

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q1 CY 2017

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics
9. Definitions

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2017
				Providers Enrolled
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
			100545990 THE LIFE CHANGE CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100513971 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100529363 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100533298 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
			100547193 SEA BREEZE WELLNESS CENTER LTD	1
			100549023 A NEW GENERATION LIFE RECOVER CENTER LLC	1
			100549500 VENCER HEALTH	1
			100550808 CENTER FOR ADDICTION MEDICINE LLC	1
			100551199 CHOICES GROUP INC	1
			100551221 SERENITY HEALTH LLC	1
			100551858 ODYSSEY HOUSE NEVADA	1
		Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		Elko	100535033 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
			100551851 PEACEFUL MINDS RECOVERY SERVICES	1
		Washoe	001716050 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100535020 BRISTLECONE FAMILY RESOURCES	1
			100535038 QUEST COUNSELING AND CONSULTING	1
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
			100535043 RIDGE HOUSE INC	1
			100535046 STEP 2 INC	1
			100535048 WESTCARE NEVADA INC	1
			100535452 STEP 1 INC	1
			100541699 WESTCARE NEVADA RENO CIC	1
			100545984 THE LIFE CHANGE CENTER	1
			100547683 CAROLS COUNSELING DUI	1
		100548505 THE EMPOWERMENT CENTER	1	
Total				40

Providers Enrolled 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 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.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 1 2017
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	Providers
017	215	001716050 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100513971 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100529363 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100533298 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535031 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535042 LAS VEGAS INDIAN CENTER INC	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100539961 WESTCARE NEVADA INC	1
		100541699 WESTCARE NEVADA RENO CIC	1
		100545984 THE LIFE CHANGE CENTER	1
		100545990 THE LIFE CHANGE CENTER	1
		100547193 SEA BREEZE WELLNESS CENTER LTD	1
		100549500 VENCER HEALTH	1
		Total	27

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 1 2017			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	12,791	85.04%	2,251	14.96%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

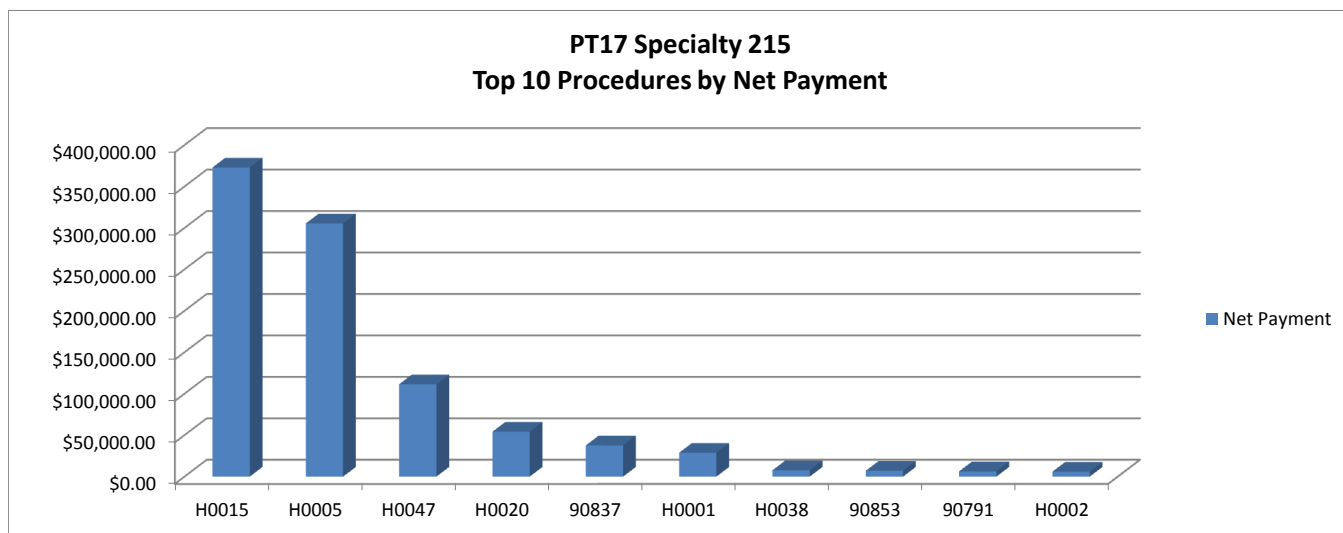
Time Period: Incurred With Runoff Quarter			QTR 1 2017
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	Claims Denied
017	215	Procedure Requires Authorizati	724
		BILL ANY OTHER AVAILABLE INSUR	363
		Duplicate Payment Request - Sa	335
		Duplicate of History File Reco	213
		Recipient Not on File	186
		NUMBER OF PROCEDURES EXCEEDS N	118
		Recipient Not Eligible on DOS	90
		ENROLLED IN HMO	43
		Invalid or Missing Recipient I	42
		Unknown Edit Err1 0916	35
		QMB ONLY RECIPIENT - BILL MEDI	26
		Unknown Edit Err1 4720	19
		Rendering Provider Not Certifi	17
		Unknown Edit Err1 0181	13
		PROCEDURE DISAGREES WITH AUTHO	7
		INVALID PROCEDURE/MODIFIER COM	3
		Invalid Procedure Modifier	3
		PAYMENT REQUEST FILED AFTER LI	3
		ALLOWED AMOUNT > THRESHOLD	2
		Charges Span 2 Fiscal Years	2
		INVALID DIAGNOSIS CODE	2
		AUTHORIZATION NOT VALID FOR DO	1
		BALANCE DUE > THAN TOT-BILLED	1
		EOB DOES NOT MATCH CLM	1
RECIPIENT NUMBER INCONSISTENT	1		
SERVICES NOT COVERED	1		
		Total	2,251

Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 1 2017		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	184	2,658	\$372,985.22
		H0005	Alcohol/drug services-group counsel by clinician	526	10,235	\$305,475.05
		H0047	Alcohol/drug abuse svc not otherwise specified	495	1,930	\$111,399.84
		H0020	Alcohol/drug svc-methadone admin/service	246	13,746	\$54,143.48
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	99	348	\$37,599.90
		H0001	Alcohol and/or drug assessment	201	207	\$28,759.52
		H0038	Self-help/peer services per 15 minutes	82	967	\$7,619.96
		90853	GROUP PSYCHOTHERAPY	39	236	\$7,044.60
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	45	46	\$6,298.40
		H0002	Behav health screen-eligibility for Tx program	194	194	\$5,921.64
		H0034	Medication training & support per 15 minutes	116	338	\$5,739.24
		H0049	Alcohol &/or drug screening	197	502	\$4,894.50
		H0035	Mental health partial hosp, treatment <24 hours	3	83	\$4,546.74
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	9	42	\$3,104.64
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	8	21	\$2,363.55
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	23	30	\$1,320.00
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	10	10	\$535.40
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	3	4	\$391.40
		90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	3	8	\$304.48
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	3	5	\$288.90
H0007	Alcohol/drug services-crisis intervention-outpt	8	8	\$173.68		
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	1	1	\$81.42		
Total				2,495	31,619	\$960,991.56



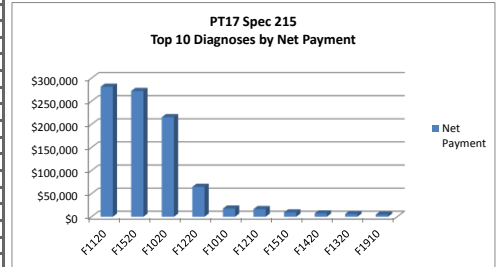
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across procedure codes).

