

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports CY2020 Q3 by Service Date

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**DHHS Office of Analytics
Nevada Medicaid**

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Providers**

Time Period: Incurred With Runoff Quarter			QTR 3 CY2020	
			Providers Enrolled	Providers (Active)
Provider Type NV Code	Provider Specialty NV Cd	Provider County		
017	215	CARSON CITY	4	3
		CHURCHILL	1	1
		DOUGLAS	2	2
		ELKO	2	1
		HUMBOLDT	1	1
		LYON	1	1
		NYE	4	4
		URBAN CLARK	48	18
		URBAN WASHOE	18	9
		Aggregate(Provider Type Claim NV Code Values)		Total

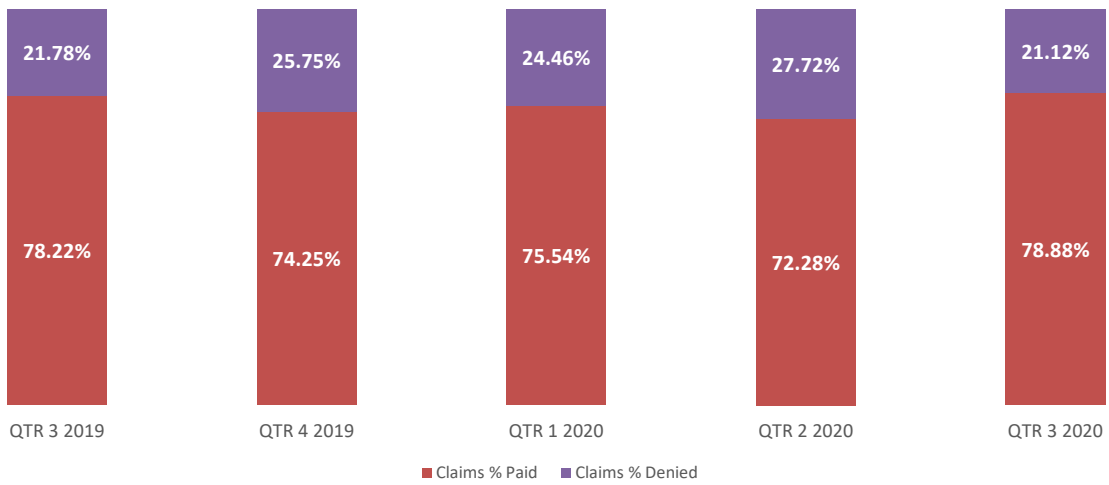
The "Providers Enrolled" measure is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

The "Providers (Active)" measure is the unique count of providers who performed any facility, professional, or pharmacy services.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Paid and Denied**

Provider Type Claim NV Code	Provider Specialty Claim NV Code	Incurred With Runoff CY Quarter	Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
017	215	QTR 3 2019	25,347	78.22%	7,056	21.78%
		QTR 4 2019	25,299	74.25%	8,774	25.75%
		QTR 1 2020	23,376	75.54%	7,569	24.46%
		QTR 2 2020	16,483	72.28%	6,321	27.72%
		QTR 3 2020	14,784	78.88%	3,958	21.12%

