Business Analyst Healthcare Case Study

Background

A health insurer faced challenges in utilization management (UM) and care management, including delays in prior authorizations, inconsistent clinical quality reporting, and compliance risks.

Objectives

1. Reduce prior authorization turnaround time by 20%.
2. Standardize reporting for HEDIS and STAR measures.
3. Optimize care management workflows to cut manual entry.
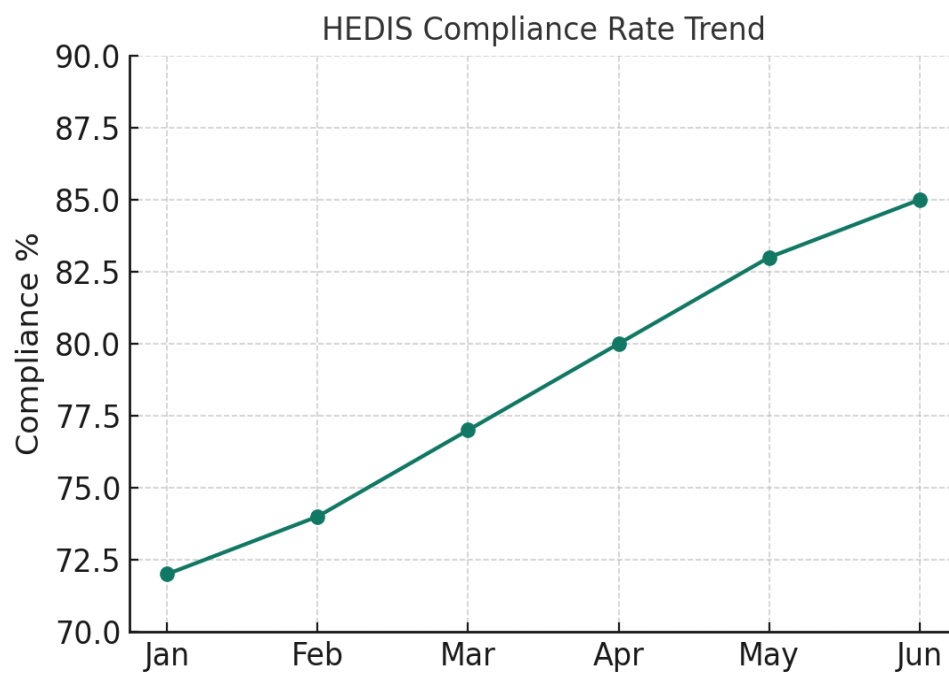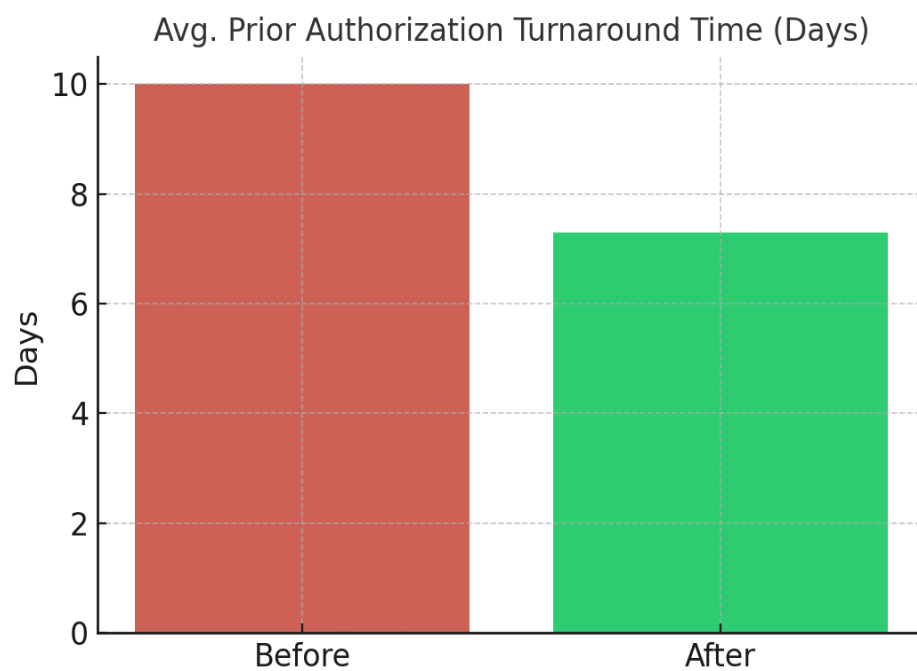4. Strengthen population health visibility for high-risk patients.

Approach

• Conducted stakeholder interviews and mapped As-Is vs To-Be workflows.
• Performed SQL and Excel data analysis, building Power BI dashboards for UM and population health.
• Configured utilization management system rules for auto-approvals.
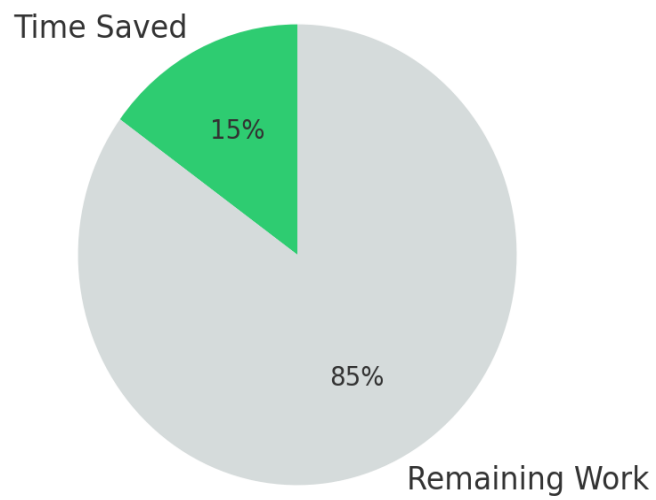• Facilitated UAT and training sessions with clinicians and staff.

Results

■ Authorization turnaround reduced by 27% (goal: 20%).

■ Automated reporting cut compliance errors by 40%.

■ Nurse case managers saved 6 hours/week through reduced manual entry.

■ Dashboards enabled proactive outreach, lowering ER admissions.

■ Strengthened compliance with NCQA and CMS audit readiness.

Visual Insights

Avg. Prior Authorization Turnaround Time (Days)

HEDIS Compliance Rate Trend

Nurse Weekly Time Allocation (Hours)

Time Saved

15%

85%

Remaining Work

Key Deliverables

• Business Requirements Document (BRD)
• As-Is & To-Be Process Maps
• Power BI Dashboards & Clinical Quality Reports
• UAT & Training Documentation

Skills Demonstrated

Business Analysis, SQL, Power BI, Lucidchart, Process Optimization, Healthcare Compliance (NCQA, CMS, HIPAA).