Financial Analysis by Year Job Aid

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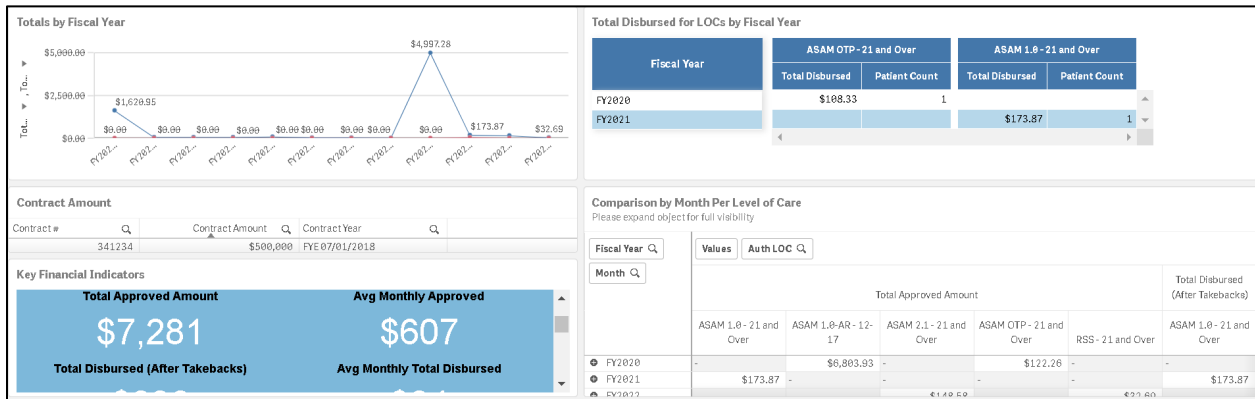
Summary

The Financial Analysis by Year MSO KPI view was developed to provide detailed information about financial trends and overall financial information using several financial measures that can be filtered by level of care, contract number and various dates. This view includes general financial information and does not include patient level details.

When reviewing this sheet, it is important to view this data as approximations and not final values to be used for cost reporting.

Sheet Overview

No Protected Health Information (PHI) was used in the examples provided.

This sheet is comprised of five (5) objects, including a financial summary line graph, table with contract amounts, various summary numbers related to claiming, disbursed by level of care table and a comparison pivot table by year and level of care.

Filters

Provider Name	Auth LOC	Calendar Year	Fiscal Year-Month
Contracting Provider Program	Contract #	Fiscal Year	

Filters	
Column Name	**Description**
Provider Name	Agency name/Legal Entity
Contracting Provider Program	Program site/address listed on claim
Auth LOC	Level of Care as selected on authorizations.
Contract #	Contract #
Calendar Year	Calendar Year
Fiscal Year	Fiscal Year (FY). FY is listed as the last year in the FY range. FY2023 refers to FY 2022/2023.
Fiscal Year-Month	Months associated to fiscal year

