

Profile Evaluation data by Denials

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Inferences Observed in Denials Profile data

Data Observations

- Denials Profile data received for 14 months from Jan 2016 to 2017 Feb
- Denials Profile data contains dimensions and facts information, there are over 13439 records with 41 variables.
- Observed that, the dataset contains 20 Providers information, Billed information with Approval Amount details and Payer insurance details, also data set has Category wise denials, Diagnosis Description details along with their Denial Reason and description code.
- Data has Insurance payer information and allowed amount by the insurance.
- Identified the Missing value information is below.

Variable_Name	% Count Missing
Modality	100%
Rv.Cd	100%
Diag.2	71%
Diag.Desc.2	71%
Ded.Amt	44%
Alwd.Amt	29%

Objectives

- Trace out significant tests between top 5 Payer and CPT4.
- Create the slicing and dicing for Billed Amount with related factors.
- Identify the decision tree rules for denials by Providers

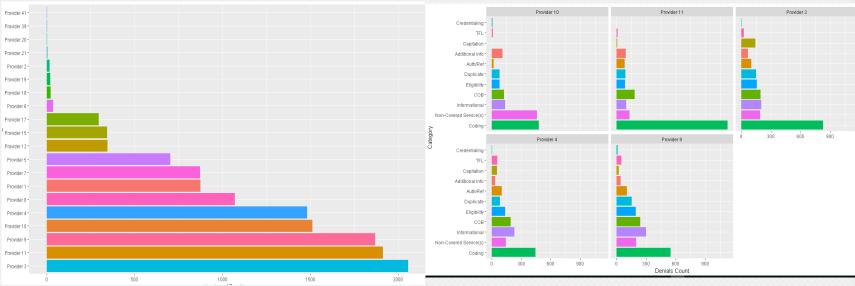


TOP 5: Provider Denials Vs category

sort(xtabs(~ Enc.Rendering, data=denials_report),decreasing = TRUE)

```
Provider 3 Provider 11
                               Provider 9 Provider 10
                                                         Provider 4
                                                  1512
                                                               1483
                                                                            1070
     Provider 1
                  Provider 7
                               Provider
                                        5 Provider 12 Provider 15 Provider 17
     Provider 6 Provider 18 Provider 19
                                            Provider
                                                     2 Provider
                                                                 21 Provider
                                                                              20
                           21
                                        19
                                                    16
                                                                               1
    Provider 39 Provider 41
x11()
```

ggplot(denials_report, aes(x=reorder(Enc.Rendering, -table(Enc.Rendering))[Enc.Rendering]),fill=Enc.Rendering)) + geom_bar()+coord_flip()+ labs (x = "Provider_id", y = "Number of Providers")



Provider wise Insights:

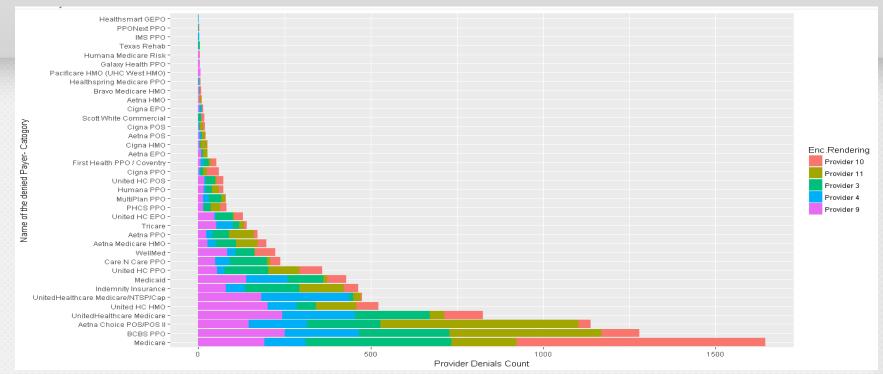
- Top5 Denials Provider 3,11,9,10 and 4
- Above Top5 denials covered nearly 65% in overall data
 - Top5 Provider categories are: Coding, Non-Covered Services, Informational, COB and Eligibility



