



KPI Analysis



Approval % analysis

Overall Approval % is currently at **78%**. Approval % for **Clinician DHA-P-49724381** and **5** other segments is significantly lower than others.



Denial % analysis

Overall Denial % is currently at **22%**. Denial % for **PayerLicenseNo TPA017** and other segments are significantly higher than others.



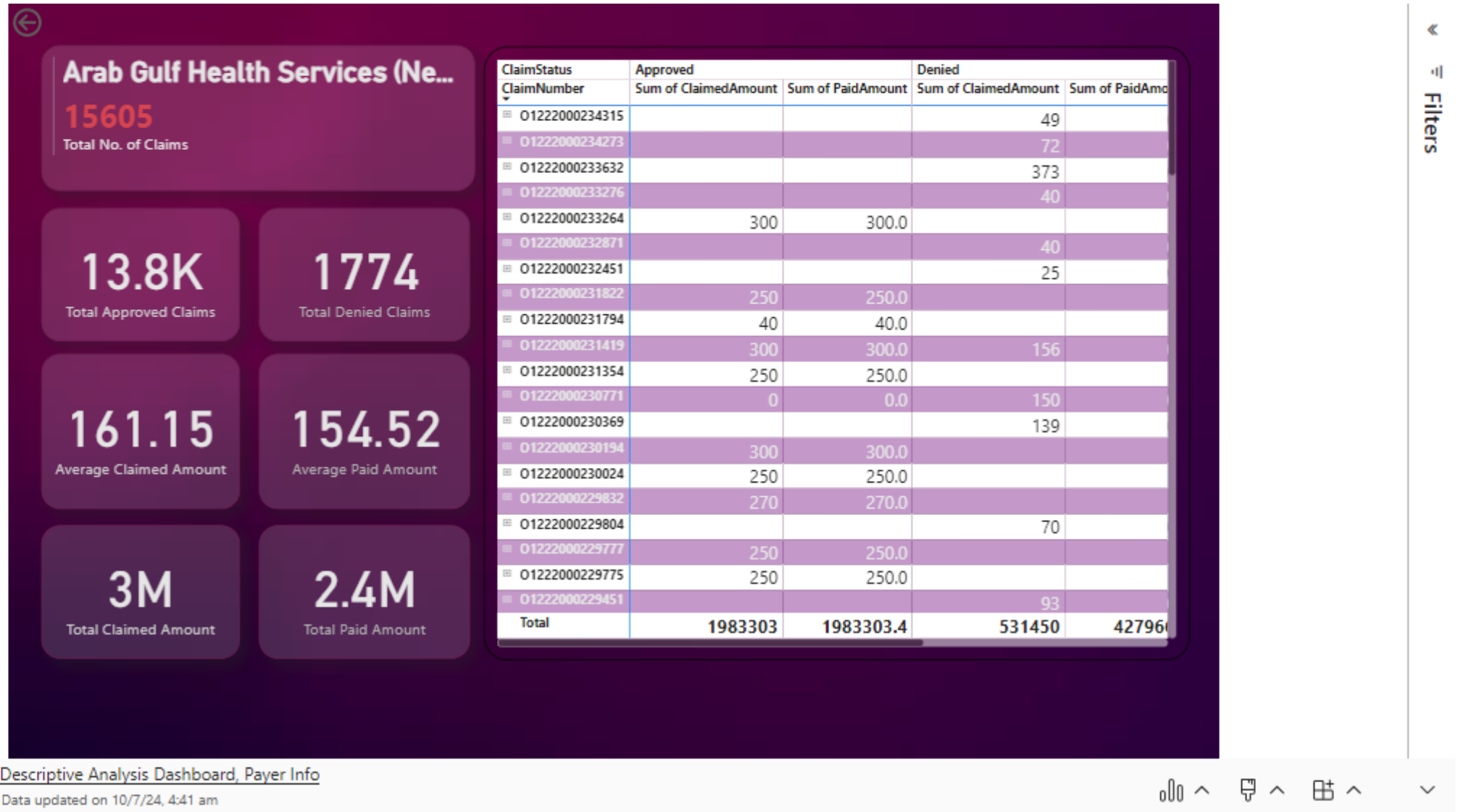
Claims Submitted # analysis

Overall Claims Submitted # is currently at **35923.0**. Claims Submitted # for **DenialCode Not Denied** and other segments are significantly higher than others.



Approved Claims # analysis

Overall Approved Claims # is currently at **28036.0**. Approved Claims # for **Clinician DHA-P-0106233** and other segments are significantly higher than others.



