

Release Notes

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ABOUT ORACLE HEALTH INSURANCE 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 10.14.1.0.0 of Oracle Health Insurance Back Office 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 11
- Members 11
- Financial 3
- Relation 1

SYSTEM AND TECHNOLOGY 2

BACK OFFICE

DATA MANAGEMENT

Security: An OHI User Definition Must Have A Start And End Date And Block Option (M-2907)

The following fields have been added to the User (SYS1017F) window:

- Start Date
- End Date
- Blocked indication.

A conversion batch is used to fill the Start Date field with the value 01-01-1900 for all existing users.

Procurement Administration

Maximum Benefit Limit On Group Contract Level (M-3657)

It is now possible to define a maximum amount or number for specific procedures within a period at the group contract or subgroup level. To this end, the following modifications have been made in OHI Back Office.

A new, selectable, variable has been added to the scope (member) in the Procedure Limitation Rule management window (ZRG1142F): "For all members per group contract/subgroup". A new Group contracts tab has been added in which you can specify which group contracts (and subgroups) the procedure limitation rule applies to. A new value has been added in From on the Procedure limitation rule tab: Contract Period. This modification has also been implemented in the Provider Contract (ZRG1118F) and Provider Agreement (ZRG1124F) management windows.

A new Limitation tab has been added to the Group Contract (ZRG2011F) management window in which the procedure limitation rules can be linked to the group contract's group or subgroups.

The Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches take account of the new scope (member) when checking the procedure limitation rule. If this equals "For all members per group contract/subgroup", then a maximum amount or volume applies, summed over all claim lines for the members per group contract or per subgroup of a group contract. When determining the consumption, the procedure date must fall within the policy's current contract period or within the current contract period of the group contract depending on the member scope if the reference point is "Contract period".

Care Management With Lesser Configuration (part 1) (M-3902)

The writeProviderContract business service has been modified, so that it can also be used to modify existing provider contracts.

Claims

Time-Lag for Procedures Started During Insured Period (M-3647)

OHI Back Office has been modified to facilitate specifying a time-lag at branded product level and specifying a deviating time-lag on group contract. This involves the following modifications:

- A Time-lag tab, in which the time-sensitive time-lags can be specified in days per branded product, has been added to the Brand (ZRG1271F) management window.
- A Deviating time-lag tab, which includes the deviating time-lags per group branded product, has been added to the Group Branded Product (ZRG2013F) management window.
- When determining the membership in Process Claim (ZRG3009S), Finalize Claim (ZRG3012S) and Process Pre-Authorization (ZRG3002S), account is taken of the time-lag that has been recorded for the branded product and any deviating time-lag that has been recorded on the branded product combination in the group contract.

No Benefit If Diagnosis Code Equals Pre-Existing Conditions (M-3650)

If a pre-existing condition is recorded for a member, that is valid during a specific period, claim lines for that member that contain the diagnosis involved must be rejected during that period. This is to prevent people taking out a policy and immediately starting to claim high costs for a specific procedure.

It was already possible to record pre-existing conditions for a member, but the claim processing did not take this into account.

The Check diagnosis function has been expanded in the Process Claim/Finalize Claim (ZRG3009S/ZRG3012S) batches: a check is made of whether the diagnosis in the claim line has already been recorded as a pre-existing condition for the member. An error is logged if this is the case.

New fields have been added to the Select Diagnoses (ZRG9041L) LOV window to show if the diagnosis is only valid for a specific age category or gender. This allows better selection of the correct diagnosis for the member. The modification was a remnant of the Diagnosis Code Age or Gender Dependent (M-3662) theme.

Modifications in EF302 (M-3912)

During processing of claims in accordance with the EF301/EF302 External Integration Standard, the health care payers encountered a number of problems, such as: fatal errors could no longer be deleted during (manual) claim processing, overridable errors had no return code that could be used in the EF302 return file, when a negative amount was submitted in the EF301 claim file a fatal error was registered during the claim

processing because no debit line could be found. This is why the following modifications have been made to OHI Back Office.

The (E)125 Foreign tab for the dispute codes for the foreign claims has been added to the Error (ZRG7022F) and Manual Notification (ZRG7109F) management windows.

The Import (E)125 form - EF301 (ZRG8225I) incoming file interface has been modified. All fatal errors have been changed to overridable errors.

The Create (E)125 Form - EF302 Return Information (ZRG8325I) return interface has been modified. The Dispute Code (1882) category is filled with the return code that is recorded in the manual notification or the error in the (E)125-record ((E)125 Foreign).

A number of existing errors have been given a return code for the (E)125 record in addition to the return code for the procedure record.

Benefit Rules for Diagnostic/Pathology Instead of a List of Procedures (M-3701)

In Mexico, the benefit is not based on a group of procedures but primarily on a list of covered conditions or diagnoses. It was not possible to define benefit in OHI on the basis of diagnoses alone.

