

Claims and Revenue Dashboard

Department

All

Payer

All

Date

1/1/2024

12/31/2024

Total Claims
8K

Total Claims Amount
\$21M

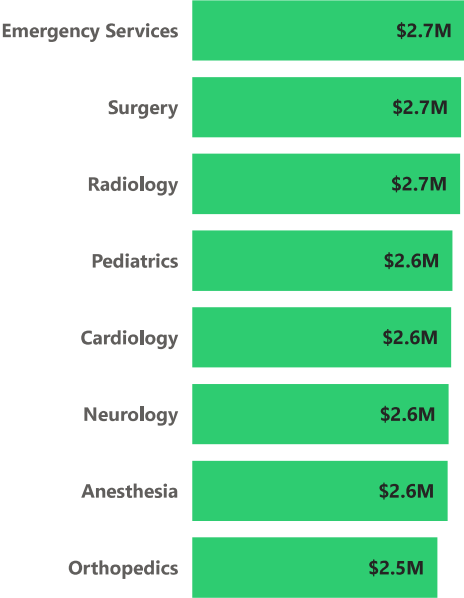
Total Paid Amount
\$10M

Total Partial Paid
Claims Amount
\$7M

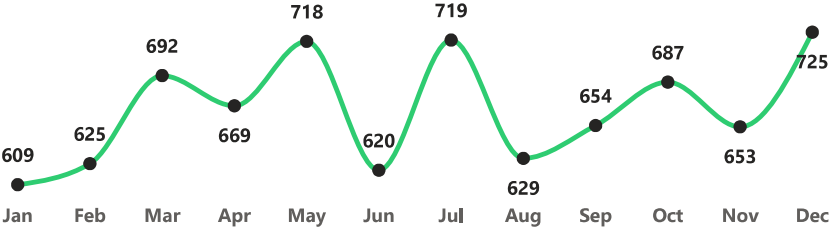
Total Denied Claims
Amount
\$7M

Denial Rate (%)
33.6%

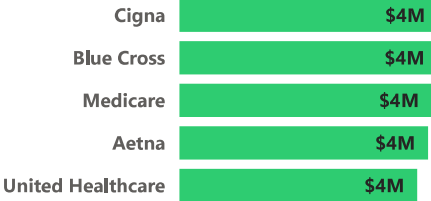
Total Claims Amount by Department



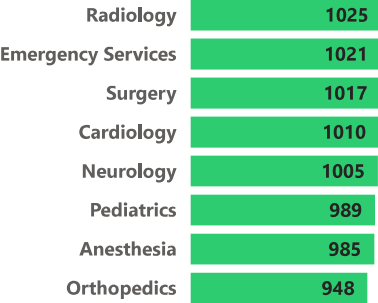
Total Claims by Month



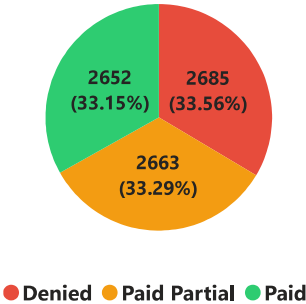
Total Claims Amount by Payer



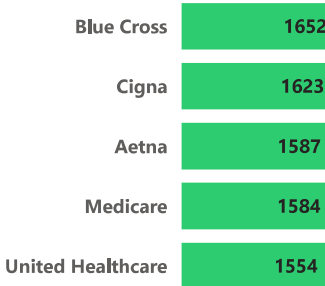
Total Claims by Department



Total Claims by Status



Total Claims by Payer



Late Payments & Denials Dashboard

Department
All

Payer
All

Date
1/1/2024 12/31/2024

Total Revenue
\$10M

Average Claim
Processing Time
15.35

% Claims <10 Days
78.45%

Denial Rate (Processing
Time)
33.56%

Paid vs Denied Ratio
0.99

Denial Rate (%)
33.6%

Department Payment Summary: Total, Denied, and Partial Payments

Surgery	\$1.3M	\$0.8M	\$0.9M
Neurology	\$1.3M	\$0.8M	\$0.9M
Anesthesia	\$1.2M	\$0.9M	\$0.9M
Pediatrics	\$1.3M	\$0.9M	\$0.9M
Emergency Services	\$1.4M	\$0.9M	\$0.9M
Radiology	\$1.4M	\$0.9M	\$0.9M
Cardiology	\$1.3M	\$0.9M	\$0.9M
Orthopedics	\$1.2M	\$0.9M	\$0.8M

Payer Payment Summary: Total, Denied, and Partial Payments

Cigna	\$2.2M	\$1.4M	\$1.4M
Blue Cross	\$2.1M	\$1.5M	\$1.4M
Medicare	\$2.1M	\$1.5M	\$1.4M
Aetna	\$2.1M	\$1.4M	\$1.4M
United Healthcare	\$2.0M	\$1.2M	\$1.4M

Denied Claims by Payer

Cigna	553
Aetna	546
Blue Cross	539
United Healthcare	528
Medicare	519

Denied Claims by Denial Reason

Authorization N...	564
Missing Diagnos...	547
Partial Coverage	538
Incorrect Proced...	537
Late Submission	499

Monthly Claims Trends: Paid, Denied, and Partial Paid

220	223	241	233	247	216	248	225	232	239	233	250
210	202	231	221	239	203	239	216	229	232	217	249
179	200	220	215	232	201	232	188	193	216	203	226
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Claims Amount by Denial Reason

Authorization Not Approved	\$1.48M
Partial Coverage	\$1.42M
Incorrect Procedure Code	\$1.41M
Missing Diagnosis Code	\$1.39M
Late Submission	\$1.32M

Insights & Summary:

High Denial Rate (33.6%)

- A third of claims are denied, which could indicate inefficiencies in claim submission or payer disputes.
- Common denial reasons include authorization issues and missing diagnosis codes—improving documentation could help.

Claims Distribution & Payment Trends:

- Departments like Surgery and Emergency Services handle high claim volumes, but denial rates impact their revenue.
- Some payers (e.g., Cigna, Aetna) show higher denied claims, suggesting they may have stricter policies.

Late Payments Analysis:

- 78.45% of claims are processed in under 10 days, indicating decent efficiency.
- However, payment delays might be affecting cash flow—drilling down by payer could reveal bottlenecks.

Revenue Impact of Denials:

- The denied claims amount (\$7M) is significant.
- Identifying patterns and working with providers to rectify common issues could improve collection rates.