

Applied Behavior Analysis

Provider Type 85

Program Reports

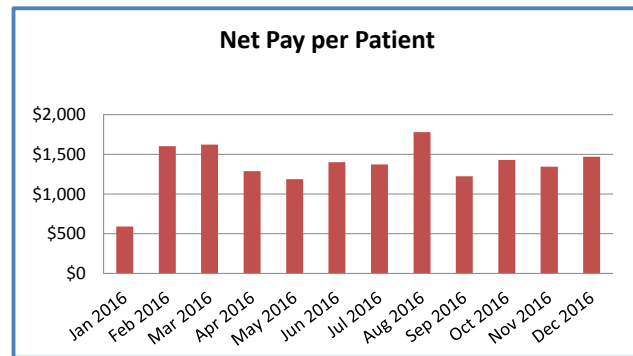
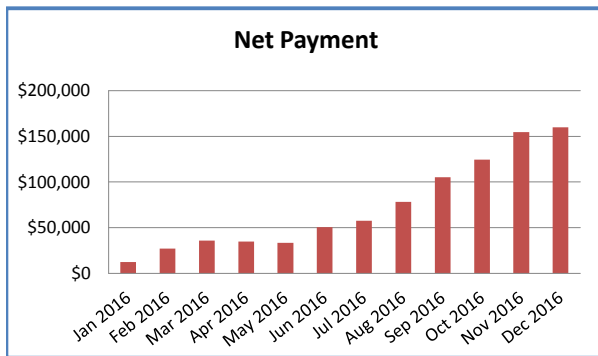
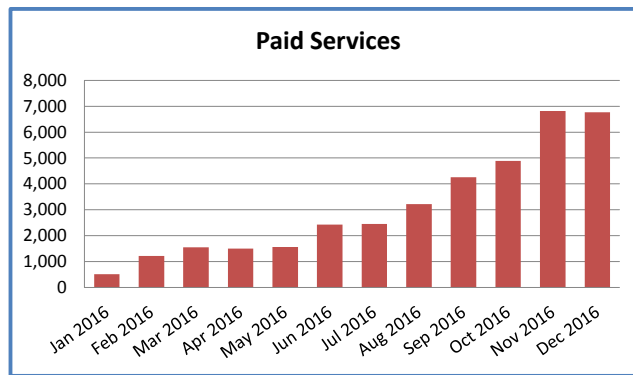
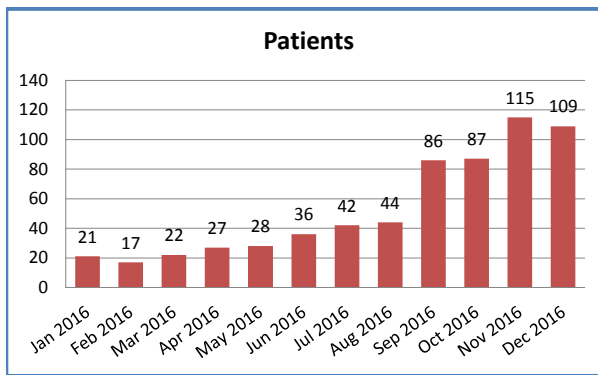
Qtr 4 CY2016 Incurred

1. General Statistics
2. Enrolled Providers
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4. Demographics
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Applied Behavior Analysis (ABA) Program Reports

Provider Type 85 Applied Behavior Analysis - Fee for Service

Provider Type Claim NV Code	085				
	Patients	Service Count Paid	Claims Paid	Net Payment	Net Pay Per Pat
Time Period: Incurred With Runoff Month					
Jan 2016	21	519	173	\$12,361.73	\$588.65
Feb 2016	17	1,222	428	\$27,207.95	\$1,600.47
Mar 2016	22	1,554	511	\$35,662.77	\$1,621.04
Apr 2016	27	1,499	497	\$34,721.57	\$1,285.98
May 2016	28	1,566	510	\$33,259.46	\$1,187.84
Jun 2016	36	2,431	700	\$50,405.41	\$1,400.15
Jul 2016	42	2,455	802	\$57,627.88	\$1,372.09
Aug 2016	44	3,226	1,056	\$78,292.33	\$1,779.37
Sep 2016	86	4,259	1,372	\$105,168.92	\$1,222.89
Oct 2016	87	4,890	1,663	\$124,296.03	\$1,428.69
Nov 2016	115	6,813	2,056	\$154,523.12	\$1,343.68
Dec 2016	109	6,764	2,314	\$159,891.39	\$1,466.89