The new Cause (ZRG1312F) management window has been introduced to allow causes to be maintained.

In the Benefit (ZRG1212F) window, the Cause Evaluation indication has been added to the benefit group and the Diagnoses and causes tab has been added. The diagnoses and causes relating to a benefit group can be maintained in this tab. This new indication allows you to indicate how the causes on the new tab should be evaluated during the processing of the claim and pre-authorization.

In the Process Pre-Authorization (ZRG3002S), Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches, the evaluation of the benefit has been modified in such a way that a benefit set up on the basis of diagnoses is also supported. In this case, a benefit on the basis of the procedure takes precedence over a benefit on the basis of a diagnosis. And the evaluation of benefit groups has been extended to include the evaluation of the causes.

Introduce Case Level for Benefit, Claims and Pre-Authorizations (M-3704)

The Maintain Case (ZRG3081F) user window has been introduced for maintaining cases. The new Reset Case (ZRG3082F) user window must be used in order to reset a Rejected status back to Provisional or Approved.

The Case field has been added to the Maintain Pre-authorization (ZRG3001F), Maintain Claim (ZRG3004F) and Correct Processed Claim (ZRG3024F) windows.

The Process Pre-Authorization (ZRG3002S), Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches have been modified as follows:

- If a case is recorded, a check will be carried out to determine whether that case is actually suitable. If the case is unsuitable, a fatal error will be logged.

- If no case is recorded and the new Back Office "Determine case" parameter has been assigned a value of Y, a search will be performed for an approved case. If a single case is found, it will be committed. If several cases are found, the case will remain empty and a warning will also be logged.
- If ultimately no case is or will be committed, claim related benefit is not applicable.

If a pre-authorization is being corrected, the case will also be saved in the corrected Pre-Authorization. The case will also be included in the Corrected Pre-Authorization (ZRG3032Q) window. And if a claim line is being corrected, the case will also be saved in the corrected claim line. The case will also be included in the Corrected Claim Line (ZRG3034Q) window.

In the Benefit (ZRG1212F) window, values have been added to the From field in the Benefit categories tab in the blocks for extent rules and thresholds.

In the Modify Policy (ZRG2202F) window under policy restrictions, it is now possible to fill in the severity using the new value Ignore if mandate given. And the Generate Policy Restriction (ZRG6040S) batch now has the new "Severity" parameter.

Introduce Case Level for Benefit (follow-up M-3704) (M-3906)

In Mexico, specific benefits are related to a case. A case is to be understood to refer to the processing of an illness case. This involves the registration of the illness case, the issuing of a pre-authorization and the processing of the relevant claim lines.

The Process Pre-Authorization (ZRG3002S) batch has been modified as follows:

1. The reference date for policy restrictions has been modified: if a case has been recorded in the pre-authorization and this case has commenced in the period of a policy restriction, then this policy restriction applies.
2. The reference date for thresholds and extent rules has been modified: in the case of the Per case reference date, the start date for the case applies as the reference date.

The Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches have been modified as follows:

1. The reference date for policy restrictions has been modified: if a case has been recorded in the claim line and this case has commenced in the period of a policy restriction, then this policy restriction applies.
2. The reference date for thresholds and extent rules has been modified: in the case of the Per case reference date, the start date for the case applies as the reference date.
3. The evaluation of extent rules has been expanded: in the case of a Per case reference point and if a case has been recorded in the claim line, the extent rule is evaluated using a new method.
4. The evaluation of thresholds has been expanded: in the case of a Per case reference point and if a case has been recorded in the claim line, the threshold is evaluated using a new method.

Benefit and Premium Structure - Claims Process (M-3752)

OHI Back Office works in a product-oriented manner. All options and personal choices that can be offered in Mexico lead to a number of products (branded product combinations) that is far too big. A new product model has been elaborated in the Benefit and Premium Structure - Configuration and Data Model (M-3527) theme, where options are provided on benefit structures and where personal choices can be made, including in relation to the extent of the benefit and level of the thresholds. This theme contains some of the impacts of the new model for the benefit and processing of the structure in the claim processing.

A new Norm (SYS1153F) management window has been added for norms. Time-sensitive levels can be recorded for a norm.

In the Benefit (ZRG1212F) management window the benefit extent rules and thresholds have been expanded with a relationship to the new NORM entity and a corresponding percentage. This makes it possible to relate an extent and a threshold to a norm.

The evaluation of extent rules and thresholds has been expanded in the Process Pre-Authorization (ZRG3002S), Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches. If an extent rule or a threshold is related to a norm, the value for the norm is determined.

In the coverage variables, a number of values for Attribute have lapsed and two values have been renamed. The Benefit Question (ZRG1309F) management window has been modified for this.

