CF CLAIMFLOW

ClaimFlow

Claims Performance & Revenue Recovery Analytics

An enterprise analytics system for healthcare claims management companies that work with multiple hospitals and clinics — helping them get claims approved and paid by insurance payers.

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"I am the bridge that turns data into smarter business decisions."

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BUSINESS CONTEXT

Why This Matters

Healthcare claims management companies sit between hospitals/clinics and insurance payers. Their success depends on how quickly and cleanly claims get approved and paid. Most teams still struggle with basic visibility:

- $ Which payers are denying the most claims right now, and why?
- ⇄ How much money is stuck across all clients, and how old is it?
- ✦ Which hospitals or clinics need more support this month?
- ✓ Is the effort spent on appeals actually recovering money?

Without a clear system, teams work reactively instead of proactively. ClaimFlow was built to close this visibility gap and turn daily operations into informed decisions.

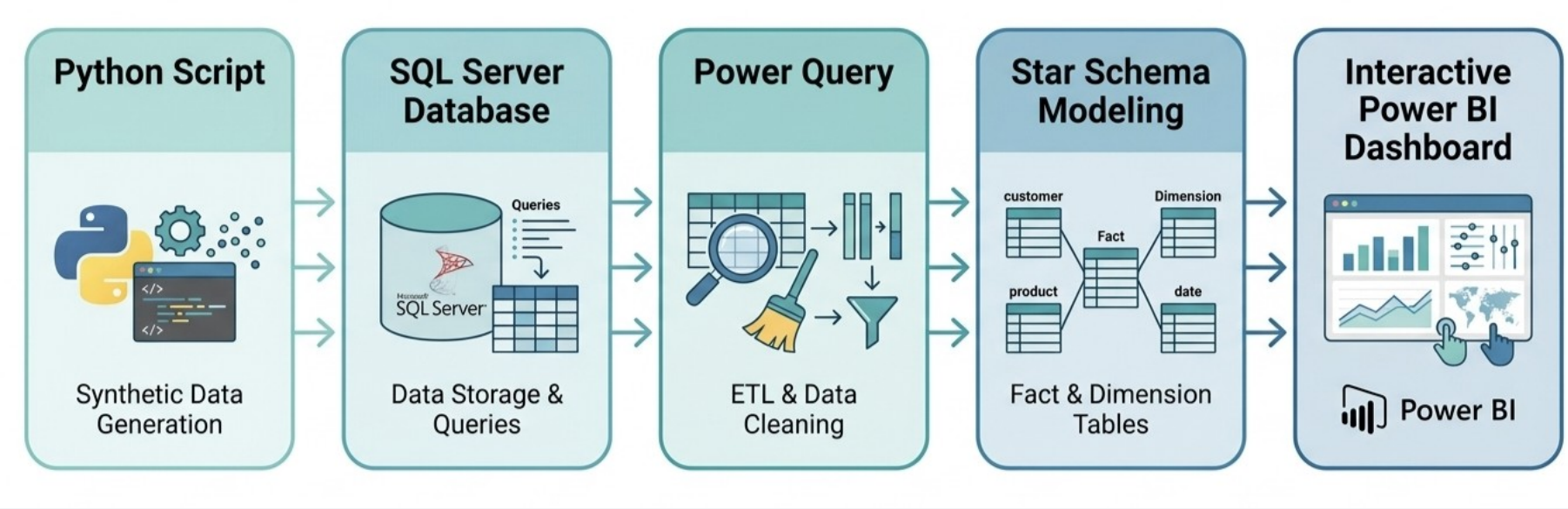
How the Claims Management Company Works

The company acts as a bridge between multiple healthcare providers and insurance payers — receiving claims, cleaning and submitting them, managing denials and appeals, tracking payments, and settling money back to the hospitals and clinics.