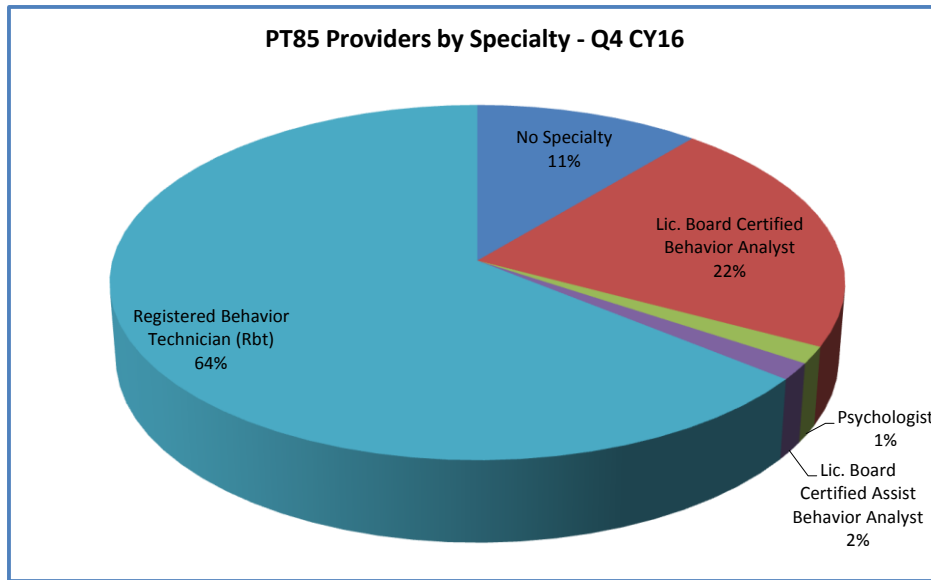
ALL STATISTICS ARE ESTIMATES ONLY AND MUST BE QUALIFIED AS SUCH IF USED EITHER VERBALLY OR IN WRITTEN FORM.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

Applied Behavior Analysis Program (ABA) Reports

PT85 Enrolled Providers - Fee for Service and Managed Care

Time Period: Incurred With Runoff Quarter				Providers Enrolled			
				QTR 1 2016	QTR 2 2016	QTR 3 2016	QTR 4 2016
Provider Type NV Code	Provider Type NV	Provider Specialty NV Cd	Provider Specialty NV				
085	Applied Behavior Analysis Prov	000	No Specialty	23	27	28	29
		310	Lic. Board Certified Behavior Analyst	26	44	50	56
		311	Psychologist	3	3	4	4
		312	Lic. Board Certified Assist Behavior Analyst	2	2	2	4
		314	Registered Behavior Technician (Rbt)	73	101	142	167
		Total		127	177	226	260



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Applied Behavior Analysis (ABA) Program Reports

PT85 Providers by Specialty and Procedure - Fee for Service

Time Period: Incurred With Runoff Quarter						QTR 4 2016								
						Providers	Patients	Service Count Paid	Claims Paid	Net Payment	Net Pay Per Pat			
Provider Type Claim NV Code	Provider Type Claim NV	Provider Specialty Claim NV Code	Provider Specialty Claim NV	Procedure Code	Procedure									
085	Applied Behavior Analysis Prov	310	Lic. Board Certified Behavior Analyst	0359T	BEHAVIORAL IDENTIFICATION ASSESSMENT	11	32	32	32	\$8,441.75	\$263.80			
				0360T	OBSERVATIONAL BEHAV ASSESSMENT FIRST 30 MIN	6	8	8	8	\$561.52	\$70.19			
				0361T	OBSERVATIONAL BEHAV ASSESSMENT ADDL 30 MIN	2	2	2	2	\$140.38	\$70.19			
				0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	8	13	230	230	\$6,450.70	\$496.21			
				0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	7	12	1,312	227	\$29,041.85	\$2,420.15			
				0366T	GROUP BEHAVIOR TREATMENT FIRST 30 MIN	1	1	1	1	\$14.28	\$14.28			
				0367T	GROUP BEHAVIOR TREATMENT ADDL 30 MIN	1	1	3	1	\$42.84	\$42.84			
				0368T	BEHAVIOR TX WITH MODIFICATION FIRST 30 MIN	31	112	945	945	\$56,768.60	\$506.86			
				0369T	BEHAVIOR TREATMENT WITH MODIFICATION ADDL 30 MIN	31	97	2,285	873	\$137,075.20	\$1,413.15			
				0370T	FAMILY BEHAVIOR TREATMENT GUIDANCE	12	51	102	102	\$8,637.36	\$169.36			
		55110	Family home care training per 15 minutes	4	26	972	242	\$11,372.40	\$437.40					
		314	Registered Behavior Technician (Rbt)	0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	35	53	1,377	1,377	\$21,549.15	\$406.59			
		0365T		ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	35	53	9,481	1,353	\$134,292.65	\$2,533.82				
		0366T		GROUP BEHAVIOR TREATMENT FIRST 30 MIN	9	20	132	132	\$689.04	\$34.45				
		0367T		GROUP BEHAVIOR TREATMENT ADDL 30 MIN	9	20	396	132	\$2,067.12	\$103.36				
		0373T		EXPOSURE BEHAVIOR TREATMENT FIRST 60 MIN	8	4	189	189	\$5,915.70	\$1,478.93				
		0374T		EXPOSURE BEHAVIOR TREATMENT ADDL 30 MIN	8	3	1,000	187	\$15,650.00	\$5,216.67				
		Total						218	508	18,467	6,033	\$438,710.54		