The benefit can be controlled using data from the case. Therefore, the maximum benefit will be populated automatically in the Maintain Case (ZRG3081F) window at the time that a case is registered. The benefit variables involved must be recognizable for this automatic population. The Case Detail field has been added to the Variables tab of the Benefit Question (ZRG1309F) management window for this purpose.

The Extent and Thresholds tabs have been added to the Benefit (ZRG1212F) management window and while doing so some of the information from the Benefit categories tab has been moved to these tabs. Variables for the (supplementary) extent rules and thresholds can be maintained on the new Extent and Thresholds tabs.

The evaluation of extent rules and thresholds has been expanded in the Process Pre-Authorization (ZRG3002S), Process Claim (ZRG3009S) and Finalize Claim (ZRG3012S) batches. If variables are linked to an extent rule or threshold these variable must be evaluated.

Flex Fields

Extend Functionality of Flex Field Solutions (M-2165)

It was not possible to set up entity flex fields in relation to entities that fall under the modification mechanism. However, in the Policy (ZRG2201F), Modify Policy

(ZRG2202F) and Modify Relation (REL1023F) user windows, you can now also open the Flex Field Value (ZRG7205F) window, even from blocks that are based on a view.

Two new indications have been added to the Entity Flex Field (ZRG7027F) management window: Searchable and Processed so as to be searchable. The first indication shows whether the flex field values for the flex field are searchable and the second indication shows whether this has actually been carried out for all existing flex field values relating to that flex field (in which case indexes have been added).

The Modification Status field has been added to the Flex Field Value (ZRG7205F) user window. This field only applies for flex field values relating to entity flex fields that fall under the modification mechanism of a policy or relation and it shows the status of the modification compared with the final status. From now on you can also open this window using a new button on the menu bar.

The new Make A Flex Field Value Searchable (ZRG7209S) batch makes it possible to search for flex field values relating to a specified flex field. Indexes are then added to the flex field values. This will speed up searches based on those values.

In the findBroker, findContractingParty and findGroupContract business services it is possible to search for flex field values among other things. If the flex field values in question have been made searchable using the Make Flex Field Value Searchable (ZRG7209S) batch, the search for those flex field values will be quicker because indexes are being used. If the flex field values have not been made searchable, the data is retrieved by the old method.

MEMBERS

Policy

Adjudication per Team (M-3702)

The adjudication windows have been modified so that only users belonging to the same user group as the user registered with the policy are able to query that policy. This filtering is implemented in the following windows:

- Accept Policy (ZRG1288F)
- Accept Policy Message (ZRG1305F)
- Adjudicate Policy and Relation (ZRG2131F) (only the policy data is filtered based on the user group)
- Accept Policy (Cancellation) (ZRG1290F).

An OHI Back Office parameter indicates whether or not this team based filtering should be applied in these windows. The parameter allows for application users not needing the adjudication per team to disable this functionality.

Commission Enhancements Resulting From Dynamic PL/SQL Built for Brazilian market (M-3740)

The following enhancements have been made for commissions:

- Batch Process Commission Calculation Requests (COM1100S) has been changed:
 - Messages that are linked to a specific calculation request are stored and can be queried in window Commission Calculation Requests (COM1006F).
 - Additional parameters have been added to offer more flexibility in the selection of calculation requests to be processed;
 - It is now possible to keep the calculation request open (for retry in the next batch run).
- Batch Process Commission Calculations (COM1101S) has been changed:
 - Additional parameters have been added to offer more flexibility in the selection of commission calculations to be processed;
 - In some cases, the calculation cannot be done yet (e.g. because the premium has not been calculated yet); recalculation is useless until after a certain date (e.g. after prolongation batch has run according to schedule). It is now possible to deal with a “calculation from date” from the custom calculation software.

Benefit and Premium Structure - Policy Process (M-3751)

To enable the usage of benefit options in the policy process new functionality has been added to automatically create and maintain which benefit options and variable answers can be chosen on a policy.

To be able to make use of benefit options in the policy process the following existing windows have been modified:

- Benefit Structure (ZRG1206F): On the Options tabs it is strongly recommended not to use end dates as this may lead to inconsistency in the maintenance of benefit option and/or variable questions on policies.
- Benefit Question (ZRG1309F): On the Option and Variable Answer tabs it is strongly recommended not to use end dates as this may lead to inconsistency in the maintenance of benefit option and/or variable questions on policies.
- Premium (ZRG1226F): It is now possible to indicate if a premium can be used for options.
- Brand (ZRG1271F): On the tab Risk Bearers it is now possible to have more than one risk bearer at a time, each bearing risk for a certain percentage. The total percentage at any time must be 100.