SAAM Fee for Service Claims Paid and Denied by CY Quarter

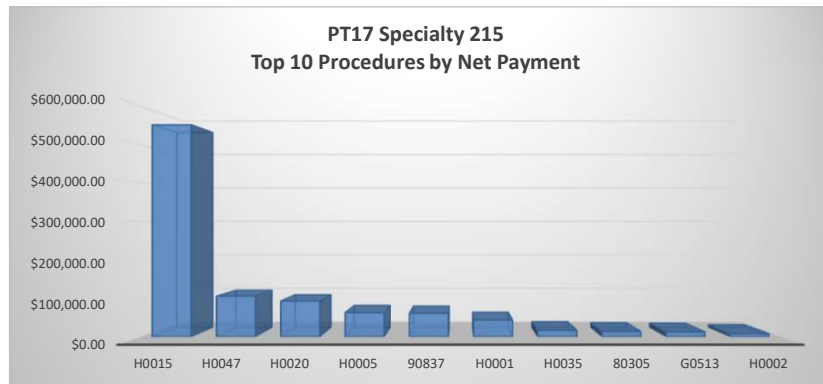


**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied**

Provider Type Claim NV Code	Provider Specialty Claim NV Code	Time Period: Incurred With Runoff Quarter	Claims Denied - LEGACY					
			QTR 3 2019	QTR 4 2019	QTR 1 2020	QTR 2 2020	QTR 3 2020	
017	215	Edit Error 1						
		1 Unit Allowed Per 90 Rolling Days - Pa Override	192	88	14	9	11	
		1St Diagnosis Code Not On File	29					
		20 Units Per 12 Rolling Months - Pa Override	1,013	1,292	1,094	478	471	
		2Nd Diag Age Conflict		20		1		
		2Nd Diagnosis Code Not On File	4					
		2Nd Diagnosis Not Covered	5					
		3Rd Diag Age Conflict				4	2	
		3Rd Diagnosis Not Covered	2					
		4Th Diag Age Conflict				6	4	
		4Th Diagnosis Not Covered	26	22				
		5 Units Allowed Per 7 Rolling Days	4	3	1			
		5Th Diag Age Conflict				1	1	
		7Th Diagnosis Not Covered			8			
		Add-On Code Billed W/O Paid Primary	3	2	1			
		Additional Units Must Be Billed With Add-On Codes			1			
		Adj/Void - Previous Icn Not Found Or Invalid		40	12	3	48	
		Age Restriction On Proc Cvg Rule			1			
		Allowed Amt Less Than Billed Amount Variance	62	54	75	21	15	
		Billing Prov Is Not A Grp/Performing Is A Grp Prov	11	2	2	4		
		Billing Provider Signature Missing	45	13	27	3	3	
		Calculated Detail Medicare Allowed Amount Is Zero		1	8	3	5	
		Claim Processed By Clinical Claim Editor	710	1,076	1,325	1,225	589	
		Claim Type Restriction On Proc Cvg Rule	9	1	59	24	14	
		Cla License Number Invalid	72	63	57	22	12	
		Client Covered By Medicare B	98	96	92	93	46	
		Client Covered By Private Insurance	266	421	419	210	139	
		Client First Name Is Missing Or Does Not Match	25	44	24	82	6	
		Client Ineligible On Dtl Dos	398	402	344	83	22	
		Client Last Name Is Missing Or Does Not Match	105	49	60	14	3	
		Client Not Eligible On All Dates Of Service					1	
		Client Services Covered By Hmo Plan	137	137	96	65	101	
		Contract Could Not Be Determined - Dtl				2		
		Contract Could Not Be Determined - Hdr	10	4				
		Decimal Units Not Billable For Procedure		4	1			
		Detail Fdos Is After Icn Date				8	2	
		Detail Units Billed Greater Than 9999						
		Diagnosis Cannot Be Used As Principal Diagnosis	9	8	23	18	4	
		Dos Exceeds Timely Filing Limit	145	116	153	15		
		Duplicate Procedure Only Allowed Once Per Day				1	1	
		Exact Dupe: Prof Xover To Prof Xover		1	3			
		Exact Duplicate: Practitioner To Practitioner	191	407	399	192	141	
		Excp Claims Suspend For Review	140	69				
		Found Carrier - Tpl Amount Submitted	369	20				
		Header Stmt Covers Period Tdos Missing	1	1	2	9	1	
		Header Total Billed Amount Missing	1	19	4		4	
		Invalid Adjustment - Medicare Icn Not Found					4	
		Invalid Adjustment Tcn Not Found		13	3			
		Medical Review For Proc Cvg Rule		9				
		Medical Visit Denied (Claimreview)	4	3	4	2	3	
		Miscellaneous Claims Xten Error	31	33				
		Modifier Does Not Match Pa					16	
		Mue Professional	329	303	60	44	66	
		Ncci Ptp Conflict Pract Mods Cant Bypass	3	1				
		Ncci Ptp Conflict Practitioner Mod Bypass Possbl	1	3	3			
		No Billing Rule For Procedure	89	75	40	6	2	
		No Cvg Rule For Procedure	1		1			
		No Provider Billing Indicator For Dos Range	3	17				
		No Provider Billing Indicator Found			18			
		One Unit Allowed Per Day	82	80	52	30	25	
		One Unit Allowed Per Ninety Rolling Days	20	31	18	20	13	
		Opr Prov Not Enrolled	23	85	43	79	6	
		Partial Pa Found	2	1	4	1	3	
		Perf/Facility Pt/Ps Restriction Proc Billing Rule	186	822	970	1,172	14	
		Performing Provider Not On Provider Database	320	34	75	53	27	
		Place Of Service Not On File			289	751	1,016	
		Possible Duplicate: Practitioner To Practitioner	11	12	10	13	13	
		Possible Duplicate: Practitioner Vs Medicare	1	2	3			
		Principal Diagnosis Not Covered	36	12	3			
		Prior Auth Line Item Status Deny	6		4	11	15	
		Prior Auth Service Conflict	98	85	126	105	109	
		Prior Authorization Not Found	1,393	2,155	1,194	1,136	617	
		Provider Id On Claim Does Not Match Pa	3	8	5	1		
		Provider Terminated - Dtl Performing			42			
		Recipient Number Billed Does Not Match Pa	155	225	190	167	36	
		Referring Prov Cannot Be A Group Or Organization	60	78	70	119	326	
		Rendering Prov Not Member Of Billing Prov Group						
		Rendering Provider Is Not Designated To Render	104	186				
		Same Procedure Diff Mods Same Day		1	1	13		
		Service Not Covered By Nv Medicaid	12	15	2	2	1	
		Suspend Adjustment For Pre-Payment Verification			4			
		Timely Filing Limit Exceeded		9	30			
		Units Exceed Authorized Units On Prior Auth	1	1				
Aggregate(Provider Type Claim NV Code Values)			7,056	8,774	7,569	6,321	3,958	

