



ABILITY EASE® All-Payer

Save labor, accelerate revenue with one system to manage all payers

Are you looking for a comprehensive claims management tool that far outpaces the average clearinghouse? If so, look no further than ABILITY EASE® All-Payer.

The continuing shift in reimbursement from volume to value means providers need to create efficiency in their revenue cycle to remain profitable. For most organizations, manual processes are the leading contributor to labor overruns and create errors that cost time, money and result in patient dissatisfaction. There is a better way.

ABILITY EASE All-Payer is the automation tool that puts you in control of front-end claims cycle activities, with a 99% clean claims rate. Its combination of real-time eligibility checks, claim status tracking, audit and appeals workflows, and ease of payment posting focus your labor activities to get cash flowing. A single log-in and customizable dashboard gives access to all payers, including Medicare, Medicaid and commercial insurance.

Plus, ABILITY EASE All-Payer is an easy-to-use application compatible with all leading webrowsers. Our cloud-based system requires no complicated technical assistance to get started.



ADVANTAGES FOR YOUR ORGANIZATION

Boost efficiency with instant, clear claims information displayed on intuitively designed dashboards.

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Reduce labor and shorten days in accounts receivable with automated functionalities.

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Increase accuracy and claims revenue with streamlined workflows that decrease the opportunity for human error and automate audit and appeals processes.

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Gain operational insights and identify denial trends with advanced analytics and reporting.

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Plan for cash flow with revenue forecasting.

The myABILITY Portal

Connect to all your Inovalon provider services via myABILITY, a SaaS delivery portal that gives you on-demand access to everything you need. Whether you need quality analytics, eligibility and claims, revenue cycle management or workforce management services, myABILITY can help your clinical, financial, operational and administrative areas work more effectively and efficiently.

Application Features



Gold-standard clean claims

Achieve a 99% clean claims rate or better. If a claim is rejected by a payer, it is immediately routed to a work queue with clear correction guidance minimizing days-to-submission.



Eligibility verification integrated with claims upload

Eligibility is verified during claim upload by accessing hundreds of commercial payers, Medicare and Medicaid insurance databases. Issues are flagged so claims can be edited before submission.



Continually updated and customizable rules engine

Scrubbers always contain the most up-to-date CMS and commercial payer rulesets. Facility-specific rules are easy to input and revise.



Easy secondary claims submission

Electronically submit secondary claims from the same system as primary claims, utilizing primary claim information. Stop timely filing write-offs for secondary payers.



Audit and appeal automation

Decrease days in A/R with automated workflows for audit responses, appeal submissions and ADR tracking. Receive alerts, auto-populate submissions and follow claims from start to finish.



Accelerated payment posting

Payment information for all payers is centralized onto a single application. Access and download ERAs with one login.

About Inovalon

Inovalon is a leading provider of cloud-based software solutions empowering data-driven healthcare. The Inovalon ONE® Platform brings together national-scale connectivity, real-time primary source data access, and advanced analytics to enable improved outcomes and economics across the healthcare ecosystem. The company's analytics and capabilities are used by more than 20,000 customers and are informed by the primary source data of more than 71 billion medical events across one million physicians, 622,000 clinical settings, and 359 million unique patients. For more information, visit www.inovalon.com.