# **Health Insurance Analytical Insights**



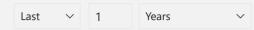












**2/15/2023 - 2/14/2024** 







### tpa

intermediary between the hic and the policyholder

5

## policy holders

patients who owns an insurance policy

4,675

#### hic

**abb:** tpa: third party administrator, hic: health insurance company, hcp: health care provider

who provides medical and surgical expenses for an insured person

40

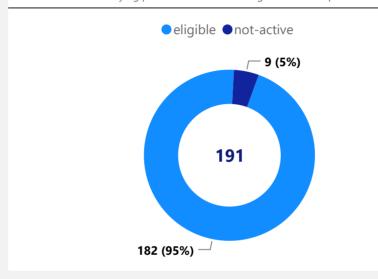
## payments reconciliation

total payment received

22.09M

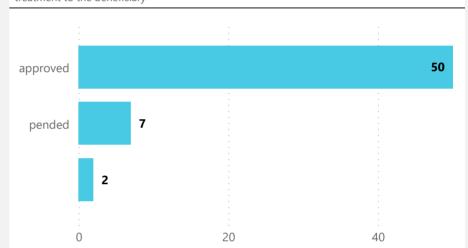
# site eligibility

the hic formalizes verifying patient insurance coverage and benefit plans



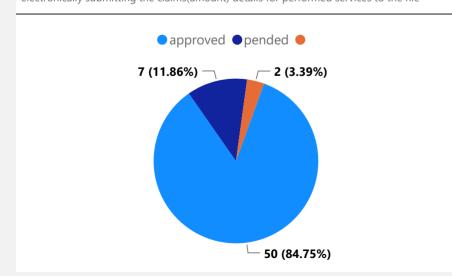


hcp to obtain a prior-approval from the hic for payment prior to performing the requested treatment to the beneficiary

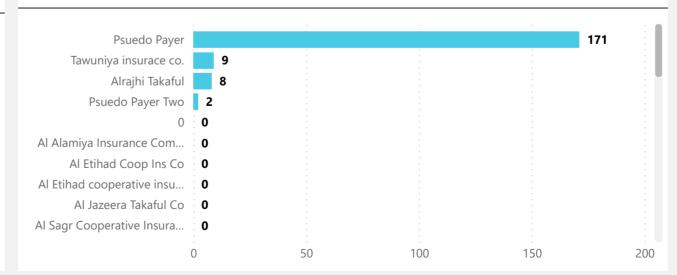


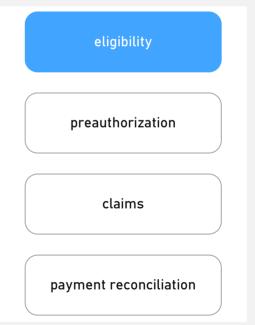
#### claims

electronically submitting the claims(amount) details for performed services to the hic



# health insurance company's wise eligibility requests





# **Eligibility Requests Analytical Insights**











Last 🛱 2/15/2023 - 2/14/2024









# eligibility

referrals

total eligibility requests sent | current

190

total referred patients | current month

78

# previous month

previous month

previous month eligibility requests

-100.00%

previous month referred patients

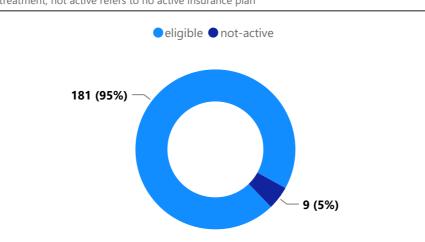
78

this use case enables the HCPs to verify the beneficiary's insurance coverage benefit plans which makes them eligible to receive healthcare services at the given facility

unlocking insights: exploring total requests, referrals, trends over time, departmental breakdowns, and insurance company insights in the dashboard

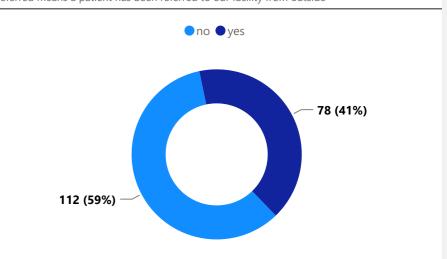
## site eligibility

eligible signifies that the patient insurance benefit plan is active and supports current treatment, not active refers to no active insurance plan



