Change to report 'Overview of advance receipt' (FIN2033R).

Disabling compression of general ledger lines (M-2497)

Compression of journal lines has been disabled in the data processing scripts below:

- 'Load financial transaction' (FIN5009S);
- 'Check and enter statement' (FIN4002S);
- 'Process previously connected order' (FIN4009S).

In addition, the GL_INTERFACE table is no longer populated by these scripts.

A reference to the source is now included in the data processing scripts below when creating a journal line/journal post:

- 'Convert demand to obligation' (FIN2004S);

- 'Generate collection order reminder' (FIN2037S);
- 'Convert advance receipt to obligation' (FIN2045S);
- 'Convert obligation to demand' (FIN3003S);
- 'Check and enter statement' (FIN4002S);
- 'Process previously connected order' (FIN4009S);
- 'Load financial transaction' (FIN5009S);
- 'Translate journal transaction' (FVS5009S);
- 'Balance current account entries' (FIN7001S).

A reference to the source is now included in the windows below when creating a journal line/journal post:

- 'Evaluate previous demand' (FIN2027F);
- 'Evaluate previous obligation' (FIN3011F);
- 'Payment transaction failure line' (FIN4006F).

Functional APIs

Claims: fewer problems due to provider/location not being evaluated (M-2452)

The functional API for claim line has been adjusted in order to support a situation in which both a claim line and a provider can contain a specialism.

Amending repayment invoices in the case of a contracted care provider (M-2615)

Insurance companies can arrange with contracted care providers that the care provider only provides care in kind if this is reimbursed from the basic insurance. For care that is not reimbursed by the basic insurance, the invoice is presented to the member. The member can then submit this invoice to the health insurer as a repayment claim. If the member's policy conditions appear to show that the contracted care is met from the basic insurance, this repayment claim may not be reimbursed from the basic insurance. However, it must remain possible for the claim to be reimbursed from the additional insurance. In order to support this scenario, the new attribute 'Prevent repayment claims for contracted care?' has been added to the functional API `API_ZAS_INDIV_ZORGAFSPRAAK`.

Business Services

Align all service layer web services according to latest insights (M-2623)

Improvements have been implemented for the development of web services; the majority of these improvements are of a technical nature.

Technical Modification

Additional measures to safeguard against extreme sequence value problems (M-2608)

The system number generators (the 'sequences') in a few internal Oracle environments have been increased to the minimum number with the maximum width. If the maximum number is for example 10 digits wide, e.g. 9,999,999,999, then the internal number generator is increased to 1,000,000,000 so that the system can work with numbers of this maximum width. In this example the commas have been added to improve readability; this is not the reality. Problems that arise as a result of the above have been adjusted in the context of this theme. An example: requesting the number of the script. A request with a number of maximum width resulted in error messages.

ORACLE GLOBAL CUSTOMER SUPPORT

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