

Applied Behavior Analysis

Provider Type 85

Program Dashboards

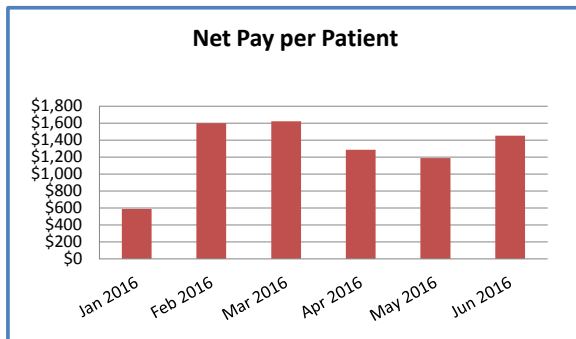
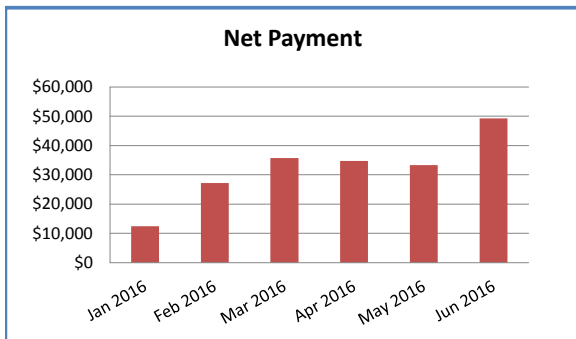
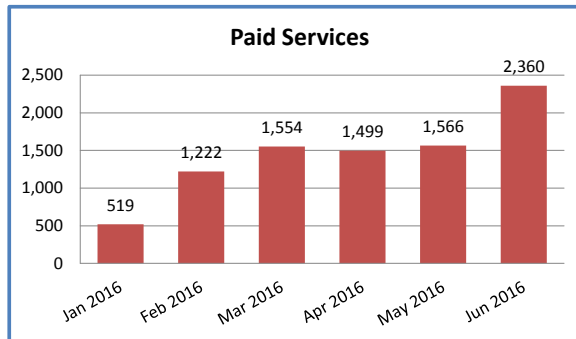
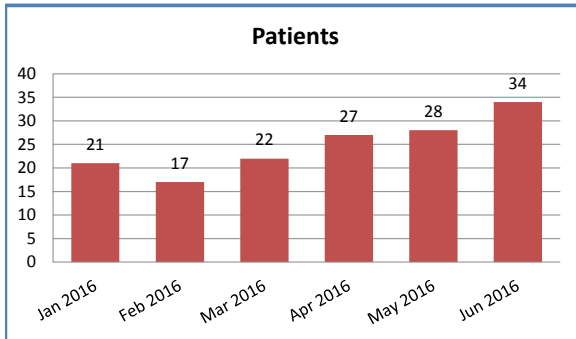
Qtr 2 CY2016 Incurred

1. General Statistics
2. Enrolled Providers
3. Services by Provider Specialty and Procedure
4. Demographics
5. Prior Authorizations - Fee for Service Only
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Applied Behavior Analysis Program Dashboards

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	34	2,360	672	\$49,294.26	\$1,449.83



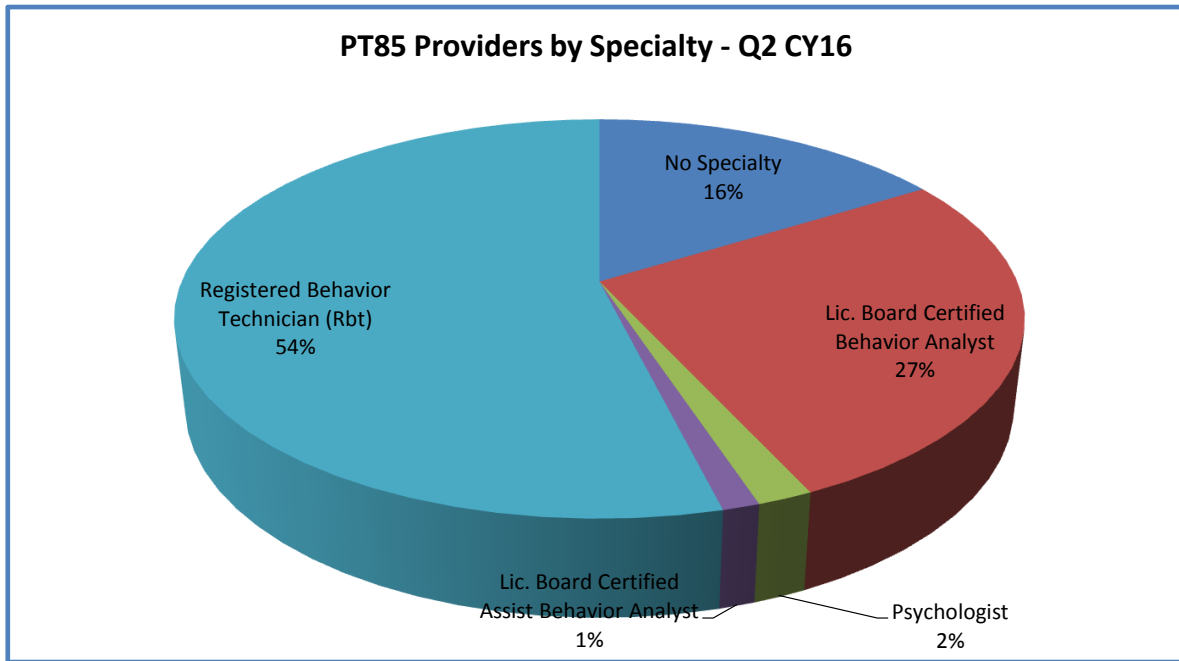
ALL STATISTICS ARE ESTIMATES ONLY AND MUST BE QUALIFIED AS SUCH IF USED EITHER VERBALLY OR IN WRITTEN FORM.

