

Applied Behavior Analysis

Provider Type 85

Program Reports

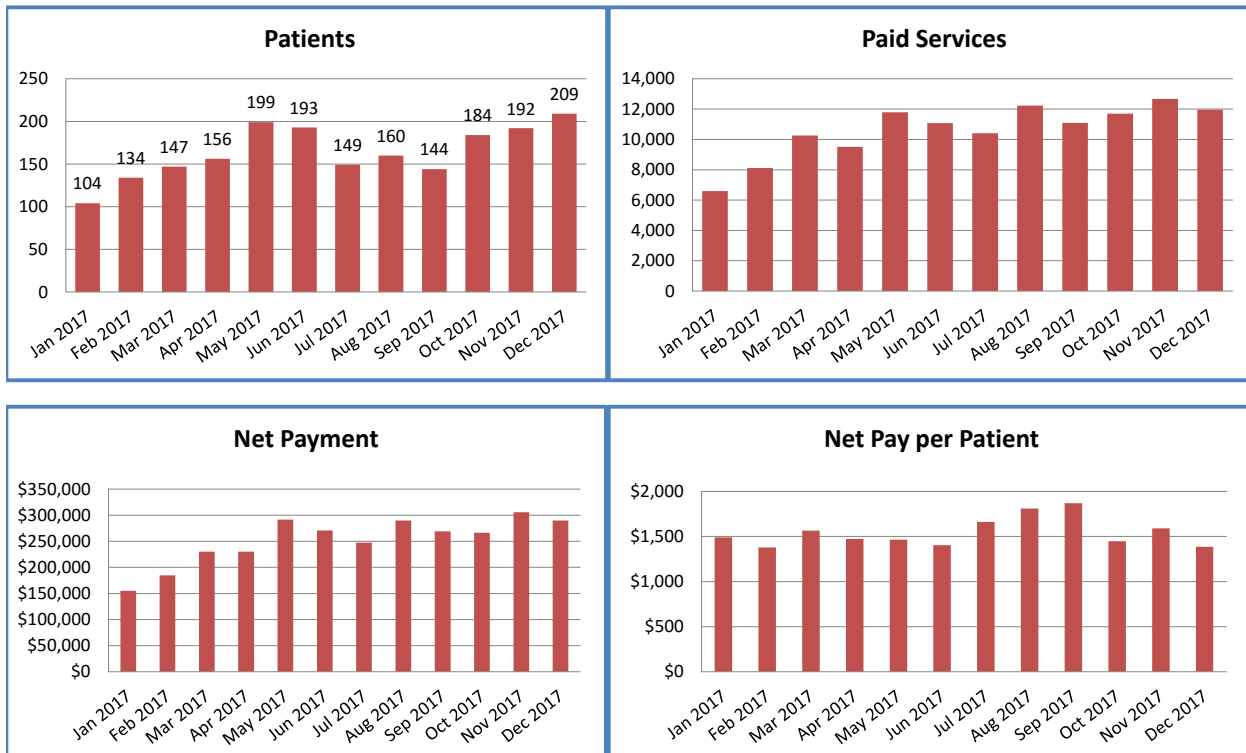
Qtr 4 CY2017 Incurred

1. General Statistics
2. Enrolled Providers
3. Services by Provider Specialty and Procedure
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 2017	104	6,599	2,275	\$155,018.36	\$1,490.56
Feb 2017	134	8,121	2,745	\$184,664.15	\$1,378.09
Mar 2017	147	10,258	3,387	\$230,233.99	\$1,566.22
Apr 2017	156	9,517	3,229	\$229,976.49	\$1,474.21
May 2017	199	11,797	4,201	\$291,602.68	\$1,465.34
Jun 2017	193	11,082	3,884	\$270,778.55	\$1,403.00
Jul 2017	149	10,412	3,425	\$247,562.42	\$1,661.49
Aug 2017	160	12,235	3,889	\$289,679.58	\$1,810.50
Sep 2017	144	11,096	3,527	\$268,972.68	\$1,867.87
Oct 2017	184	11,703	4,008	\$266,287.98	\$1,447.22
Nov 2017	192	12,666	4,300	\$305,546.09	\$1,591.39
Dec 2017	209	11,962	4,156	\$289,836.67	\$1,386.78