TOP 5: Provider Vs Insurance Category

x11()

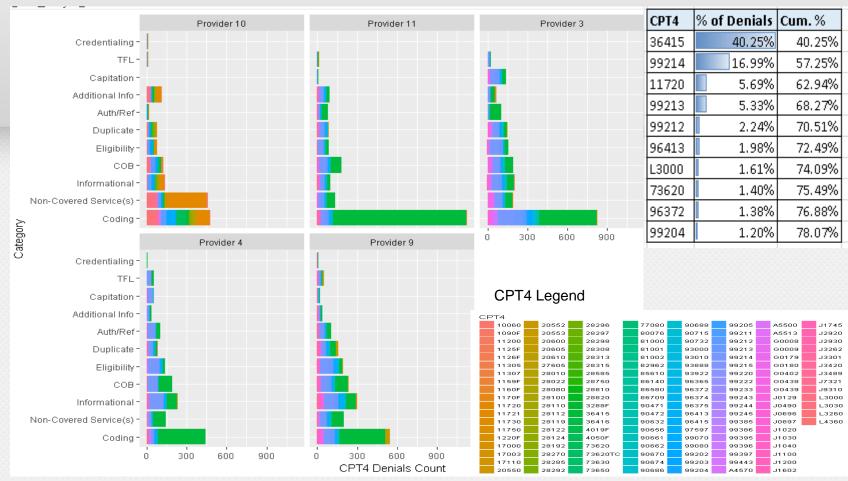
 $ggplot(Top5_Providers, aes(x=reorder(Fin.Class, -table(Fin.Class)[Fin.Class]), fill=Enc.Rendering)) + geom_bar()+coord_flip()+ labs (x = "FIN.Class", y = "Denials Count")$



Insights

- Insurance Company Category wise denials: Medicare, BCBS PPO, Aetna Choice POS/POS2, United Healthcare Medicare
- Medicare: Most of the denials are Provider 3 and Provider 10
- BCBS PPO : Most of the denials are Provider 11 and Provider 9
- Aetna Choice POS/POS2: Most of the denials are Provider 11, Provider 9 and Provider3
- United Healthcare Medicare: Most of the denials are Provider 9, Provider 4 and Provider 3

TOP 5: Provider Vs CPT4 and Category





- CPT4-36415 is highly denials in TOP5 Providers, which is covered nearly 40%
- CPT4-36415 is covered under category of "Coding".
- In top 5 providers, top10 CPT4 Coverage is 78%
- CPT 36415 is majorly effecting on providers: 11, 3,4 and 9



TOP 5 : Significant Test for Provider and CPT4

Top5_Providers = subset(denials_report,denials_report\$Enc.Rendering %in% c("Provider 3","Provider 11","Provider 9","Provider 10","Provider 4"))

- □ Null Hypothesis: H0 = There is No Sig. between Provider and CPT4
- ☐ Alternative Hypothesis: H1 = There is Sig. between Provider and CPT4
- ☐ Sig level 95% with 0.05

test_Top5_Providers = table(Top5_Provider_id\$**Enc.Rendering**,Top5_Provider_id\$CPT4) print(test_Top5_Providers)

print(chisq.test(test_Top5_Providers))

Test Statistics:

Pearson's Chi-squared test

data: test_Top5_Providers

X-squared = 11534, df = 580, p-value < 2.2e-16

Conclusion: Accept alternative Hypothesis (H1) i.e. "strong sig. between Provider and CPT"

Top5_CPT4_CPT = subset(denials_report,denials_report\$CPT4 %in% c("36415","99214","99213","11720","G0439"))

- ☐ Null Hypothesis: H0 = There is No Sig. between Provider r and CPT4
 - ☐ Alternative Hypothesis: H1 = There is Sig. between Provider and CPT4
 - ☐ Sig level 95% with 0.05

test_Top_CPT4 = table(Top5_CPT4\$CPT4,Top5_CPT4\$Enc.Rendering) print(test_Top_CPT4)

print(chisq.test(test_Top_CPT4))

est Statistics:

Pearson's Chi-squared test

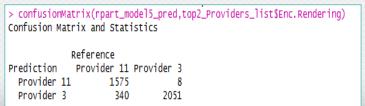
data: test_Top_CPT4

X-squared = 10187, df = 72, p-value < 2.2e-16

Conclusion: Accept alternative Hypothesis (H1) i.e. "strong sig. between Provider and CPT"

Decision Tree: Provider3 and Provider11(Top-2)

- Decision tree is a type of supervised learning algorithm (having a pre-defined target variable) that is mostly used in classification problems.
- Goal: Identify the denials reason for Provider 3 and Provider 11 using decision tree.
- To identify the denials reason we are using the "**rpart**" algorithm. as this is binary splitting with Gini index.
 - Root Node: It represents entire population or sample and this further gets divided into two or more homogeneous sets.
 - Decision Node: When a sub-node splits into further sub-nodes, then it is called decision node.
 - Leaf/ Terminal Node: Nodes do not split is called Leaf or Terminal node.
 - Splitting: It is a process of dividing a node into two or more sub-nodes.
- Denials splitting by GINI is done based on (0.5,0.5), as assumed there are equal number of records from each class. (Probability is 1 if classes are pure)
- For Model evaluation process we are using caret Library trainControl method for cross validation with iterations count as 5, So there is no need to split the data for "Training and Validation".
- After building the model we done sample prediction on same dataset, and compare the Prediction, actual using the Confusion matrix.
- We build the Final tree model using 10 variables with 90% of Accuracy.
- Verified the Accuracy using confusion matrix, out of 3974 records, 348 records are misclassified.
 See below Confusion Matrix and Statistics



Decision Tree: R code

- Train Control: Control parameters for train
 - fitControl <- trainControl(method = "cv", number = 5)</p>
 - tune_grid = expand.grid(.cp = seq(0.01,0.1,0.01))
- Decision Tree :

set.seed(1005)

rpart_model5=train(Enc.Rendering~Billed.Amt+Aprv.Amt+Tran.Cd+Tran.Status+Rsn.Cds.Remarks+Cat
egory+Sub.Category+CPT4+Diag.Desc.1+Payer.Name,data = top2_Providers_list,method = "rpart",
trControl = fitControl, tuneGrid=tune_grid)

Output:

```
> rpart_model5
CART
3974 samples
 10 predictor
   2 classes: 'Provider 11', 'Provider 3'
No pre-processing
Resampling: Cross-Validated (5 fold)
Summary of sample sizes: 3179, 3179, 3179, 3179, 3180
Resampling results across tuning parameters:
       Accuracy
                  Kappa
 0.01
       0.9073983 0.8133502
 0.02 0.8779570 0.7534532
 0.03 0.8563196 0.7092488
 0.04 0.8379491 0.6716396
 0.05 0.7941644 0.5815754
 0.06 0.7941644 0.5815754
 0.07 0.7941644
                  0.5815754
 0.08 0.7632134 0.5175029
 0.09 0.7576788 0.5060623
 0.10 0.7425655
                  0.4746347
Accuracy was used to select the optimal model using the
 largest value.
The final value used for the model was cp = 0.01.
```





