



Olive Quarterly

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THE GREAT BURN OUT



Solving healthcare's
human problem.

Olive | The automation company creating the Internet of Healthcare.



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OFFICE OF THE CEO

The Grid, U.S.A.

→ The front lines of healthcare are filled with incredible people and not-so-incredible technology. We send our nation's healthcare workers into a battle every day to fight disease, chronic conditions, cancer and many other life-altering and life-shortening illnesses. We go about our lives, oftentimes putting the raging battle out of our mind until it comes to our doorstep. The global pandemic has brought healthcare's battlefield to the forefront for the entire human race.

Now that healthcare has our species' undivided attention, it has become widely apparent that workers are under-equipped and under-resourced — yet, they continue to sacrifice everything on our behalf. This moment in global history has the greatest opportunity to accelerate investments in technology, to encourage bold visions and to make decades of progress in one to two years. Everything is on the table. To create the Internet of Healthcare and equip our healthcare workforce, we must make massive investments; we must

think bigger than ever before; we must go for it.

Today, as I write this letter, Apple is approaching \$3 trillion in market cap. The advent of trillion-dollar companies is not a fleeting phenomenon. While today there are less than 10, within a decade there will be closer to 100. These trillion-dollar companies have the necessary resources to make profound and generational change with technology. They affect how we live, how we work and how we interact with one another. Armed with unimaginable amounts of capital and

enormous workforces, trillion-dollar companies have the wherewithal to change the world — and maybe the universe.

Yet, despite its size and the gravity of its mission, the healthcare industry doesn't have its own trillion-dollar tech company. In fact, not even close. Healthcare efforts are mostly relegated to projects and departments within these goliaths. Or at companies with market caps less than \$100 billion. It's inconceivable to imagine that in the next decade there won't be at least one trillion-dollar healthcare tech company. I think the world's chances of truly changing the industry might rest on this being a reality.

To achieve that reality, there need to be companies willing to take on healthcare's global challenges of scale and equity. Companies willing to move into uncomfortable new frontiers faster than anyone expected. Companies with decades of

“This moment in global history has the greatest opportunity to accelerate investments in technology.”

— SEAN LANE, CEO AT OLIVE



stored resilience and patience juxtaposed with daily urgency. Companies with an obsession for creating technology for the front lines. Companies that are relentless about inventing on behalf of the customer.

Olive today is a “Zero Trillion Dollar Company.” We are nowhere close to that market cap. And we aren’t driven by the dollar signs or the notoriety of getting there. We are, however, driven by the virtues

of what it takes to get there and having the resources to build revolutionary products for the healthcare industry — and more importantly for the front lines. We are committed to working as long as it takes, getting one day closer, every single day. We are going to try bold things. We are going to invent. We may fail sometimes. We will challenge incumbent practices, products and companies. We are going to

turn models upside down. But throughout the entire journey, we are going to lock arms with our customers and give it everything we have to change the health experience for the entire human race.

Sincerely,

A handwritten signature in purple ink, appearing to read 'SLane'.

Sean Lane
Chairman and CEO

Healthcare's human problem.

→ Walk into most any medical office, and you'll encounter remarkable technologies. Cameras that produce X-rays in seconds. Artificial skin that improves injury recovery. Robot-guided, minimally invasive surgeries that reduce patient recovery time.

And yet, before any of that, virtually every patient is handed a mystifying antiquity from another era: the clipboard.

It's a glaring example of the ongoing frustration experienced by humans on both sides of that clipboard — healthcare workers and patients alike. An analog problem in search of a digital solution. And it's long overdue.

We're in the midst of the great burnout.

When the care team gets the clipboard back from the patient, it's filled with vital information. That information then needs to be added into the electronic health record — a task traditionally tended to by humans.

"Doctors, nurses — they feel like note takers," says

Esteban Rubens, principal of the healthcare AI practice at NetApp. "They didn't go to medical school for that. I've had people in the profession tell me they feel like glorified data entry clerks because they spend so much time doing that."

Spending too much time on repetitive administrative tasks leaves workers dissatisfied and burned out.

A 2021 American Medical Association survey found 49% of physicians felt burned out at work. And nearly 1 in 5 healthcare workers quit during the COVID-19 pandemic, with many citing burnout as a contributing factor, according to a 2021 survey from Morning Consult.

INTERNET OF HEALTHCARE REPORT DATA HIGHLIGHT

→ **92%**

of clinicians agree too much time spent on administrative tasks is a major contributor to healthcare worker burnout.

"Healthcare has a human problem," says Sean Lane, CEO of Olive. "We think of it as a technology problem, but it's a human problem because we're burning out our human

workers. We're requiring them to do things because the systems don't talk to each other. ... We have to stop treating humans like routers and start thinking about how we treat the human workers in healthcare."

The time and human capacity spent on administrative tasks is time that could be spent being present with patients or innovating toward a better, shared future. Automation increases efficiencies across the board — boosting productivity, decreasing the number of mistakes that humans make, preventing costly errors and improving the healthcare experience for patients. Leveraging automation makes human healthcare workers superhuman and changes the experience of healthcare for every human involved. It also relieves pressures caused by fluctuations in the workforce, employee burnout and the lack of connection.

We can reduce patient suffering.

For most patients, the clipboard is often their first engagement with healthcare providers; a pen dangling from a string taped to a 12.5 by 9 inch reminder of how slow the

industry has been to adopt new technology and how inefficient and unsafe its systems can be.

Inefficiencies and errors have a negative impact on patients' well-being and can even be the difference between life or death.

The health of our nation depends on healthcare taking a leading role in technology. Rethinking how we connect, share and surface data, particularly through automation.

INTERNET OF HEALTHCARE REPORT DATA HIGHLIGHT

95% of patients



have had to provide the same information more than once.

"There are people suffering. Every day we don't automate ... it means lives," says Sean.

We can improve the patient experience at every interaction by bringing true connectivity and data transparency to healthcare. Patients can trust when they walk in to see a provider — no matter where they live or what health system they visit — the provider already knows who they are and how best to treat them.

INTERNET OF HEALTHCARE REPORT DATA HIGHLIGHT



21%
of patient records have at least one error.

Let's evolve the healthcare experience for all humans.

Healthcare is about humans, and the industry cannot afford to lose sight of the life or death nature at its core. Olive reduces uncertainty, creates efficiencies and removes frustrations for every human experiencing healthcare. The coming change in healthcare is the opportunity to share the wisdom of the entire U.S. healthcare system in real time, equitably: to have complete transparency as a patient, enjoy equal access to the best technologies and experience reduced risks and errors in every process.

Let's place a bet on the humans working to change healthcare — on Olivians and all others involved. Automation, AI, the Internet of Healthcare will change every single human's experience with health — that is what we're working toward every day.

Automation and the future of work: fact vs. fiction.

→ To many, the idea of automation carries a certain sense of fear or hesitation. But the popular notion that it will inevitably cause harm to — or even become the downfall of — humanity is simply false.

When we dig into the data, it's clear that automation is not only helpful, but crucial in eliminating the burdens of healthcare. With the right systems in place, human workers can finally get back to what they were meant to do all along: care for other humans.

In fact, independent providers, health systems and payers that choose not to utilize automation are forgoing a huge opportunity to operate more efficiently and improve quality of care — and if they wait too long, they will get left behind.

Using data from the **2021 Internet of Healthcare Report**, produced by independent research firm Wakefield

Research on behalf of Olive, let's debunk five common misconceptions about automation and explore what it will look like in the coming years.

MYTH 1: An end to the COVID-19 pandemic will alleviate healthcare employee burnout.

The stress caused by COVID-19 has exacerbated the healthcare burnout problem, but exhaustion among healthcare workers was an issue long before the onset of the pandemic. 92% of clinicians believe *administrative work* is a major contributor to employee

burnout. Even as the burdens of the pandemic dissipate, employees will still be left with the frustrations of clunky, disconnected EHR systems and time-consuming admin tasks.

MYTH 2: AI will reduce the time patients are able to spend with their physicians.

While 41% of consumers think AI will reduce interaction with their doctors, clinicians feel the opposite — 56% believe AI will increase the time they have with their patients. The reason for this is simple: 36% of clinicians spend at least half of their day on administrative tasks. When these clinicians can offload EHR tasks and desk work to an AI co-worker, they free up more time (in some cases, half of their working hours) to spend in exam rooms connecting with their patients.

MYTH 3: Most providers haven't implemented any AI technology yet.

AI is prevalent in nearly all provider offices across the country: 98% of healthcare executives have already implemented some form of AI technology in their organizations. But simply implementing AI is not enough to reap its benefits. Leaders must correctly prepare and train staff on this new technology, enforce strategy to scale its use and have access to the right partners to ensure the AI is consistently delivering value. If the organization does not take these steps, they will not see a return on their investment. It's why 85% of executives say they have previously invested in data automation technology that did not deliver results.

MYTH 4: Automation and AI will take away healthcare jobs.

Perhaps the most voiced concern about the future of work is that AI and automation will replace human workers. The truth is the power of the human brain can never be replaced. When deployed successfully, technology empowers humans and increases the number of human jobs.

93% of clinicians



78% of administrators



think AI will be good for their careers.

Automation is about removing human intervention where it should not exist. When AI carries out mundane, repetitive tasks, humans are allowed the time and opportunity to solve complex problems, harness creativity and advance healthcare further. Economically speaking, when humans do more meaningful work, they create more value and ROI for their employers. When employers generate more value, they invest in more human capacity. The result? More automation equals more human jobs.

MYTH 5: To improve clinical outcomes, we first need better clinical technology.

Compared to other industries, healthcare has a reputation for lacking innovation. But when it comes to clinical technology,



think AI will allow employees to focus on more meaningful work.

healthcare isn't lacking at all. Every day, new technology is invented that corrects or cures previously fatal injuries and diseases, saving countless lives. The problem healthcare faces lies in operationalization — or the back office.

91% of clinicians think improving administrative processes is the most urgent need to improve the quality of care for patients. By automating error-prone administrative tasks and connecting siloed information with AI, clinicians will be in a better position to deliver timely, accurate care. For example, AI connectivity allows for immediate access to full patient histories and better health insights, leading to reduced risk of misdiagnosis and increased patient involvement in treatment decisions.



Helping

humans

run

→ Douglas Hackenyos, PharmD, has been a runner for years, but never considered running a marathon — until his wife encouraged him to go for it.

the

marathons

that

matter.

Since then, he's logged countless miles while working as an oncology pharmacy clinical coordinator with UConn Health.

"I run for my family; it gives me balance, patience and health that make me a better father and husband as a result," he says.

He continued to train even as his family welcomed their second child in the spring of 2021.

Training culminated in his running the 125th Boston Marathon that October. He was one of 10 Boston Marathon runners sponsored by Olive.

"The opportunity to run the 125th Boston Marathon this year was an unbelievable gift my family and I will be forever thankful for," he says.

Olive also became the official healthcare automation partner of all Boston Athletic Association's events, including the Boston Marathon. The company is committed to helping healthcare workers like Douglas focus on what matters most — like improving care for patients or managing drug shortages. Olive does this by automating repetitive administrative tasks and improving broken workflows that eat up time and energy while contributing to burnout.

"Every day, healthcare workers are running marathons and Olive is empowering humans to focus on the marathons that matter," says Sean Lane, CEO at Olive.