### referral

referred means a patient has been referred to our facility from outside



# trend line drill down and up by year | month | day

eligibility requests sent to hic over a period of year | month | day



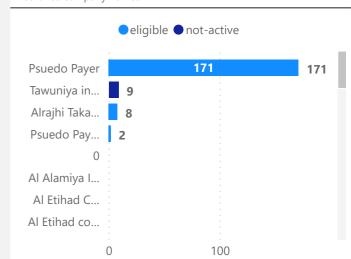
# department

requests sent from each department

	eligible	not-active	
Dental Dep		92	92
Hematology	33	37	
Outpatient	36	36	
(Blank)	13 16		
Oncology	6 6		
Laboratory	3		
Inside Phar			
Insurance			
	0	50	100

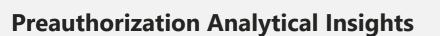
# insurance company

insurance company names



#### departments insurance companies ΑII

date	department	insurance company	patient name	eligibility	referred
11/20/2023 1:00:33 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:01:08 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:04:57 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:05:08 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 3:08:17 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:22:15 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:03 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:13 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:22 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:36:28 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 4:40:43 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:41:10 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:41:20 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:51:18 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no











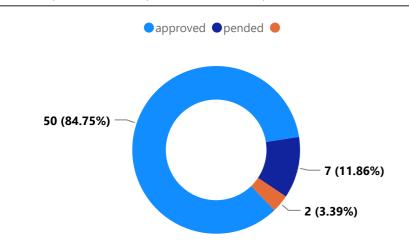






# outcome

number of preauthorization requests sent to hic and respective outcomes



#### total

total preauthorization request sent

59

# transferred

total transfered patients count from our facility to other health care providers

13

#### previous month

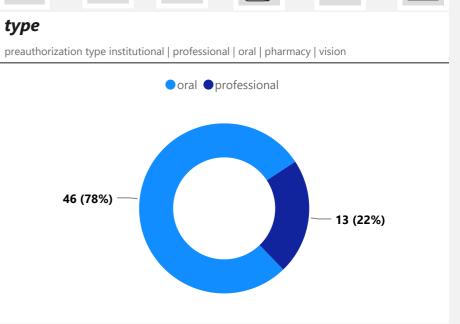
total preauthorization request sent previous month

59

# previous month transfers

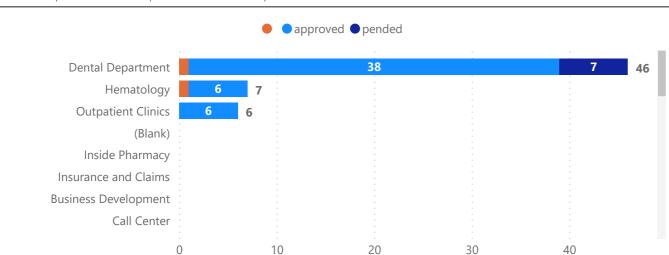
previous month transferred patients count

13



#### department

number of preauthorization requests sent from each department

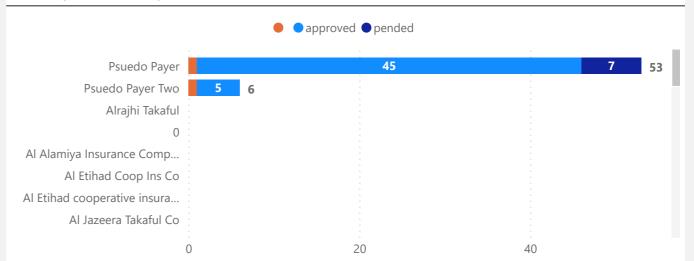


the use case enables the HCP to obtain a prior-approval from the HIC for payment prior to performing the requested treatment to the beneficiary

empowering pre-authorizations: analyzing total requests, outcomes, departmental and insurance breakdowns, requests trend with time