Project Approach & Thinking Process

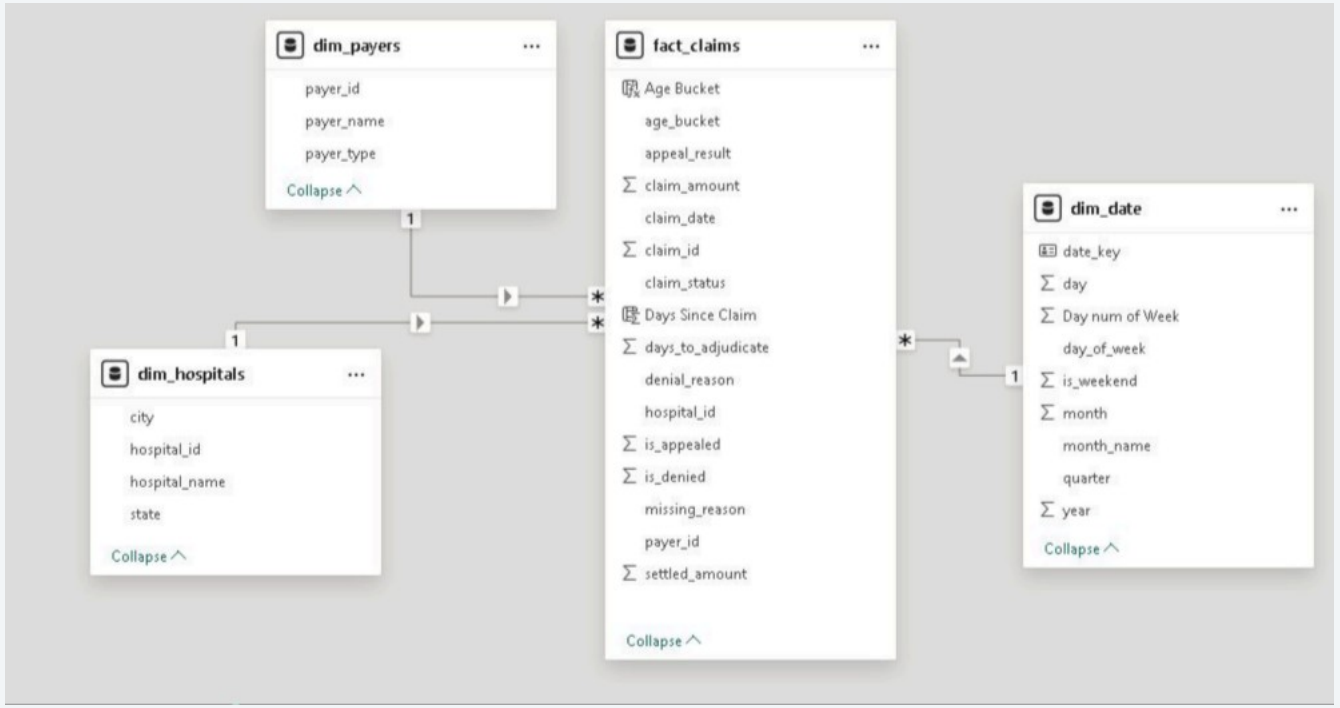
The work did not start with the dashboard. It started with the questions claims teams face daily, then defining the data and pipeline needed to answer them.

1. Understood the daily challenges of a claims bridge company
2. Independently defined the key recurring business questions
3. Designed a data model that supports continuous tracking
4. Built realistic data reflecting actual claim behaviour across providers and payers
5. Selected technology based on the need for a usable enterprise system



Star Schema & Data Model

One fact table (Claims) connects to dimensions for Payers, Hospitals, and Date — everything on the dashboard is measured from this model.



Near real-time

Power BI connects to SQL Server via DirectQuery on a scheduled load.

Clean star schema

One fact table (Claims) with dimensions for Hospitals/Clinics, Payers, and Date.