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Billed Procedure Codes, sorted by Net Payment**

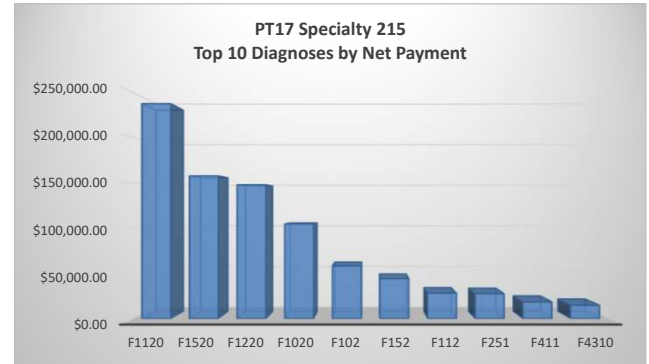
Time Period: Incurred With Runoff Quarter				QTR 3 CY2020		
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure	Patients	Service Count Paid	Net Payment
017	215	H0015	Alcohol/drug svc-intensive outpatient program	203	3,928	\$551,086.15
		H0047	Alcohol/drug abuse svc not otherwise specified	422	1,841	\$105,457.36
		H0020	Alcohol/drug svc-methadone admin/service	360	23,593	\$92,771.50
		H0005	Alcohol/drug services-group counsel by clinician	197	2,093	\$62,476.05
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	105	562	\$60,780.30
		H0001	Alcohol and/or drug assessment	311	311	\$43,372.05
		H0035	Mental health partial hosp, treatment <24 hours	8	51	\$16,762.68
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	299	988	\$13,854.51
		G0513	Prolonged preventive service, first 30 minutes	33	319	\$12,641.97
		H0002	Behav health screen-eligibility for Tx program	261	261	\$8,025.13
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	12	140	\$7,877.72
		H0049	Alcohol &/or drug screening	320	640	\$6,150.86
		G0514	Prolonged preventive service, each ADDL 30 min	21	143	\$5,667.09
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	71	92	\$5,577.04
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	17	42	\$4,727.10
		80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	125	231	\$4,352.19
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	29	29	\$3,908.12
		90853	GROUP PSYCHOTHERAPY	27	122	\$3,790.95
		H0038	Self-help/peer services per 15 minutes	59	312	\$2,327.78
		99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	4	15	\$1,956.90
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	40	44	\$1,936.00
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	23	26	\$1,795.81
		H0007	Alcohol/drug services-crisis intervention-outpt	10	79	\$1,715.09
		H0034	Medication training & support per 15 minutes	78	104	\$1,701.90
		99401	PREVENT MED COUNSEL&RISK FACTOR REDJ SPX 15 MIN	35	40	\$1,403.20
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	9	9	\$1,262.44
		96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	76	321	\$1,091.40
		99215	OFFICE OUTPATIENT VISIT 40 MINUTES	9	9	\$908.37
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	11	11	\$588.94
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	4	4	\$455.04
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	2	5	\$348.05
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	4	4	\$295.68
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	1	3	\$244.26
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	2	2	\$227.70
		99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	5	5	\$215.00
		G2067	Medication assisted treatment, methadone	1	1	\$198.00
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	5	10	\$178.50
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	5	5	\$158.45
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	2	2	\$115.56
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	1	1	\$80.31
Aggregate(Provider Type Claim NV Code Values)				1,283	36,398	\$1,028,483.15



