1. Project Overview

Project Name: Medical Claim Denial Analysis & Optimization
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Goal: Reduce preventable claim denials by improving visibility into denial drivers and supporting targeted operational improvements.
Scope: Denial analytics dashboard + process improvement workflows

2. Business Problem

The organization is experiencing high claim denial rates, causing revenue leakage, delayed cash flow, and increased rework. Denials are not analyzed systematically by payer, department, or root cause (e.g., coding or eligibility issues), leading to repetitive errors and reduced operational efficiency.

3. Business Objectives

- Provide a **single view** of denials across departments and payers

- Identify **top denial reasons** and **preventable denials** (Coding + Eligibility)

- Quantify financial loss due to preventable denials

- Enable targeted operational actions to reduce preventable denials by **20–25%**

- Improve clean claim rate and reduce rework

4. Scope

In Scope

- Claims and denials data analysis

- Categorization of denial reasons

- Dashboard development in Power BI

- AS-IS and TO-BE denial workflow design

Out of Scope

- Direct EMR/billing system updates

- Payer contract negotiations

- Automation of denial corrections in production

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5. Stakeholders

Stakeholder	Role
Revenue Cycle Manager	Sponsor, reviews dashboard insights
Coding Team Lead	Uses insights to reduce coding errors
Front Office / Eligibility Team	Address data entry & eligibility gaps
Denial Management Team	Acts on high-impact payer denials
IT / Data Team	Supports data refresh & access

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6. High-Level Business Requirements

BR-1: Dashboard shall show overall denial KPIs
BR-2: Breakdown of denials by category, payer, department
BR-3: Preventable denials must be clearly identified
BR-4: Drill-down to claim-level details must be available
BR-5: Filters must support payer, category, department, date
BR-6: Trend analysis must support performance monitoring

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7. KPIs & Success Criteria

KPI	Target Impact
Denial Rate %	Downward trend over months
Preventable Denied %	Reduced to minimize Coding/Eligibility errors
Denied Amount %	Reduction means more clean claims
Rework volume	Lower manual follow-up workload

Success criteria:

20–25% reduction in preventable denials within target timeframe

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8. Risks & Assumptions

Assumptions

- Denial data is available & accurate

- Teams will adopt insights to improve processes

Risks

- Poor data quality may limit insights

- Resistance to process change

- Evolving payer rules may shift denial patterns