

Eligibility Verification Pro

Cut claims delays, get paid with confidence

Every denied claim starts with a missing piece. Inovalon's Eligibility Verification Pro™ helps revenue cycle teams stop problems before they start by automatically finding and filling in missing data, and verifying insurance in real time. No more scrambling, guesswork, or delays – just seamless verification right within your existing workflow.

With fewer errors and cleaner transactions, you ensure faster payments, happier payers, and a smoother path to care. Staff shift from chasing data to driving impact, while patients and residents get clarity from the start.

Advantages for Your Organization

1



Improve claims accuracy

Reduce denials by confirming coverage up front and automatically filling in missing details, so your team avoids rework and prevents costly fixes later.

2



Reduce administrative overhead

Cut down manual follow-ups by automating verification and surfacing issues before they stall claims.

3



Strengthen payer relationships

Submit cleaner transactions that reduce rework, improve consistency, and build payer trust.

4



Enhance patient experience

Deliver faster, clearer coverage updates so patients and residents have greater peace of mind and quicker access to care.

5



Support timely reimbursements

Verify coverage early to shorten payment cycles and maintain steady cash flow.

Who Benefits

Over 50,000 active, licensed customers¹ use Inovalon solutions.



Physician practices



Hospitals



Skilled nursing facilities



Billing companies



Rural health clinics



Health systems



Home health organizations



Software vendors

Solution Features



Confirm eligibility across multiple payers and criteria in one place, including batch uploads of commercial, Medicare, and Medicaid.



Easily integrate with existing systems via CAQH CORE-compliant APIs, embedded within Inovalon's Provider Cloud for end-to-end automation.



Automate eligibility checks to reduce errors and manual rework.



Reduce staff workload by minimizing the need for manual intervention.



Fill in incomplete data (like Member ID or patient name) during verification to deliver claim-ready results.



Spot coverage gaps early with enriched, real-time eligibility data for faster claims and cash flow.



Generate detailed change reports and audit trails to support compliance and performance insights.



Support appeals with stored verification records ready when needed.



Keep workflows moving with fast access to complete coverage history, real-time visibility into verification status, and built-in tools to reassign tasks, flag exceptions, and resolve issues before they cause delays.

¹ Inovalon internal reporting. January 2025.