The "Net Payment" measure is 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. Patient counts may be duplicated across procedures.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis, sorted by Net Payment**

Time Period: Incurred With Runoff Quarter		QTR 3 CY2020		
Provider Type Claim NV Code 17 Spec 215		Patients	Service Count Paid	Net Payment
Diagnosis Code Principal	Diagnosis Principal			
F1120	Opioid dependence, uncomplicated	453	26,648	\$237,466.11
F1520	Other stimulant dependence, uncomplicated	180	2,567	\$157,762.37
F1220	Cannabis dependence, uncomplicated	49	1,171	\$147,980.75
F1020	Alcohol dependence, uncomplicated	113	1,559	\$104,550.93
F102	(Non-Billable Dx) Alcohol dependence	18	415	\$58,275.76
F152	(Non-Billable Dx) Stimulant NEC dependence	14	315	\$44,232.84
F112	(Non-Billable Dx) Opioid dependence	10	201	\$28,191.22
F251	Schizoaffective disorder, depressive type	9	200	\$27,547.15
F411	Generalized anxiety disorder	24	164	\$18,436.90
F4310	Post-traumatic stress disorder, unspecified	42	307	\$14,806.55
F1210	Cannabis abuse, uncomplicated	12	276	\$13,228.25
F331	Major depressive disorder, recurrent, moderate	15	108	\$12,284.25
F1420	Cocaine dependence, uncomplicated	6	53	\$7,848.17
F4323	Adjustment disorder with mixed anxiety and depressed mood	8	63	\$7,804.26
F250	Schizoaffective disorder, bipolar type	2	76	\$6,616.86
F1124	Opioid dependence with opioid-induced mood disorder	3	53	\$6,572.49
F15	(Non-Billable Dx) Other stimulant related disorders	7	149	\$6,225.77
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	4	45	\$6,157.76
F329	Major depressive disorder, single episode, unspecified	5	56	\$5,838.01
F1010	Alcohol abuse, uncomplicated	19	146	\$5,781.41
F1190	Opioid use, unspecified, uncomplicated	63	109	\$5,607.26
F1121	Opioid dependence, in remission	5	43	\$4,725.99
F431	(Non-Billable Dx) Post-traumatic stress disorder	6	88	\$4,706.30
F1924	Other psychoactive subst dependence w psychoactive-induced mood disorder	1	33	\$4,454.85
F10239	Alcohol dependence with withdrawal, unspecified	34	135	\$4,400.71
F11	(Non-Billable Dx) Opioid related disorders	2	107	\$3,942.57
F1123	Opioid dependence with withdrawal	18	77	\$3,648.30
Z719	Counseling, unspecified	20	93	\$3,518.58
F209	Schizophrenia, unspecified	7	36	\$3,414.49
F1911	Other psychoactive substance abuse, in remission	1	24	\$3,370.80
F15259	Other stimulant dependence w stimulant-induced psych disorder, unspc	2	10	\$3,286.80
F1610	Hallucinogen abuse, uncomplicated	1	22	\$3,089.90
F341	Dysthymic disorder	1	21	\$2,949.45
F1524	Other stimulant dependence with stimulant-induced mood disorder	1	23	\$2,926.90
F319	Bipolar disorder, unspecified	9	43	\$2,832.50
F1521	Other stimulant dependence, in remission	8	58	\$2,799.02
F12	(Non-Billable Dx) Cannabis related disorders	4	75	\$2,752.71
F1029	Alcohol dependence with unspecified alcohol-induced disorder	1	8	\$2,629.44
F10	(Non-Billable Dx) Alcohol related disorders	2	62	\$2,475.19
F1399	Sed, hypnot or anxio use unspc w unspc sed, hypnot or anxio-ind disord	23	40	\$2,074.96
F4321	Adjustment disorder with depressed mood	5	20	\$1,995.43
F1510	Other stimulant abuse, uncomplicated	8	45	\$1,921.00
F332	Major depressive disorder, recurrent severe without psychotic features	8	24	\$1,843.94
F913	Oppositional defiant disorder	3	16	\$1,761.71
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	20	29	\$1,696.00
F1421	Cocaine dependence, in remission	4	12	\$1,682.43
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	43	\$1,674.57
F419	Anxiety disorder, unspecified	9	27	\$1,621.17
F1021	Alcohol dependence, in remission	8	32	\$1,464.03
F10230	Alcohol dependence with withdrawal, uncomplicated	1	10	\$1,404.50
F902	Attention-deficit hyperactivity disorder, combined type	7	16	\$1,279.66
F1620	Hallucinogen dependence, uncomplicated	2	10	\$1,272.81
F1424	Cocaine dependence with cocaine-induced mood disorder	1	9	\$1,264.05
F10282	Alcohol dependence with alcohol-induced sleep disorder	1	15	\$1,209.15
F1590	Other stimulant use, unspecified, uncomplicated	1	8	\$1,123.60
F1523	Other stimulant dependence with withdrawal	11	39	\$1,084.67
F39	Unspecified mood [affective] disorder	1	10	\$1,081.50
F6381	Intermittent explosive disorder	3	10	\$813.90
F410	Panic disorder [episodic paroxysmal anxiety]	5	14	\$804.90
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	7	14	\$777.63
F3289	Other specified depressive episodes	1	6	\$648.90
F4312	Post-traumatic stress disorder, chronic	5	10	\$635.50
F323	Major depressive disorder, single episode, severe w psychotic features	1	8	\$630.30
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	2	8	\$605.30
F4322	Adjustment disorder with anxiety	3	5	\$549.68
R69	Illness, unspecified	7	10	\$522.41
F22	Delusional disorders	2	7	\$494.97
F603	Borderline personality disorder	2	7	\$489.45
F99	Mental disorder, not otherwise specified	8	9	\$476.88
F339	Major depressive disorder, recurrent, unspecified	2	6	\$470.50
F1221	Cannabis dependence, in remission	3	6	\$467.73