Decision Tree: Rules

```
> rpart_model5$finalModel
n= 3974
node), split, n, loss, yval, (yprob)
    * denotes terminal node
  1) root 3974 1915 Provider 3 (0.481882235 0.518117765)

    Diag. Desc. 1Rheu arthritis w rheu factor mult site w/o org/sys involv>=0.5 747
    Provider 11 (0.995983936 0.004016064) *

    3) Diag.Desc.1Rheu arthritis w rheu factor mult site w/o org/sys involv< 0.5 3227 1171 Provider 3 (0.362875736 0.637124264)
     6) Diag.Desc.1Rheumatoid arthritis w/o rheumatoid factor, multiple sites>=0.5 211 0 Provider 11 (1.000000000 0.000000000) *
     7) Diag.Desc.1Rheumatoid arthritis w/o rheumatoid factor, multiple sites< 0.5 3016 960 Provider 3 (0.318302387 0.681697613)

    Diag.Desc.1Polyosteoarthritis, unspecified
    5 2871
    7 Provider
    0.283873215
    716126785

        31) Diag. Desc. 1Arthropathic psoriasis, unspecified < 0.5 2779 723 Provider 3 (0.260165527 0.739834473)
         63) Diag.Desc.10ther psoriatic arthropathy< 0.5 2697 641 Provider 3 (0.237671487 0.762328513)
         127) Diag.Desc.1Ankylosing spondylitis of unspecified sites in spine< 0.5 2632 576 Provider 3 (0.218844985 0.781155015)
           255) Diag.Desc.1Systemic involvement of connective tissue, unspecified< 0.5 2578 522 Provider 3 (0.202482545 0.797517455)
             510) Diag.Desc.1Inflammatory polyarthropathy>=0.5 47 3 Provider 11 (0.936170213 0.063829787) *
             511) Diag.Desc.1Inflammatory polyarthropathy< 0.5 2531 478 Provider 3 (0.188858159 0.811141841)
             1023) Diag.Desc.1Rheumatoid Arthritis< 0.5 2494 441 Provider 3 (0.176824379 0.823175621)
               2046) Diag.Desc.1Unspecified osteoarthritis, unspecified site>=0.5 31 1 Provider 11 (0.967741935 0.032258065) *
               2047) Diag.Desc.1Unspecified osteoarthritis, unspecified site< 0.5 2463 411 Provider 3 (0.166869671 0.833130329)
                4094) Diag.Desc.1Systemic lupus erythematosus, unspecified>=0.5 30 1 Provider 11 (0.966666667 0.0333333333) *
                4095) Diag.Desc.1Systemic lupus erythematosus, unspecified< 0.5 2433 382 Provider 3 (0.157007809 0.842992191)
                  8191) Diag. Desc. 1Enteropathic arthropathies, unspecified site< 0.5 2411 360 Provider 3 (0.149315637 0.850684363)
                  16383) Diag.Desc.1Polymyalgia rheumatica< 0.5 2391 340 Provider 3 (0.142199916 0.857800084) *
```

Insights:

Final Decision tree generate the rules based on the Diag. Desc Variable

For Decision map pick the "Provider ID Treemap.pdf" as below link.

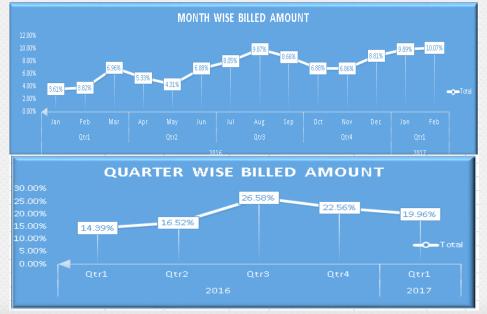


Provider ID Tree map.pdf



Insights based on Data Analysis

- Nearly 50% of total billed amount denials for providers are Provider 9 and Provider 11
- Overall 20% of total billed amount denials for Payers are "Medicare and BCBS 84980"
- Overall 39% of total billed amount denials for Fin class Category are "Medicare, United HC HMO and BCBS PPO"
- ➤ Nearly 53% of total billed amount denials for Category are "Coding, Informational and Non-Covered Service(s)"
- Nearly 38% of total billed amount denials for CPT4 are "J9310, J0129 and 99214"
- Nearly 23 % of total billed amount denials for Diag Desc 1 is "Rheu arthritis w rheu factor mult site w/o org/sys involve".
- See Month wise Trend and Quarter wise trends



Year : 2016

Highest Denials: Aug, Dec, and Sept

Least Denials: Jan, Feb and May

Year: 2017

 Compare to 2016, 2017 are more denials in Jan and Feb

2016 Quarter Analysis

- Quarter 3 is more denials
- Quarter 4 is 2nd Highest



Thank you.