In addition to sponsoring Team Olive, Olive also raised money during the Boston Marathon Fan Fest. Visitors at the Olive booth ran on treadmills, logging more than 350 miles to generate a \$30,000 donation for Boston Children's Hospital. The donation will fund Child Life Services, an organization that helps families and children adjust to long-term hospital care and delivers much-needed programming to make hospitals feel more like home.

Healthcare workers run marathons at work every day. When the runners lace up their shoes and toe the starting line in Boston next April, Olive will be there once again to shine a light on the marathons that matter.

"The opportunity to run the 125th Boston Marathon this year was an unbelievable gift my family and I will be forever thankful for."

— DOUGLAS HACKENYOS
UCONN HEALTH

The greatest hope to close the equity gap in healthcare? Scale.

Many in the healthcare industry are working to achieve health equity — the aspiration for every person to attain full health potential regardless of socioeconomic standing.

But to truly achieve health equity, we must also work toward tech equity

— when every provider, payer and patient can access the game-changing technological advancements that already exist, but are inequitably distributed. Only with a concerted effort can we achieve health equity, and the consequences of living without it are enormous and dangerous.

Addressing health disparities. Hacking the barriers to quality care.

The need for healthcare tech equity is urgent, and nowhere is this better illustrated than in Georgia. Black women there face a maternal health crisis. Since 1994, more than 30 labor and delivery units have closed in the state, leaving more than half of Georgia's counties without OB-GYN care or services,¹ forcing pregnant woman to travel farther for care and directly correlating with heightened risk of a preterm birth.¹ With the third-largest Black population in the U.S. and the second-highest maternal mortality rate in the country,² Black women of Georgia — regardless of education level — are greater than three times more likely to die after childbirth than white mothers.³

How can the industry close equity gaps like this? Grassroots, health equity-focused hackathons are one way to generate new ideas.

In September 2021, a team of Olivians submitted the winning proposal in the virtual Health4Equity hackathon, which focused on tech-driven solutions for Georgia's Black maternal health crisis.

Their solution, Olive4Equity, involved remote, integrated blood pressure monitoring in the immediate postpartum period to monitor for cardiovascular-related diseases — which are the three leading causes of death for Black mothers in the state.

“Traveling long distances to visit the doctor — on top of the feeling Black women experience that their concerns may not be heard — disincentives them to seek care,” says Rosie Martinez, a senior data scientist with Olive who was on the winning team. The team put themselves in the shoes of these mothers facing distance and access barriers to quality providers.

“We're trying to get more eyes on these women without putting additional burdens on

brand new moms. We can do this by facilitating patient-provider communication of objective data,” says Jackie Kokx, another team member and senior data scientist with Olive. The team recognizes providers’ need for technology that delivers greater access to widespread patient data because **technology levels the playing field for patients.**

The Internet of Healthcare will give society tech equity.

Healthcare’s greatest hope to close the health equity gap is scale. By empowering healthcare with better access to technology and transferred information, patient data will be shared easily and securely, creating an expansive network of healthcare’s collective wisdom.

Olive is scaling automation solutions that can be accessed and used equitably across healthcare institutions. With the launch of The Library — a universal marketplace for digital health solutions — developers and third parties can now build and market tech-driven solutions for Olive’s ever-expanding network, bringing the industry one step closer to Olive’s vision of the Internet of Healthcare revealing life-changing outcomes. (Read more about The Library on p. 68.)

The Internet of Healthcare will give the industry a deep memory, but its data will also be in the moment. Providers will have prompt access to contemporary insights: With the collective wisdom of the U.S. healthcare system at their fingertips, providers will give patients diagnoses for rare diseases based on a network of clinical research and lab results. They’ll access and review a patient’s reconciled medication history before writing a prescription causing adverse drug effects. And they will respond quickly to the warning signs of cardiovascular disease for a Black mother living far from her OB-GYN.

After achieving tech equity at scale, it won’t matter whether a patient walks into a renowned medical center, visits a rural hospital or sends remote monitoring data from their apartment: The healthcare experience will feel the same. All patients will have access to the greatest minds, the largest amount of data and the best treatments possible — regardless of their geographic location, education level, financial status or social identity.

References:

1. Georgia’s General Assembly Joint Study Committee on Medicaid Reform. Georgia’s obstetric care shortage. Published November 18, 2013.
2. Maternal mortality rate by state 2021. World Population Review website. Published 2021.
3. Declercq E, Zephyrin L. Maternal mortality in the United States: a primer. The Commonwealth Fund website. Published December 16, 2020.

Olive4Equity



Megan Bultema

Sr. Director of Data Science



Jackie Kokx

Sr. Data Scientist



Rosie Martinez

Sr. Data Scientist



Kashif Ross

UX Analyst

EMPLOYEE SPOTLIGHT:

Illuminating the Journey to Olive



More inclusive data for improved patient care:

Meet Software Engineer Aiden Berzins.

As a software engineer with Olive, Aiden Berzin (he/him) develops code that automates processes to give providers a more inclusive, robust picture of a patient's care needs.

Aiden's work is a personal passion, based on his own real-world experiences. Any visit to an urgent care center or emergency room is stressful for patients, but there is an added layer of difficulty when, like Aiden, you're not a neurotypical cisgender person. "As transgender people, we often have strange and uncomfortable experiences in the healthcare world," says Aiden. A recent visit to the doctor for abdominal pain and urinary tract infection-type symptoms was a perfect example.

"I was handed the dreaded clipboard, and I'm never sure about the best way to fill it out: with my legal name or preferred name? Then, how do I tell the provider which name I prefer and which needs to go to the insurance billing? It's always a hassle," says Aiden. "The nurse often uses my legal name as well, and it's up to me to state my preferred name

— sometimes in a room full of patients — even though it is in my charts.”

During this visit, Aiden was surprised and pleased to see the nurse on staff was aware he is transgender and made a highlighted note on the clipboard. “She was very respectful and tried to make the entire visit less stressful than most,” Aiden recalls. “Unfortunately, if a provider does not look at my chart, they can make a lot of assumptions about my anatomy and will ask very sex-specific questions, which I then have to explain do not apply to me.”

In this case, after Aiden explained his symptoms, the provider told him UTIs are fairly uncommon in men and asked if Aiden was taking any medication. When Aiden said he was taking testosterone, the provider inquired if it was for a gonadal disorder and if Aiden was experiencing testicular pain. This forced Aiden to say he doesn’t have those and instead explain he has gender dysphoria.

Aiden says miscommunications and uncomfortable situations like this have been all too common throughout his healthcare journey. “The world of healthcare can seem so cold,” he says, “but I’m proud to be a part of Olive. Here,

“The world of healthcare can seem so cold, but I’m proud to be a part of Olive. Here, I can directly help change the industry for transgender individuals and other patients who don’t fit the medical system’s ‘typical’ mold.”

— AIDEN BERZINS

I can directly help change the industry for transgender individuals and other patients who don’t fit the medical system’s ‘typical’ mold.”

Healthcare has a bright future in which patients no longer need to document and redocument their medical history on the “dreaded clipboard.” Using automation to improve administrative processes and give healthcare a memory will make the human healthcare experience easier. Patient

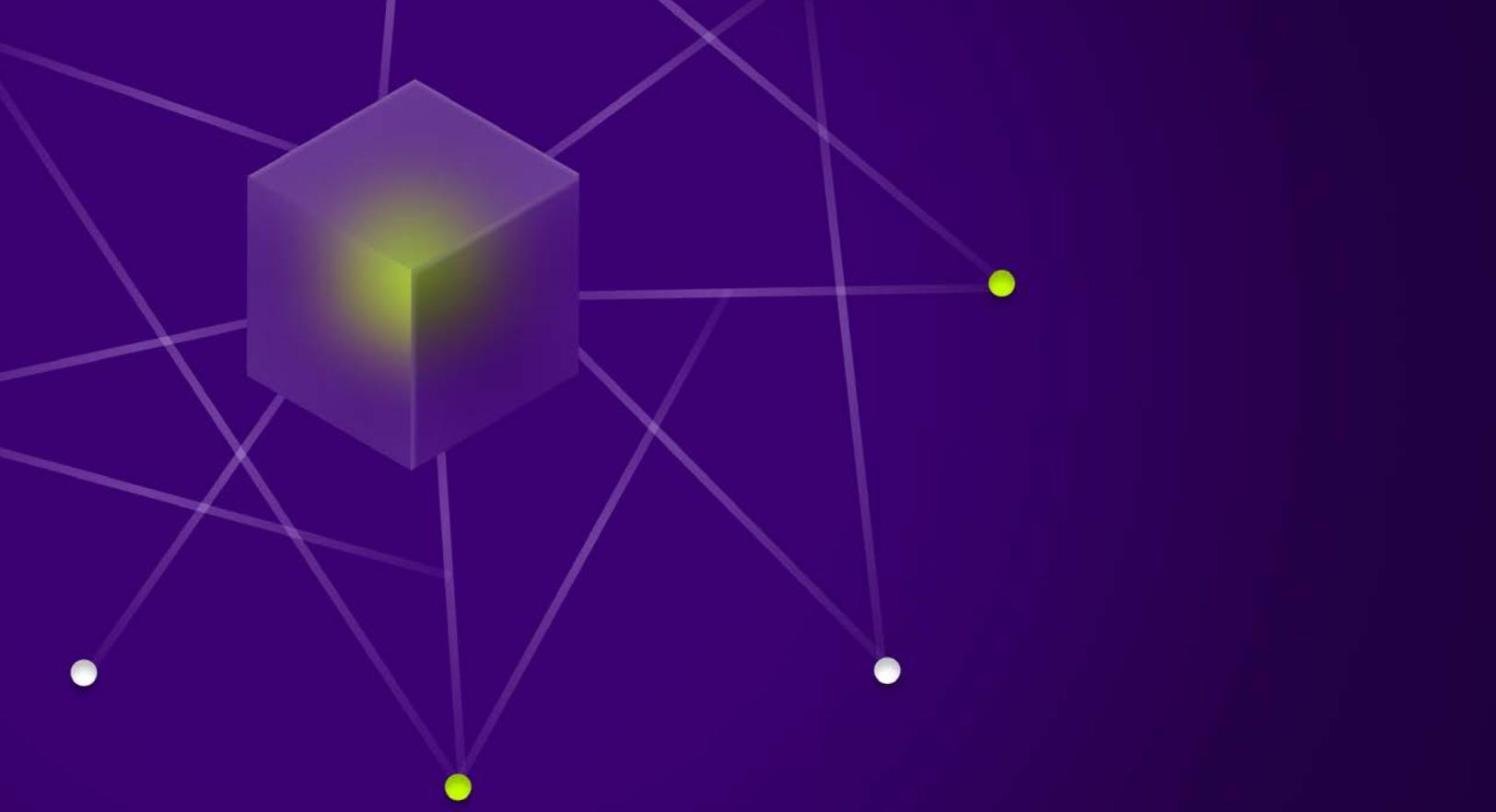
data will no longer exist only on a paper chart or entombed in an EHR; instead, the many systems used for patient care will be connected, streamlined and optimized. With improved data access, patients will be more empowered and providers will have better tools and resources to deliver the high-quality care they strive to give every patient.

