PROVIDER

inovalon

Claims Management Pro

One place to manage every claim and get paid faster

Healthcare providers continue to face mounting financial pressure as claims are routinely denied due to coding errors, missing documentation, eligibility issues, and constantly changing payer requirements, tying up revenue cycle teams in time-intensive rework and appeals. To tackle these challenges, you need technology that catches problems early and frees your team from constant firefighting.

Inovalon's Claims Management Pro™ replaces fragmented tools with one solution to manage every step – cutting rework, catching errors before claims are submitted, streamlining denial resolution, and accelerating payments. With access to all claim payers, including Medicare and Medicaid, and a 98%+ first-pass payer acceptance rate[1], it's the smarter way to capture the revenue you're owed and unburden your staff.

Advantages for Your Organization

1

All-in-one claims management

Manage claims for all payers (including Medicare and Medicaid) in one centralized system.

2

Improved financial health

Boost payments and reduce denials by catching and correcting issues before claims go out the door.

3

Clear priorities and smoother days

Enable staff to focus on what matters most by reducing distractions and prioritizing high-value tasks with efficient workflows.

4

Full claims visibility and denial management

Get a comprehensive view of your entire billing process, from claim creation to payment.

5

Smarter audits and appeals

Speed up resolutions with automated workflows that handle appeal submissions, audit responses, and ADR tracking from end to end.

Who Benefits

Over 50,000 active, licensed customers[2] use Inovalon solutions.

- Physician practices
- Hospitals
- Skilled nursing facilities
- Billing companies
- Rural health clinics
- Health systems
- Home health organizations
- Software vendors

Solution Features

Built-in rules engine, always up to date

Scrub claims against the latest CMS and payer rules automatically. Easily add facility-based rules to fit your specific needs.

Eligibility checks built into claim upload

Reverify coverage in real time from hundreds of payer databases – Medicare, Medicaid, and commercial – and catch any errors before claims submission.

Automatic routing for rejected claims

Payer-rejected claims go straight to a work queue with clear correction steps, so staff can act fast and cut days from resubmission.

Automated secondary claims

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

Unified payment posting

Access, download, and reconcile ERAs for all payers from one location. Simplify remits and shorten time to cash.

Audits and appeals

Move out of spreadsheets and get the full picture of your appeal progress. Link to the claim and remit to prioritize work, see results, and understand the value.

Schedule tasks with built-in triggers

Define rules to assign, alert, or automate your team's tasks based on claim criteria. Staff see exactly what needs action as soon as they log in.

[1] Inovalon internal reporting, Claims Management Pro, February 2025
[2] Inovalon internal reporting, January 2025

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