## insurance companies

number of preauthorization requests sent to each hic



# trend of preauthorization requests drill down and up by year | month | day

trend of preauthorization requests by year | month | day



departments	~	insurance companies	
All	~	All	~

claim date	patient name	department	insurance company	outcome
1/9/2024 1:51:20 PM	Imran Basha	Dental Department	Psuedo Payer	
1/9/2024 11:12:37 AM	Sara Saleem Khan Khan	Hematology	Psuedo Payer Two	
12/21/2023 10:08:16 AM	Ahmad Khaled ALRAMDAN Abbas	Dental Department	Psuedo Payer	approved
12/21/2023 10:12:01 AM	Ahmad Khaled ALRAMDAN Abbas	Dental Department	Psuedo Payer	approved
12/20/2023 2:44:03 PM	AMAL ALRAMDAN ALI abbas ALRAMDAN	Dental Department	Psuedo Payer	approved
11/22/2023 1:53:29 PM	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved
11/25/2023 2:06:51 AM	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved
11/25/2023 2:27:06	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved

# **Claims Analytical Insights**













Last









Years

#### claims

total number of claims submitted to the health insurance company

submission or batch submission

17

## previous month claims

previous month claims submitted to the health insurance company

17

# trend of claims submitted drill down and up by year | month | day

trend of claims submitted to the hic to the drill down and up by year | month | day

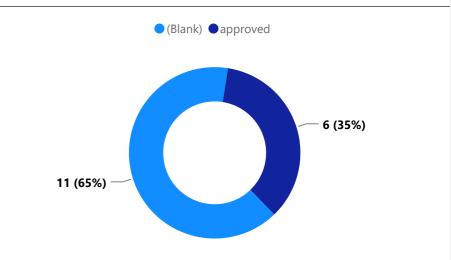
this use case enables the hcp to electronically submit the claims for the performed services to the hic for adjudication with the possibility of single claim

claims analytics: tracking trends, outcomes, types, departmental submissions, hospital services, insurance partnerships, and detailed claim information



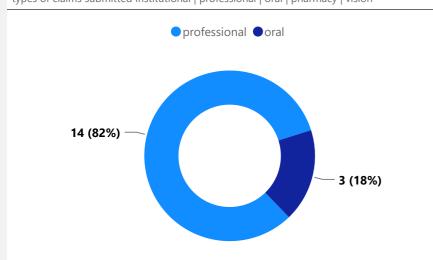
#### claim outcomes

number of claims submitted and their outcomes



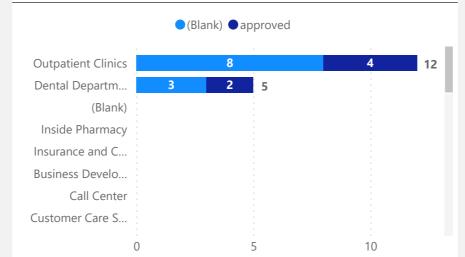
# claim type

types of claims submitted institutional | professional | oral | pharmacy | vision