WHAT DO YOU DO WITH YOUR FREE TIME OFF THE GRID?

“When I’m not programming and nerding out, I love training service animals and working with other people to help train their pets. I’ve even trained a cat, and it was one of the most unexpected things for me. Eventually, I want to try my hand at training a chicken.”

WHAT’S YOUR FAVORITE #INTEREST CHANNEL IN OLIVE’S SLACK?

“Of course everyone loves #personal-pets, but the #interest-gaming channel also brings me a lot of joy.”



Don't pay for errors: effortless claims management with Olive's Clearinghouse.

Imagine you submit your taxes, but before releasing your refund, the government pays a team to review your return for errors and then sends it back for you to revise. You're forced to identify the errors, fix them and resubmit. Now, imagine if both you and the government had to pay an accountant every time the tax forms exchanged hands. That's a lot of money and a lot of wasted time.

For decades, this expensive back-and-forth scenario has been playing out between providers, payers and their clearinghouses. Up until now.

Healthcare organizations no longer have to spend time and money routing and rerouting claims. Olive uses automation to streamline claims processing and reimagine the traditional clearinghouse, bringing providers and payers closer together.

Olive improves claims processing for providers.

Olive's Clearinghouse automates patient eligibility and benefits verification, scrubs claims before submission and sends clean claims to payers. With only a 3.4% claim denial rate — compared to the industry-standard rate of 6-13% — providers avoid downstream errors and denials.

Most importantly, Olive takes a shared stake in provider success. Instead of costly transaction fees for every claim processed, providers now pay a predetermined price for all claims processing — which even includes claim status checks and paper claims processing. With increased payer-provider connectivity, Olive delivers a seamless experience for claims and remittance management.

Olive streamlines the adjudication process for payers.

For payers, Olive manages receipt of provider claims, sending unsolicited claim status responses on received claims. Using Olive's Clearinghouse, payers pay a predetermined price per number of members for claims aggregation, claim scrubbing and claims submissions. Olive's front-end scrubbing of claims minimizes pre-adjudication rejections and post-adjudication denials, resulting in a 98% payer acceptance rate.

When implementing Olive's Clearinghouse, Olive's commitment to speed-to-value helps payers achieve custom integrations during faster, 3-month-average deployments, resulting in less risk to cash flow and seamless change management. Through a collaborative partnership with payers, Olive offers a dedicated customer service advocate, with no call center and responsive on-time support, making it one of the top customer-service clearinghouses in the industry.

Ready to enhance the human healthcare experience?

Minimizing touchpoints, standardizing claim submissions and returning remittance — Olive's Clearinghouse solution uses automation to make claims processing and adjudication effortless.

“Our transition was a seamless process with no disruptions to cash flow,” says a revenue cycle systems coordinator of a Southern academic medical system. “[Olive] gave us their complete attention, making us feel like we were their top priority.”

Olive reduces friction and improves the patient and member experience. Accelerating the pace of claims management is just the first step in enhancing the human healthcare experience.

Fixing prior authorization on both sides of the fax machine.

A Q&A with **Dr. YiDing Yu**,
Chief Medical Officer at Olive.



→ Dr. YiDing Yu (she/her) has never been afraid to follow her curiosity and calling to help others. A self-described serial entrepreneur — and Cartier’s 2018 Woman Entrepreneur of the Year — she started her first company while she was still in high school, running an online retail business in her spare time.

After earning an undergrad degree in economics from Harvard, she enrolled in medical school and is now a board-certified internal medicine physician. During her residency, YiDing started Twiage, a healthcare technology company that made communication between ambulances and emergency rooms easier.

Now a practicing physician and chief medical officer at Olive, YiDing channels her expertise into solving a problem that plagues physicians, payers and patients: prior authorization.

We caught up with her to learn about what drives her to tackle one of the biggest problems in healthcare.

As a physician, entrepreneur and philanthropist, your background in healthcare is rather unique. How did you get started?

I knew I wanted to be a doctor since kindergarten. I was always a math and science person, and I eventually got into designing websites, which introduced me to the business world. I wanted to somehow combine my business experience with a medical career, so I went to Harvard and majored in both economics and pre-medicine. In college, I started to think about everything in terms of systems within markets. One day, it clicked for me that I didn't want to only provide care for patients — I wanted to fundamentally improve the entire healthcare system for everyone involved.

You ended up at Olive after creating your own venture-backed tech company in college, sharing your talents at various health systems and organizations, and even being named woman entrepreneur of the year by the Cartier Women's Initiative Awards 2018 Laureate for North America. Tell me about your role here.

I'm trained as a physician and I still practice as a physician, but at my day job here at

Olive, I serve as chief medical officer. I have the most amazing job where I get to be a doctor and apply all my training in clinical medicine and patient care toward fulfilling Olive's goal of creating the Internet of Healthcare and bettering the system for my fellow doctors and patients we serve. For the last several years, I've been dedicated to solving the prior authorization problem — how can we



complex. It's not something where you can just send a few data points about a patient to an insurance company and be on your way. It's clinical documentation that needs to meet medical necessity guidelines, which are different for each insurance company. And then those documents need to be reviewed by a nurse or clinician on the other side. And because there are so many

→ **“No one in healthcare sits there and says, ‘Oh I love the fax machine. This is my favorite way of transmitting clinical documents.’ It's just that there's never been a better solution. Until now.”**

preserve the integrity of prior auth while removing the burden from physicians and patients?

You mentioned the prior authorization problem. Can you elaborate on that?

Prior authorization is clinically

complex steps, it's become a very manual, tedious process. No one in healthcare sits there and says, “Oh I love the fax machine. This is my favorite way of transmitting clinical documents.” It's just that there's never been a better solution. Until now.

“AT OLIVE, WE WANT TO BE TRULY DISRUPTIVE, AND WE THOUGHT, ‘WHAT IF WE REDESIGNED THE WHOLE THING?’”

It seems like the prior authorization problem is not just a burden for providers and payers. How do these issues affect patients?

Ultimately, we’re all focused on the patient. And unfortunately, prior authorization can create very real, and sometimes devastating, negative outcomes for them. Let’s say I’m your physician and you have been suffering from knee pain for several years. I tell you we need to do an MRI to find out what’s wrong, or I really think you should try this certain drug to alleviate the pain or I believe it’s time for surgery. Nationally, the guidelines for prior authorization response time is 14 days. That means you

have to wait — in pain — for a diagnosis or the care you need for two or three weeks. And then if I, the physician, make any kind of mistake in my documentation or miss a piece of information, you will likely be denied. Then we have to appeal, and it could be months later before you receive any kind of care. Imagine this scenario, but instead of knee pain, it’s a disease that could take your life. Patients deserve so much better.

How is Olive fixing the prior authorization problem? And how is the solution different from others on the market?

There are several companies who have brought AI to prior authorization, but those companies only automate on just the provider or just the payer side. Those are really just siloed solutions that don’t offer any connectivity and only solve half the problem. At Olive, we want to be truly disruptive, and we thought, “What if we redesigned the whole thing?” Our solution fixes prior auth on both sides of the fax machine, meaning we automate the entire prior auth

process from start to finish — from initiation to approval and follow up. We maintain the largest number of connections to health plans across the country, which keeps our data accurate and always up to date.

What makes you so passionate about all of this? Fixing healthcare and taking the frustration out of prior authorization?

We’ve all had experiences in doctor’s offices or hospitals that fell short. Long wait times, misdiagnoses, mountains of paperwork. Physicians use clinical technology that is so advanced and incredible, so why don’t we have that same kind of advancement on the administrative side? With the right tools and strategies, we have the power to build a healthcare system that truly serves our communities. I’m surrounded by the most talented, forward-thinking minds at Olive. And together, I really believe we can do something revolutionary.



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Olive Labs

Guide to understanding our Product Catalog.

Olive is constantly innovating to deliver scalable solutions that address healthcare's most pressing needs. We take this responsibility seriously and have mobilized our teams to listen, understand and advance our solutions and capabilities in partnership with our customers and industry partners. Olive's work continues to drive our mission to unleash a trillion dollars by connecting healthcare, while making healthcare more human with automation.

Every quarter, we release a new Product Catalog showcasing Olive's solutions for organizations looking to begin their automation journey or expand into new areas. Olive's growing product offering is centered around solving healthcare's biggest challenges through valuable automations.

Olive's product offerings leverage the following capabilities that power our solutions:

AI Worker: Completes critical administrative processes across the enterprise out of sight, improving the performance, accuracy and impact of healthcare's most costly and burdensome workflows.

AI Co-Worker: Gets the right information to healthcare's human workers at the right time, working alongside staff to make their jobs easier, more efficient and more effective.

Provider-Payer Connectivity: Connects healthcare's most critical information across providers, payers and patients with speed, flexibility and intelligence like never before.

Accessible Intelligence: Uses the power of Olive's brain to connect massive amounts of data into an industry-spanning knowledge network, delivering evidence and insights across the care continuum.

Olive's impact is real and calculable. Results are observed and measured in lower costs, increased revenue, improved efficiency, greater productivity and reduced errors. They are felt in better care and better experiences, resulting in a system that delivers better health outcomes.

At Olive, we have our own currency called Pi (represented as π). We calculate Pi pricing based on the size of your organization and Olive's anticipated impact in areas such as cost reduction, revenue

increase, increased quality and improved outcomes. Our average return on investment is five times your investment.

When you purchase Pi, it can be spent on any solution in Olive's constantly evolving catalog. Using the catalog, we will work with you to develop a plan for how to allocate your Pi. We remain flexible as the healthcare market evolves, and our solutions with it, allowing you to allocate Pi based on

your organization's needs. For our standard offerings, we determine Pi prices using a scoping process and work to fit those solutions into your automation plans. For On the Horizon and Labs solutions, our team will work with you to establish custom Pi estimates, accommodating your unique needs while you use Pi to pay for it.

You can also earn Pi in Olive's marketplaces. For instance, if

you have a unique method for improving workflow efficiency and intelligence, we can make your method available to others in The Library: Olive's unique, universal marketplace for digital healthcare solutions. If other customers use your method — you guessed it — you get paid in Pi.

You can also use earned Pi to purchase additional products from The Library.

Pi Exchange Rates and Packages

SINGLE YEAR, ANNUAL SUBSCRIPTION

USD (\$)	Pi (π)	Exchange Rate
\$500,000	π 1,500,000	3:1
\$2,000,000	π 10,000,000	5:1
\$5,000,000	π 30,000,000	6:1

→ Join us as members of the Centurion Club to partner in implementing more than π 100,000,000 for your organization over three years, and we will continue working with you to improve workforce performance, intelligence and impact across key functions and processes.

Standard Offerings

Olive's innovative solutions improve the future of healthcare for patients, providers and payers. Learn about the standard offerings currently available to transform the efficiency and effectiveness of your organization.

Standard offerings have corresponding Pi prices and estimated implementation times listed.

→ Pi prices are in annual terms. The Pi price reflects the value for an organization with net patient revenue (NPR) of \$1 billion, and it will be aligned to fit the size of your organization based on a sliding scale and Olive's anticipated impact, along with various implementation factors.

→ Estimated implementation times represent the planned timing from time of purchase to live automation. Specific customer dependencies, such as data/security requirements and user acceptance testing, could drive variability in the planned timeline.