Row-Level Security

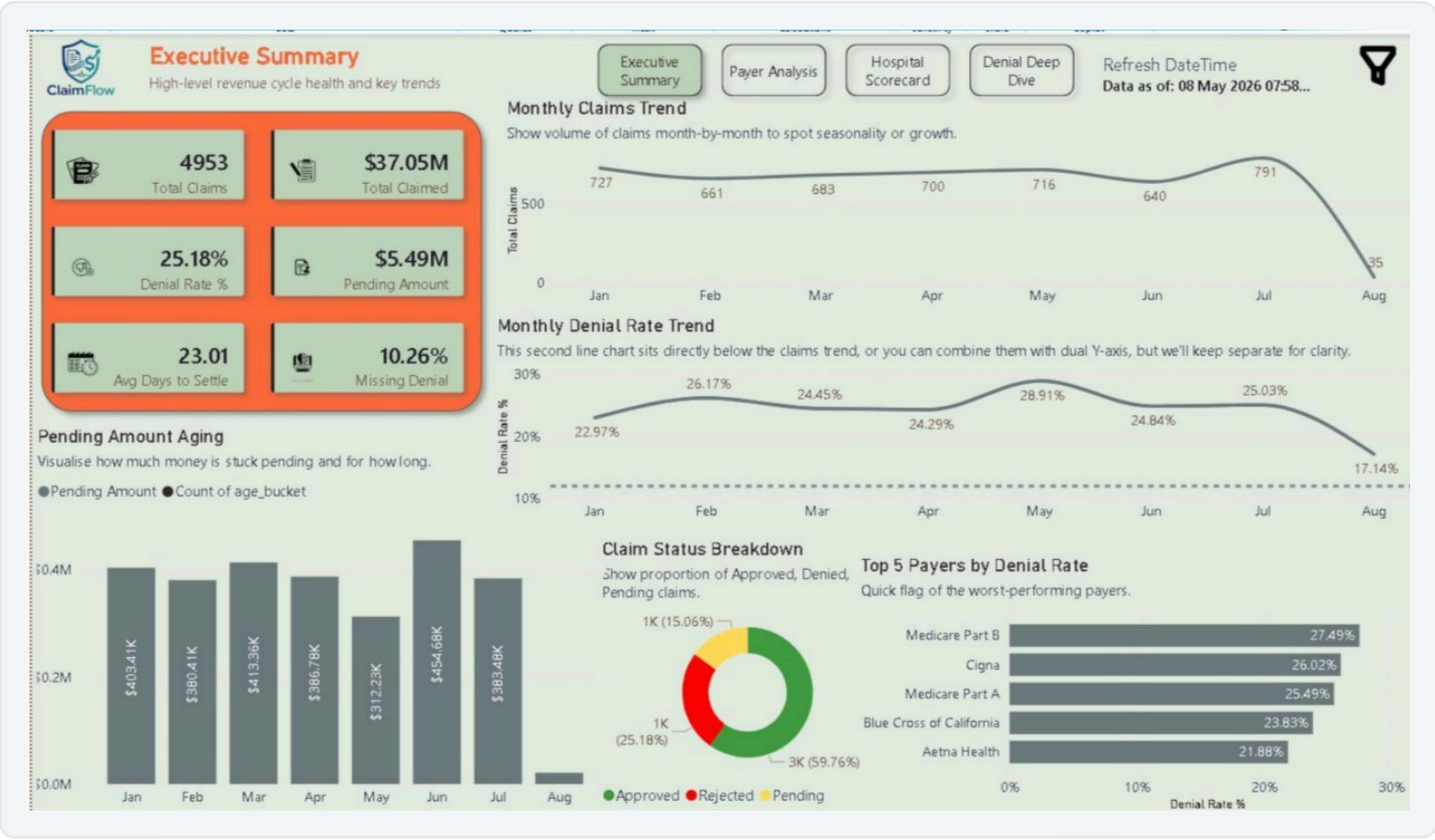
Owners, Executives, Managers and Team members each see only their relevant data.

What the Team Sees Every Day

This is the main control screen of the system. Because of DirectQuery and scheduled refresh, leadership and operations managers get an almost real-time view of overall claims health across all clients.

- Total claims and billed amount
- Current denial rate
- Money currently stuck in pending claims
- Average days to settlement
- Trends over time

Different roles see different levels of detail through Row-Level Security.