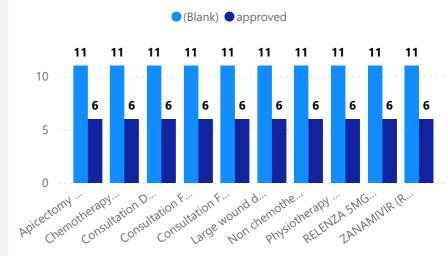
# claims submitted from each department

claims submitted from each department to the hic



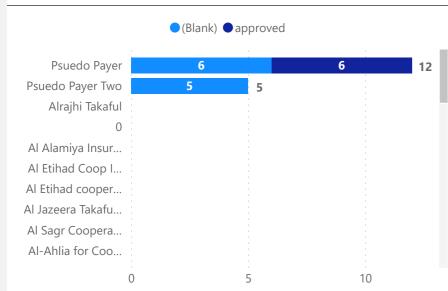
# services performed in the facility

services provided to the patients at the hcp



## claims submitted to each insurance company

claims submitted to hic's and their outcome



departments	~	insurance companies	~
All	~	All	~

service	patient name	department	insurance company	amount	status
Apicectomy – per root	AMAL ALRAMDAN ALI abbas ALRAMDAN	Dental Department	Psuedo Payer	84.00	approved
Apicectomy – per root	Rodah Omar - Alswady	Dental Department	Psuedo Payer	1,818.97	approved
Apicectomy – per root	Sara Saleem Khan Khan	Dental Department	Psuedo Payer Two	126.00	approved
Consultation For Consultant	Sajjad Sajjad Khan	Outpatient Clinics	Psuedo Payer	225.00	approved
Consultation For Consultant	Sara Saleem Khan Khan	Outpatient Clinics	Psuedo Payer Two	270.00	approved
Physiotherapy session	Sara Saleem Khan Khan	Outpatient Clinics	Psuedo Payer Two	135.00	approved
RELENZA 5MG POWDER FOR INHALATION [ZANAMIVIR]	Sajjad Sajjad Khan	Outpatient Clinics	Psuedo Payer	338.53	approved
RELENZA 5MG POWDER FOR INHALATION [ZANAMIVIR]	Sara Saleem Khan Khan	Dental Department	Psuedo Payer Two	54.86	approved
RELENZA 5MG POWDER FOR INHALATION [ZANAMIVIR]	Sara Saleem Khan Khan	Outpatient Clinics	Psuedo Payer Two	54.86	approved
Consultation Dental	AMAL ALRAMDAN ALI abbas ALRAMDAN	Dental Department	Psuedo Payer	180.00	
Consultation For Consultant	AMAL ALRAMDAN ALI abbas ALRAMDAN	Outpatient Clinics	Psuedo Payer	180.00	
Consultation For Consultant	Eyad Ebrahim Ebrahim Alkhamis	Outpatient Clinics	Psuedo Payer	180.00	

# **Payment Reconciliation Analytical Insights**

the details of the payment amount and the claims related to the payment reconciliation transactions

payment reconciliation enables health insurance company to send the payment reconciliation to the health care provider along with



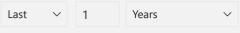






















# payment received

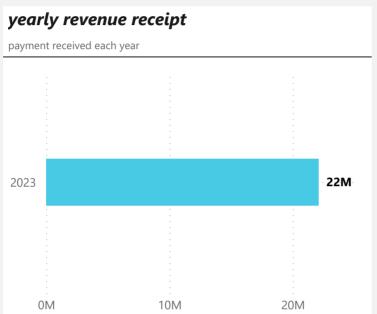
total payments received in millions

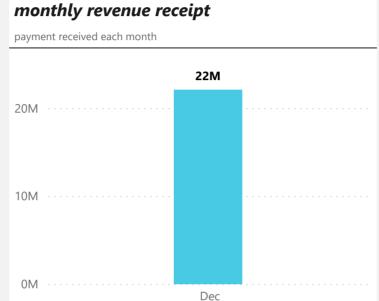
22.09M

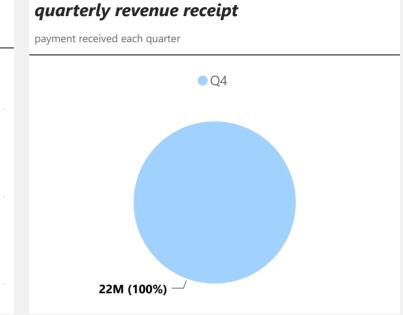
### previous month

previous payments received amount

22.09M

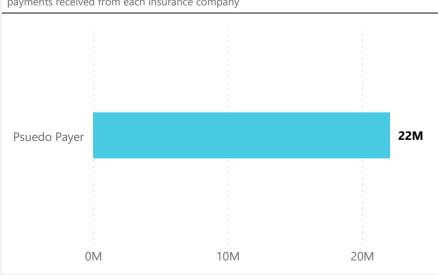






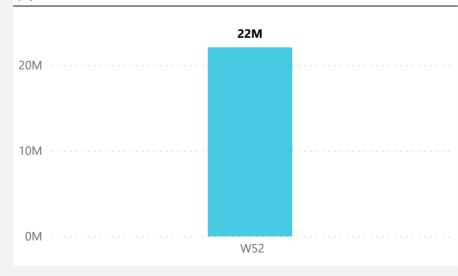
# payment received by each insurance company