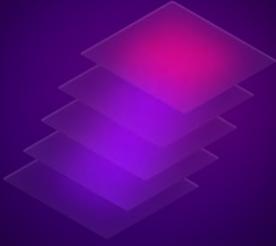
The example to the right breaks down the information for each product offering.

Medical Necessity Criteria Loop	→	PRODUCT OFFERING
SxMNC001	→	SKU ID
π 2,000 per user	→	PI PRICE
Available Immediately	→	ESTIMATED IMPLEMENTATION TIME

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Financial Clearance



Help remove common barriers to patients getting the care they need, when they need it. Eliminate the need for tedious paperwork, reduce the care-to-cash cycle, improve your collections rate and maximize operating capacity.

End-to-End Prior Authorization, includes determination, submission and statusing.

SxPA001

π 1,000,000 | 4-5 months

Accelerate the prior authorization process and empower your staff with powerful medical necessity guidance from more than 40,000 health plans.

- Comprehensive, real-time EHR integration
- Checks if prior authorization is needed, retrieves medical necessity rules, helps assemble clinical documents and automatically retrieves statuses from portals
- Deploys in the highest-volume service lines: Imaging and Orthopedic Surgery

Upgrade options

All upgrades include additional pricing and implementation timelines.

Supported Portal SxPA001.1	
Include an additional portal for determination and statusing where Olive has an active connection.	π 25,000 2 weeks
New Portal SxPA001.2	
Include an additional portal for determination and statusing that Olive builds for you.	π 75,000 for the first specialty (e.g., imaging) and π 25 for each additional service 6-8 weeks
Service Line Extension SxPA001.3	
Include an additional service line.	π 180,000 2-3 months
Post-Authorization Monitoring SxAM001	
After a prior authorization is approved and completed, Olive continually monitors your EHR for changes through the scheduled procedure date. If Olive sees a change that could cause a claim denial, she automatically alerts your team for resolution.	π 180,000 4 weeks

Prior Authorization

À La Carte

For our customers who have specialized workflow needs, Olive also offers individual components of Prior Authorization.

Authorization Determination SxAD001	
Olive automatically confirms with payers if a prior authorization is required, ensuring staff only have to work orders that need prior authorization.	π 280,000 for first service line 5-6 months
Authorization Status SxPA002	
Olive checks payer portals for the status of prior authorizations multiple times a day and integrates approval information directly back into your EHR.	π 280,000 for first service line 5-6 months

Notice of Admission

WxPA003

π 200,000 | 20-24 weeks

Protect your revenue by providing timely and accurate payer notifications for inpatient services, which often represent the most expensive care provided to hospitalized patients. Olive works to notify payers 24/7 to prevent authorization denials, appeals and write-offs for your health system.

- Imports and exports flat files every three hours
- Completes timely submission of notice of admission for 10 payers via eFax and six portal connections, including return of fax confirmations and proof of portal submissions for records
- Provides exception-based workflows multiple times per day for human intervention when needed
- Notates accounts throughout the day

Upgrade options

All upgrades include additional pricing and implementation timelines.

Additional Payer Portal WxPA003.1	
Each additional payer portal.	π 25,000 4-6 weeks

CONTINUED →

FINANCIAL CLEARANCE

Home Care Post-Acute Prior Authorization

SxHCP001

π 400,000 | 90 days

Accelerate prior authorizations for home care, automating the mundane and routine prior authorization process using RPA for greater efficiency and increased patient throughput.

- Pulls patient records from the EHR and then populates relevant information to the portal
- Receives status from the portal and updates to the EHR, saving staff valuable time and reducing manual errors

Medical Necessity Criteria Loop

SxMNC001

π 2,000 per user

Available Immediately

Olive retrieves intelligent, real-time medical necessity guidelines for each patient's specific plan requirements before dictation. This ensures documentation is submitted correctly on the first try, preventing downstream roadblocks and delays in patient care.

- Intended for individual/physician usage

- Retrieves commercial medical necessity guidelines, Medicare NCDs and LCDs from more than 40,000 national, regional and state health plans
- Ensures documentation meets coding requirements and supports the diagnosis or procedure ordered

Benefit Screening Loop, powered by Advocatia

HxBS001

Free

Available Immediately

Easily obtain patient health benefit information and access financial assistance options for patients without health coverage using simple prompts that don't disrupt workflows.



Provider Clearinghouse



Leverage automation to minimize touchpoints, clean claims, standardize submissions and return remittance to accelerate the pace of healthcare transformation. As a true partner for providers and payers, Olive takes action to ensure claims are paid accurately and on time.

WxCL001

Hospital claims: π 255,000
Physician Billing claims:
π 4,200 per provider per year
90 days

Automate claims to prevent downstream errors and denials.

- Claims Management: More than just an all-payer claim processing engine, Claims Management is your web-based hub for managing insurance A/R for both hospital and physician billing claims
- Remittance Management: Includes intuitive and robust 835 processing reporting, and real-time customized dashboards to meet your enterprise-wide requirements
- Claim Status: By automating the claim status request process, we free up time for your staff to focus on the claims that truly need attention

Upgrade options

All upgrades include additional pricing and implementation timelines.

PaperLync (Appeals) WxCL001.1	
PaperLync Appeals module draws upon actual claims and remittance data to auto-populate accurate data and disseminate the appeals electronically.	π 5 Per Claim 4-6 weeks

It's time for
the clearinghouse
to be a partner.

**Olive is redefining the
clearinghouse industry.
From transaction to
transformation, she
puts customers first —
eliminating administrative
waste, curbing costs
and providing seamless
claims and remittance
management solutions.**



Patient Access

Ensure your patients receive care at the right place and right time with accurate information for registration, medical records, billing and collections.

Eligibility

WxEL001

π 475,000
(up to 10 national payers)
8-12 weeks

Improve your collection rate and reduce write-offs by confirming coverage is active, in the right filing order and billable, while providing teams and patients with detailed benefit information.

- Verifies primary, secondary and tertiary coverage of your top 10 payers, utilizing a connection across a network

of 800+ payers and 2,000+ health plans

- Sends and receives eligibility status via batched standard EDI 270/271 interface
- Returns benefit information including copay, deductible, coinsurance, out of pocket, limitations, inpatient days, benefit period days and Medicare supplement plan benefits

Upgrade options

All upgrades include additional pricing and implementation timelines.

Coverage Maintenance WxEL001.1	
Add/remove coverages and update filing order.	π 250,000 8-12 weeks
Additional Payers WxEL001.2	
Up to five additional national payers.	π 100,000 4-6 weeks
Manual Payers WxEL001.3	
Each "manual" payer not supported by Olive's current payer list.	π 100,000 2-4 weeks per payer
Flat File Transfer WxEL001.4	
Receive flat file from Olive to import into your system.	π 100,000 4-6 weeks
Automated Coverage Identification WxEL001.5	
Coverage identification chaining: Upon denial of insurance coverage, auto-trigger a coverage identification call.	π 100,000 1 week

Coverage Identification

WxCD001

π 1,800,000 | 12-16 weeks

Reduce uncompensated care by identifying and correcting coverages that were not collected or verified during registration for self-pay patients.

- Accesses more than 800+ payers and 2,000+ plans
- Checks for service-mapped, billable insurance using an algorithm that pinpoints the payers with the highest likelihood of carrying coverage for each individual patient

- Gets non-FCRA demographic verification with 20+ databases; using patient-provided info, payer data and third-party bureau data
- Supports uninsured, self-pay patients
- Removes human intervention by integrating found coverages into the EHR by U271 messages

Integrated Real-Time Eligibility

WxRE001

π 800,000
(up to 15 national payers)
20-24 weeks

Reduce the number of eligibility checks occurring for a patient during their visit journey. Using your existing EHR systems and security policies, connect and submit a request for a patient’s eligibility status, view benefit information and ensure appropriate coordination of benefits (COB) — safely and within seconds.

- Accesses 800+ payers and 2,000+ health plans
- Includes click and run eligibility with immediate response
- Obtains immediate value by leveraging Olive’s Loop technology

Upgrade options

All upgrades include additional pricing and implementation timelines.

Medicaid Patient Population WxCD001.5	
Add patients registered as Medicaid only to the coverage identification population.	π 350,000 2-4 weeks
Medicare Patient Population WxCD001.6	
Add patients registered as Medicare only to the coverage identification population.	π 350,000 2-4 weeks

CONTINUED →

PATIENT ACCESS

Scheduling Management Loop

HxSM001

π 750,000 | 10-12 weeks

Supercharge call center employees by surfacing accurate and timely information, reducing their dependency on large, complex spreadsheets to minimize delays and errors.

- Uses the auto-refresh feature to map to source data and serve up the latest information
- Includes the “click to copy” functionality to make porting over information fast and simple
- Makes searching for relevant information quick and easy with Omnibar, a desktop shortcut used to search for any term, provider name and more in Olive Helps

Provider Directory, powered by Ribbon Health

HxPD001

Free | Available Immediately

Get instant access to provider information to find locations, specialties, contact details, ratings and more at your fingertips. This Loop prioritizes accurate provider information, leading to reduced call times, more appointments scheduled and higher caller satisfaction.

Out-of-Network Loop

WxOON001

π 500,000 | 4 weeks

Identification of patient’s in- or out-of-network status at the time of scheduling and registration to aid in gaining consent for upfront balance billing. Leverage real-time insurance status data for your organization’s compliance strategy with Olive’s eFax payer notification, user audits and EHR integration.

Allevia™: Automated Clinical Intake & Documentation Loop, powered by Valhalla

HxID001

Free | 3-5 weeks

This Loop enables healthcare professionals to smoothly and easily send clinical intake forms to patients and use patient responses to generate draft documentation — reducing EHR and administrative burden.

Food Access Loop: Ohio, powered by Circulo Health

HxFA001

Free | Available Immediately

Quickly search for food resources by ZIP code in the state of Ohio. Resources include places to get food now, such as

food banks and pantries, as well as information on state and nationwide programs to help pay for food. Users can then share these resources with patients via text message.

Housing Access Loop: Ohio, powered by Circulo Health

HxHA001

Free | Available Immediately

Easily search for affordable housing by ZIP code in the state of Ohio. Users can then share results with patients via text message.

Patient Resources Loop, powered by Circulo Health

HxPRO01

Free | Available Immediately

Acquire patient education resources specific to a number of mental and physical health conditions — without having to contact multiple, separate resources. Available information includes monitoring instructions, tips for maintaining a healthy diet, how to recognize symptoms and more. The resources are sourced from authoritative organizations and are often in multiple languages. Resources can be previewed and printed to easily hand to patients.

Closing the gap
between patients
and their care.

**Outstanding care doesn't
always equate to patient
satisfaction. Olive aims to
better connect the two,
automating processes to
increase capacity,
deliver quality outcomes
and improve patient
experiences.**



Care Navigation

Telespine Loop, powered by Telespine

HxTS001

Free | Available Immediately

For patients with spine-related complaints and injuries, get instant access to suggested treatments, referrals to specialists and other next steps to help reduce time to therapy for patients.





Reimbursement Management

Get visibility and insights into your claims lifecycle, resolve errors more quickly, prevent denials and accelerate cash flow.

Enhanced Claim Status

WxCS001

Olive checks the status of claims so staff hours are only spent on accounts that actually need work. Olive accelerates cash flow and reduces the risk of untimely follow-up.

