



A Primer on Medical Claims Clearinghouses

What's a Clearinghouse?

A medical claim clearinghouse is a private company that receives large quantities of health insurance claim information from provider offices. The clearinghouse serves as an intermediary, checking for errors and helping ensure claims are “clean” before transmitting them to the insurer.

Clearinghouse benefits

- Spot and fix errors quickly—instead of waiting 4-6 weeks for a response from the insurance company.
- Have claims reviewed and “scrubbed,” so they are error-free *before* they get submitted.
- File electronic submissions, reducing your paper claims. (Applies if you are billing smaller insurance companies that still require paper billing.)
- Submit batch claims, instead of one at a time.
- Get an electronic date stamp to prove timely filing in the event of denials.
- Access knowledgeable support staff to help you resolve errors.



Find the right clearinghouse for your LHD

- ✓ Search online for “**Medical Insurance Clearinghouses in California.**”
- ✓ Not all clearinghouses work with all insurance companies. Look for their list of insurance companies; make sure they include the insurers you will be billing.
- ✓ Clearinghouse services are often free, because private insurers pay for their services. However, some clearinghouses may charge a you fee if you bill 50% or more government claims (e.g., Medicare or Medi-Cal). Establish if your clinic could be subject to any fees.
- ✓ Call their help center. If they put you on hold for a long time or the representative doesn't seem knowledgeable, customer service might be weak.