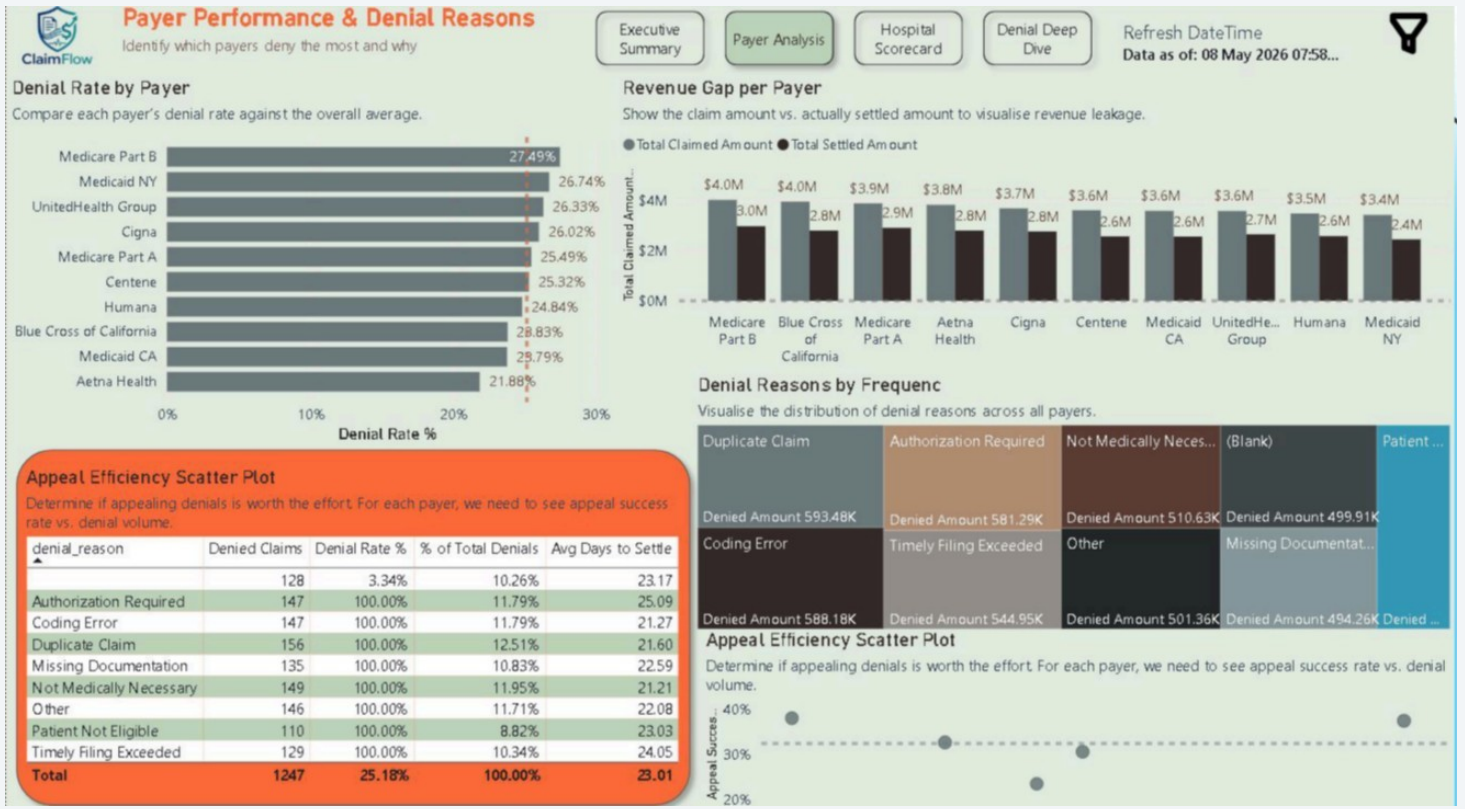


Which Payers Are Creating the Most Friction?

The system surfaces denial patterns payer by payer, so the team can prioritise where stronger processes and closer follow-up will matter most.

- Denial rates vary significantly across payers
- Clear gap between billed amount and settled amount
- Repeated denial reasons — especially documentation-related

This helps the team prioritise which payers need stronger processes or closer follow-up.



denial_reason	Denied Claims	Denial Rate %	% of Total Denials	Avg Days to Settle
	128	3.34%	10.26%	23.17
Authorization Required	147	100.00%	11.79%	25.09
Coding Error	147	100.00%	11.79%	21.27
Duplicate Claim	156	100.00%	12.51%	21.60
Missing Documentation	135	100.00%	10.83%	22.59
Not Medically Necessary	149	100.00%	11.95%	21.21
Other	146	100.00%	11.71%	22.08
Patient Not Eligible	110	100.00%	8.82%	23.03
Timely Filing Exceeded	129	100.00%	10.34%	24.05
Total	**1247**	**25.18%**	**100.00%**	**23.01**

Where Should the Team Focus?

A side-by-side scorecard lets the claims management company see exactly which hospital and clinic clients need support, and when.