- Checks claim status every three business days until claims are finalized, including intelligent tracking of status changes
- Delivers the most up-to-date status via EDI standard X12 277 messages or flat file for workflow integration
- Delivers actionable insights through daily reports

Packages

	Foundation WxCS001.1 π 200,000 12 weeks	Advanced WxCS001.2 π 350,000 16 weeks	Extended WxCS001.3 π 600,000 20 weeks
Check status every three business days	X	X	X
Direct connection with four national payers: UHC, Humana, Cigna, Aetna	X	X	X
Direct connection with up to four regional payers		X	X
Up to three payer website connections			X

Upgrade options

All upgrades include additional pricing and implementation timelines.

Additional Payers WxCS001.4	
Connect to each additional payer via API or portal.	π 100,000 Implementation timing based on complexity
Medicare Hospital Claims WxCS001.5	
Check status for hospital claims (*credentials required).	π 100,000 12-14 weeks
Flat File Response WxCS001.7	
Receive a custom flat file per payer from Olive to import into your system.	π 50,000 12-14 weeks

Enhanced Claim Status is separate from Olive's Provider Clearinghouse solution

Accounts Receivable Prioritization

WxAR001

π 750,000 | 4-6 months

Olive applies machine learning on accounts receivable (A/R) data to provide visibility on collection risk, inform which representatives should work which account and integrate smart recommendations (e.g., work, outsource, reserve) directly into your EHR. Reduce avoidable write-offs and A/R aging, accelerate revenue collection and improve follow-up processes in your revenue cycle.

Denials Actioning Medical Records

WxDA001

π 470,000 | 4 months

Reduce manual follow-up and allow staff to focus on more complex appeals. Using payer connectivity, Olive pulls full and partial medical information for hospital billing from your EHR and submits to the payer for denial resolution.

- Includes up to five payer connections via eFax

Upgrade options

All upgrades include additional pricing and implementation timelines.

Additional Payers via eFax	WxDA001.1
Each additional supported payer via eFax.	π 50,000 4 weeks

Underpayment Prioritization

WxUP001

π 750,000 | 4-6 months

Recoup revenue faster with greater ease and confidence using payment variance analysis to prioritize underpayment appeals based on effort and appeal amount. Using machine learning, Olive can maximize underpayment collections and increase overall efficiency of underpayment recovery teams.



Value Analysis

Apply clinical and purchasing data to facility equipment and supplies to reduce the cost of care with data-driven decisions.

Surgical Spend Variation

WxSSV001

π 1,000,000 | 4-5 months

Minimize total surgical supply expense and engage effectively with physicians by identifying opportunities to reduce unwarranted clinical variation. Olive identifies these opportunities using your health system’s procedure data to pair pricing with clinical insights in a cohort of like cases. She then submits for review by clinical governance.

- Analyzes surgical supplies through clinically defined cohorts and comparable supply categories developed through hundreds of hours collaborating with clinicians
- Identifies utilization and cost-saving opportunities based on cost and clinical quality using your health system’s EHR data
- Provides clinical evidence and benchmarking data to support identified opportunities

Upgrade options

All upgrades include additional pricing and implementation timelines.

Surgical Spend Variation Whispers WxSSV001.1	
Get a whisper from Surgical Spend Variation to users right as they make decisions to optimize spend.	π 310,000 4-6 weeks



Pharmacy



Automate processes in your pharmacy department to improve regulatory compliance and reduce the price of medications through the use of 340B and financial assistance. Reduce the manual processes for completing many of these applications and checks.

340B Program Compliance, Retail

WxPC001

π 250,000 | 4-5 months

Review prescriptions sent to contract pharmacies to determine whether the encounter was eligible for the 340B program based on relevant dates, location, payer, provider, National Drug Code, quantity, drug name and drug type.

- Performs these checks in a fraction of the time while reducing the burden on staff to perform tedious and repetitive tasks
- Collects encounter data from split billing portals, EHRs, extracts and other sources of truth. Olive creates an output report with a detailed analysis of each encounter for 340B auditors and coordinators
- Reports Olive's performance and key analytics, including the number of encounters that did not qualify for 340B eligibility

340B Non-Qualified Claim Review

WxSR001

π 250,000 | 4-5 months

Increase savings produced for health systems through the 340B program and reduce the manual intervention required to review the 340B program.

- Collects, aggregates and reviews pharmacy claims data to identify claims that may be eligible for 340B discounts
- Captures missed opportunities for additional cost savings that benefit the most vulnerable patient populations

340B Program Compliance, Mixed Use

WxPC003

π 250,000 | 4-5 months

Review mixed-use administrations to ensure compliance with 340B regulations based on relevant dates, location, payer, provider,

National Drug Code, quantity, drug name and drug type.

- Compares eligible mixed-use claims data from split billers against EHRs and flags claims that should not have qualified for 340B
- Improves efficiency and effectiveness in maintaining 340B compliance while reducing the workload on human workers
- Identifies trends to highlight areas to further improve 340B compliance
- Conduct a retrospective review of eligible historical claims
- Run ongoing claim searches until benefits are exhausted

Medication Financial Assistance

WxFA001

π 350,000 | 4-5 months

Help patients get financial assistance from various non-governmental sources, including medication manufacturers. Reduce medication costs for patients and lower bad debt for providers.

- Identifies claims eligible for financial assistance from programs in which the patient is enrolled and compile the supporting documentation for application. Olive submits those claims to payer portals and tracks the program funding



Provider Ecosystem

Reduce delays in onboarding new providers that prevent timely care delivery and slow down revenue. Automate the credentialing process and enrollment of providers with each individual payer plan.

Provider Enrollment

WxPE001

π 250,000 | 8-10 weeks

Identify and enroll newly credentialed physicians into payer plans. Reduce total enrollment time for new physicians by up to 90 days. Allow staff to focus time on providers requiring additional due diligence.

- Uploads all necessary documentation (e.g., licenses, board certifications, references, etc.) into payer portals and provides enrollment status throughout the process
- Provides visibility into enrollment delays to remediate issues more quickly
- Minimizes claims held in discharged not final billed (DNFB) due to missing provider information

Provider Credentialing

WxPC002

π 200,000 | 8-10 weeks

Identify newly hired physicians and synthesize all necessary documentation from physicians. Reduce credentialing timeline upon onboarding by expediting the overall credentialing and enrollment process.

- Verifies necessary documentation against the Office of Inspector General (OIG), Drug Enforcement Administration (DEA) and Department of Motor Vehicles (DMV) APIs to verify credentials and send approvals to your credentialing committee
- Compiles non-standardized documentation for physician onboarding
- Connects to APIs in every state and Puerto Rico to confirm documentation via a verifiable partnership

Create the Internet
of Healthcare with
Olive.

**Drive efficiencies for your
provider network. Ease
the burdens your provider
partners face and improve
the care experience for
your members.**

Population Health



Improve patient experience and engagement by automating form submissions, scaling patient outreach and connecting care teams. By bridging disparate systems and people, providers can deliver faster and better care for their populations.

Testing and Vaccine Pre-Registration

WxPR001

π 475,000
per 500 daily registrations
4-6 weeks

Improve the patient experience while expanding capacity and throughput for core services by automating pre-registration.

Upgrade options

All upgrades include additional pricing and implementation timelines.

Patient Outreach WxPR001.1	
Integrate a patient engagement platform to enable messaging and outreach to your patient population.	π 125,000 per 500 daily registrations 4 weeks
Rescheduling WxPR001.2	
Cancel/reschedule based on patient responses.	π 125,000 per 500 daily registrations 4 weeks

Panel Management and Patient Engagement

WxEM001

π 10,000 per PCP per year
12 weeks

Optimize panel size and assignments so physicians give patients the attention and care they deserve — improving retention, outcomes and reimbursement.

- Includes algorithms for pediatric immunization and specific conditions to enable optimal panel mix and management
- Integrates seamlessly with existing patient engagement systems, like SMS text messages and patient portals
- Automates panel clean-up and maintenance using proven population-specific algorithms

Care Gap Reconciliation

WxCGR001

π 1,000,000 per payer
12 weeks

Resolve discrepancies and update the relevant patient records in both payer and provider systems. Report patients' care gaps to their care team to take action and improve outcomes.

- Connects quickly to both payer and provider records to sync and identify care gaps
- Reconciles payer care gap reporting with provider EHR records to update payer record keeping, improve quality scores and create a list of gaps for reaching out to patients

Reference



Get instant access to accurate and up-to-date information on drugs, providers, medical codes and more — without exiting workflows to reference online.

RXNav Lookup Loop

RxRL001

Free | Available Immediately

Gain instant access to drug information, including generic/brand names, strengths and formulations.

ICD-10-CM Lookup Loop

HxIL001

Free | Available Immediately

Gain access to over 72,000 ICD-10-CM diagnosis codes. Enter an ICD-10 code to find corresponding descriptions or search by keywords to find matching ICD-10 codes without having to exit your current workflow screen.

HCPCS Lookup Loop

HxHL001

Free | Available Immediately

Gain access to information for over 6,582 HCPCS codes, improving medical procedure coding accuracy.

NPI Lookup Loop

HxNL001

Free | Available Immediately

Gain access to provider information easily and quickly by looking up corresponding National Provider Identifier codes.

NDC Lookup Loop

HxNL002

Free | Available Immediately

Access accurate and up-to-date drug information instantly for over 100,000 National Drug Codes without disrupting your workflow.

Medicaid Formulary Search Loop: Ohio, powered by Circulo Health

HxMFS001

Free | Available Immediately

Search for a drug by name and instantly obtain Ohio Department of Medicaid's coverage details without having to disrupt workflows or navigate multiple websites or applications.

Medicaid Fee Lookup Loop: Ohio, powered by Circulo Health

HxMFL001

Free | Available Immediately

Enter a procedure code or description to determine the rate that will be paid by the Ohio Department of Medicaid without having to wait on hold with a representative or interrupt your workflow to visit confusing websites.

Medicaid Updates Loop: Ohio, powered by Circulo Health

HxMU001

Free | Available Immediately

Instantly receive important provider resource information such as updates to billing, provider policies, managed care guidance, HIPAA implementation, Medicaid eligibility and more.

NPI Search: Provider & Organization Loop, powered by Roter

HxNL003

Free | Available Immediately

Easily access accurate, up-to-date provider information without interrupting your workflow by using search

prompts for a provider's name, organization's name, city/state or NPI number.

Find Vendors Loop - by Venddy, powered by Roter

HxVS001

Free | Available Immediately

Instantly locate healthcare software, consulting, outsourcing, technology and other vendor partner profiles. This Loop searches venddy.com for relevant potential partners based on keyword or vendor name, without having to waste countless hours on internet searches and research.

Bookmarks Loop, powered by Circulo Health

HxBM001

Free | Available Immediately

Create customized, accessible lists of helpful websites, without the need to switch between the task at hand and an endless list of saved websites on your internet browser. In addition, the Loop has two lists of helpful websites pre-installed to get started.



Training and Education

Keep your staff updated with policy and procedure changes, healthcare news, coaching and more.