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

Time Period: Incurred With Runoff Quarter				QTR 1 2017		
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal	Patients	Service Count Paid	Net Payment
017	215	F1120	Opioid dependence, uncomplicated	357	18,941	\$281,236.83
		F1520	Other stimulant dependence, uncomplicated	272	5,159	\$272,121.09
		F1020	Alcohol dependence, uncomplicated	208	4,408	\$215,431.69
		F1220	Cannabis dependence, uncomplicated	85	1,120	\$64,705.39
		F1010	Alcohol abuse, uncomplicated	28	368	\$17,660.72
		F1210	Cannabis abuse, uncomplicated	30	336	\$16,547.91
		F1510	Other stimulant abuse, uncomplicated	21	218	\$9,352.61
		F1420	Cocaine dependence, uncomplicated	10	128	\$7,141.24
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	2	69	\$6,007.24
		F1910	Other psychoactive substance abuse, uncomplicated	2	34	\$4,664.70
		F4310	Post-traumatic stress disorder, unspecified	17	42	\$4,303.18
		F319	Bipolar disorder, unspecified	3	30	\$3,935.65
		R69	Illness, unspecified	5	46	\$3,861.92
		F259	Schizoaffective disorder, unspecified	9	33	\$3,720.06
		F411	Generalized anxiety disorder	15	38	\$3,526.73
		F4323	Adjustment disorder with mixed anxiety and depressed mood	8	31	\$3,361.59
		F251	Schizoaffective disorder, depressive type	3	36	\$3,037.90
		F209	Schizophrenia, unspecified	2	22	\$3,024.31
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	16	41	\$2,823.92
		F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	2	32	\$1,873.89
		F1021	Alcohol dependence, in remission	5	30	\$1,738.66
		F419	Anxiety disorder, unspecified	2	25	\$1,715.79
		F4322	Adjustment disorder with anxiety	9	18	\$1,659.88
		F79	Unspecified intellectual disabilities	1	15	\$1,543.95
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	6	13	\$1,476.36
		F250	Schizoaffective disorder, bipolar type	4	20	\$1,364.32
		F1521	Other stimulant dependence, in remission	3	22	\$1,283.10
		F1290	Cannabis use, unspecified, uncomplicated	2	33	\$1,124.70
		F4321	Adjustment disorder with depressed mood	3	10	\$1,124.66
		F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	3	9	\$1,037.95
		F1024	Alcohol dependence with alcohol-induced mood disorder	2	11	\$1,034.89
		F200	Paranoid schizophrenia	7	12	\$1,022.70
		F630	Pathological gambling	2	20	\$985.91
		F332	Major depressive disorder, recurrent severe without psychotic features	13	17	\$910.44
		F3181	Bipolar II disorder	2	9	\$895.20
		F323	Major depressive disorder, single episode, severe w psychotic features	2	7	\$872.48
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	3	29	\$865.65
		F341	Dysthymic disorder	3	8	\$865.20
		Z62810	Personal history of physical and sexual abuse in childhood	1	8	\$865.20
		F330	Major depressive disorder, recurrent, mild	1	8	\$830.97
		F322	Major depressive disorder, single episode, severe w/o psychotic features	1	14	\$780.99
		F913	Oppositional defiant disorder	3	9	\$649.99
		F315	Bipolar disorder, current episode depressed, severe, w psychotic features	2	6	\$570.75
		F1110	Opioid abuse, uncomplicated	2	15	\$559.47
		F1590	Other stimulant use, unspecified, uncomplicated	3	7	\$553.46
		F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	14	\$501.69
		F4320	Adjustment disorder, unspecified	2	4	\$444.45
		F430	Acute stress reaction	1	4	\$432.60
		F339	Major depressive disorder, recurrent, unspecified	1	3	\$421.35
		Z62820	Parent-biological child conflict	1	5	\$396.28
		F329	Major depressive disorder, single episode, unspecified	4	4	\$383.61
		F331	Major depressive disorder, recurrent, moderate	1	7	\$365.55
		F3342	Major depressive disorder, recurrent, in full remission	1	6	\$346.68
		F1221	Cannabis dependence, in remission	2	6	\$335.70
		F1421	Cocaine dependence, in remission	1	6	\$262.89
		F840	Autistic disorder	8	8	\$240.00
		F4520	Hypochondriacal disorder, unspecified	1	4	\$231.12
		F312	Bipolar disorder, current episode manic severe with psychotic features	1	2	\$216.30
		F6381	Intermittent explosive disorder	1	2	\$216.30
		Z590	Homelessness	6	6	\$175.56
		F3132	Bipolar disorder, current episode depressed, moderate	2	2	\$150.77
		F314	Bipolar disorder, current episode depressed, severe, w/o psychotic feature	5	5	\$150.00
		F1410	Cocaine abuse, uncomplicated	1	1	\$139.46
		Z21	Asymptomatic human immunodeficiency virus [HIV] infection status	1	1	\$139.46
		Z639	Problem related to primary support group, unspecified	1	1	\$139.46
		F639	Impulse disorder, unspecified	3	3	\$90.00
		F1121	Opioid dependence, in remission	1	3	\$89.55
		F3113	Bipolar disorder, current episode manic w/o psychotic features, severe	2	2	\$60.00
		F39	Unspecified mood [affective] disorder	2	2	\$60.00
		F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	2	2	\$60.00
		F902	Attention-deficit hyperactivity disorder, combined type	2	2	\$60.00
		F439	Reaction to severe stress, unspecified	1	1	\$30.77
		Z653	Problems related to other legal circumstances	1	1	\$30.77
		F29	Unspecified psychosis not due to substance or known physio condition	1	1	\$30.00
		F3163	Bipolar disorder, current episode mixed, severe, w/o psychotic features	1	1	\$30.00
		F42	Obsessive-compulsive disorder	1	1	\$30.00
		F845	Aspergers syndrome	1	1	\$30.00
		F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	1	\$30.00
			Total	1,241	31,619	\$960,991.56



