SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q2 CY 2019

1. Provider
2. Claims
3. Denials
4. Procedures
5. Diagnoses
6. Aid Category
7. Demographics
8. Definitions

Substance Abuse Agency Model (SAAM)
Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 2 2019	
			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	1	1
		HUMBOLDT	1	1
		LYON	1	1
		NYE	5	4
		URBAN CLARK	36	16
		URBAN WASHOE	14	8
		Total	**65**	**37**

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.
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 2 2019			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	**Provider Specialty Claim NV Code**				
017	215	23,502	81.96%	5,172	18.04%

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Time Period: Incurred With Runoff Quarter			QTR 2 2019
			Claims Denied
Provider Type Claim NV Code	**Provider Specialty Claim NV Code**	**Edit Error 1**	
017	215	20 UNITS PER 12 ROLLING MONTHS - PA OVERRIDE	1,069
		CLAIM PROCESSED BY CLINICAL CL	587
		PRIOR AUTHORIZATION NOT FOUND	585
		EXACT DUPLICATE: PRACTITIONER	580
		PERF/FACILITY PT/PS RESTRICTIO	534
		MUE PROFESSIONAL	283
		FOUND CARRIER - TPL AMOUNT SUB	250
		CLIENT INELIGIBLE ON DTL DOS	229
		PERFORMING PROVIDER NOT ON PRO	153
		RECIPIENT NUMBER BILLED DOES N	100
		CLIENT SERVICES COVERED BY HMO	91
		CLIENT FIRST NAME IS MISSING O	76
		PRIOR AUTH SERVICE CONFLICT	69
		3RD DIAGNOSIS NOT COVERED	60
		NO PROVIDER BILLING INDICATOR	59
		CLIENT COVERED BY MEDICARE B	54
		CLIENT LAST NAME IS MISSING OR	44
		CLIENT COVERED BY PRIVATE INSU	43
		ONE UNIT ALLOWED PER DAY	31
		ADJ/VOID - PREVIOUS ICN NOT FO	26
		1 UNIT ALLOWED PER 90 ROLLING	22
		2ND DIAGNOSIS NOT COVERED	20
		4TH DIAGNOSIS NOT COVERED	20
		REFERRING PROV CANNOT BE A GRO	19
		CLIA LICENSE NUMBER INVALID	17
		ONE UNIT ALLOWED PER NINETY RO	17
		DECIMAL UNITS NOT BILLABLE FOR	16
		RENDERING PROVIDER IS NOT DESI	16
		ALLOWED AMT LESS THAN BILLED A	11
		BILLING PROV IS NOT A GRP/PERF	11
		RENDERING PROV NOT MEMBER OF	11
		POSSIBLE DUPLICATE: PRACTITION	10
		PROVIDER ID ON CLAIM DOES NOT	10
		EXCP CLAIMS SUSPEND FOR REVIEW	8
		BILLING PROVIDER SIGNATURE MIS	7
		PRIOR AUTH LINE ITEM STATUS DE	7
		SAME PROCEDURE DIFF MODS SAME	7
		CLAIM TYPE RESTRICTION ON PROC	4
		DIAGNOSIS CANNOT BE USED AS PR	4
		2ND DIAG AGE CONFLICT	3
		Unknown Edit Err1 3340	3
		NCCI PTP CONFLICT PRACTITIONER	2
		1ST DIAGNOSIS CODE NOT ON FILE	1
		ADD-ON CODE BILLED W/O PAID PR	1
		INFORMATION REQUESTED FROM THE	1

Substance Abuse Agency Model (SAAM)
Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 2 2019
			Claims Denied
Provider Type Claim NV Code	**Provider Specialty Claim NV Code**	**Edit Error 1**	
		NO BILLING RULE FOR PROCEDURE	1
Aggregate(Provider Type Claim NV Code Values)			**5,172**