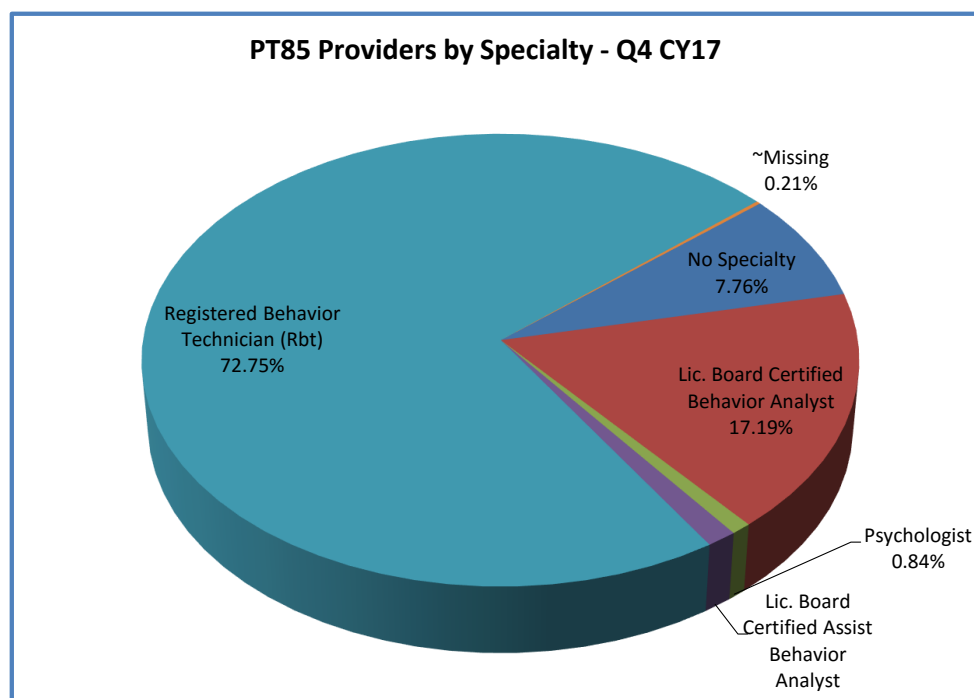
ALL STATISTICS ARE ESTIMATES ONLY AND MUST BE QUALIFIED AS SUCH IF USED EITHER VERBALLY OR IN WRITTEN FORM.

The DHCFP data warehouse is comprised of claims data submitted by over 28,000 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 (ABA) Program Reports

PT85 Enrolled Providers - Fee for Service and Managed Care

Time Period: Incurred With Runoff Quarter				Providers Enrolled			
				QTR 1 2017	QTR 2 2017	QTR 3 2017	QTR 4 2017
Provider Type NV Code	Provider Type NV	Provider Specialty NV Cd	Provider Specialty NV				
085	Applied Behavior Analysis Prov	000	No Specialty	30	31	34	37
		310	Lic. Board Certified Behavior Analyst	71	72	77	82
		311	Psychologist	4	4	4	4
		312	Lic. Board Certified Assist Behavior Analyst	5	5	6	6
		314	Registered Behavior Technician (Rbt)	227	282	316	347
		~	~Missing	1	1	1	1
			Total	338	395	438	477