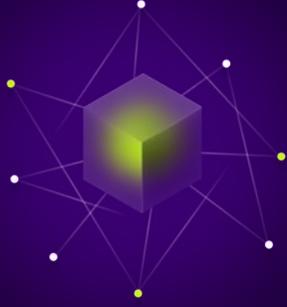
Healthcare Newsfeed Loop

HxTE001

Free | Available Immediately

Receive a daily news digest of the latest stories in the healthcare industry based on selected topics and areas of interest.





Payer Clearinghouse

Olive is redefining the clearinghouse for payers, putting payer networks first and ensuring a seamless experience by minimizing errors in incoming claims and reducing claim denials.

Payer Clearinghouse Claim Submission

SxCP001

π 30,000
per 1,000 members, with
a minimum requirement
of π 300,000 | 90 days

Olive's Clearinghouse aggregates claims from multiple submitters and provides front-end scrubbing capabilities, allowing claims to cleanly adjudicate through the payer's system — reducing both pre-adjudication rejections and post-adjudication denials back to providers.

Upgrade options

All upgrades include additional pricing and implementation timelines.

Clearinghouse Payer 835 Management SxCH835	
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.	π 5,000 per 1,000 members 30-60 days

Clearinghouse Payer Non-Emergent Transport Claims (NEMT) Submission

SxNEMT001

π 50,000

per 1,000 members, with
a minimum requirement
of π 300,000 | 90-120 days per
payer

Federal guidelines require state Medicaid plans to ensure that qualified beneficiaries have access to NEMT to take them to and from providers.

- Services can be provided by transportation brokers, be provided as a managed care benefit or be provided by independent transportation providers
- Olive's Clearinghouse will take NEMT data from these service providers and build claims or encounter transactions that will meet payer requirements
- NEMT claims are typically submitted in a non-standard 837 format

Utilization Management



Improve the member and provider experience while decreasing operating expenses and medical costs.

Automated Authorization Approval

SxAAA001

PMPM | 6 months

Olive automatically reviews incoming electronic authorization requests, delivering approval recommendations for requests with sufficient clinical documentation to satisfy your clinical guidelines.

Payer Approval Guidelines Loop

SxPAG001

PMPM | 4 weeks

Olive improves your staff's efficiency by more effectively providing relevant medical necessity rules at the point of review. Payers can optionally provide this Loop to their provider network to improve the accuracy of documentation supporting authorization requests at no additional cost.

Point-of-Care Authorizations

SxPOC001

PMPM | 6 months

When partnered with a provider for point-of-care authorizations, Olive accelerates utilization management. She leverages your specific medical necessity criteria and the member's EHR documentation to perform an AI-powered clinical review. She enables faster decisions at the point of care and provides patients with immediate access to health services.

Reimagine utilization
management.

Prior authorization is here to stay, but it doesn't need to be a source of friction. Olive understands your clinical guidelines to process incoming authorizations, saving your staff time while drastically reducing care delays.

On the Horizon

In the fast-paced and rapidly changing healthcare industry, we know our customers need to address today's challenges while thinking about ways to improve efficiency, intelligence and connectivity for tomorrow.

- **Learn how our team is responding to new industry trends with an expanding set of cutting-edge solutions that will shape the future of healthcare.**



REIMBURSEMENT MANAGEMENT

Denials Actioning Coordination of Benefits

WxDA002

Reduce manual follow-up and allow staff to focus on more complex appeals. Using direct payer and API connectivity, Olive performs end-to-end resolution, coordination of benefits and eligibility-based denials.

- Remarks code-based denials actioning
- Uses coverage query chaining to ensure eligibility and filing order accuracy
- Updates accounts with corrected information for rebill

Predictive Financial Division

WxPFD001

Avoid denials before they happen. Olive's custom machine learning model — trained with your historical claims — predicts financial responsibility (health plan vs. medical group) and recommends steps to avoid denials.

PATIENT ACCESS

Well Advised Loop

HxWA001

Help patients get the right Medicare coverage to pay for the care they need. Entering a patient's email address starts the process for a detailed needs analysis. Patients will work with the Well Advised system and receive both unbiased recommendations and enrollment assistance, free of charge.

Real-Time Eligibility Loop

WxREL001

Receive real-time and immediate eligibility responses and benefit details from 800+ payers and 2,000+ health plans. Reduce the number of eligibility checks occurring for a patient during their visit through on-screen Loop prompts. Then, copy responses to ensure your source system is up to date.

Referrals Management

WxRM001

Streamline your organization's referral management process through automated referral

submissions, status checks and specialist identification with machine learning intelligence. Prevent patient leakage and improve transitions of care when referring within your provider networks.

Financial Screening

WxFS001

Develop a propensity-to-pay model to segment self-pay patient populations based on their likelihood to pay balances. Using key financial indicators based on demographic data, determine patient qualification for state or local funding initiatives, financial assistance programs or follow-up for collections.

POPULATION HEALTH

Discharge Planning

WxDP001

A patient's length of stay in the hospital is often extended because discharge planning does not begin soon enough and is not complete when the patient is ready to be discharged. Discharge patients to the next level of care quicker by predicting their discharge status and accelerating their paperwork.

- Predicts if the patient will be discharged to home or to a

facility (e.g., SNF, LTAC, etc.) within 24 hours of admission through specially trained machine learning models

- Enables care teams to begin early planning and coordination for patients discharged to a facility to streamline and accelerate the discharge process
- Alleviates emergency department congestion and utilization by mitigating delays in transfers, reduces length of stay and frees space in facilities

Transitional Care Management

WxTCM001

Complete care management systems' requirements for CPT codes 99495 and 99496 by automating patient outreach and appointment scheduling for post-acute Medicare discharges.

- Automatically identifies transitional care management patients, tasks and timelines and creates billing documentation for reimbursement
- Drives patient engagement and prevents readmissions through timely follow-ups and appointments

- Decreases staff time spent on manual outreach, scheduling and documentation tasks

PHARMACY

Expiring Medication Identification

WxPH004

To assist pharmacists and pharmacy technicians, Olive identifies medication nearing expiration in your health system's existing inventory.

- Flags drugs coming up for expiration based on customizable "days until expiration" feature
- Identifies alternative locations in the health system where the drug can be reallocated before expiration
- Ranks locations with the largest difference between current unit stock and par level

AUTONOMOUS CODING

Urgent Care Coding

WxUC001

Increase coding accuracy, reduce exposure to over-coding and alleviate stress on your coding staff. Using advanced natural language understanding and machine learning, Olive

comprehends the patient's medical record and generates both procedural and diagnostic codes to accelerate accounts through the revenue cycle.

- Codes ICD-10 and CPT from professional charts through machine learning
- Directs more complicated cases to human coders to reduce burnout and increase satisfaction
- Reduces undercoding that doesn't capture the full revenue of a procedure and overcoding that exposes your organization to penalties

CONTINUED →

REVENUE INTEGRITY

ASUS Miraico Loop

HxRC001

The ASUS Miraico Loop is an ICD-10 AI coding assistant that analyzes free-text medical records to automatically recommend ICD-10 codes in real time. Miraico aims to augment human capital with assistive AI technology and supercharge hospitals' medical coding operations.

- Improves coding productivity and accuracy
- Reveals true case mix index
- Accelerates the revenue cycle while preventing revenue loss

REVENUE CYCLE AUTOMATION

Automate your revenue cycle and receive prompt payment for care, eliminating the administrative burdens of billing and collections.

Revenue Cycle Automation is the only solution that pays providers at the point of service and then collects payment from both patients and insurance companies on your behalf. Users can:

- Reduce time to collect from payers

- End confusion over patient responsibility
- Create price transparency for patients and staff
- Offer easy and convenient payment options to patients
- Realize faster and more complete payments from patients

Value Assurance

AxVA001

Leverage revenue cycle automations and capabilities to improve the patient access process, denial management and clearinghouse functions.

- Reduce denials with more accurate eligibility and coverage discovery
- Lower costs on claims submission services
- Favorably resolve a higher percentage of denials

Core Revenue Assurance

AxCR001

Build upon the efficiencies of Olive's Value Assurance skill and start collecting payment at the point of care for your most common claims.

- End payment delays
- Improve cash-flow
- Gain payment certainty

Advanced Revenue Assurance

AxAR001

Fully automate revenue cycle operations between a provider organization and its payer partners to collect payment at the point of care for all claims.

- Increase profits through improved labor efficiency
- Reduce errors and delays in processing claims
- Resolve every outstanding denial quickly and efficiently

Core Patient Payment Assurance

AxCP001

Improve patient collections with accurate cost estimates and an intuitive, flexible payment portal that both increases revenue and improves the patient experience.

- Collect higher percentage of patient payments
- Provide patients with clear and accurate billing

- Offer patients convenient and flexible financing options

Advanced Patient Payment Assurance

AxAP001

Add robust patient engagement functionality to the payment portal, including scheduling, secure messaging, patient check-in and more.

- Leverage a single platform for patient engagement
- Streamline front-office administrative duties
- Improve patient experience and physician ratings and reviews

FINANCIAL CLEARANCE

Medicare Guidelines Loop

SxMGL001

Leverage Olive's quick search functionality for Medicare NCDs and LCDs for seamless guidelines at your fingertips. This ensures documentation and advance beneficiary notices are submitted correctly on the first try, preventing downstream roadblocks and delays in patient care.

Olive Labs

Innovation creates true value and partnership, which is why Olive will continue to innovate with you to solve your challenges. When Olive doesn't have a standard solution for a healthcare pain point, the Labs team is here to innovate and build a solution that solves healthcare's toughest challenges.

Custom Pi Estimate

Lx001

The value and potential of Olive's AI platform is unbounded, and our Labs offering enables us to work with you to identify and implement new applications that leverage Olive's capabilities.

Olive Labs successfully impacts customers with innovative solutions whenever Olive may need to add a new skill to her repertoire. Automations and Loops originating from the Labs team quickly resolve healthcare's most unique challenges, deliver value and give staff more precious hours so they can focus on patient care.

Continually pushing the boundaries of healthcare through innovation.

Olive Labs ensures that Olive continues to learn new skills and makes the maximum impact for caregivers and patients everywhere.



EMPLOYEE SPOTLIGHT:

Illuminating the Journey to Olive



Solving the problem of medication access:

Meet Product Manager Anita Shen.

Before she joined Olive, Anita Shen (she/her) learned firsthand how complex medication delivery could be. Working in a Colorado hospital pharmacy department, Anita saw patients and staff alike jump countless hurdles to access the medications they needed. She thought: There has to be a better way.

In her role as a product manager in shared services with Olive, Anita's focus is once again on pharmacy — but this time, she has a chance to improve the systems that once frustrated her and her patients.

“One of the most heart-wrenching situations was in the facility-administered medications service,” she remembers. That’s when patients must come into clinics to receive infusions or injections for therapies like chemotherapy. One example that sticks with Anita: a patient who lived in Wyoming and had to drive for hours across state lines to get to the closest cancer center. After taking time off work, driving to Colorado and booking a hotel, the patient arrived at the cancer center only to have their provider run lab tests

and determine the current course of treatment wasn't working out as they'd hoped. The provider recommended a more aggressive treatment, and since the patient lived out of state, they chose to begin treatment that day.

Unfortunately, the hospital staff couldn't get same-day prior authorization for the new treatment and instead presented the patient with a disclaimer form. The patient had to agree that if treatment began before approval, and the insurance company didn't provide prior authorization, the patient would cover the cost. "For a patient who's just been told what they're taking isn't helping and their health is declining, the added potential medical bills for a life-saving drug puts a lot on their shoulders," Anita says.

