

\$2.57M RECOVERED THROUGH DENIAL AUTOMATION

70% FASTER PROCESSING ACROSS 24+ PAYORS IN 7 MONTHS
RPA-Driven Denial Management | Multispecialty Medical Group



INFLECTION POINT

- Team spending significant time manually reviewing denial codes, validating payor rules, and tracking status across 24+ payors | Repetitive, error-prone work creating delays and limiting scalability
- Manual claim rework, appeal filing, and documentation preparation consumed high FTE hours | No automation across payor-specific business rules or EHR denial bucket management
- Increased operational costs and missed recovery opportunities | Lack of scalability prevented expanding denial coverage across the full payor and denial code landscape

EXIQO™ ENGINEERED FIX

OptimaAI Platform: Automated denial code identification from EHR aging buckets with integrated payor rule validation, enabling faster, accurate decision-making across 24+ payers (UiPath, SQL, MS OCR)

Context Engineering: Phased rollout starting with top 10 denials × top 10 payors per phase, prioritizing maximum recovery value before expanding to 50 denial types across all 24+ payors

AI SDLC Playbook: Automated claim rework, resubmission, and appeal preparation with supporting documentation, eliminating manual processing steps and delivering 70% faster end-to-end denial resolution

AI-EV Program: Payor-specific action rules with automated EPIC note insertion, delivering 1.5 FTE savings in 6 months, 60% ROI in 7 months, and \$2.57M in total claim recovery

2.57M

USD total claim recovery collected through automated denial management

70%

automation of rules validation – 70% faster processing and 1.5 FTE saved in 6 months

60%

ROI achieved in just 7 months from deployment