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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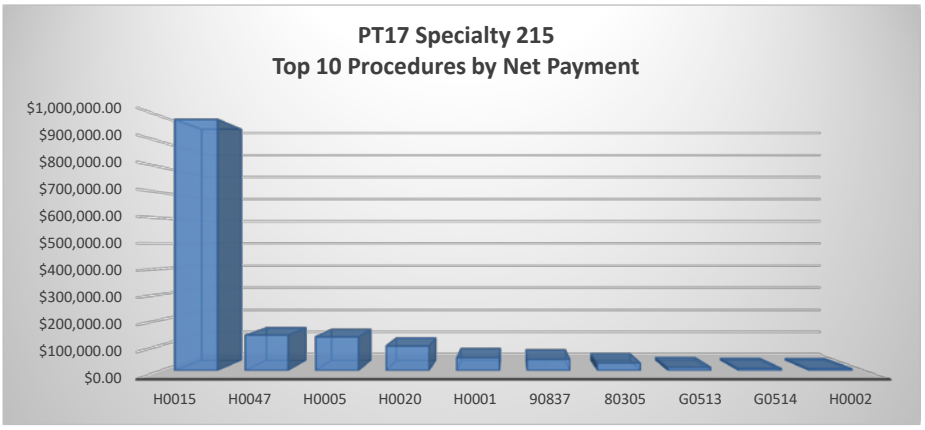
Time Period: Incurred With Runoff Quarter				QTR 2 2019		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	328	7,033	$987,784.80
		H0047	Alcohol/drug abuse svc not otherwise specified	602	2,411	$139,061.96
		H0005	Alcohol/drug services-group counsel by clinician	405	4,444	$132,637.71
		H0020	Alcohol/drug svc-methadone admin/service	362	24,343	$95,899.60
		H0001	Alcohol and/or drug assessment	397	397	$50,766.87
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	113	425	$44,959.40
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	501	2,060	$29,255.14
		G0513	Prolonged preventive service, first 30 minutes	21	320	$12,679.71
		G0514	Prolonged preventive service, each ADDL 30 min	17	219	$8,678.97
		H0002	Behav health screen-eligibility for Tx program	268	268	$7,692.50
		H0038	Self-help/peer services per 15 minutes	111	883	$6,762.74
		90853	GROUP PSYCHOTHERAPY	40	206	$6,149.10
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	41	41	$5,560.56
		H0035	Mental health partial hosp, treatment <24 hours	7	90	$4,930.20
		H0049	Alcohol &/or drug screening	204	428	$4,173.00
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	37	50	$3,332.52
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	18	25	$2,813.75
		80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	87	119	$2,081.05
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	29	29	$1,757.98
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	7	29	$1,675.62
		H0034	Medication training & support per 15 minutes	59	85	$1,443.30
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	3	16	$1,182.72
		H0007	Alcohol/drug services-crisis intervention-outpt	4	49	$1,063.79
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	11	16	$704.00
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	14	20	$701.60
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	4	4	$539.34
		99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	1	4	$521.84
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	4	4	$455.04
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	2	6	$417.66
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	2	2	$227.70
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	4	7	$221.83
		99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	6	6	$186.72
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	3	3	$160.62
		99215	OFFICE OUTPATIENT VISIT 40 MINUTES	1	1	$113.85
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1	1	$56.27
Aggregate(Provider Type Claim NV Code Values)				**1,566**	**44,044**	**$1,556,649.46**