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 Dashboards

PT85 Enrolled Providers - Fee for Service and Managed Care

Time Period: Incurred With Runoff Quarter				Providers Enrolled	
				QTR 1 2016	QTR 2 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
		310	Lic. Board Certified Behavior Analyst	26	45
		311	Psychologist	3	3
		312	Lic. Board Certified Assist Behavior Analyst	2	2
		314	Registered Behavior Technician (Rbt)	73	90
Total				127	167



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PT85 Providers by Specialty and Procedure - Fee for Service

Time Period: Incurred With Runoff Quarter						QTR 2 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 Cd	Provider Specialty Claim NV	Procedure Code	Procedure								
085	Applied Behavior Analysis Prov	310	Lic. Board Certified Behavior Analyst	0359T	BEHAVIORAL IDENTIFICATION ASSESSMENT	5	10	10	10	\$2,807.50	\$280.75		
				0360T	OBSERVATIONAL BEHAV ASSESSMENT FIRST 30 MIN	3	6	6	6	\$421.14	\$70.19		
				0361T	OBSERVATIONAL BEHAV ASSESSMENT ADDL 30 MIN	3	4	4	4	\$280.76	\$70.19		
				0362T	EXPOSURE BEHAV ASSESSMENT FIRST 30 MIN	1	1	1	1	\$70.19	\$70.19		
				0363T	EXPOSURE BEHAV ASSESSMENT ADDL 30 MIN	1	1	1	1	\$70.19	\$70.19		
				0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	2	2	3	3	\$46.95	\$23.48		
				0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	2	2	12	3	\$187.80	\$93.90		
				0368T	BEHAVIOR TX WITH MODIFICATION FIRST 30 MIN	8	26	177	177	\$10,655.40	\$409.82		
				0369T	BEHAVIOR TREATMENT WITH MODIFICATION ADDL 30 MIN	7	24	447	154	\$26,909.40	\$1,121.23		
				0370T	FAMILY BEHAVIOR TREATMENT GUIDANCE	2	2	2	2	\$169.36	\$84.68		
				S5110	Family home care training per 15 minutes	1	15	100	19	\$1,170.00	\$78.00		
				311	Psychologist	0359T	BEHAVIORAL IDENTIFICATION ASSESSMENT	1	6	6	6	\$1,684.50	\$280.75
				314	Registered Behavior Technician (Rbt)	0364T	ADAPTIVE BEHAVIOR TX BY PROTOCOL FIRST 30 MIN	7	22	647	647	\$10,123.85	\$460.18
						0365T	ADAPTIVE BEHAVIOR TX BY PROTOCOL ADDL 30 MIN	7	22	4,009	646	\$62,678.25	\$2,849.01
					Total	50	143	5,425	1,679	\$117,275.29	\$5,962.55		