payments received from each insurance company



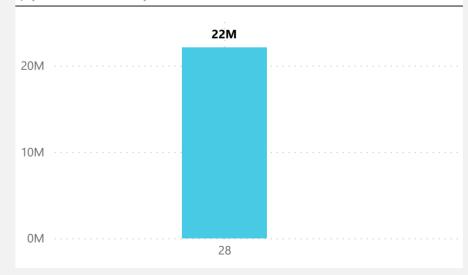
# weekly revenue receipt

payment received each week



# daily revenue receipt

payment received each day



# **Eligibility Requests Analytical Insights**















Last







P(\$)

## eligibility

patient's health insurance coverage and benefits align with the services provided by the healthcare facility

190

#### referrals

efficiently confirming patient eligibility for specialized medical services through formal inquiries in the referral process

78

#### previous month

verifying that patient's insurance coverage matches the healthcare services received preceding month for accurate billing

unlocking insights: exploring total requests, referrals, trends over time, departmental breakdowns, and insurance company insights in the dashboard

this use case enables the HCPs to verify the beneficiary's insurance coverage benefit plans which makes them eligible to receive healthcare services at the given facility

-100.00%

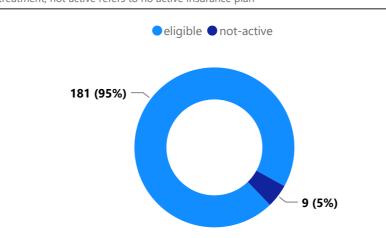
## previous month

validating patient eligibility for referrals made in the previous month, ensuring the accurate processing of healthcare services

78

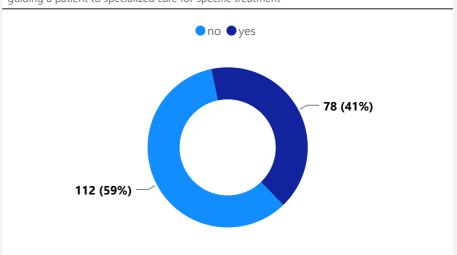
### site eligibility

eligible signifies that the patient insurance benefit plan is active and supports current treatment, not active refers to no active insurance plan



#### referral

healthcare referral is formal recommendation by one medical professional to another, guiding a patient to specialized care for specific treatment



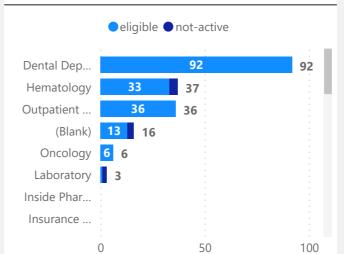
# trend line drill down and up by year | month | day

number of eligibility requests sent to health insurance company over a period of year | month | day



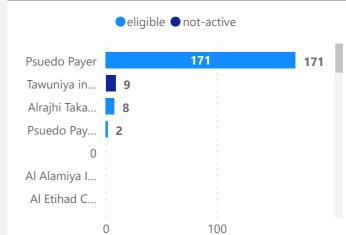
#### department

number of eligibility requests sent from each department



### health insurance company

number of eligibility requests sent from each health insurance company



departments	~	insurance companies	~
All	~	All	~

date	department	insurance company	patient name	eligibility	referred
11/20/2023 1:00:33 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:01:08 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:04:57 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 1:05:08 PM	Hematology	Psuedo Payer	REEM MOHAMMED HAMAD ALGHANIM	eligible	no
11/20/2023 3:08:17 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:22:15 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:03 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:13 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:25:22 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 3:36:28 PM	Hematology	Alrajhi Takaful	Shaimaa Abdulsalam muhamad eatallah	eligible	no
11/20/2023 4:40:43 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:41:10 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:41:20 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no
11/20/2023 4:51:18 PM	Oncology	Psuedo Payer	Mahmoud zakariaa Ibrahim Alghanim	eligible	no