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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 2017					
						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	15	61	61	61	\$17,125.75	\$280.75
				0360T	OBSERVATIONAL BEHAV ASSESSMENT FIRST 30 MIN	7	22	22	22	\$1,544.18	\$70.19
				0361T	OBSERVATIONAL BEHAV ASSESSMENT ADDL 30 MIN	4	14	14	14	\$982.66	\$70.19
				0362T	EXPOSURE BEHAV ASSESSMENT FIRST 30 MIN	2	5	5	5	\$350.95	\$70.19
				0363T	EXPOSURE BEHAV ASSESSMENT ADDL 30 MIN	2	4	4	4	\$280.76	\$70.19
				0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	8	39	743	737	\$28,394.40	\$728.06
				0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	8	39	4,369	736	\$118,538.15	\$3,039.44
				0366T	GROUP BEHAVIOR TREATMENT FIRST 30 MIN	1	1	3	3	\$42.84	\$42.84
				0367T	GROUP BEHAVIOR TREATMENT ADDL 30 MIN	1	1	9	3	\$128.52	\$128.52
				0368T	BEHAVIOR TX WITH MODIFICATION FIRST 30 MIN	39	157	1,203	1,200	\$72,420.60	\$461.28
				0369T	BEHAVIOR TREATMENT WITH MODIFICATION ADDL 30 MIN	39	137	3,059	976	\$181,442.80	\$1,324.40
				0370T	FAMILY BEHAVIOR TREATMENT GUIDANCE	27	117	189	189	\$16,004.52	\$136.79
				0372T	BEHAVIOR TREATMENT SOCIAL SKILLS TRAINING GROUP	2	3	9	9	\$128.52	\$42.84
				S5110	Family home care training per 15 minutes	7	15	124	40	\$1,450.80	\$96.72
		312	Lic. Board Certified Assist Behavior Analyst	0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	3	5	30	30	\$940.31	\$188.06
				0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	3	5	97	25	\$2,930.48	\$586.10
				0368T	BEHAVIOR TX WITH MODIFICATION FIRST 30 MIN	4	17	82	82	\$2,961.84	\$174.23
				0369T	BEHAVIOR TREATMENT WITH MODIFICATION ADDL 30 MIN	4	17	313	81	\$11,284.96	\$663.82
		314	Registered Behavior Technician (Rbt)	0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	121	142	3,848	3,844	\$60,220.62	\$424.09
				0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	121	140	19,998	3,792	\$312,920.68	\$2,235.15
				0366T	GROUP BEHAVIOR TREATMENT FIRST 30 MIN	12	19	123	123	\$642.06	\$33.79
				0367T	GROUP BEHAVIOR TREATMENT ADDL 30 MIN	12	19	351	123	\$1,832.22	\$96.43
				0373T	EXPOSURE BEHAVIOR TREATMENT FIRST 60 MIN	11	10	184	184	\$5,759.38	\$575.94
				0374T	EXPOSURE BEHAVIOR TREATMENT ADDL 30 MIN	10	7	1,490	180	\$23,318.50	\$3,331.21
				Q3014	Telehealth originating site facility fee	1	1	1	1	\$24.24	\$24.24
					Total	464	997	36,331	12,464	\$861,670.74	