KPI Analysis for one of the Payer -Arab Gulf Health Services



Total No. of Claims analysis

Overall Total No. of Claims is currently at **15,605**. Total No. of Claims for **DenialCode Not Denied** and other segments are significantly higher than others.



Total Approved Claims analysis

Overall Total Approved Claims is currently at **13831.0**. Total Approved Claims for **Clinician DHA-P-0106233** and other segments are significantly higher than others.



Total Denied Claims analysis

Overall Total Denied Claims is currently at **1774**. Total Denied Claims for **DenialCode COPY-001** and other segments are significantly higher than others.

KPI Analysis for one of the Payer -Arab Gulf Health Services



Total Claimed Amount analysis

Overall Total Claimed Amount is currently at **2514753**. Total Claimed Amount for **DenialCode Not Denied** and other segments are significantly higher than others.



Average Claimed Amount analysis

Overall Average Claimed Amount is currently at **161.15**. Average Claimed Amount for **DenialCode DRG-005** and other segments are significantly higher than others.



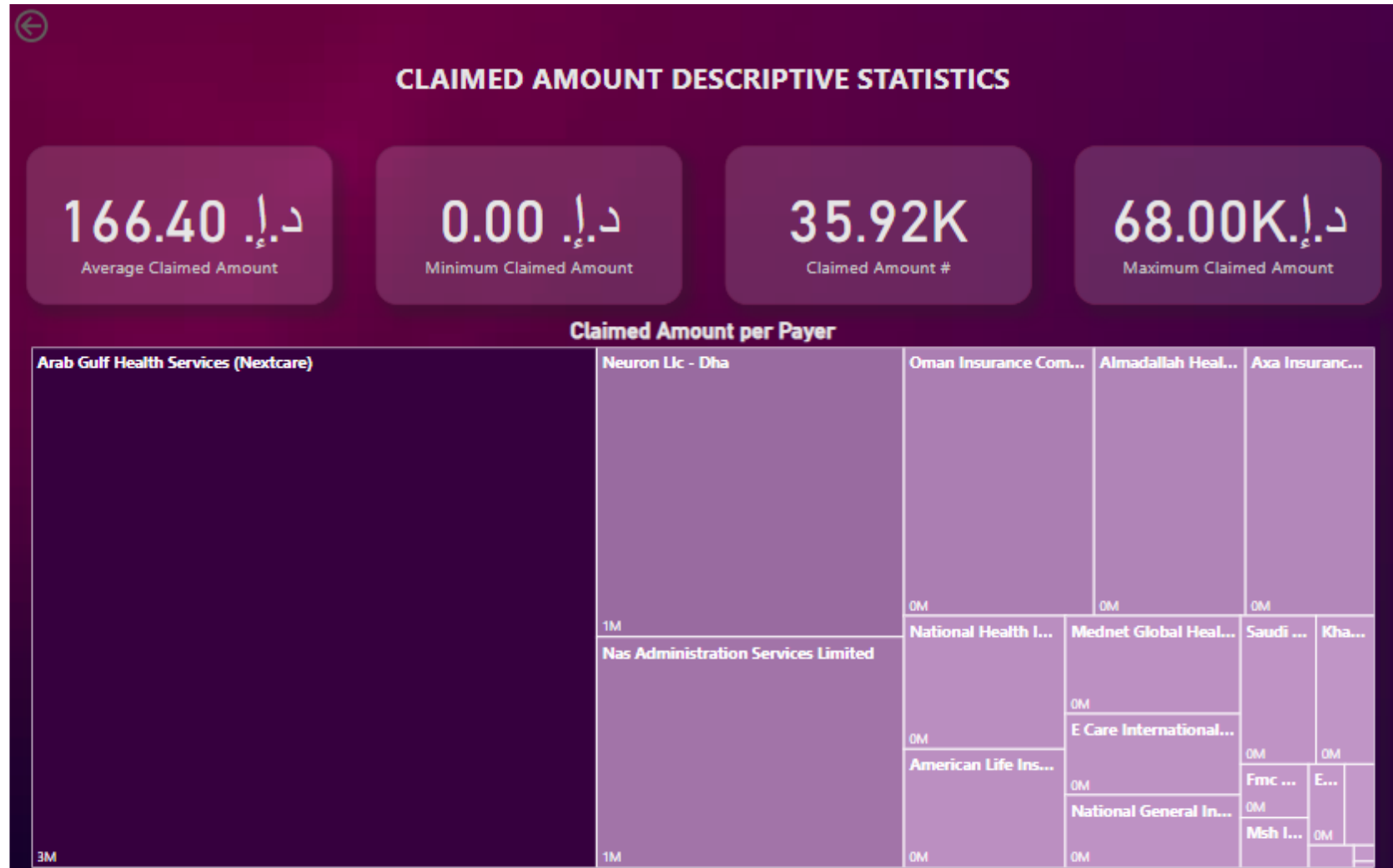