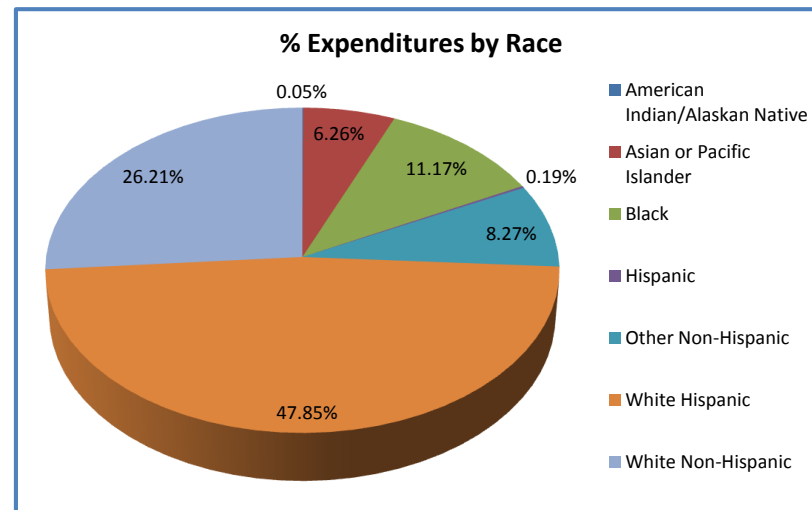
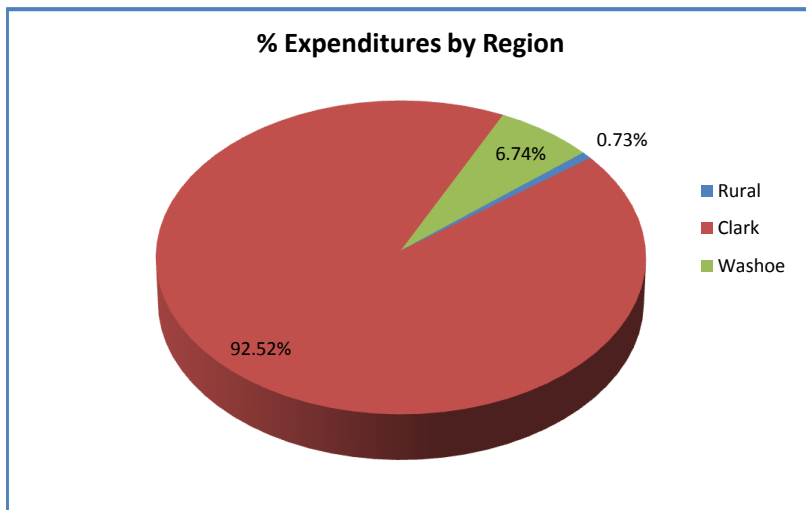
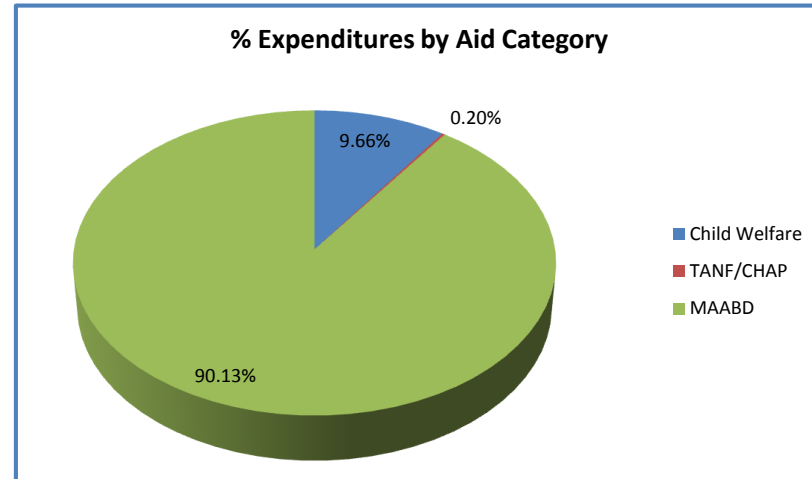
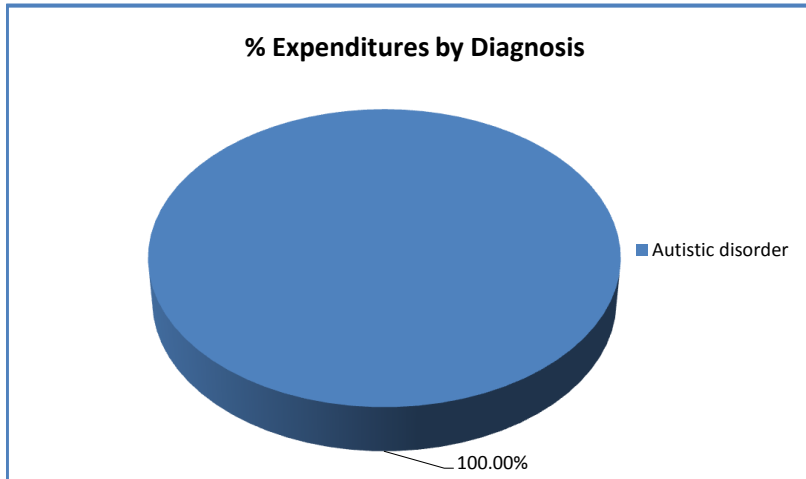
Total Patient Count may contain duplications (i.e. patients may have received services by more than one provider within the timeframe specified).