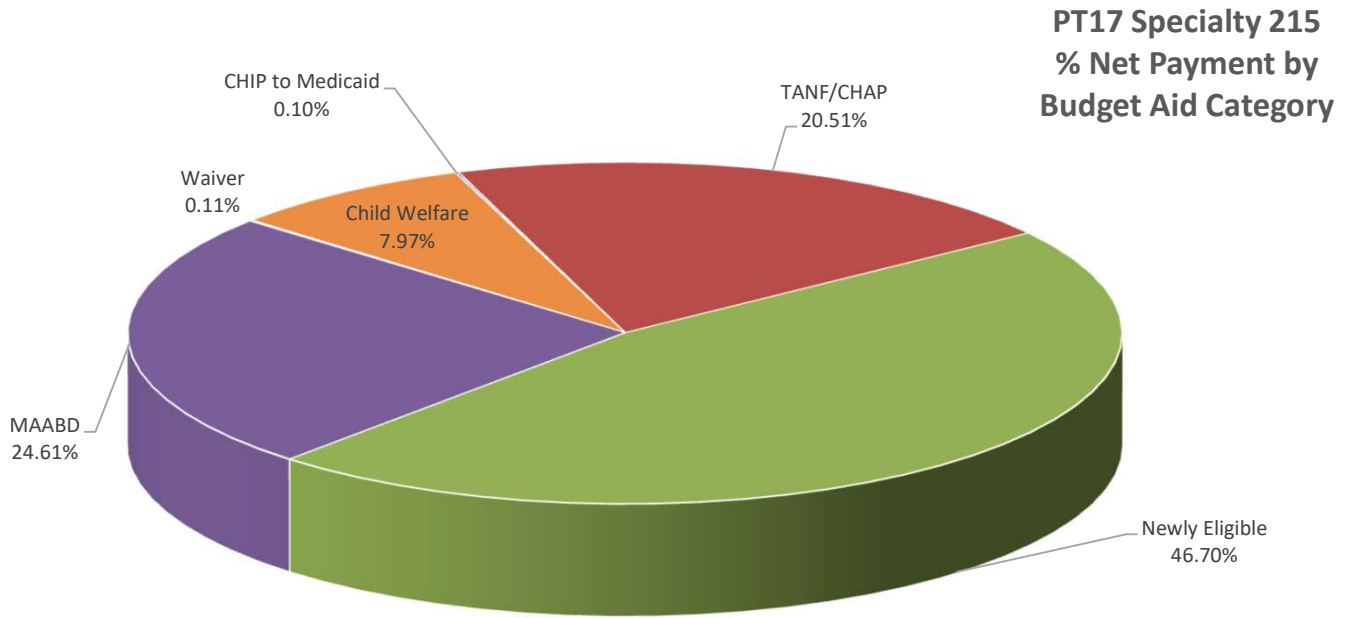
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**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis, sorted by Net Payment**