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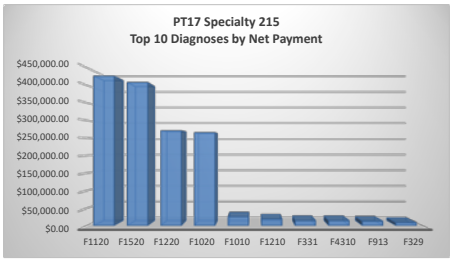
Time Period: Incurred With Runoff Quarter Provider Type Claim NV Code 17 Spec 215		QTR 2 2019		
		Patients	Service Count Paid	Net Payment
Diagnosis Code Principal	Diagnosis Principal			
F1120	Opioid dependence, uncomplicated	625	29,458	$426,731.50
F1520	Other stimulant dependence, uncomplicated	331	5,849	$408,482.77
F1220	Cannabis dependence, uncomplicated	128	2,626	$270,578.38
F1020	Alcohol dependence, uncomplicated	212	3,666	$265,130.53
F1010	Alcohol abuse, uncomplicated	43	470	$25,448.09
F1210	Cannabis abuse, uncomplicated	27	211	$18,765.00
F331	Major depressive disorder, recurrent, moderate	13	135	$14,296.50
F4310	Post-traumatic stress disorder, unspecified	30	146	$14,204.13
F913	Oppositional defiant disorder	7	98	$12,697.22
F329	Major depressive disorder, single episode, unspecified	8	69	$8,796.40
F1510	Other stimulant abuse, uncomplicated	18	192	$8,555.07
F1110	Opioid abuse, uncomplicated	6	60	$7,738.61
F1021	Alcohol dependence, in remission	8	62	$6,831.01
F1620	Hallucinogen dependence, uncomplicated	2	48	$6,631.92
F1420	Cocaine dependence, uncomplicated	12	89	$6,149.59
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	27	$3,792.15
F5101	Primary insomnia	2	27	$3,682.47
F3132	Bipolar disorder, current episode depressed, moderate	2	28	$3,458.42
F419	Anxiety disorder, unspecified	5	30	$3,088.95
F341	Dysthymic disorder	5	37	$3,004.64
F909	Attention-deficit hyperactivity disorder, unspecified type	3	22	$2,858.72
F912	Conduct disorder, adolescent-onset type	1	20	$2,809.00
Z62820	Parent-biological child conflict	1	27	$2,400.91
F10220	Alcohol dependence with intoxication, uncomplicated	2	47	$1,836.00
F3341	Major depressive disorder, recurrent, in partial remission	1	44	$1,620.63
F319	Bipolar disorder, unspecified	4	19	$1,576.13
F4321	Adjustment disorder with depressed mood	6	14	$1,509.73
F4320	Adjustment disorder, unspecified	6	20	$1,380.01
F1511	Other stimulant abuse, in remission	5	26	$1,321.61
F411	Generalized anxiety disorder	12	19	$1,313.72
F4323	Adjustment disorder with mixed anxiety and depressed mood	3	26	$1,290.86
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	3	11	$1,159.79
F332	Major depressive disorder, recurrent severe without psychotic features	2	12	$1,047.22
F3113	Bipolar disorder, current episode manic w/o psychotic features, severe	1	8	$896.51
F439	Reaction to severe stress, unspecified	1	14	$887.70
F315	Bipolar disord, current episode depressed, severe, w psychotic features	2	10	$825.75
G4700	Insomnia, unspecified	1	6	$733.02
F209	Schizophrenia, unspecified	4	5	$699.28
F339	Major depressive disorder, recurrent, unspecified	2	18	$655.82
F1011	Alcohol abuse, in remission	2	16	$643.07
F1221	Cannabis dependence, in remission	4	11	$611.26
F11220	Opioid dependence with intoxication, uncomplicated	3	97	$531.29
F1121	Opioid dependence, in remission	2	7	$471.28
F4312	Post-traumatic stress disorder, chronic	2	5	$448.71
F29	Unspecified psychosis not due to substance or known physio condition	1	15	$447.75
F250	Schizoaffective disorder, bipolar type	5	9	$445.23
F1521	Other stimulant dependence, in remission	3	4	$428.13
F259	Schizoaffective disorder, unspecified	1	3	$420.36
F99	Mental disorder, not otherwise specified	23	23	$415.42
Z719	Counseling, unspecified	4	9	$410.23
Z590	Homelessness	13	13	$400.01
F3481	Disruptive mood dysregulation disorder	1	3	$324.45
Z62810	Personal history of physical and sexual abuse in childhood	1	3	$324.45
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	6	9	$318.78
Z6379	Other stressful life event affecting family and household	2	10	$312.60
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	3	4	$307.31
R69	Illness, unspecified	1	9	$268.65
F17203	Nicotine dependence unspecified, with withdrawal	4	4	$242.48
F10180	Alcohol abuse with alcohol-induced anxiety disorder	2	3	$201.00
F12180	Cannabis abuse with cannabis-induced anxiety disorder	2	3	$201.00
F639	Impulse disorder, unspecified	1	2	$176.77
F15120	Other stimulant abuse with intoxication, uncomplicated	1	2	$170.23
F15122	Other stimulant abuse with intoxication with perceptual disturbance	1	2	$170.23
F1523	Other stimulant dependence with withdrawal	1	2	$170.23
F1524	Other stimulant dependence with stimulant-induced mood disorder	1	2	$170.23
F4311	Post-traumatic stress disorder, acute	1	2	$170.23
F1921	Other psychoactive substance dependence, in remission	1	2	$169.31
F10280	Alcohol dependence with alcohol-induced anxiety disorder	1	2	$167.23
F3181	Bipolar II disorder	3	8	$151.60
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	1	5	$149.25
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	5	$149.25
F1421	Cocaine dependence, in remission	1	1	$139.46
F1999	Other psychoact subst use, unspec w unspec psychoact subst-ind disorder	1	1	$139.46
F200	Paranoid schizophrenia	1	1	$139.46
F4324	Adjustment disorder with disturbance of conduct	1	1	$139.46
Z711	Person with feared health complaint in whom no diagnosis is made	4	4	$123.08
Z6372	Alcoholism and drug addiction in family	2	2	$121.24
F251	Schizoaffective disorder, depressive type	3	5	$94.75
F324	Major depressive disorder, single episode, in partial remission	1	1	$90.00
Z789	Oth specified health status	1	3	$89.55
F321	Major depressive disorder, single episode, moderate	4	7	$86.85
F310	Bipolar disorder, current episode hypomanic	4	4	$80.58
F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	3	$74.83
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	1	2	$65.66
F312	Bipolar disorder, current episode manic severe with psychotic features	1	2	$37.90
Z716	Tobacco abuse counseling	1	1	$35.08
F1190	Opioid use, unspecified, uncomplicated	1	1	$30.77
F12159	Cannabis abuse with psychotic disorder, unspecified	1	1	$30.77
F203	Undifferentiated schizophrenia	1	1	$18.95
F3011	Manic episode without psychotic symptoms, mild	1	1	$18.95
F3110	Bipolar disorder, current episode manic w/o psychotic features, unspec	1	1	$18.95
F320	Major depressive disorder, single episode, mild	1	1	$18.95
F323	Major depressive disorder, single episode, severe w psychotic features	1	1	$18.95
F4010	Social phobia, unspecified	1	1	$18.95
F606	Avoidant personality disorder	1	1	$18.95
F840	Autistic disorder	1	1	$18.95
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	1	1	$18.95
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	1	$18.95
F919	Conduct disorder, unspecified	1	1	$18.95
F1610	Hallucinogen abuse, uncomplicated	1	1	$16.11
F1910	Other psychoactive substance abuse, uncomplicated	1	1	$16.11
Z0283	Encounter for blood-alcohol and blood-drug test	1	1	$16.11
Aggregate(Provider Type Claim NV Code Values)		**1,566**	**44,044**	**$1,556,649.46**



