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Independent and Community Care Teams

The new year brings insurance changes. Are you ready?

Coverage resets hit every healthcare setting in the new year. Here is what is changing and what to do.

1 Score your setup

	Yes	Not sure	No
Can you confirm eligibility before care begins?	☐	☐	☐
Do you re-check coverage at set points throughout the care journey?	☐	☐	☐
Can you find coverage that a patient or resident didn't tell you about?	☐	☐	☐

2 Pull your baseline

	Your number
Share of visits verified before service	
Denials tied to eligibility or coverage	
Weekly hours spent sorting out coordination of benefits	



Start with your first No or Not sure.

A coverage gap moves from the front desk to the claim to the statement, so fix the earliest one first. Your baseline shows where it is already costing you.

3 Check where the gaps are today

Question	What good looks like	Covered	Gap
If the first payer does not confirm coverage, does it try a second and third automatically? **Why it matters:** Manual rechecks take time from high-value work.	Automatic eligibility checks, with no extra steps.	☐	☐
How are coverage and demographic changes caught between visits, not just at intake? **Why it matters:** Coverage changes after booking are easy to miss.	Changes flagged automatically on every batch, not just the first time.	☐	☐
Does claims scrubbing update automatically with payer and CMS rules? **Why it matters:** No one can track every rule change by hand.	Rules update, and errors are flagged and surface before the claim goes out.	☐	☐

Want a second set of eyes on your answers? Talk to an Inovalon RCM expert or your account team.

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Your Guide to Closing the Gap

	What teams like yours tell us	How Inovalon helps · From eligibility to payment
Before visit **1,000+** payers to verify insurance benefits[1]	**"Unexpected insurance changes including backdating of coverage changes after services have been provided."** – Manager, Home Health	**Eligibility Verification Standard** confirms active coverage across 1,000+ payers before the visit and automatically flags insurance changes every rerun.[1] **Insurance Discovery and Demographic Verification** find missing demographic details and previously unknown coverage. Together, they fix 60% of incomplete demographic details and lift insurance match rates to over 14%.[2]
Claims paid **6,000+** claim payers and plans[1]	**"[Claims issues] often take repeated contacts and reissuing of claims to resolve. They are very time consuming."** – Manager, Behavioral Health	**Claims Management Starter** checks claims against 6,000+ payer plan rules, so more pay the first time.[1] **Claims Management Medicare Pro** pulls Medicare Part A claims from Medicare's Fiscal Intermediary Standard System (FISS) in real time, now and 12 months back, so stalled claims do not sit unseen.
Balance paid **25%** average lift in cash flow[1]	**"Keeping small rural facility financially viable."** – C-Suite, Hospital	**Patient Statement Management** sends easy-to-read paper and digital statements with a QR code, so patients, residents, and caregivers can pay right away. If you print in-house, the PDF export add-on lets you download the whole batch at once. **Patient Payment Management** lets patients, residents, and caregivers pay online through a secure payment experience. Together, enjoy a 25% average lift in cash flow and 33% fewer payment admin hours.[1]

Proven in the field

80%

drop in claim denials

"We're getting cleaner claims out the door the first time – and when something does go wrong, we know why, so we can fix it and avoid it next time."

– Dr. Ernesto Sarduy, CEO, South Florida Psychiatry

Talk to an Inovalon RCM expert or your account team about your next step.

1. Internal reporting, Inovalon, October 2026. Individual results may vary.
2. Internal reporting, Inovalon, March 2026.