



RPA Denials Management

Support your revenue by reducing denials

Avoid denials and help optimize reimbursements

Managing denied claims can be one of the most costly, time-consuming workflows in the revenue cycle. But new technology is changing the game.

RPA Denials Management applies the latest AI and machine learning technology to a practice's historical remittance data to predict which claims are likely to be denied before they are submitted to the payer. Once those claims have been identified, they are flagged to let staff know there is an issue and added to the claim history, along with any associated rejections. Providers can choose to review and correct the claim, or they can choose to ignore the flag. This higher level of insight helps them make more informed decisions.

RPA Denials Management fits seamlessly within the claims workflow and improves the effectiveness of existing staff. Because of its ability to automatically detect root causes, it relieves staff from having to manually research every denial. This helps make the entire process of correcting and resubmitting the claim faster and easier.

Error-free claims on the front end mean fewer denials – and less work – on the back end. And fewer denials can lead to faster reimbursements, improved cash flow and reduced errors in patient billing.



Help alleviate pressure from value-based care regulations and other factors

Optimizing profitability

Denied claims have a significant impact on cash flow, require an army to manage and can delay payer reimbursements. While the typical cost for rework is \$25 per denial, associated costs substantially increase that amount.¹ With industry averages for denial rates ranging from 5%-15% or more, it's clear that denials have a significant impact on a practice's profitability.²

Superior tools and service

With RPA Denials Management, you'll receive enhanced visibility into the claims process so that your staff can work smarter, not harder.

RPA Denials Management offers you the ability to:

- See group denials by reason code
- Manage denials more quickly and easily by utilizing pre-populated appeal letters
- Single-screen viewing of Explanation of Benefits/CMS1500 forms and creation of appeal letters
- Drill/export in-depth denial detail for critical analysis
- Add workflow status, assign claims and add notes to single or multiple claims
- Access comprehensive analytics and reporting by reason code, billing NPI, tax ID and payer

[Learn more at Optum AI Marketplace](#)

1. Taufen A. How to avoid 'unclean' claims. MGMA in Practice Blog. March 28, 2014.

2. DiChiara J. [Quantify denial rates for smooth revenue cycle management](#). RevCycle Intelligence, March 30, 2015.



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