- Group Contract (ZRG2011F): This only holds for umbrella group contracts: discount deviations can now be specified per subgroup.
- Group Branded Product (ZRG2013F): Discounts, controls and collection controls can now be specified per subgroup.
- Group Contract Benefit Option (ZRG2125F): The layout of this window has been changed to enable the full support of maintenance of group contract benefit options and answers.
- Add Policy (ZRG2201F): The popup window Select Policy Members now supports the usage of subgroup membership. A new tab has been added to maintain benefit option and/or variable questions.
- Modify policy (ZRG2202F): A new tab has been added to maintain subgroup memberships. A new tab has been added to maintain benefit option and/or variable questions. It is no longer possible to change the group contract of a policy group contract. Now you have to remove the existing policy group contract followed by adding a new one for the right group contract.
- Select Branded Product Combinations (ZRG9033L): This LOV-window now supports the modified functionality for group branded product control with subgroups.
- Select Branded Products (ZRG9102L, used in ZRG2201F): This LOV-window now supports the modified functionality for group branded product control with subgroups.
- Maintain Financial Transaction (FIN1008Q), Maintain Direct Booking (FVS1016Q): Fields for “Employers Part” and “Risk Bearer” are now shown.

For the existing batch “Modify Policies by Selection” (ZRG2103S) support has been added to transfer subgroup memberships from one contract to another, but only in certain situations. Policies with benefit options can only be modified under certain restrictions.

In a data conversion, two subgroups are added to all group contracts; one for employees and one for non-employees. The names of these subgroups must be specified at installation time. Furthermore each policy member on a group contract policy gets a subgroup membership. The policy holder gets the subgroup for employees, the other memberships get the other subgroup.

Policy Validity Periods, Process (M-3799)

A new Back Office Parameter has been added to specify the default length (in months) of a contract period.

To be able to make use of contract periods in the policy process the following existing windows have been modified:

- Brand (ZRG1271F): It is possible to indicate a brand using contract periods. From the tab Branded Product Details 3 fields have been removed: Contract Period Start Month, No. of Months of Initial Product Installment and No. of Months for Policy Product Renewal.

- **Group Contract (ZRG2011F):** It is possible to indicate a group contract having contract periods. Functionality has been added to maintain these contract periods. If using contract periods then most group contract detail information must follow the period (start/end date) of contract periods.
- **Add Policy (ZRG2201F):** It is possible to indicate a policy having contract periods. Functionality has been added to maintain the first contract period of a policy.
- **Modify Policy (ZRG2202F):** It is possible to indicate a policy having contract periods. Functionality has been added to maintain the contract periods of a policy. If using contract periods then the period of policy products, subgroup memberships, benefit options and benefit variable answers must follow the period (start/end date) of contract periods. From the tab Products the field “End of Period” has been removed. The tab Benefit Options has added functionality: the LOV on field “Reference date” now shows all start dates of benefit options and answers chosen. A button to evaluate the policies benefit options and variable answers on the reference date has been added. It is strongly recommended to only use this button on the latest reference date in the LOV. Using it on other reference dates may lead to inconsistency in the maintenance of benefit option and/or variable questions chosen.

The following batches have been added:

- **Renewing Policy Contract Terms (ZRG4044S):** This batch adds a new contract term consecutive to the latest present at the policies to be processed.
- **Process option configuration events (ZRG4045S):** This batch processes the consequences to benefit options and answers chosen on policies because of a modification to the reference date of a group contract contract period.
- **Modify Policies by Selection (ZRG2103S):** When processing policies with contract periods restrictions apply to using this batch.
- **Purge policies (ZRG6121S):** Functionality has been added to purge benefit option chosen, benefit variable answer chosen and policy contract period.

Acceptance Questions Setup Per Member Category (M-3655)

Window Acceptance Questions Definition (ZRG1285F) has been modified to include the possibility to set up the member class for which the question is applicable. Member classes are only valid for specific member questions. In case no member class is specified the question is applicable for all members.

Determination whether or not acceptance questions are applicable has been modified in the following windows. In case a question is not applicable for any of the members the question will not be added to the policy:

- **Add Policy (ZRG2201F)**
- **Modify Policy (ZRG2202F).**

The following windows have been modified to display the member class of the acceptance question:

- Complete Policy (ZRG1287F)
- Accept Policy (ZRG1288F)
- Add Policy (ZRG2201F)
- Modify Policy(ZRG2202F).

Enrollment Fee (M-3376)

The capability to set up subscription costs has been added to the following management windows:

- Brand (ZRG1271F)
- Group Contract (ZRG2011F)
- Group Branded Product (ZRG2013F)

It is now possible to set up subscription costs per brand in a new Subscription Costs Per Brand (REL3038F) management window.

The amount of subscription costs can have a time-sensitive setup. Here you can indicate if the amount should be invoiced once only per policy or per new contract period. In addition, an amount can be set up per:

- Policy
- Policy product
- Policy product with a membership range
- Member

The Create Policy (ZRG2201F) and Modify Policy (ZRG2202F) user windows have been expanded with the capability to specify how the subscription costs should be processed. The default processing for this can be set up in a new Back Office parameter.