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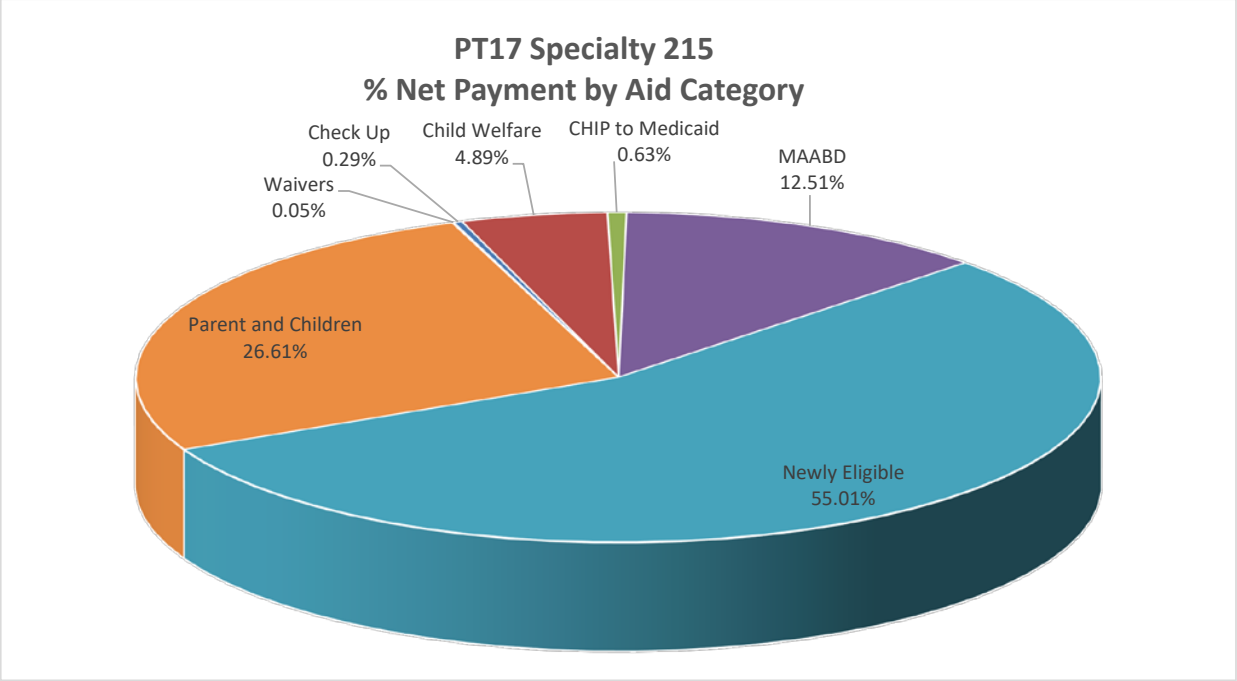
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	**Provider Specialty Claim NV Code**	**Category**			
017	215	Check Up	8	71	$4,542.64
		Child Welfare	52	709	$76,195.61
		CHIP to Medicaid	9	193	$9,785.79
		MAABD	477	14,112	$194,760.45
		Newly Eligible	772	20,997	$856,253.60
		Parent and Children	278	7,830	$414,292.74
		Waivers	7	132	$818.63
		Grand Total	1,603	44,044	$1,556,649.46
Aggregate(Provider Type Claim NV Code Values)			**1,566**	**44,044**	**$1,556,649.46**