Total Paid Amount analysis

Overall Total Paid Amount is currently at **2411269.6**. Total Paid Amount for **Clinician DHA-P-0106233** and other segments are significantly higher than others.



Average Paid Amount analysis

Overall Average Paid Amount is currently at **154.52**. Average Paid Amount for **DenialCode DRG-005** and other segments are significantly higher than others.



KPI Analysis for Claimed Amount



Average Claimed Amount analysis

Overall Average Claimed Amount is currently at **166.40** .\$. Average Claimed Amount for **DenialCode DRG-003** and other segments are significantly higher than others.

The average claimed amount is 166.40.



Minimum Claimed Amount analysis

Overall Minimum Claimed Amount is currently at **0.00e+0**. Minimum Claimed Amount for **Clinician DHA-P-67179791** and other segments are significantly higher than others.

The minimum claimed amount is 0.



Claimed Amount # analysis

Overall Claimed Amount # is currently at **35,923**. Claimed Amount # for **DenialCode Not Denied** and other segments are significantly higher than others.

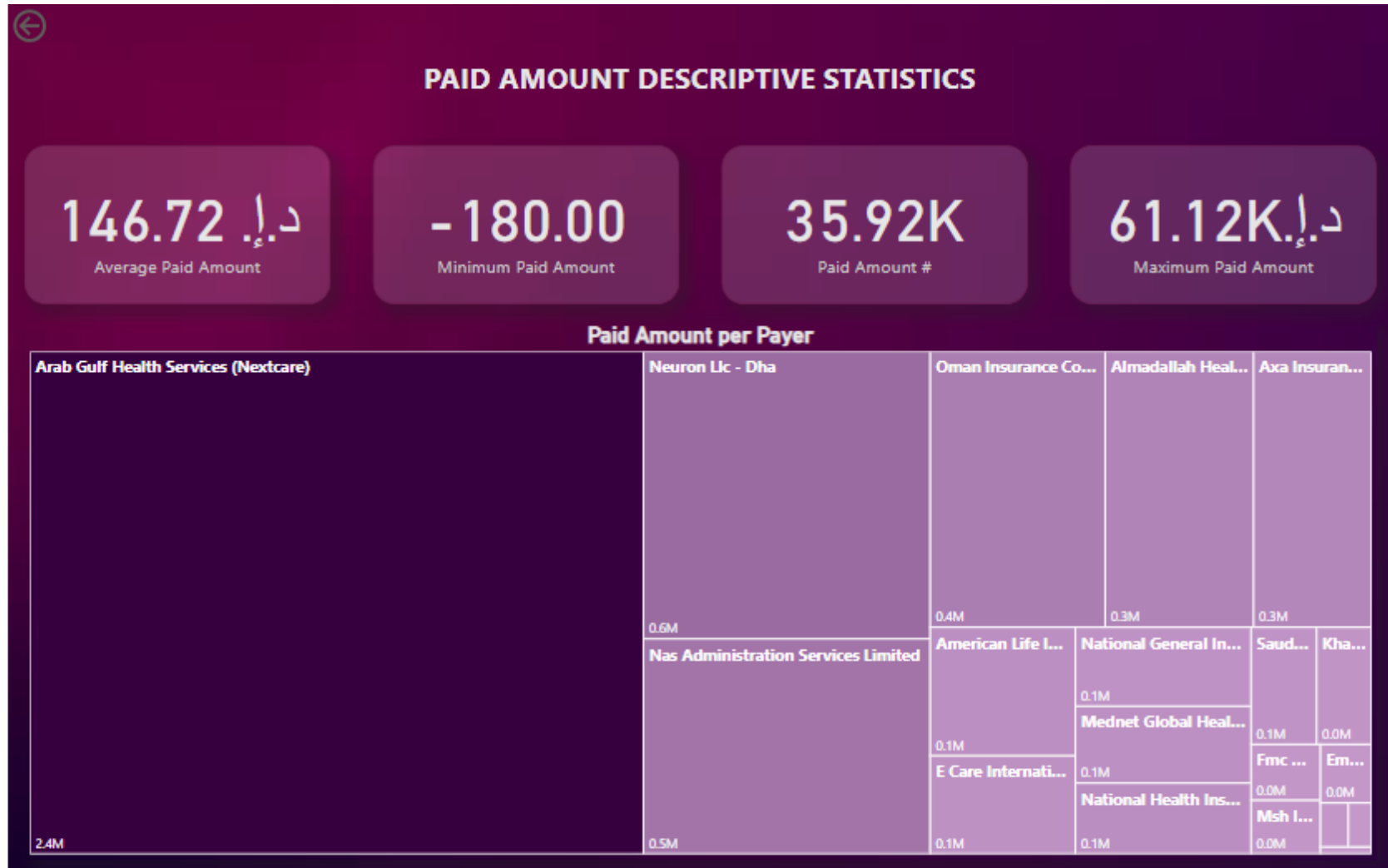
35,923 claims have a recorded claimed amount