The Modify Policy by Selection (ZRG2103S) and Modify Broker (ZRG2130S) batches have been modified to indicate how subscription costs should be processed.

The premium recalculation has been expanded with the calculation of the subscription costs.

Derive Mexican Address Fields from Codigo Postal (M-3652)

It was not possible to derive address fields from the Mexican postal code ("codigo postal") in OHI Back Office. It must be possible to derive the following address fields from the Mexican postal code: state, municipality, city and district.

The "Synchronize new and old address structures" parameter has been added to the Back Office Parameters (SYS1144F) window. This Back Office Parameter can be used to prevent synchronization of the new address structure with the old address structure and vice versa.

In the Address Field Configuration (REL3036F) management window, an LOV has been added to support users in selecting a value for the address field concerned.

In the Dynamic PL/SQL Definition (SYS1139F) management window, a new PL/SQL definition has been delivered for deriving Mexican address fields.

A Mexican address field configuration has been delivered in the Address Field Configuration (REL3036F) management window. A dynamic PL/SQL definition OHI_MX_D_CODIGO has been linked to this address field configuration to allow Mexican address fields to be determined and a new LOV called OHI MEXICAANSE POSTCODES has been linked to it to support users when selecting a value for address fields.

Mexican address fields are derived automatically based on the Mexican postal code in the Maintain Relation (REL1001F), Relation Address (REL1007F) and Modify Relation (REL1023F) user windows. A new LOV is available in these windows for supporting the user when selecting a value for the Mexican address fields. This could for example be in the situation where a Mexican postal code corresponds to more than just a single possible value for the district. The user then receives a message notifying them that multiple districts are possible for this postal code. The user can overwrite the derived address fields.

Policy Relationships (M-3698)

A new Back Office parameter "Notify Policy Relation Associations" has been added. This parameter can be used for defining which associated relationships the user will be notified about for indirectly related policies that are part of the same group contract, in the event of a policy being terminated.

The Modify Policy (ZRG2202F) and Terminate Policy (ZRG2211F) windows have been modified: when a policy is terminated by an employee, a notification can be generated stating that indirectly related policies are present that are part of the same group contract.

A message has been added to the Terminate Policy (ZRG2107S) batch for the situation in which only a single value is supplied for the "Broker" parameter with the result that a membership of a policy is terminated for an employee. It is conceivable that some related policies within the same group contract have also been terminated (because they have the same broker) and that some related policies within the same group contract have not been terminated (because they have a different broker).

A check has been added to the Invalid Membership Overview (Branded Product) (ZRG6080R) report: you get an overview of terminated policies for employees for which indirectly related policies that have not yet been terminated are present within the same group contract.

Renewal/Premium Recalculation

Benefit and Premium Structure - Premium Process (M-3866)

The following existing windows have been modified to modify the premium calculation and premium renewal and the creation of a policy document and health insurance card to the new product structure:

- Account Mapping View Status (FVS1007F)
Two new types of transaction detail have been added for recording the premium consequences of the benefit choices.
- Financial Transaction Detail Group (FVS1012F)
Two new transaction type groups have been added to the PREM (Premium) transaction type for recording the premium consequences of the benefit choices in the general ledger.
- Health Insurance Card and Issue Rule (ZRG7053F)
Two new indicators have been added to indicate whether the creation of a health insurance card should be suppressed if the contract period and the benefit choices remain unchanged.
- Policy Notice (ZRG6108Q)
The way in which the installment amount and entry amount are calculated has been modified. These amounts now include the premium consequences from the associated benefit choices.

The following existing batches have been modified:

- Generate Health Insurance Card (ZRG4040S) and Policy Member Output (ZRG6144S)
If the Suppress if Same Details check box has been checked in the Health Insurance Card and Issue Rule (ZRG7053F) management window, no new card will be issued if the data has not been changed. Both batches now also take account of the newly added data in the Health Insurance Card and Issue Rule window, namely Contract period and Benefit choices.
- Convert Policy Events into Policy Modifications (ZRG4032S)
This batch now also take account of policy contract periods. After all, where policies have a contract period, the new premium levels no longer take effect on the start date of the new premium level but on the start date of the next policy contract period.
- Recalculate and Settle Premium (ZRG4013S)
This batch now also takes account of recently added data, such as the gender of the member when determining the premium category, the policy contract periods and the benefit choices.
- Renew Premium (ZRG4030S)
This batch now takes account of the contract periods. After all, the contract periods influence the date up to which the renewal is to be.
- Purge Time Lines (ZRG6124S)
This batch now also takes account of the detail tables that have been added under the premium time lines.