Time Period: Incurred With Runoff Quarter Provider Type Claim NV Code 17 Spec 215		QTR 3 CY2020		
		Patients	Service Count Paid	Net Payment
F438	Other reactions to severe stress	1	4	\$463.91
F439	Reaction to severe stress, unspecified	2	6	\$433.74
T7412XA	Child physical abuse, confirmed, initial encounter	1	4	\$432.60
F1111	Opioid abuse, in remission	1	3	\$421.35
F1112	(Non-Billable Dx) Opioid abuse w intoxication	1	3	\$421.35
F19951	Other psychoact subst use, unspec w psychoact subst-ind psych halluc	1	7	\$408.36
F11220	Opioid dependence with intoxication, uncomplicated	1	95	\$391.73
F15280	Other stimulant dependence with stimulant-induced anxiety disorder	1	4	\$366.15
F315	Bipolar disord, current episode depressed, severe, w psychotic features	1	4	\$353.54
F430	Acute stress reaction	1	3	\$324.45
F1211	Cannabis abuse, in remission	2	4	\$318.52
F649	Gender identity disorder, unspecified	1	2	\$216.30
F1011	Alcohol abuse, in remission	1	3	\$205.31
F1920	Other psychoactive substance dependence, uncomplicated	1	3	\$200.08
F1094	Alcohol use, unspecified with alcohol-induced mood disorder	2	3	\$189.18
F4320	Adjustment disorder, unspecified	2	2	\$182.07
F321	Major depressive disorder, single episode, moderate	4	9	\$170.55
F3181	Bipolar II disorder	4	8	\$151.60
F10121	Alcohol abuse with intoxication delirium	1	1	\$139.46
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	1	1	\$139.46
F17203	Nicotine dependence unspecified, with withdrawal	2	2	\$121.24
F1410	Cocaine abuse, uncomplicated	2	2	\$111.55
F322	Major depressive disorder, single episode, severe w/o psychotic features	2	5	\$94.75
Z6372	Alcoholism and drug addiction in family	1	2	\$91.39
F1024	Alcohol dependence with alcohol-induced mood disorder	1	3	\$89.55
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	4	\$75.80
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	4	\$75.80
F3160	Bipolar disorder, current episode mixed, unspecified	1	1	\$68.62
F1110	Opioid abuse, uncomplicated	1	1	\$60.62
R825	Elevated urine levels of drugs, medicaments and biological substances	1	1	\$57.78
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	2	3	\$56.85
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	2	3	\$56.85
F3132	Bipolar disorder, current episode depressed, moderate	2	3	\$56.85
F422	Mixed obsessional thoughts and acts	2	3	\$56.85
F310	Bipolar disorder, current episode hypomanic	1	3	\$56.85
F400	(Non-Billable Dx) Agoraphobia	1	3	\$56.85
F919	Conduct disorder, unspecified	2	3	\$42.91
F259	Schizoaffective disorder, unspecified	1	2	\$40.52
F330	Major depressive disorder, recurrent, mild	2	2	\$37.90
F200	Paranoid schizophrenia	1	2	\$37.90
F3131	Bipolar disorder, current episode depressed, mild	1	2	\$37.90
F840	Autistic disorder	1	2	\$37.90
F15959	Other stimulant use, unspec w stimulant-induced psych disorder, unspec	1	2	\$23.96
F312	Bipolar disorder, current episode manic severe with psychotic features	1	1	\$18.95
F318	(Non-Billable Dx) Other bipolar disorders	1	1	\$18.95
F320	Major depressive disorder, single episode, mild	1	1	\$18.95
F4010	Social phobia, unspecified	1	1	\$18.95
F432	(Non-Billable Dx) Adjustment disorders	1	1	\$18.95
F70	Mild intellectual disabilities	1	1	\$18.95
F29	Unspecified psychosis not due to substance or known physio condition	1	1	\$9.75
Aggregate(Provider Type Claim NV Code Values)		1,283	36,398	\$1,028,483.15