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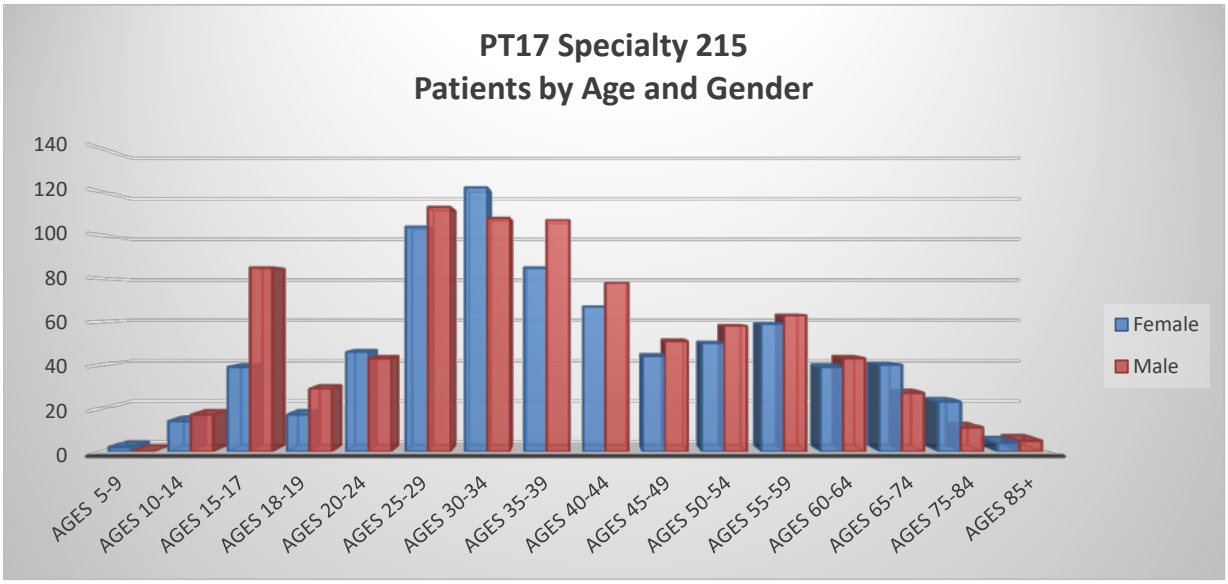
Time Period: Incurred With Runoff Quarter			QTR 2 2019	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 5-9	2	0
		Ages 10-14	14	17
		Ages 15-17	39	85
		Ages 18-19	17	29
		Ages 20-24	46	43
		Ages 25-29	104	113
		Ages 30-34	122	108
		Ages 35-39	85	107
		Ages 40-44	67	78
		Ages 45-49	44	51
		Ages 50-54	50	58
		Ages 55-59	59	63
		Ages 60-64	39	43
		Ages 65-74	40	27
		Ages 75-84	23	11
		Ages 85+	4	5
Aggregate(Provider Type Claim NV Code Values)			**744**	**822**



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.