The following XML outputs have been modified:

- Create Health Insurance Card (XML) (ZRG6110R) and Create Policy Document (XML) (ZRG6127R)

The outputs now also contain details about the contract period and benefit choices in a policy.

The Premium (ZRG1226F) window has not been modified, but the Online Help text for this window has. It now also describes how the premium works when there is a policy with a contract period.

Support (Region) Tax Rules For Mexico - Part 1 Premiums (M-3696)

You can now maintain tax types in a new Tax Type management window. The percentage or the amount can be maintained on a time-sensitive and per region basis.

The ability to set up insurance tax in the Country (REL3005F) management window has been dropped. For each country where insurance tax has been set up, a region is created which comprises the entire country. A new tax type has been created for insurance tax. Under this all regions that have been created are set up with the associated percentages.

The Insurance Tax indication has been dropped in the Product (ZRG1201F) management window. Instead of this, you can now indicate which tax type applies to the product in a new tab. The Insurance Tax indication in the Premium (ZRG1226F) window has been changed to Tax. If the indication has not been selected, tax is not calculated on this premium.

You can now specify the user group for a user in the User (SYS1017F) management window. Based on this group, it is now possible to enter the sales office automatically when creating a group contract and/or policy.

The Contract details tab in the new Group Contract (ZRG2011F) management window has been expanded with the option for a time-sensitive link for a sales office.

The Policy tab in the Add Policy (ZRG2201F) window has been expanded with the sales office. When modifying a policy you can maintain the sales office time-sensitively in a new tab in the window.

The policy document has been expanded with the applicable tax types and tax percentages.

For the calculation of the tax that has been set up, the tax types that are applicable are determined per product in the policy. For each tax type, the address that is to be used in determining the region is determined. For each region of the applicable address, the tax type(s) that has (have) been set up is/are determined. For each period for the details below the associated percentage and/or amount is determined and recorded:

- Time-sensitive set up for a tax type for a product
- Time-sensitive address of the sales office, contracting party or the policyholder
- Time-sensitive tax region that covers the address
- Time-sensitive percentage for the tax type.

Then, the tax is calculated for each period based on the net premium. A financial transaction line is created for each tax type as set up in the tax type.

New policy events are created on:

- Changing the sales office for a group contract
- Changing the sales office for a policy

- Changing a tax percentage
- Changing the indication for determining the address for a tax type
- Changing the tax type for a product
- Changing a region definition that is used for a tax type.

The batch for converting policy events into policy modifications has been modified for the new events.

The Premium tab in the Add Policy (ZRG2201F) and Modify Policy (ZRG2202F) windows has been modified. The Insurance Tax field has been given the prompt Tax. All applicable tax amounts are added together and displayed here.

You can now view the structure of the total tax amount in a policy in a new Tax Details query window.

The Policy Modification (ZRG6095Q) window shows the type of policy modification. All modifications relating to taxes are displayed as type BEL. The Policy Notice (ZRG6108Q) window shows the event that prompted the policy notice. All messages relating to tax are included under the Tax event.

Product

Previous Insurance Related to Waiting Time Rules (M-3383)

A number of changes have been implemented to skip or reduce waiting times in OHI Back Office based on insurance history.

The Modify Relation (REL1023F) and Add Policy (ZRG2201F) windows have been modified. The historical insurance periods can be set here for each relation.

The Benefit (ZRG1212F) window has been modified. Some additional data has been added to the Waiting times block (Benefit categories tab).

The Process Claim (ZRG3009S), Finalize Claim (ZRG3012S) and Process Pre-Authorization (ZRG3002S) batches have been modified. The check of the waiting period has been modified, it can change because of historical insurance periods for the member.

A new HISTORISCHE ZORGVERZEKERINGSPERIODE object has been added to the objects model, so that the details of the historical insurance periods can be displayed on the policy document.

The functional API for relation and details (API_RBH_RELATIES_EN_DETAILS) has been modified. A new object has been added here in which the historical insurance periods are included.

FINANCIAL

Data Management

Block End Date Mandatory for Collection And Dunning Reasons (M-3844)

It was already possible to make the end date of block mandatory. It was desirable for the end date to be made mandatory depending on the reason. Back Office parameters have been added that are used when an automatic block is set:

1. For group contracts with debt adjudications
2. For reversals.

The following indications have been added to the Block Reason (FIN5019F) window:

1. Is an end date mandatory in relation to a block due to debtor collection?
2. Is an end date mandatory in relation to a block due to debtor dunning?
3. Is an end date mandatory in relation to block for receivable collection?
4. Is an end date mandatory in relation to block for receivable dunning?

These indications and the aforementioned OHI Back Office parameters determine whether an end date must be entered in the Debtor (FIN2005F) and Receivables (FIN2001F) windows when blocking in relation to collection and/or dunning of a debtor or receivable.