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Budget Aid Category**

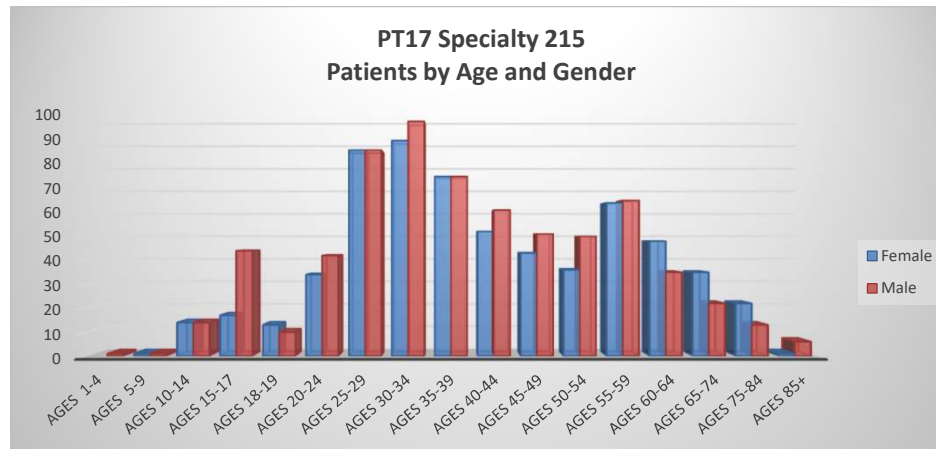
Time Period: Incurred With Runoff Quarter			QTR 3 CY2020			
			Patients	Service Count Paid	Net Payment	Net Pay %
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category				
017	215	CHIP to Medicaid	3	19	\$1,076.55	0.10%
		TANF/CHAP	208	5,746	\$210,965.86	20.51%
		Newly Eligible	626	16,112	\$480,250.97	46.70%
		MAABD	421	13,753	\$253,114.29	24.61%
		Waiver	9	20	\$1,116.77	0.11%
		Child Welfare	32	748	\$81,958.71	7.97%
Aggregate(Provider Type Claim NV Code Values)			1,283	36,398	\$1,028,483.15	



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**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Demographics**

Time Period: Incurred With Runoff Quarter			QTR 3 2020	
			Patients	
Gender Code			Female	Male
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 1-4		1
		Ages 5-9	1	1
		Ages 10-14	14	14
		Ages 15-17	17	44
		Ages 18-19	13	10
		Ages 20-24	34	42
		Ages 25-29	86	86
		Ages 30-34	90	98
		Ages 35-39	75	75
		Ages 40-44	52	61
		Ages 45-49	43	51
		Ages 50-54	36	50
		Ages 55-59	64	65
		Ages 60-64	48	35
		Ages 65-74	35	22
		Ages 75-84	22	13
Ages 85+	1	6		
Aggregate(Provider Type Claim NV Code Values)			622	661



A small amount of Patients will change ages during the quarter, and therefore fall into more than one age group.

Substance Abuse Agency Model (SAAM)	
Nevada Medicaid Fee for Service Reports	
<u>Dimension/Measure</u>	<u>Definition</u>
Aid Category	Nevada - specific description for the local aid category.
Claims Denied	The number of claims denied based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Claims Paid	The number of claims paid based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Edit Error 1	The description for Edit Error.
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 County	The current county description of the provider of service.
Provider Specialty Claim NV Code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Providers	The unique count of providers who performed any facility, professional, or pharmacy services.
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.
<p><i>The DHCFP data warehouse is comprised of claims data submitted by over 35,000 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.</i></p>	