Last

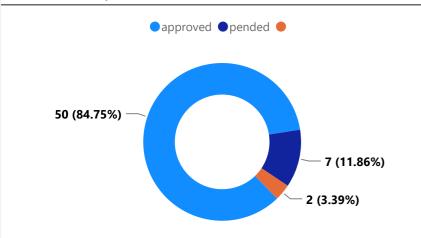
🛱 2/15/2023 - 2/14/2024



#### outcome

impact of preauthorization requests and their outcomes on approved coverage and treatment accessibility

**Preauthorization Analytical Insights** 



#### total

total number of preauthorization requests health insurance providers for approvals ofmedical services

59

## transferred

transfer involves moving patient between facilities, often for medical reasons beyond the scope of the initial healthcare provider

13

# previous month

total number of preauthorization request sent preceding month health insurance providers for approvals of medical services

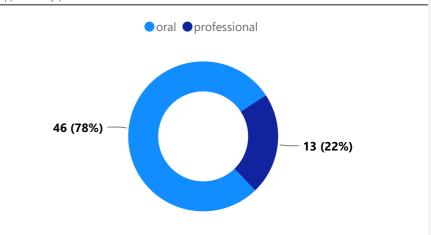
59

# previous month transfers

count of transferred patients from the preceding month

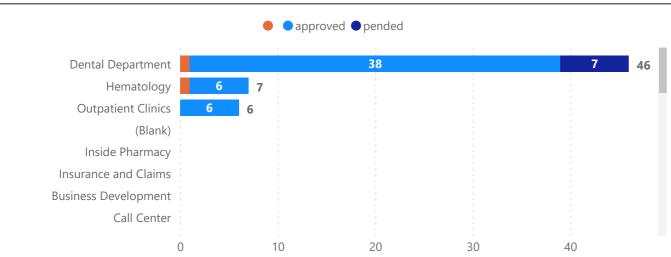
#### type

Preauthorization in claim type signifies approval obtained before a healthcare service, claims processing & ensuring coverage eligibility preauthorization type institutional | professional |



#### department

number of preauthorization requests sent from each department

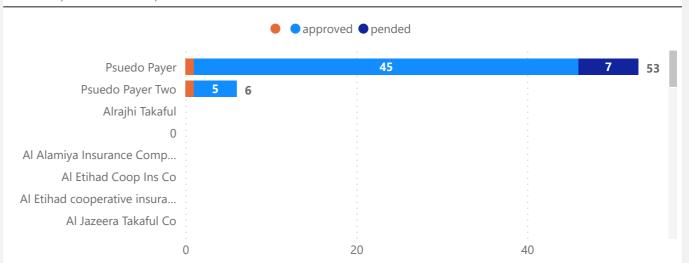


the use case enables the HCP to obtain a prior-approval from the HIC for payment prior to performing the requested treatment to the beneficiary

empowering pre-authorizations: analyzing total requests, outcomes, departmental and insurance breakdowns, requests trend with time

### insurance companies

number of preauthorization requests sent to each hic



# trend of preauthorization requests drill down and up by year | month | day

trend of preauthorization requests by year | month | day



departments	~	insurance companies	
All	~	All	~

claim date	patient name	department	insurance company	outcome
1/9/2024 1:51:20 PM	Imran Basha	Dental Department	Psuedo Payer	
1/9/2024 11:12:37 AM	Sara Saleem Khan Khan	Hematology	Psuedo Payer Two	
12/21/2023 10:08:16 AM	Ahmad Khaled ALRAMDAN Abbas	Dental Department	Psuedo Payer	approved
12/21/2023 10:12:01 AM	Ahmad Khaled ALRAMDAN Abbas	Dental Department	Psuedo Payer	approved
12/20/2023 2:44:03 PM	AMAL ALRAMDAN ALI abbas ALRAMDAN	Dental Department	Psuedo Payer	approved
11/22/2023 1:53:29 PM	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved
11/25/2023 2:06:51 AM	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved
11/25/2023 2:27:06	Amna Ahmed - Ali	Dental Department	Psuedo Payer	approved