Having spent time on the phone with clinics, insurers and patients trying to coordinate the necessary paperwork for medication and treatment, Anita knows healthcare professionals frequently scramble to get patients the drugs they need — but so often it doesn't work out.

Anita approaches these issues with a problem-solver's mindset, and it fuels her work every day. "Healthcare

“With a depth of knowledge in the healthcare space, Olivians are incredibly collaborative, willing to share and work together to solve the problems we know are out there.”

— ANITA SHEN

is a Russian nesting doll of problems,” she says, “but Olive is really well-positioned to tackle these problems from multiple angles. With a depth of knowledge in the healthcare space, Olivians are incredibly collaborative, willing to share and work together to solve the problems we know are out there.”

To unlock greater value for healthcare, Olive is connecting providers and payers to pave the way for automated prior authorizations at the point of care. Anita's work in the medication space is just one way Olive's ability to automate clinical documentation and prior authorization submissions

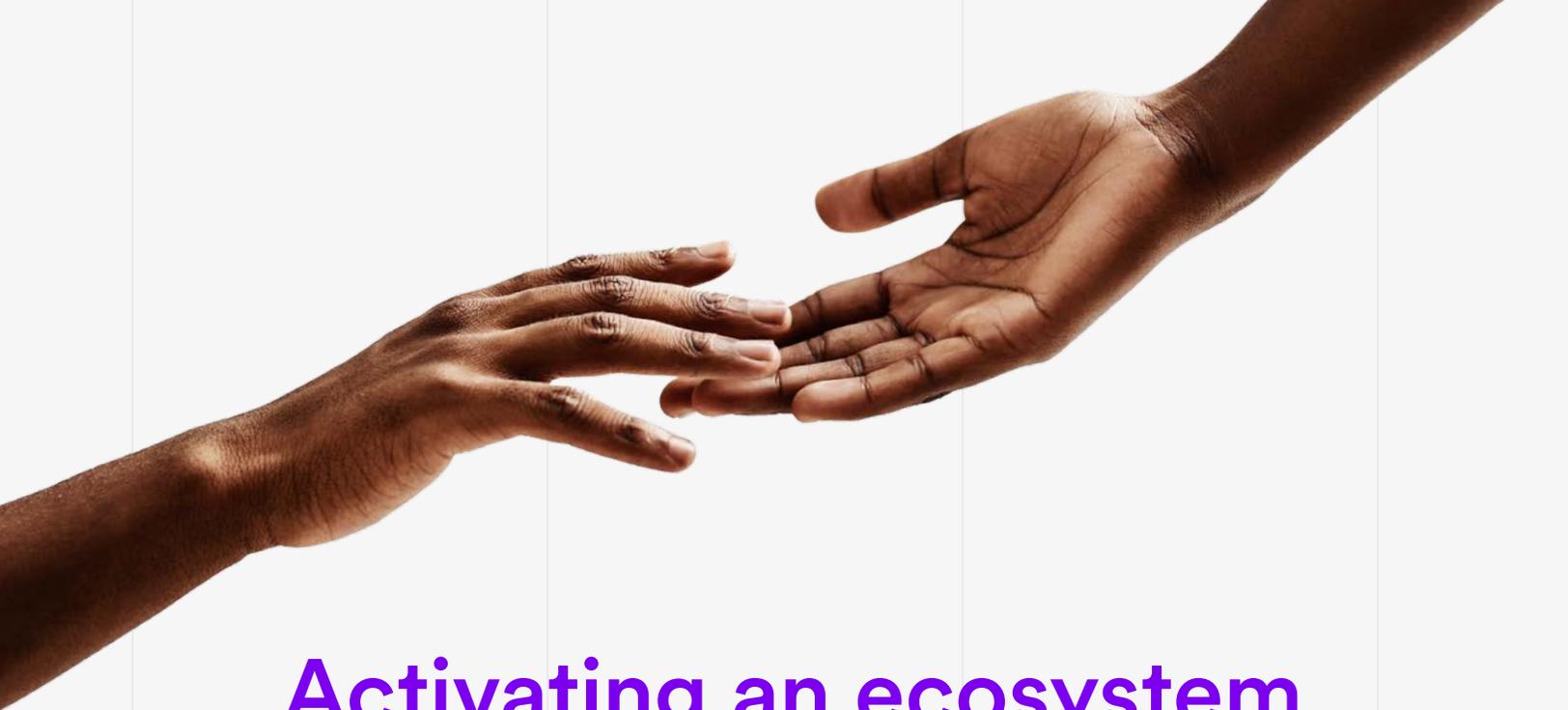
will have a life-changing impact across the industry.

WHAT DO YOU DO WITH YOUR FREE TIME OFF THE GRID?

“I like going hiking with my husband and dogs around Colorado because there are so many amazing trails. Or sometimes just reading a book.”

WHAT'S YOUR FAVORITE #INTEREST CHANNEL IN OLIVE'S SLACK?

“#personal-pets because I'm a sucker for cute animals. The first profession I recall wanting to pursue as a kid was being a vet.”



Activating an ecosystem of partnerships: Stronger connections. Greater innovation. Exponential impact.

**“Individually, we
are one drop.
Together, we are
an ocean.”**

— RYUNOSUKE SATORO
JAPANESE WRITER AND POET

The healthcare industry has many brilliant leaders, dedicated workers and innovative organizations. Individually, each improves patient care for the future. Yet, in the stream of progress, working together allows healthcare organizations to travel further while operating more efficiently. To address its many technology challenges, healthcare needs an ecosystem of partners and solutions working in unison to create the Internet of Healthcare. This ocean of opportunity builds widespread, scalable connectivity across organizations and systems, powering a system that works better for everyone.

Olive’s industrywide platform and commerce network enables companies to ideate, develop and distribute digital health solutions. Using this massive distribution network, Olive’s five partnership programs enable other organizations to scale in the healthcare ecosystem. Together, these partners will accelerate change in the industry. Where does your company fit in?



1. Develop

Facilitate innovation and impact.

Develop partners leverage Olive's out-of-the-box Loop Development Kit (LDK) to rapidly innovate, build and distribute Loops (think apps in an app store) on Olive Helps, a lightweight desktop application surfacing key information for healthcare workers. With direct access to Olive's growing network of healthcare users, developers gain speed to market, increased brand awareness and recurring revenue streams for their solutions.

IDEAL FOR:

Startups, cloud companies, global system integrators and consultancies, individual developers, Olive customers building global Loops



2. Deploy

Increase a solution's speed-to-impact and expand its user base.

Deploy partners are engineers and consultants supporting developers and Olive customers looking to build a customized experience on Olive. The program enables partners to gain implementation expertise, enjoy the benefits of co-marketing with Olive and expand their businesses with new lines of service that meet the needs of Olive's ever-growing install base.

IDEAL FOR:

Global system integrators and boutique consultancies



3. Distribute

Uncover new markets and maximize data ingestion.

Distribute partners share Olive's solutions with new segments of the healthcare market. Acting as classic resellers, Distribute partners are badged to offer Olive's products, can tap into Olive's growing customer base and benefit from Olive's sales enablement support.

IDEAL FOR:

Cloud companies, global system integrators and boutique consultancies, EMRs



4. Alliance

Embrace talent and foster competition.

Alliance partners help Olive find ways to adapt and transform the healthcare industry. Olive enables Alliance partners to strategically expand innovative development and programming efforts. Alliance partnerships position organizations as forward-thinking market leaders, gaining untapped resources, programming and educational opportunity for community members.

IDEAL FOR:

Innovation centers, accelerators, incubators, universities, community and technical colleges, code camps, large cloud companies



5. The Library

A universal marketplace and distribution channel.

The Library is an open marketplace for anyone looking to list, sell and grow solutions through Olive. From individual developers to larger enterprise brands, anyone can sell solutions in The Library — no matter their organization's affiliation with Olive. Reach Olive's wide network and customer base with support from Olive's internal sales team, which reduces the need for independent marketing efforts. Learn more about The Library on p. 68.

IDEAL FOR:

Developers, independent software vendors, global system integrators, startups, cloud companies, consultancies other partners

Become a badged partner.

For the first time, Olive is introducing honors and qualifications for partner programs. Become a badged partner and showcase the qualifications, areas of expertise and milestones your organization has achieved.

“WE’RE CALLING ON EVERYONE WHO WANTS TO HELP TRANSFORM HEALTHCARE.”

— SEAN LANE, CEO AT OLIVE

Welcome to The Library.

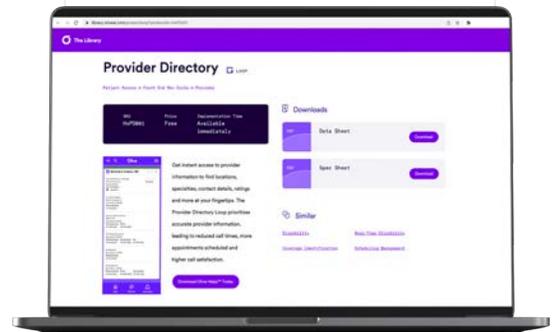
Imagine a world where providers and payers have immediate, open access to technology that enables them to work more efficiently and deliver better care. Good news: It’s now a reality. It’s called The Library — a first-of-its-kind, universal marketplace for healthcare solutions. It’s a digital storefront for healthcare productivity.

The Library offers Olive’s own solutions as well as a broad ecosystem of products made by developers, startups and enterprise organizations aiming to directly impact healthcare. The Library is an important distribution channel to list, market and sell third-party digital health innovations to Olive’s rapidly growing customer base.

From solo developers to enterprise businesses, anyone can sell their solutions in The Library, lowering marketing costs while using Olive’s distribution channel to reach an ever-expanding user base. End users simply search and purchase the solutions they need for their organizations.

The Library offers more than healthcare tech. It provides access to consulting, change management, training solutions and more from the largest healthcare brands in the industry, including ASUS, Advocatia, ScaleHealth, Seqster and others.

“We’re thrilled to be one of the initial solutions launching with The Library,” says Ardy Arianpour, CEO and co-founder at Seqster. “Joining The Library helps us put



It’s a digital storefront for healthcare productivity.

patients at the center of their healthcare data.” Available in The Library, the Seqster Data Aggregation partner solution drives efficient healthcare via comprehensive medical records, individual genomic profiles and personal health device data.

The Library launched initially with 20 partners, and the number is steadily on the rise. Be among the first pioneers developing and distributing their solutions on the Olive platform.

10-4.ai



((CENTRIC))

The Library represents another step toward a fully connected healthcare system, offering an unprecedented opportunity for innovators and pioneers to distribute solutions to top health systems.

“We’re calling on everyone who wants to help transform healthcare,” says Sean Lane, CEO at Olive. “Join us. Together, the returns from our investments will create a new health experience for humans.”



drip⁷



PROTENUS®

ribbon



SEQSTER™



TransUnion^{tu}



welcomehomehealth[®]

Crossing

the

finish

line:

putting in the miles for healthcare transformation.

The footsteps of the many runners surrounding Nick Miller faded away as his favorite podcast, Ear Hustle, echoed through his headphones.