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Provider Type 85 Applied Behavior Analysis

Prior Authorization Information by Service - Fee for Service

Provider Type	Service Category	Services					
		In State					
		QE Dec 2016		FY 2017		FY 2016	
		Req Units	Cert Units	Req Units	Cert Units	Req Units	Cert Units
PT85	Adaptive Behavior Tx	182,335	120,047	326,246	202,069	95,534	45,835
	Adaptive Behavior Group Tx	4,135	2,646	6,427	4,068	260	234
	Adaptive Behavior Family Tx w/o child	3,956	2,908	5,892	4,098	1,035	226
	Adaptive Behavior Family Tx w/child	4,669	3,606	10,027	7,218	3,630	2,700
	Adaptive Behavior Family Group Tx w/child	0	0	0	0	0	0
Grand Total		195,095	129,207	348,592	217,453	100,459	48,995

FY 2017 Summary

Total Number of PAs	346
Total Number of Approved PAs	224
Average Approved Units per PA	970

QE December 2016 Summary

Total Number of PAs	210
Total Number of Approved PAs	136
Average Approved Units per PA	977

Applied Behavior Analysis (ABA) Program Reports

Dimension/Measure	Definition
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Incurred Time Period	Incurred Mode is service date driven; results will be based upon when the service occurred, not when the service was paid. Incurred reporting has a 90 day lag time to allow for claims processing.
Net Pay Per Pat	The average net amount paid, per patient, for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Net Payment	The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Patients	The unique count of members who received facility, professional, or pharmacy services.
Procedure Code	The procedure code for the service record.
Provider Specialty Claim NV code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Specialty NV Code	The Nevada specific code for the provider specialty.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Provider Type NV Code	The Nevada specific code for the provider type.
Providers Enrolled	The unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients. The enrolled provider measures differ from the other provider measures in that those measures only include providers who have submitted claims for facility, professional, or pharmacy services under the plan.
Service Count Paid	The sum of the units paid across professional and facility claims.