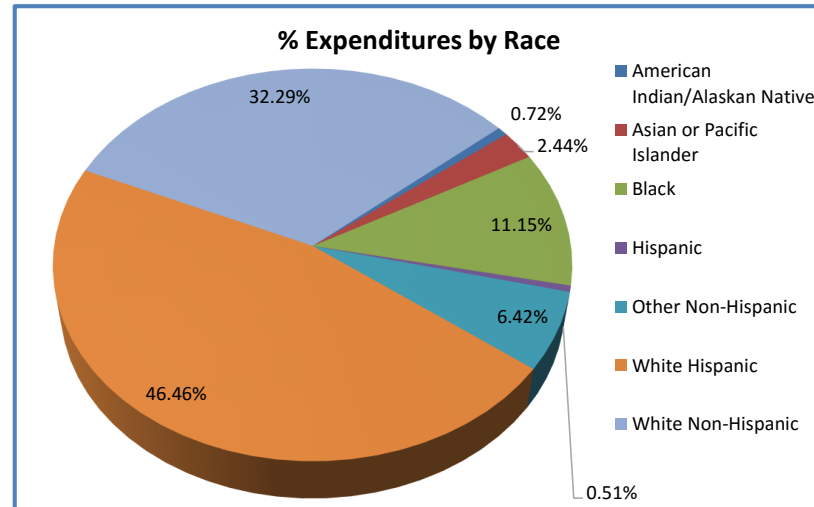
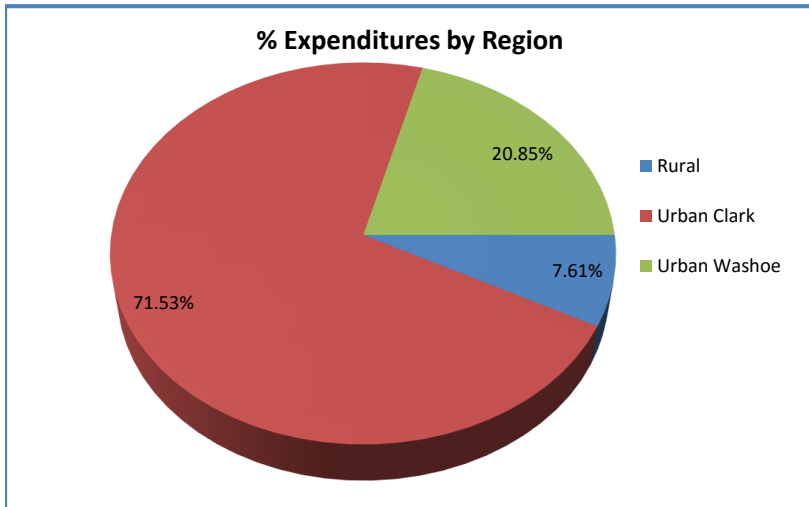
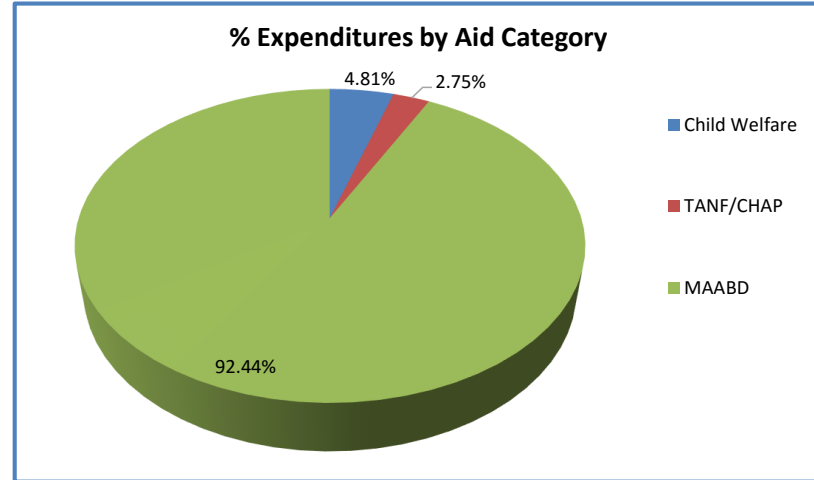
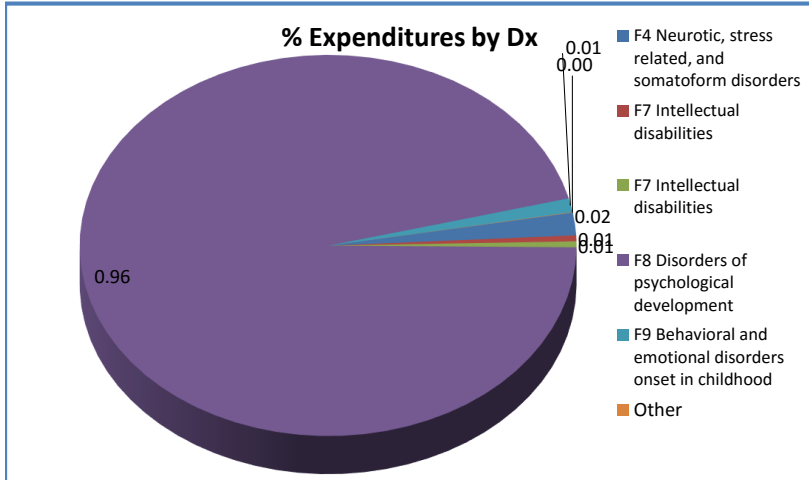
Total Patient Count may contain duplications (i.e. patients may have received services by more than one provider within the timeframe specified).

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Prior Authorization Information by Service - Fee for Service

Provider Type	Service Category	Services					
		In State					
		QE Dec 2017		FY 2018		FY 2017	
		Req Units	Cert Units	Req Units	Cert Units	Req Units	Cert Units
PT85	Adaptive Behavior Tx	198,986	161,109	419,317	321,850	680,450	480,853
	Adaptive Behavior Group Tx	5,076	3,426	10,694	8,586	16,023	12,438
	Adaptive Behavior Family Tx w/o child	4,888	4,053	10,954	8,513	13,838	10,532
	Adaptive Behavior Family Tx w/child	6,970	6,024	13,356	11,372	22,237	17,518
	Adaptive Behavior Family Group Tx w/child						
Grand Total		215,920	174,612	454,321	350,321	732,548	521,341

FY 2018 Summary

Total Number of PAs	421
Total Number of Approved PAs	342
Average Approved Units per (approved) PA	1,024

QE Dec 2017 Summary

Total Number of PAs	215
Total Number of Approved PAs	178
Average Approved Units per (approved) PA	981

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<u>Dimension/Measure</u>	<u>Definition</u>
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.