



Claims Management

Speed up your revenue cycle and reduce A/R days

Claims Management is an easy-to-use electronic, all-payer application that allows users to submit, edit, and receive transactions for Medicare, Medicaid, and thousands of commercial insurance companies. You'll also gain insights into your organization's performance with billing and coding analysis tools.

For providers without billing software, you can key directly into an electronic CMS-1500 or UB-04 form via a secure web portal, and save important information for future use.

Advantages for your organization

1

Save time

Submit a batch for some or all of your payers, with 24/7/365 accessibility. Download your ERAs in 835 format or view a readable version directly in our portal.

2

Streamline workflow

Access all your rejected claims in one place and sort by the payer's rejection reason.

3

Reduce errors and easily edit claims

Industry-standard rules engine flags claims errors before they're sent to the payer; easily correct and resubmit claims directly via the editing tool.

4

Get a performance snapshot

Analysis tools provide an overview of active errors, claims submitted, and remittance advices.

Solution features



User-friendly, intuitive interface, reduces clicking and scrolling to perform actions and locate information.



ICD-10 and HIPAA-compliant for correct, up-to-date coding and secure transactions. Inovalon is approved by CMS as a Health Information Handler (HIH).



Claims stored off-site in secure, U.S.-based data center. Inovalon is accredited by the Electronic Healthcare Network Accreditation (EHNAC).



Easy implementation, with minimal IT involvement. Inovalon web-based services are compatible with current versions of web browsers.