

Claims Analysis

The Claims Analysis dashboard comprehensively analyzes the health center's claim filing information. It has tiles that provide the claim velocity, the clean claim rate percentage, and the number of filed claims. The dashboard also shows the claims by payer(s) and provides insights, including any trends.

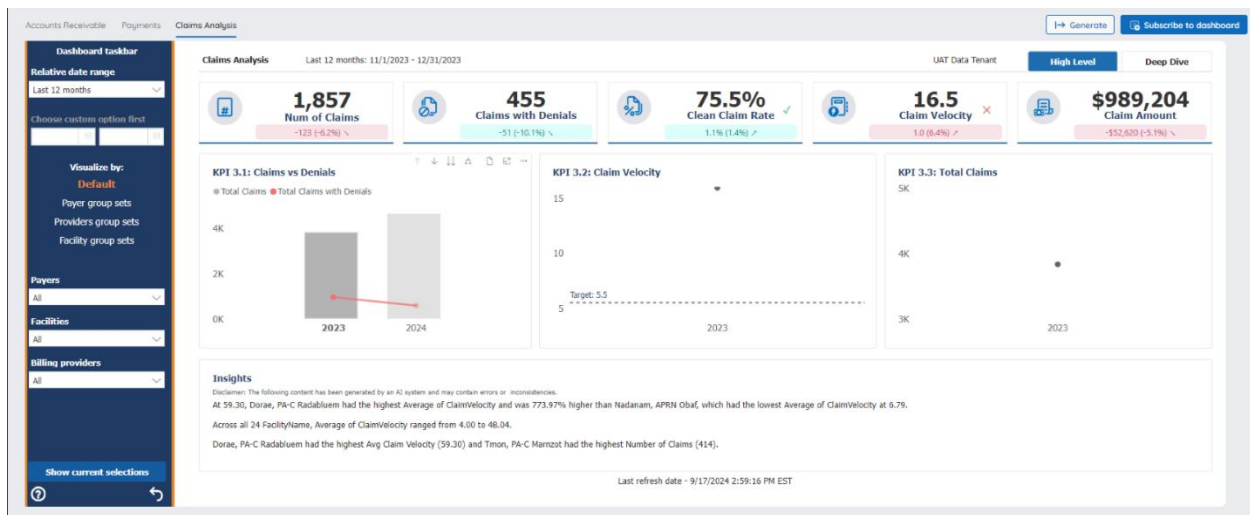
Use the dashboard tools to Export and Subscribe to the dashboard as desired.

There are two views within the Accounts Receivable dashboard:

- **High Level**
- **Deep Dive**

High Level

The High Level tab provides the overall and details of the claim's submission data for the health center. Use the [dashboard taskbar and filters](#) to specify the desired date, payer, provider, and facility information.



Claims Analysis cards

The Claims Analysis cards display key claim metrics and single data points clearly and concisely. They highlight important information, such as totals and averages, making it easy to grasp data insights quickly.

Note: If a KPI card displays a 0, there is no data for that specific metric.

The cards at the top of the dashboard display the following key metrics.

Number of Claims: This shows the number of claims for the current month (or last month) compared to the previous for the entered date range.

- For example, if you selected the previous year, the card would show the number of claims for December in the previous year compared against November in the previous year.
- Calculation formula: Number of Claims = [Total number of claims by the service date for the selected date range]

Claims with Denials: This shows the number of denials for the current month (or last month) compared to the previous for the entered date range.

- For example, if you selected previous year, then the card would show the number of denials for December in the previous year compared against November in the previous year.
- Calculation formula: Number of Claims with Denials = [Total number of unique claims with at least 1 hard or soft denial by service date for the selected date range]

Clean Claim Rate: This shows the clean claim rate for the current month (or last month) compared to the previous for the entered date range.

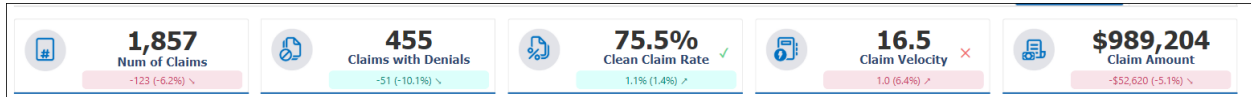
- For example, if you selected the previous year, then the card would show the clean claim rate for December in the previous year compared against November in the previous year.
- Calculation formula: Clean Claim Rate = [Total number of claims with no hard or soft denials] / [total number of unique claims]

Claim Velocity: This displays the claim velocity for the current month (or last month) compared to the previous for the entered date range.

