

# Payer Clearinghouse

Designed with you in mind, Olive's Clearinghouse is here to provide payers with clean claims for easy adjudication, streamlined payment efficiency and enhanced member satisfaction.

The knowledge and experience in Olive's Clearinghouse enable payers to navigate EDI requirements and remain HIPAA compliant while working within their current system abilities.

Olive smooths the road for payers, making adjudicating claims effortless.

## Transaction transformation:

- 270/271 eligibility information
- 837 claims processing
- 276/277 claim status
- 275 attachments
- 278 review/request
- 835 remittance

## Speed to value:

- Faster deployments and seamless change management mean less risk to cash flow disruption

## Immersive customer support:

- A trusted partner committed to customer success

## Innovative automation:

- Attachment to Olive's intelligent automation capabilities for enterprise-wide transformation

## Key benefits:

- Accepts and easily manages roster data information, allowing providers to submit eligibility requests and receive compliant ANSI eligibility results into their system
- Works closely with payers to develop custom edits to meet adjudication requirements

Learn more at  
[library.oliveai.com](https://library.oliveai.com).

## Explore additional features and capabilities.

Minimize errors in incoming claims and reduce claim denials with Olive's Payer Clearinghouse solution, which includes the following skills:

| Name   | Description   |
|--|---|
| Payer Clearinghouse Claim Submission   | → Olive's Clearinghouse aggregates claims from multiple submitters and provides front-end scrubbing capabilities to allow claims to cleanly adjudicate through the payer's system, reducing both pre-adjudication rejections and post-adjudication denials back to the providers.   |
| Clearinghouse Payer 835 Management<br><i>(Upgrade Option for Payer Clearinghouse Claim Submission)</i> | → Based on claim adjudication data, Olive's Clearinghouse will create ANSI compliant remittance files for plans that do not currently have the capability to return compliant 835 files to providers.   |
| Clearinghouse Payer Non-Emergent Transport Claims (NEMT) Submission                                    | <ul style="list-style-type: none"> <li>→ Federal guidelines require state Medicaid plans to ensure that qualified beneficiaries have access to NEMT to take them to and from providers.</li> <li>→ NEMT services can be provided by transportation brokers, as a managed care benefit or by independent transportation providers.</li> <li>→ Olive's Clearinghouse will take NEMT data from these service providers and build claims or encounter transactions that will meet payer requirements.</li> <li>→ NEMT claims are typically submitted in a non-standard 837 format.</li> </ul> |