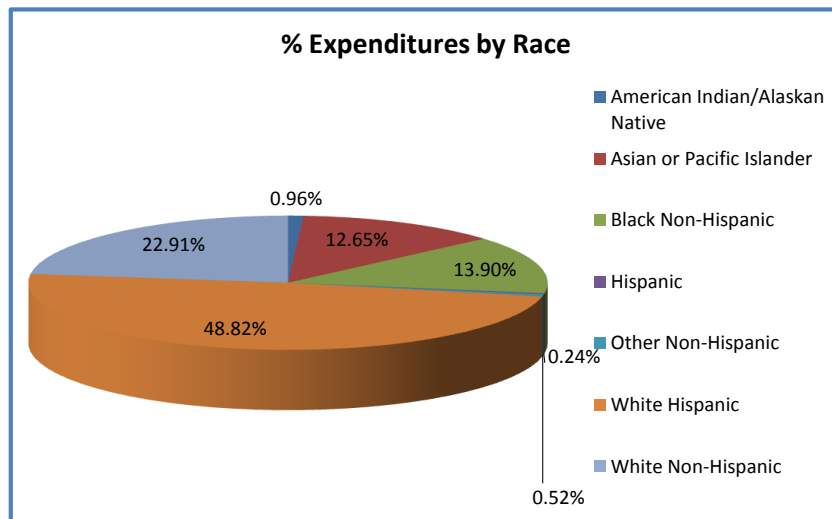
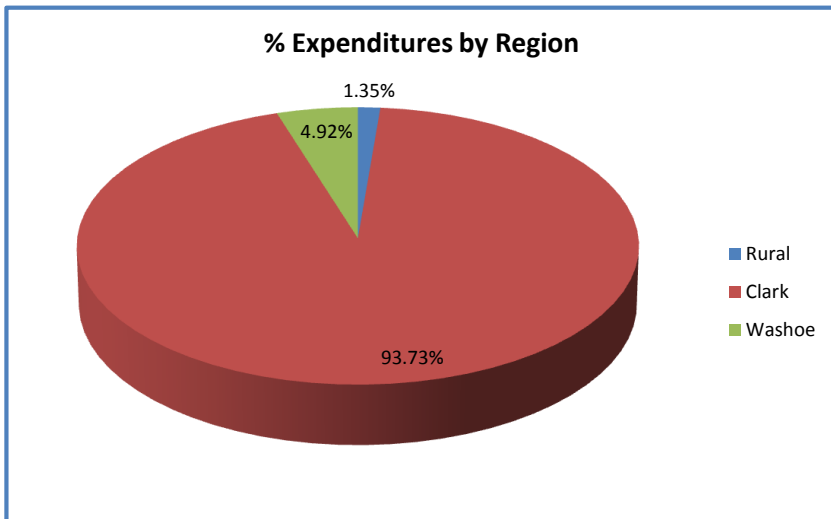
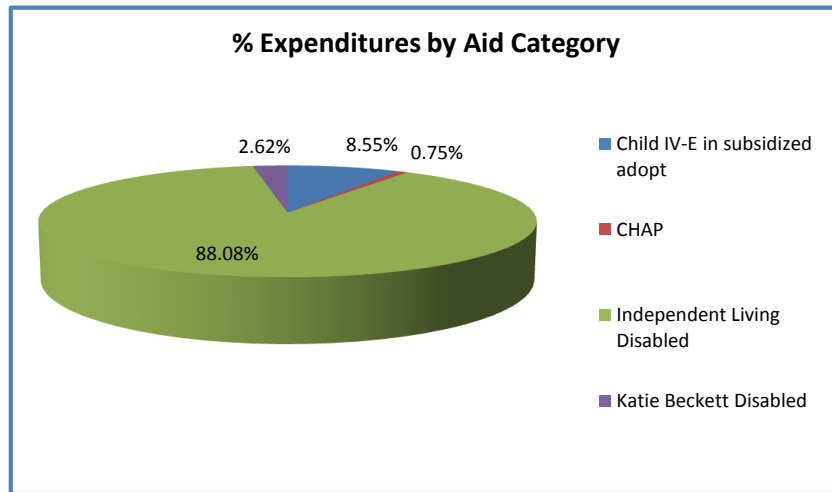
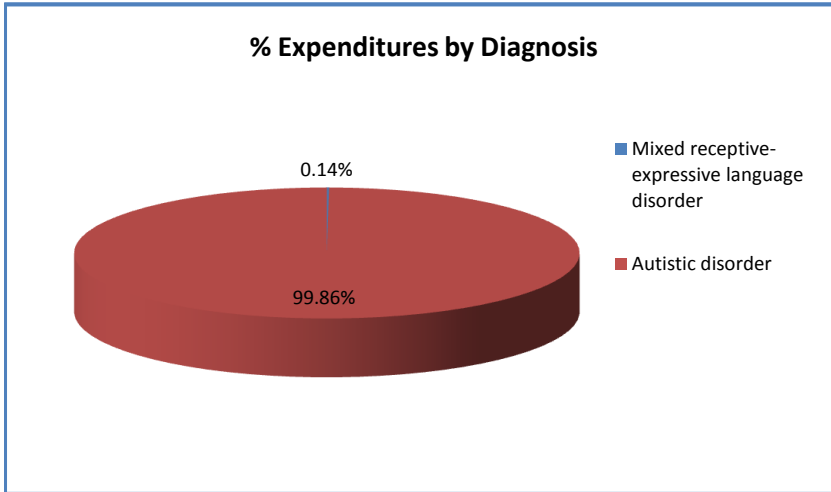
Total Patient Count may contain duplications (i.e. patients may have received services by more than one provider within the timeframe specified).

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Provider Type 85 Applied Behavior Analysis - Fee for Service Qtr 2 CY 2016 - Incurred



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Prior Authorization Information by Service - Fee for Service

		Services			
		QE Jun 2016		FY 2016	
		Req Units	Cert Units	Req Units	Cert Units
PT85	Adaptive Behavior Tx	83,611	23,583	119,059	50,439
	Adaptive Behavior Group Tx	52	26	260	234
	Adaptive Behavior Family Tx w/o child	1,099	290	1,099	290
	Adaptive Behavior Family Tx w/child	1,590	924	3,678	2,748
	Adaptive Behavior Family Group Tx w/child				
Grand Total		86,352	24,823	124,096	53,711

FY 2016 Summary

Total Number of PAs	81
Total Number of Approved PAs	35
Average Approved Units per PA	1,477

QE June 2016 Summary

Total Number of PAs	59
Total Number of Approved PAs	17
Average Approved Units per PA	1,342

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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.