In the Debtor (FIN2005F) window, the conditions under which an end date is mandatory in relation to a block due to collection and a block due to dunning have been modified. The same applies to the Receivables (FIN2001F) window.

The indications for the end date have also been added in the Select Block Reasons (FIN9014L) LOV window.

In the Bulk Modify Collection Agency (FIN2120S) batch, the "End date of block" parameter has been renamed as "Block period" and the checks on these parameters have been modified.

In the Generate Dunning Collection Batch (FIN2037S), the "Block reason" and "Block period" parameters have been added, with the same checks. Any indications are set to active by a conversion batch.

Collection

Support Payments by Check (M-3025)

It is possible to record the preferred payment method at various levels. The ability to indicate the preferred payment method, Direct Debit or Bank check (payment) has been added to the following user windows for this purpose:

- Add Policy (ZRG2201F)
- Modify Policy (ZRG2202F)
- Provider (ZRG1112F)
- Maintain Claim (ZRG3004F)
- Correct Processed Claim (ZRG3024F).

When managing the receipt and payment accounts in the Receipt and Payment Account (FIN4005F) window, it is possible to set up an account for bank checks.

Batches that create financial transactions on the basis thereof will commit the collection method that has been set up for the financial transaction. This has been implemented in the following batches:

- Renew Premium (ZRG4030S)
- Recalculate and Settle Premium (ZRG4031S)
- Reverse Main Policy Renewal (ZRG4010S)
- Finalize Claim (ZRG3012S)
- Adjudicate Advance (ZRG4013F).

If the collection method cannot be established when creating the financial transaction, because it has not been entered, the collection method will be copied from a new Back Office parameter "Standard collection method".

The Financial Transaction (FVS1008Q) user window has been modified to show the collection method of the financial transaction.

When duplicating and importing financial transactions, the collection method is copied by the payable that has been created. The Duplicate Financial Transaction (FIN5012S) and Import Financial Transaction (FIN5009S) data processing batches have been modified for this purpose. Import Financial Transaction (FIN5009S) has also been modified so that no reconciliation can take place with payables from a Bank check (payment) batch for which the bank checks have already been printed.

In the user windows below, the payment method has been expanded with the ability to pay by bank check:

- Maintain Provisional Payable (FIN3010F)
- Adjudicate Provisional Payable (FIN3011F)
- Payable (FIN3001F)
- Payment Batch (FIN3006F)
- Statement (FIN4001F)
- Financial Information per Relation (FIN2083Q).

The Policy Notice (ZRG6108Q) window has been expanded with the payment method pertaining to the policy.

The payment method is entered for payables that arise from the batches below. When doing so, an attempt is made in the first instance to derive this payment method, if it cannot be derived, the standard payment method that has been set up is copied.

- Convert Advance Receipt to Payable (FIN2045S)

The batch has been expanded for this purpose with a parameter to indicate the payment method of the payable. If the parameter has not been provided, the payment method will be copied from the Back Office parameter "Standard payment method".

- Convert Receivable to Payable (FIN2004S)

When doing so the payment method is copied from the financial transaction that formed the basis for the receivable.

The Balance Current Account Items (FIN7001S) batch always uses the payment method from the Back Office parameter "Standard payment method" when creating payables.

The Generate Payment Batch (FIN3024S) batch has been modified. Payables that are associated with a payment action under a Bank check (payment) payment batch for which the bank checks have already been printed are no longer used in reconciliation. In the case of the Bank check (payment) payment method, the print date of the batch is entered first when starting Generic Payment (FIN3026R).

The file that is created can be used, for example, to print the payment details on the preprinted bank checks. The bank check number can then be recorded for the payment action in the Payment Batch (FIN3006F) window. Generic Payment (FIN3026R) can then be used to create the output file again. The batch date of the payment batch is entered as part of this action. The file can now be used to send to the bank.

When creating the output file, no reconciliation is performed for payables that are paid out by means of a bank check. This is done when processing the daily statement when the bank check has actually been paid out. The Payment (FIN3008F) window has been expanded for this purpose with a tab for registering unpaid bank checks.

The Generic Payment (FIN3026R) output product has been expanded with a "Payment method" parameter.

A new Duplicate Bank Check (FIN3035S) batch allows a duplicate bank check to be requested.

The Reconciliation per Payable (FIN3009Q) user window displays the bank check number for payments made by bank check.

The Manual Reconciliation of the Payable (FIN3023F) user window has been modified so that there is no reconciliation with payables from a Bank check (payment) payment batch for which the bank checks have already been printed.

The Bank check collection collection method is committed by giving the domain used a deviating translation. Giro is translated into Bank check (collection) in the Debtor (FIN2005F) window. Receipt of a bank check can be recorded in a new Bank Check Collection (FIN2121F) window. It is then possible to record receipts as regards this bank check. It is possible to adjust the (advance) receipts as long as the bank check that has been received has not been linked to a daily statement.