- For example, if you selected previous year, then the card would show the claim velocity for December in the previous year compared against November in the previous year.
- Calculation formula: Claim Velocity = [Average duration between the date of service – first submission date]

Claim Amount: This shows the total claim amount for the current month (or last month) compared to the previous for the entered date range.

- For example, if you selected previous year, then the card would show the total claim amount for December in the previous year compared against November in the previous year.
- Calculation formula: Total Claim Amount = [Sum of claim amount by service date for the selected date range]



Insights

Insights provides you with a claim filing analysis for payers and providers, including any trends and highlights.

Important Note: Insights are generated using an AI system and may contain errors or inconsistencies.

Insights

Disclaimer: The following content has been generated by an AI system and may contain errors or in...

At 74.17, Ralmania, RN Hrirephan had the highest Average of ClaimVelocity and was 694.64% higher than Bi Misa, APRN Quayq, which had the lowest Average of ClaimVelocity at 9.33.

Across all 48 FacilityName, Average of ClaimVelocity ranged from 4.33 to 143.75.

Ralmania, RN Hrirephan had the highest Avg Claim Velocity (74.17) and Arslabr, LPN Nxwedgeant had the highest Number of Claims (9,192).

Claims Analysis charts and tables

The Claims Analysis dashboard displays the KPI metrics using data visualizations, such as charts and tables. Use the [Information tools](#) to review specific data.



The Claims Analysis key metrics displayed are:

KPI 3.1: Claims vs Denials

KPI 3.2: Claim Velocity

KPI 3.3: Total Claims

Data colors

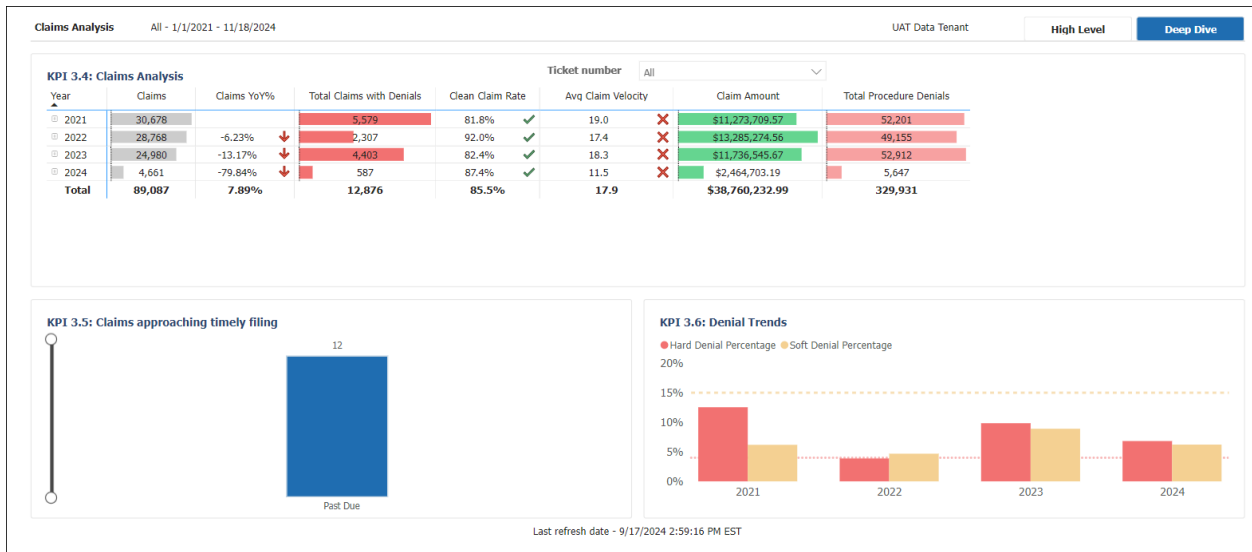
Gray: refers to the Total Claims.

Green: refers to the Claims Velocity.

Red: refers to the Total Claims with Denials.