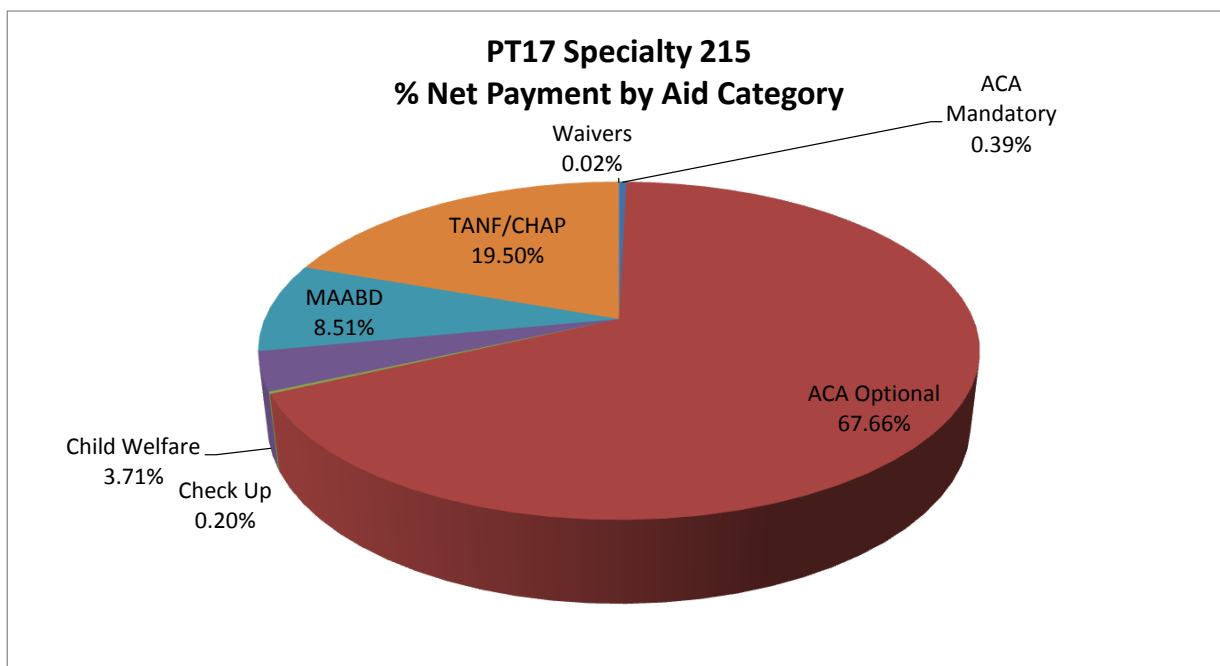
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across diagnosis codes).