Maximum Claimed Amount analysis

Overall Maximum Claimed Amount is currently at **68,000.00** .\$. Maximum Claimed Amount for **Clinician DHA-P-0177483** and other segments are significantly higher than others.

The maximum claimed amount is 68,000.



KPI Analysis for Paid Amount



Average Paid Amount analysis

Overall Average Paid Amount is currently at **146.72**. Average Paid Amount for **DenialCode DRG-005** and other segments are significantly higher than others.

The average paid amount is 146.72.



Minimum Paid Amount analysis

Overall Minimum Paid Amount is currently at **-1.80e+2**. Minimum Paid Amount for **Clinician DHA-P-98468438** is significantly higher than other segments, and Minimum Paid Amount for **DenialCode CLAI-018** and **5** other segments is significantly lower.

The minimum paid amount is -180. This could indicate a refund or overpayment adjustment.



Paid Amount # analysis

Overall Paid Amount # is currently at **35,923**. Paid Amount # for **DenialCode Not Denied** and other segments are significantly higher than others.

35,923 claims have a recorded paid amount.



Maximum Paid Amount analysis

Overall Maximum Paid Amount is currently at **61,116.28**. Maximum Paid Amount for **Clinician DHA-P-0177483** and other segments are significantly higher than others.

The maximum paid amount is 61,116.28.



TIME-003

Common denial code

**Waiting period on pre-existing
/ specific conditions**

Common Reason for Rejection

Filters



Analysis:

- This visual is showing the common denial code and the common reason for the rejection specific for each Payer.

Summary for one of the Payer – Arab Gulf Health Services.

INTRODUCTION:

Our journey begins with a deep dive into the financial dynamics of the Arab Gulf Health Services, focusing specifically on claim amounts and their associated KPIs. This Power BI dashboard is designed to illuminate key patterns and insights from the vast sea of data on claimed and paid amounts.

Setting the Scene: The Data Overview

The dataset encompasses 35,923 claims, presenting a comprehensive view of the financial interactions within the Arab Gulf Health Services. This data is meticulously analyzed to extract meaningful patterns and insights.

The Claims Landscape

CLAIMED AMOUNT

- **Minimum:** The least claimed amount recorded is 0, indicating instances where no financial claim was made.
- **Maximum:** The highest claimed amount soars to 68,000, showcasing the upper limits of financial claims within the dataset.
- **Average:** On average, the claimed amount is 166.40, providing a baseline for understanding typical claim sizes.

The Claims Landscape

PAID AMOUNT

- **Minimum:** Intriguingly, the minimum paid amount is **-180**. This negative value suggests refunds or adjustments for overpayments.
- **Maximum:** The ceiling for paid amounts is **61,116.28**, reflecting substantial disbursements in certain cases.
- **Average:** The average paid amount stands at **146.72**, slightly lower than the average claimed amount, hinting at discrepancies or adjustments in the claims process.

Unveiling Patterns: Common Denial Codes and Rejection Reasons

One of the critical analyses showcased in the dashboard focuses on common denial codes and reasons for rejection, broken down by payer. This visual insight is vital for healthcare administrators to identify frequent pain points and streamline the claims process.

Insightful Conclusions

This Power BI dashboard is more than just a collection of numbers; it tells a story of financial management within the healthcare system. By understanding the extremes and averages of claimed and paid amounts, along with the common reasons for claim denials, stakeholders can make informed decisions to improve operational efficiency and financial health.