Deep Dive

The Deep Dive tab provides a detailed look at the claims. It shows the year-over-year analysis, the denial trends (if any), and the claims approaching timely filing. The dashboard uses the trends icons and colors for quick visual reference.



The Claims Analysis key metrics displayed are:

KPI 3.4: Claims Analysis

- **Gray:** refers to the Claims.
- **Green:** refers to the Claims Amount.
- **Red:** refers to the Total Claims with Denials.

Note: The “Total Claims with Denials” includes claims with hard and/or soft denials. Informational classifications are not considered denials.

KPI 3.5: Claims approaching timely filing

KPI 3.6: Denial Trends

- **Red:** refers to the Hard Denial Percentage.
- **Yellow:** refers to the Soft Denial Percentage.

Note: The [Drill Through to Details](#) displays the denial trend data for the Hard Denial Percentage **or** Soft Denial Percentage depending on what the user first selects.

Trend icons

Down arrow: The red down arrow indicates a negative or downward data trend.

Up arrow: The green up arrow indicates a positive or upward data trend.

Sideways arrow: The yellow right arrow indicates no noteworthy upward or downward trend because the more recent data point is within +/- 1% of the previous data point.

Claim Details

The Claims Analysis [Drill through to Details](#) provides a deeper view of the claim data. It shows specific claim information, including claim amount (highest to lowest), claim velocity, hard and soft denial specifics, service dates, and first submission date.

The Denial Detail table provides more information about the claim, including the procedures on the claim, each procedure’s denial Remark Code, Description, Date, and Classification.

Use the scrollbar to view additional column data.



Details All - 1/1/2021 - 12/31/2021

UAT Data Tenant

Claim Detail												
Ticket number All												
Ticket Number	Claim Status	Billing Status	Facility	Billing Provider	Payer	Claim Amount	Claim Velocity	Number of Hard and Soft Denials	Service Date	First Submission Date	Due Date	Days Due Bucket
RD000691	None	Paid	Royalalgi Surgery Center	Walker, BA Bat	Carelon Health Ffs	\$3,349	31	2	02/01/21	03/04/21	05/02/21	Already Submitted
RD000572	None	Paid	Royalalgi Surgery Center	Walker, BA Bat	Carelon Health Ffs	\$3,299	40	2	01/01/21	02/10/21	04/01/21	Already Submitted
X0000939	None	Paid	Sdarthy Gastro Associates	Arslak, LPN Nowedgeant	Carelon Health Ffs	\$3,003	17	3	02/15/21	03/04/21	05/18/21	Already Submitted
X0000966	None	Paid	Sdarthy Gastro Associates	Arslak, LPN Nowedgeant	Carelon Health Ffs	\$2,767.5	14	3	03/01/21	03/15/21	05/30/21	Already Submitted
RD000581	None	Paid	Royalalgi Surgery Center	Walker, BA Bat	Carelon Health Ffs	\$2,575	40	3	01/01/21	02/10/21	04/01/21	Already Submitted
X0001039	None	Paid	Sdarthy Gastro Associates	Arslak, LPN Nowedgeant	Carelon Health Ffs	\$2,493	8	2	03/15/21	03/23/21	06/13/21	Already Submitted
CD000875	None	Paid	Anjuru Medical Group	Arslak, LPN Nowedgeant	Carelon Health Ffs	\$2,403.84	13	3	03/02/21	03/15/21	05/31/21	Already Submitted
Total						\$2,420,001.13		9889				

Denial Detail						
Ticket Number	Procedure	Remark Code	Description	Date	Classification	
CD000875	H0001	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)Start: 01/01/1995 Last Modified: 06/02/2013	03/23/21	Informational	
CD000875	H0049	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)Start: 01/01/1995 Last Modified: 06/02/2013	03/23/21	Informational	
CD000875	T1006	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)Start: 01/01/1995 Last Modified: 06/02/2013	03/23/21	Informational	
CD000875	H0001	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)Start: 01/01/1995 Last Modified: 07/01/2017	03/23/21	Informational	
CD000875	H0049	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)Start: 01/01/1995 Last Modified: 07/01/2017	03/23/21	Informational	
CD000875	T1006	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)Start: 01/01/1995 Last Modified: 07/01/2017	03/23/21	Informational	

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