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Time Period: Incurred With Runoff Quarter			QTR 1 2017		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	6	39	\$3,791.85
		ACA Optional	725	20,868	\$650,229.05
		Check Up	2	39	\$1,946.19
		Child Welfare	31	349	\$35,637.84
		MAABD	209	5,426	\$81,738.84
		TANF/CHAP	226	4,891	\$187,437.79
		Waivers	7	7	\$210.00
		Total		1,206	31,619



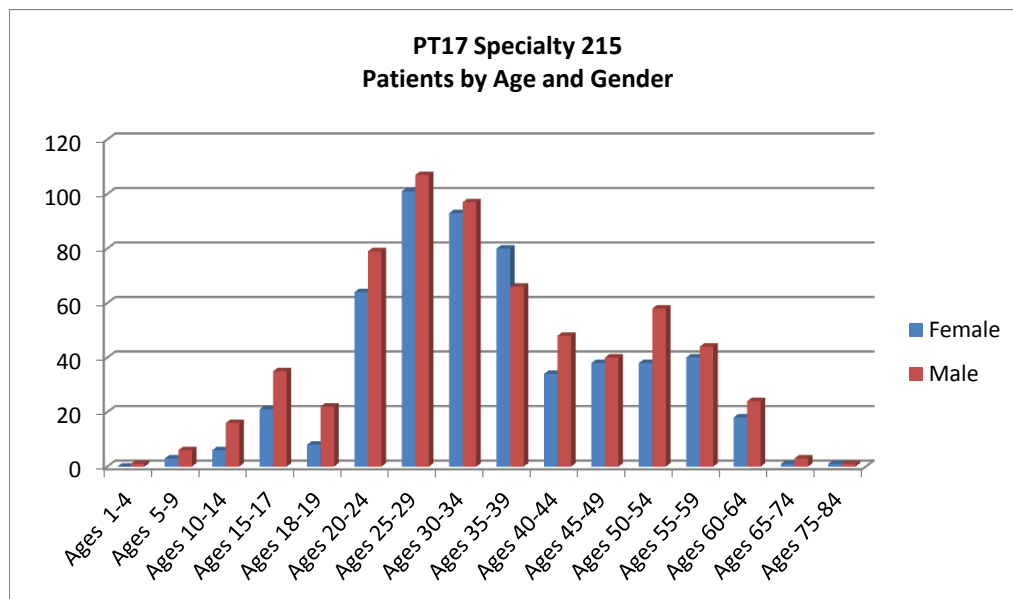
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

Total Patient Count is not unique (i.e. patient counts may be duplicated across aid categories).

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Time Period: Incurred With Runoff Quarter			QTR 1 2017	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 1-4	0	1
		Ages 5-9	3	6
		Ages 10-14	6	16
		Ages 15-17	21	35
		Ages 18-19	8	22
		Ages 20-24	64	79
		Ages 25-29	101	107
		Ages 30-34	93	97
		Ages 35-39	80	66
		Ages 40-44	34	48
		Ages 45-49	38	40
		Ages 50-54	38	58
		Ages 55-59	40	44
		Ages 60-64	18	24
		Ages 65-74	1	3
Ages 75-84	1	1		
Total			546	647



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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Dimension/Measure	Definition
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.