Flobotics Denials

Automated claims denial management using Agentic AI and RPA to detect, fix, resubmit, and prevent healthcare claim denials.

https://flobotics.io

Overview

Flobotics Denials is an intelligent automation solution designed to streamline and automate the entire claims denial management process within the healthcare Revenue Cycle Management (RCM) workflow. The software, which is part of Flobotics' suite of RCM Automation Agents, leverages a combination of Robotic Process Automation (RPA), Agentic AI, Large Language Models (LLMs), and Document Understanding to eliminate delays and maximize collections.

Key Features and Capabilities

Denial Identification & Categorization: Automation Agents instantly detect denials as they appear in the EHR or billing system, categorize them by type, reason code, payer, and priority, and trigger the next steps.

Root Cause Analysis: Agentic AI identifies systemic issues behind denials, such as documentation gaps or coding trends, allowing RCM teams to fix upstream issues and prevent future rejections.

Automated Appeals & Resubmission: The agents auto-generate appeal letters, gather necessary supporting documentation (medical records, lab reports, eligibility data), and file everything in payer-specific formats to ensure every eligible denial is reworked quickly.

Real-Time Validation & Scrubbing: The system checks claims against payer rules, catches missing information, and auto-corrects common errors before submission, aiming to improve clean claim rates to 99%+.

Reconciliation & Reporting: Provides real-time insights and control over the denial lifecycle, tracking the status and outcome of all resubmitted claims.

Target Users and Use Cases

The solution is primarily targeted at RCM teams, billing managers, and healthcare providers, including U.S. clinics, hospitals, and multi-specialty physician groups with high-volume claims. The main use cases include:

Accelerating Revenue Collection: Cutting Accounts Receivable (A/R) days and getting reimbursed faster by automating every stage of the denial process.

Reducing Administrative Burden: Freeing up full-time employees (FTEs) from repetitive tasks like data pulling, appeal letter generation, and logging into payer portals.

Improving Compliance and Accuracy: Eliminating human errors (like copy-paste mistakes) and ensuring adherence to evolving regulatory and payer requirements (e.g., No Surprises Act).

Flobotics Denials is deployed as a seamless integration, working with existing systems like Epic, Cerner, Athenahealth, NextGen, and others, requiring no rip-and-replace of core infrastructure.

Key Features

- Denial Identification & Categorization

- Root Cause Analysis with Agentic AI

- Automated Appeals & Resubmission

- Real-Time Claim Validation & Scrubbing

- Seamless EHR/Billing System Integration

- Reconciliation and Reporting

- Automated Documentation Retrieval

Pricing

Model: enterprise

Custom, project-based pricing for automation and consulting services. Minimum project size is $5,000+, with average hourly rates of $50-$99/hr. Project costs can range from a few hundred to over $60,000, depending on the scope of automation.

Starting at: USD $5000

Target Company Size: medium, enterprise

Integrations

Epic, Cerner, Athenahealth, NextGen, Xifin, PrognoCIS, UHC (Payer Portal), BCBS (Payer Portal), Aetna (Payer Portal)

Compliance & Certifications

HIPAA