PROVIDER

Claims Management Pro

Accelerate revenue with one system to manage all payers

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

There is a better way. Claims Management Pro is a comprehensive SaaS-based claims management solution that far outpaces the average clearinghouse.

This solution puts you in control of back-end claims cycle activities, with a 99% first pass payer acceptance rate.[1] 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, Claims Management Pro is an easy-to-use application compatible with all leading web browsers. Implementation is easy, with no complicated technical requirements to get started.

Advantages for your organization

1. Boost efficiency with instant, clear claims information displayed on intuitively designed dashboards
2. Gain operational insights and identify denial trends with advanced analytics and reporting
3. Reduce labor and shorten days in accounts receivable with automated functionalities
4. Increase accuracy and claims revenue with streamlined workflows that decrease the opportunity for human error

[1] Inovalon internal reporting, Claims Management Pro, July 2022

Key benefits

1

Know in advance. Accurately plan cash flow with advanced revenue forecasting.

2

Prevent write-offs. Leverage automated secondary claims submissions to prevent timely filing write-offs.

3

Detect workflow patterns. Identify denial trends and common errors with analytics and reporting that do the investigating for you.

4

Enhance audits and appeals. Increase claims revenue with automated workflows for faster, more successful audits and appeals.

Solution features

Gold-standard payer acceptance

Achieve a 99% first pass payer acceptance rate. Payer-rejected claims are immediately routed to a work queue with clear correction guidance minimizing days-to-submission.

Eligibility verification integrated with claims upload

Verify eligibility upon claim upload with access to hundreds of commercial, Medicare, and Medicaid insurance databases.

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, using primary claim information. Stop 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. 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.

(855) 799-1879 | KanTime@inovalon.com