Three miles into his first 10K, the pack of runners surrounding Nick turned a corner, and he saw a group of athletes pushing a three-wheeled racing conveyance. An individual with limited mobility was seated in the wheeled “jogger” running the race with a team committed to helping him cross the finish line. The word “Wingman” was stamped across the backs of their t-shirts. They were members of the organization Athletes Serving Athletes — a group that would soon have a strong impact on Nick’s life.



Nick Miller (he/him) wasn't always a runner. As a tech entrepreneur, Nick started his first company in 2011. He raised roughly \$10 million in venture capital to nurture the startup, but the long hours and constant stress at work took a toll. Nick gained 25 pounds, was barely sleeping and was dealing with anxiety: His feelings of burnout were impacting his mental and physical well-being.

He turned to exercise to combat burnout, and it started him on a journey of self-discovery. He began walking, jogging and then running to improve his mental health and physical fitness. Exercise helped Nick reframe his thoughts and create a space outside of work where he could focus on himself, feel physical accomplishment and experience the benefits of improved brain chemistry. Running enabled him to sleep better and be a more supportive CEO and teammate.

Before long, Nick was running his first 10K where he encountered the team from Athletes Serving Athletes. He began volunteering with the nonprofit, fundraising for the organization and running alongside individuals with limited mobility as they

trained for and participated in mainstream running events.

“One of the most transformative parts of my own running journey was teaming up with these athletes with limited mobility and seeing their incredibly positive view on running — even though they can't do it under their own power,” explains Nick. “With running, it doesn't matter how you do it. It's just about accomplishing the goal.”

“Running reminds me to be present, that hard things are possible and to appreciate life one step at a time.”

— NICK MILLER

This new understanding led him to ultra running — where races last 50 kilometers or more — because he now knows he doesn't have to be fast, he just has to get across the finish line.

Nick brings this same perspective to work at Olive. As senior vice president of product with Olive, Nick's team focuses on the underlying infrastructure and technical layers that

allow Olive to operate as an industrywide platform.

The many solutions built on Olive empower humans to stay focused on the marathons that matter: caring for patients and addressing society's most pressing healthcare challenges. That's why this year, Olive sponsored 10 runners to compete in the Boston Marathon, including Nick.

“Running reminds me to be present, that hard things are possible and to appreciate life one step at a time,” says Nick. This commitment motivated Nick throughout the 26.2 miles of the Boston Marathon in October 2021 and beyond, as he continues to address healthcare's most challenging issues at work every day.

Nick knows delivering on Olive's mission of unleashing a trillion dollars by connecting healthcare is not a sprint, and it's not a marathon. It's an ultra marathon. Creating the Internet of Healthcare is a fundamental change that will require commitment, time, effort and buy-in from the entire healthcare industry. Nick and team are working one heartbeat, one step and one mile at a time, laying the groundwork for developers and third parties to build the digital health innovations healthcare truly needs.

**Dignity Health Global Education
(DHGE)**

Customized education opportunities to help healthcare workers sharpen their skills

Rotera

A team of advisors and engineers available to help healthcare organizations build customized automation solutions

Clear Child Psychology

Immediate feedback and treatment access for children impacted by mental health challenges

Advocatia

Financial resources and care programs for underserved patients

ClosedLoop.ai

Patient-specific predictions used to identify and mitigate risk

Etta

Identification of dangerous lesions and rashes at the point of care

Welcome Home Health

Care resources based on post-hospital requirements to avoid readmission

Healthcare's first true platform is here.

Circulo

Data and resources to simplify complicated Medicaid processes

Telespine

Comprehensive care information and guidance for patients suffering from back pain

ASUS

Medical coding predictions and recommendations



Anyone who has value to deliver can build on the Olive platform, offering their healthcare technology or solution to thousands of healthcare workers in the form of a Loop. Using the Loop Development Kit, developers can leverage Olive technology to enhance their solutions while ensuring they're easily accessible and secure.

Large healthcare companies, tech startups and individual developers have joined Olive to create an ecosystem of cybernetic support. See how these innovators are coming together to build healthcare's first true platform and supercharge human ROI everywhere.

There's power in platforms.

We know Olive's mission of unleashing a trillion dollars by connecting healthcare is bold, and it will take unprecedented collaboration to achieve success. That's why Loops operate on an industrywide platform that gives developers equal access to Olive's technology, data and consumer reach. Together, we're changing the way humans work — one challenge, one solution and one Loop at a time.

Hack for Health: changing lives with every line of code.

The first-ever Hack for Health virtual hackathon — a competition for developers to build and submit Loops — took place from November to December 2021. Winners and more information about the impact our hackers are having on healthcare coming soon!

EMPLOYEE SPOTLIGHT:

Illuminating the Journey to Olive



Medical history will be actionable data:

Meet Director of Data Management
Sushmitha Regulapati.

Many Olivians have experienced challenges and inefficiencies in healthcare that drive their passions for transforming the industry. Sushmitha Regulapati (she/her) is no different.

During a family trip to Disney World in Orlando, Fla., Sushmitha's 6-year-old daughter experienced severe abdominal pain and was admitted to a nearby teaching hospital. Doctors put her through a series of tests, including multiple blood draws, a CT scan, an ultrasound and others. "She is a trypanophobic child with an extreme fear of needles," says Sushmitha. "Undergoing all those tests was traumatic for her." As were the next few days for her parents.

Sushmitha was repeatedly asked medical history questions and questions about her daughter's health. "It was a teaching hospital, so we had to repeat our daughter's medical history with almost 12 physicians," explains Sushmitha. "These answers could have been derived from the hospital's EHR or physician notes, and I felt this really took away from the time the caregivers could have spent with the patient." The family

ultimately never received a diagnosis for their daughter's illness, and her symptoms went away after a few days.

Unfortunately, the challenges the family encountered were not limited to test results and a diagnosis. From registration to discharge and final billing, they struggled with the administrative side of their daughter's care experience. Since the family was traveling out of state, they weren't sure of their insurance coverage benefits, leading to issues with prior authorizations and a trickle of unplanned bills in the months that followed.

The experience made Sushmitha realize healthcare has an incredible opportunity to streamline tasks and give time back to providers. "Having both worked in the healthcare industry, my husband and I talked about ways to help fix the problem," Sushmitha shares. "We wanted to allow healthcare workers to focus on giving care to our loved ones, instead of repetitive admin tasks — but we didn't have the time to create something like that ourselves. Then, I bumped into Olive."

Sushmitha and her husband share a similar vision as Olive: the Internet of Healthcare revealing life-changing

“The medical profession is a noble one, and healthcare providers are always helping others in need. Helping these providers and other health system employees by reducing their administrative burden will in turn improve their job satisfaction and positively impact millions of lives.”

— SUSHMITHA REGULAPATI

outcomes. Now, as the director of data management focusing on the Olive platform, Sushmitha is committed to giving providers greater access to data and research.

“Data is crucial to where Olive wants to go in the future,” adds Sushmitha. “The medical profession is a noble one, and healthcare providers are always helping

others in need. Helping these providers and other health system employees by reducing their administrative burden will in turn improve their job satisfaction and positively impact millions of lives.”

Olive's solutions address challenges like coverage discovery, real-time eligibility checks, coding reference information and more for providers and staff. Using the Olive platform, third-party developers can also design Loops that leverage data to quickly offer providers greater access to information (see p. 72 for more). As Olive continues to expand her offerings and The Library ecosystem grows, both patients and providers will gain access to the information they need — the moment they need it.

WHAT DO YOU DO WITH YOUR FREE TIME OFF THE GRID?

“Biking in the Washington and Old Dominion Railroad Regional Park in Virginia.”

WHAT'S YOUR FAVORITE #INTEREST CHANNEL IN OLIVE'S SLACK?

“I enjoy #plant-life. I started growing more indoor plants during the pandemic. Nurturing them gives me a sense of calm and draws me more closely to nature.”

2021: year in review.

There's a running joke within the Olivian community that one year in Olive time equates to roughly 10 years in standard time. Why? We move quickly and act with urgency because lives are at stake.



Olive's Go1 coach embarks on a cross-country tour to celebrate frontline healthcare workers.

Olive **invests in the customer experience** by standing up a dedicated customer team.



Olive launches **Olive Helps**, healthcare's first cybernetic, AI co-worker.

Olive's Product Catalog launches with 38 offerings.



Olive enters the operating room with the **acquisition of Empiric Health**.



Olive **partners with ASUS** to bring AI-assisted coding to 775+ hospitals.

\$4B

Funding round values the company at \$4 billion.

Olive Assures accelerates the provider payments process.



In five months, **Go1 delivers 24,000+ meals** to healthcare workers at 41 health systems.



Olive enters the clearinghouse market with the **acquisition of Healthcare IP**.

Between developing automation solutions for new markets and adding more than 800 employees to our human workforce, it's been a busy, high-growth year at Olive.

Take a look at several of the milestones, accomplishments and fist-bump-worthy moments we experienced in 2021.

powered by

Olive **adopts AWS** as its preferred cloud provider to create the Internet of Healthcare.

SEP

Olive expands its **Product Catalog** from 38 to 90 offerings.

Internet of Healthcare Report

Olive assesses industry perspectives on automation in its first **Internet of Healthcare Report**.



Olive recommits to its flexible work model, **The Grid**, which allows employees to work from anywhere they choose.

OCT

Olive launches **The Library**, a digital marketplace for healthcare solutions.



Olive **sponsors the 2021 Boston Marathon**.

NOV

Olive launches the first-ever **Hack for Health**, a virtual hackathon challenging developers of all sizes to change lives with every line of code.



DEC

O·LIV·OL·O·GY

Your buzzword-busting guide to some of Olive's most important (and often confusing) terms.

As we travel Olive's journey to creating the Internet of Healthcare, you may encounter some unfamiliar parlance. To help you steer clear of confusion, we've provided definitions to names and words we often rely on. Consider this our lexicon to uncharted territory.

Tech Equity

DEFINITION: The rapid, constant scaling of innovations and desired democratization of technologies.

In a perfect world, marketplaces, companies, competition and tech products will give individuals, organizations and enterprises (across the healthcare industry and beyond) equal and indistinguishable access to things that make their lives better — regardless of their size, geographic location or financial performance.

Utilization Management (UM)

DEFINITION: The use of managed care techniques, such as prior authorization, that allow payers (particularly health insurance companies) to assess inpatient/ outpatient services and ensure all benefits provided by the insurer are applied properly and in an optimal fashion.

One of the main goals of UM is to use evidence-based criteria and guidelines to make sure health plan benefits effectively cover members needs, while remaining cost-effective for the payer.

Healthcare's Human Problem

DEFINITION: The failure to invest in transformative technologies and continued reliance on hand-me-down, antiquated systems which has resulted in the unfair treatment of humans — forcing them to act as data routers, experience unprecedented burnout and feel constantly disconnected.

The internet, and the subsequent connectivity it provides, has transformed the consumer experience across most industries — from online shopping to ride sharing to meal delivery — but not healthcare. Humans are constantly reintroducing themselves to their care providers, repeatedly documenting the same information and filling out the same forms again and again. Olive's platform unifies providers, payers and patients, shining a light on healthcare's siloed data and connecting the disconnected.



A brighter future for healthcare.

To learn more about how Olive is creating the
Internet of Healthcare, visit oliveai.com.

Olive

oliveai.com