The Receipt (in Advance) (FIN2016F) window has been modified to enable registration of the collection of the bank check. It is possible to link a bank check that has been received to the daily statement in a new tab.

The Check and Post Statement (FIN4002S) batch has been expanded for processing the receipts linked to the bank check that has been received. Overview of Statement (FIN4004R) has been modified accordingly.

Phasing Out ClieOp03 (M-3543)

The introduction of the Single Euro Payments Area (SEPA) on 1 February 2014 means that banks are no longer able to process payments of the ClieOp03 (collection and payment) or Belgian collections types. The functionality present in OHI Back Office for ClieOp03 (collection and payment batches) and Belgian collection batches has therefore been phased out.

The introduction of SEPA means that several parameters in the Financial System Parameter (FIN5003F) management window have become superfluous.

The functionality to create ClieOp03 collection and payment batches and Belgian collection batches has been removed from the Generate Collection Batch (FIN2008S) batch.

The Renew Premium (ZRG4030S) batch has been modified: the introduction of SEPA means that financial transactions with the collection method Belgian collection will no longer be created.

The introduction of SEPA means that several modules have lapsed. This affects the following modules:

- Create File Interface and Giro Transaction Form (FIN2010E/FIN2010I)
- Create Direct Debit (FIN2028S)
- Create Belgian Collection (FIN2064E/FIN2064I)
- Create Credit Transfer (FIN3007E)
- Overview of Payments (FIN3013R)
- Create Credit Transfer (FIN3032S)
- AW39 Processing Report (ZRG5140R).

RELATION

Data Management

Bank Accounts, Support for Collection by Credit Card (M-3656)

Management window Account Control (REL3020F) has been modified. “Credit Card Id” and “Debit Card Id” have been added to the account type. As a result the account type in the following windows has been modified to include “Credit Card Id” / “Debit Card Id”:

- Policy Notice (ZRG6108Q)
- Valid Account (REL1022Q)
- Valid Account History (REL1020Q)
- Own Account (REL1021F)
- Relation System Parameters (REL3016F)
- Account Adjudication (REL4005F)
- Account Detail (REL4011Q)
- Select Accounts (REL9002L)
- Select Account Controls (REL9027L).

Security regulations prohibited storing full credit card information (card holder, credit card number, valid thru date and security code) in one system. Therefore credit card information will not be stored in OHI Back Office. The account number holds a reference to an external system with credit card information.

Report Generic Collection (FIN2014R) can be used to produce generic XML-files which can be used to create the bank specific files. The XML-file contains the reference to the actual credit / debit card information.

SYSTEM AND TECHNOLOGY

Installation Software

Release Installation Downtime Impact Should Be Reduced (M-2082)

The use of web services on OHI Back Office requires a higher level of availability of the database. The installation of a patch must therefore take place in the shortest possible time.

During installation of OHI releases, a number of procedures are carried out in each release, while during the installation of multiple releases at the same time these only need to be carried out once.

From 10.14.1.0.0 onwards, the checks at the start of stage 110 of OZGPATCH (installation of database objects) are only still carried out for the first release if a range of releases is being installed. In view of the fact that different checks apply for major releases, the checks are always carried out during the installation of a major release.

Furthermore, various checks have been moved to the object check that takes place at the end of the installation. These checks do not have any direct impact on a successful installation. One example of this type of check is whether the tables and indexes are located in the correct table space.

Updates to the XUP reference data and importing translations have also been moved to the last release in a range. This prevents these processes being carried out more often than is necessary.

From release 10.14.1.0.0 onwards, client sources can also be compiled in parallel. However, this requires the installation of an additional Perl module.

The Maintain Batch Request (SYS1001F) window has also been modified so that the running time permitted for a batch can be influenced.

Security

Security: More secure/Robust Implementation of Dynamic (PL/SQL Calls (M-3212)

The functionality of Dynamic PL/SQL definition (SYS1139F) has been modified:

- If a modifying (insert/update/delete) statement is triggered in a Query only dynamic PL/SQL definition that results in a TAPI trigger being triggered, then this results in an error message.
- From now on, dynamic PL/SQL definitions may only be performed with the rights of a customization user; this means that, with effect from this modification, an extra standard account is required (proposed standard name OHI_DPS_USER,

DPS from Dynamic PL/Sql) which only has customized object rights (object grants). From now on, the dynamic PL/SQL definitions will be performed with the rights of this account.

- It has been made impossible to disable business rules when performing modifying dynamic PL/SQL definitions.

A new validation has been added to the Object check (SYS9006S) report for dynamic PL/SQL definitions. With this check, you gain an overview of active PL/SQL definitions that are invalid (cannot be compiled).

Some rights to PUBLIC are being withdrawn and are being assigned specifically to the OHI Back Office object owner. This will be checked in regard to regards rights from now on.

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