Totals by Fiscal Year
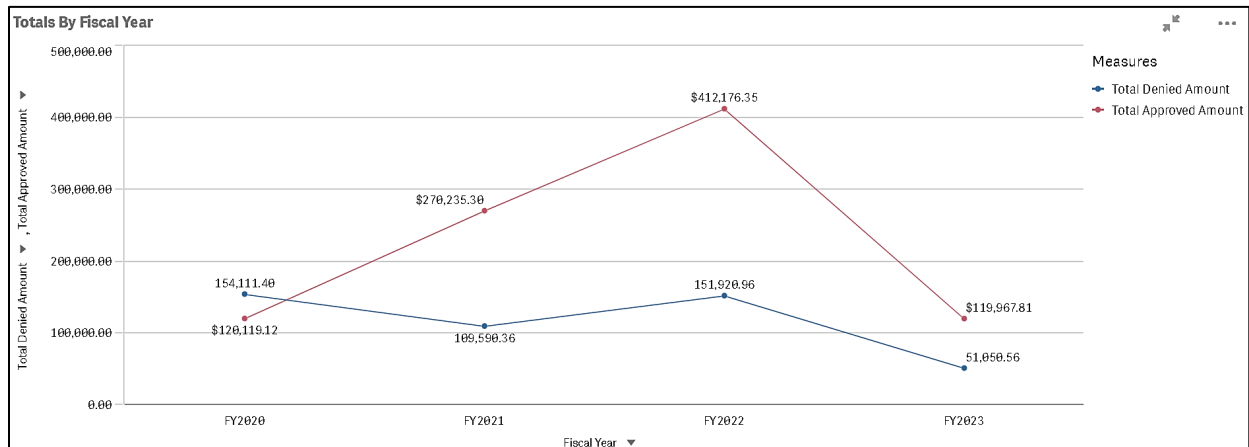
This line graph has five (5) metrics to choose from and can be displayed by either general fiscal year or fiscal year-month to allow providers to easily compare different measures and trends over time. Clicking the down arrow on the x-axis (horizontal) or the y-axis (vertical) will display the different options as noted in the table below. Providers can have multiple metrics to compare, such as Total Approved Amount vs Total Denied Amount for a particular month or year.

Totals by Fiscal Year		
Axis	**Dropdown Option**	**Description**
X	Fiscal Year	Fiscal Year
X	Fiscal Year-Month	Month as it relates to Fiscal Year
Y	# of Patients with Claims	Count of patients with at least one claim for given parameter
Y	Total Approved Amount	Sum of approved claims in dollars
Y	Total Denied Amount	Sum of denied claims in dollars
Y	Total Takebacks	Sum of takebacks by date of service in dollars
Y	Total Procedures	Count of procedures claimed

Contract Amounts

Contract Amount		
Contract # 🔍	Contract Amount 🔍 ▲	Contract Year 🔍
PH005045	$3,000	FY21 7/1 - 6/30
PH005045	$10,000	FY22 7/1 - 6/30

This table provides the contract amount for a given contract by contract fiscal year. Contract numbers are assigned for multiple years. Additionally, each contract amount resets at the beginning of each fiscal year; meaning any augmentations are not carried over to the next contract year. The table does not include amount remaining, only the actual contractual amount.

Key Financial Indicators

Key Financial Indicators	
Total Charged	**Avg Monthly Charge**
$59,131.77	$3,695.74
Total Approved Amount	**Avg Monthly Approved**
30,244.44	$945.14
Total Disbursed (After Takebacks)	**Avg Monthly Total Disbursed**
$25,932.30	$810.38
Total Procedure Count	**Avg Monthly Procedure Count**
649	10
Total Units Claimed	**Avg Monthly Units**

The Key Financial Indicators consists of several key metrics that can be used to provide a snapshot of various financial indicators of the entire agency. Selecting filters will provide data specific to those filters, such as, specific site and/or levels of care. Any filters selected on the sheet will apply to these measures as well.

Measure	Description
Total Charged	Total amount in dollars of claims sent to SAPC
Avg Monthly Charge	Average claims amount sent per month
Total Approved Amount	Total approved amount (prior to takebacks)
Avg Monthly Approved	Average monthly approved amount from EOBs.
Total Disbursed (After Takebacks)	Total disbursed amounts after takebacks (state denials and voids).
Avg Monthly Total disbursed	Average monthly total disbursed after takebacks (state denials and voids).
Total Denied Amount	Total local denied amount.
Avg Monthly Denied Amount	Average monthly local denials.