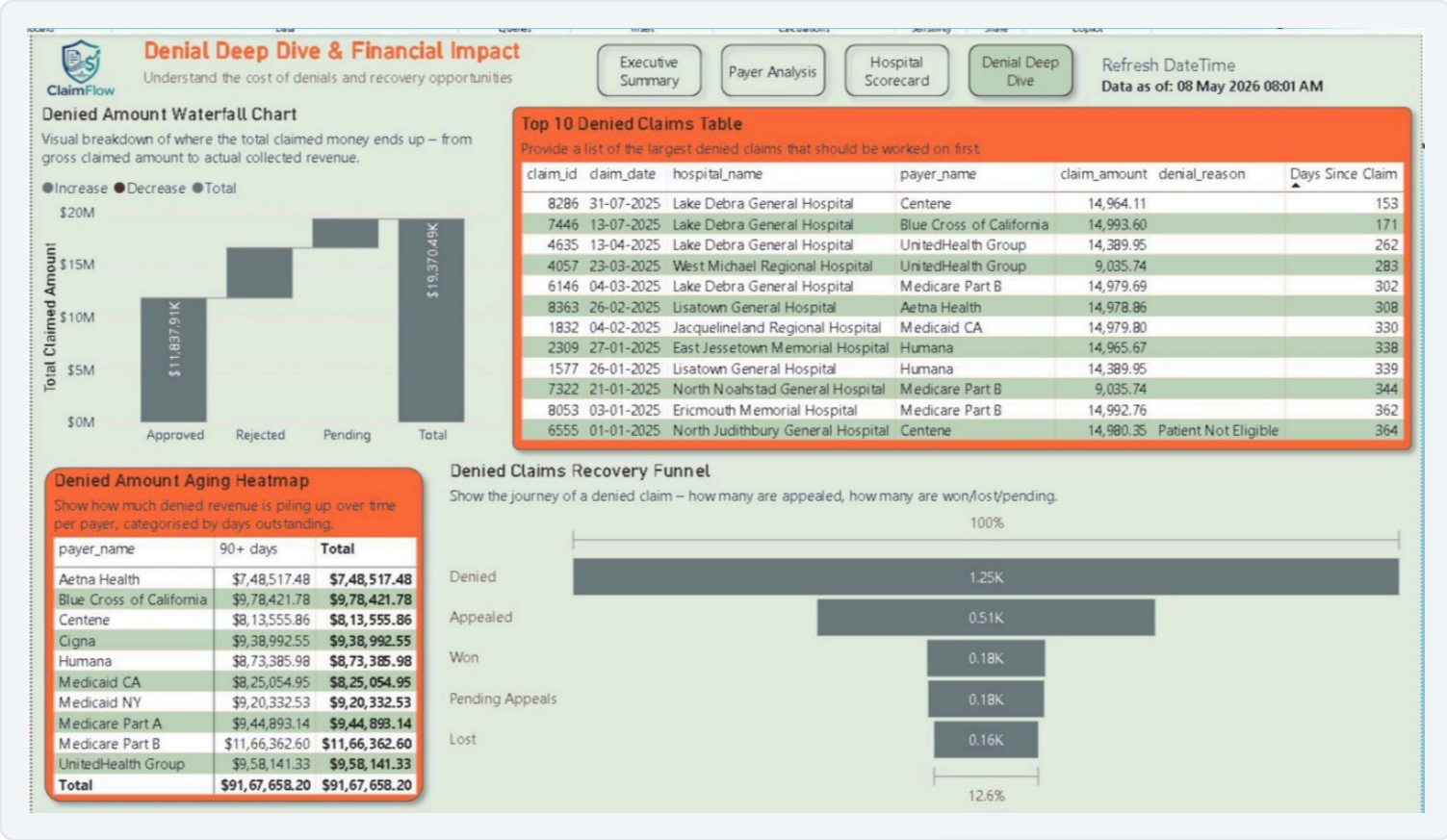
- Providers with both high volume and high denial rates
- Geographic patterns in denial performance
- Clear comparison across all hospital and clinic clients

This allows the claims management company to support the right clients at the right time.

Understanding Financial Impact & Recovery Potential

This view connects denials directly to dollars — where the money is going, how long it sits, and how likely it is to be recovered.

- Where denied money is going (waterfall view)
- Aging of pending claims
- Appeal success rates and recovery funnel
- Highest-value denied claims needing immediate attention



What the Team Can Do Next

1 Payer Focus

Some payers consistently show higher denial rates, mostly due to documentation issues.

→ Strengthen pre-submission checks for those payers.

2 Aging Cash

A significant amount of money is stuck beyond 60–90 days.

→ Set automated alerts so the team can act before claims become too old.

3 Appeals Process

Appeals recover a meaningful portion of denied amount, yet many denials are never appealed.

→ Standardise appeal templates and prioritise high-value claims.

ClaimFlow is not a one-time analysis. It is an example of how I design practical enterprise systems: starting with the real questions teams face, building data and logic that support ongoing use, and turning numbers into clear actions a team can take.

If your organisation needs better visibility into claims performance, denial patterns, or revenue recovery across multiple clients, I would be happy to discuss how a similar approach can help.

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The key to uncovering business problems and hidden opportunities.

DATA

Turning insight into growth and greater profitability.