Aegis Health

AI-powered platform that automates the end-to-end insurance denial appeals process for healthcare providers and billing teams.

https://www.aegishealth.ai

Overview

Aegis is an all-in-one AI platform designed to help healthcare providers, hospitals, and medical billing teams recover lost revenue by automating the complex and time-consuming process of insurance denial appeals. The platform leverages intelligent AI agents to manage the entire appeals workflow, from denial detection to final resolution.

Key Capabilities and Benefits

Historically, healthcare providers lose over $260 billion annually to denied claims, and due to the manual nature of the process, fewer than 15% of denials are appealed, even though over 50% of appeals are successful. Aegis addresses this gap by providing an AI-first infrastructure to fight back against the rise of AI-driven denials from payers.

Intelligent Denial Prioritization: Aegis continuously monitors claims data and instantly flags denied claims, ranking them by financial impact and the likelihood of a successful overturn. This allows billing teams to focus their efforts on the highest-value opportunities.

Policy-Aware Appeal Generation: The system pulls necessary data from Explanation of Benefits (EOBs), patient files, and integrated Electronic Health Records (EHRs) to automatically generate precise, policy-specific, and compliant appeal letters.

One-Click Submission: Appeal packages, including the AI-drafted letter and supporting documentation, are assembled and submitted directly to the insurance provider via the appropriate channel (fax, payer portal, or clearinghouse).

Deep Denial & Revenue Analytics: The platform provides end-to-end tracking of every appeal and surfaces valuable insights into denial patterns by payer, procedure, provider, and code. This helps organizations take proactive steps to reduce future denial rates and create a self-healing revenue cycle.

By automating the process, Aegis claims to achieve a 90% faster appeal submission time and a 90% lower cost per appeal, allowing providers to submit up to 4x more appeals.

Key Features

- Intelligent Denial Prioritization

- Policy-Aware Appeal Generation

- Automated Appeal Submission

- Deep Denial & Revenue Analytics

- End-to-End Appeal Tracking

- Customizable Appeal Logic

- Automatic Data Collection from EHR/EOBs

Pricing

Model: enterprise

Pricing is not publicly disclosed and is available upon contacting the sales team. The model is likely an enterprise subscription based on the target market (hospitals, MSOs, large practices).

Target Company Size: medium, enterprise

Integrations

Major EHRs, Practice Management Systems (PMS), Clearinghouses, Payer Portals