Total Takebacks	Total takebacks (state denials and voids).
Total Procedure Count	Count of procedures claimed
Avg Monthly Procedure Count	Average monthly count of procedures claimed.
Total Units Claimed	Total number of units claimed (inclusive of group units, which are total units billed before any group calculations)
Avg Monthly Units	Average monthly count of units claimed

Total Disbursed for LOCs by Fiscal Year

Total Disbursed for LOCs by Fiscal Year

| Fiscal Year	ASAM 1.0 - 21 and Over		ASAM 1.0-AR - 18-20		ASAM 2.1 - 21 and Over		ASAM 3.1 - 21 and Over	
	Total Disbur...	Client Count	Total Disbur...	Client Count	Total Disbur...	Client Count	Total Disbur...	Client Count
FY2020	489.96	6	0	1	0	1	532.06	1
FY2021	1101.3	4			1338.08	1	250.25	2
FY2022	12562.57	8			1258.24	9	668.91	3
FY2023					137.49	5		

This object allows providers to view total disbursed amounts (which are inclusive of voids and state denials) by fiscal year and level of care. The table also includes count of distinct patients with claims. Providers can use this for a snapshot of what was the approximate amount received for those levels of care for the fiscal year. Only levels of care with at least one claim within any of the available fiscal years and/or filters will be displayed in this table. Outpatient providers will not see any residential levels of care for example, since there are no claims associated.

| Total Disbursed for LOCs by Fiscal Year	
Column Name	**Description**
Fiscal Year	Fiscal year for claims
Authorization Levels of Care	Levels of care as entered on authorization for claims

Comparison by Month Per Level of Care

Comparison by Month Per Level of Care
Please expand object for full visibility

Fiscal Year	Values	Auth LOC													
Month		Total Approved Amount					Total Disbursed (After Takebacks)					Denied Amount		
		ASAM 1.0 - 21 and Over	ASAM 1.0-AR - 12-17	ASAM 2.1 - 21 and Over	ASAM OTP - 21 and Over	RSS - 21 and Over	ASAM 1.0 - 21 and Over	ASAM 1.0-AR - 12-17	ASAM 2.1 - 21 and Over	ASAM OTP - 21 and Over	RSS - 21 and Over	ASAM 1.0 - 21 and Over	ASAM 1.0-AR - 12-17	ASAM 2.1 - 21 and Over
⊕ FY2020		-	$6,803.93	-	$122.26	-	-	$0.00	-	$108.33	-	-	$0.00	-
⊕ FY2021		$173.87	-	-	-	-	$173.87	-	-	-	-	$36.96	-	-
⊕ FY2022		-	-	$148.58	-	$32.69	-	-	$0.00	-	$0.00	-	-	$0.00

This pivot table allows providers to compare the various financial metrics from each level of care offered, by year or month of the fiscal year. The columns/measures are grouped by year, then month. The groupings can easily be changed to view by month then year, if preferred. To change the grouping, click and hold either Fiscal Year or Month button then drag down or up. This will change the sort order of the pivot table.
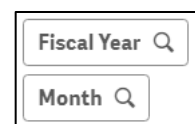
Fiscal Year

Month

Additionally, by selecting the plus sign next to the year, it will expand all the months within that fiscal year where there is billing. Providers can also right click the mouse on that column, click on the three dots and select 'Expand/Collapse All' to expand all items to month and year or collapse back to only showing year. This will allow providers to easily compare trends over time and finances between months and/or years all by levels of care. Each measure is broken out by level of care from the authorization.
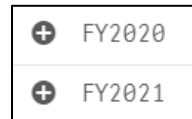
For instances when all other columns have information, but one doesn't, that column will show as $0.00, which indicates no money associated with that field. In the above screen shot, there were no denials for May and April, which populated $0. However, if there are no claims for a given month, year or level of care, the results will show as a dash. Because of how pivot tables are constructed, if any fields in a column have data (i.e., if there are any claims noted for a particular level of care in any month), the column will show with dashes for the all the other empty data fields. Only levels of care with at least one claim within any of the available fiscal years will be displayed in this pivot table.

Comparison by Month Per Level of Care Pivot Table	
Grouping	**Description**
Fiscal Year	Fiscal year
Month	Month of year
Measure	**Description (all measures are separated by Auth Level of Care)**
Total Approved Amount	Total approved amount (prior to takebacks)
Total Disbursed (After Takebacks)	Total disbursed after voids and state denials
Denied Amount	Total local denied amount
Takeback Total	Total takeback amount (voids and state denials)
Procedure Count	Total procedure count