SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q3 CY 2018

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 3 2018	
			Providers Enrolled	Providers (Active)
Provider Type NV Code	**Provider Specialty Code**	**Provider County**		
017	215	Carson City	3	2
		Churchill	1	1
		Clark	33	14
		Douglas	2	1
		Elko	1	1
		Humboldt	1	0
		Lyon	1	1
		Nye	4	4
		Washoe	16	7
		Total	**62**	**31**

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 3 2018			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	20,555	90.13%	2,250	9.87%

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Time Period: Incurred With Runoff Quarter			QTR 3 2018
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	441
		Duplicate of History File Reco	410
		BILL ANY OTHER AVAILABLE INSUR	361
		NOT CLIA CERTIFIED TO PERFORM	191
		NUMBER OF PROCEDURES EXCEEDS N	190
		Duplicate Payment Request - Sa	171
		Recipient Not Eligible on DOS	116
		ENROLLED IN HMO	71
		Recipient Not on File	64
		Rendering Provider Not Certifi	56
		ALLOWED AMOUNT > THRESHOLD	47
		PROVIDER NOT APPROVED FOR ELEC	27
		Unknown Edit Err1 0916	26
		INVALID DIAGNOSIS TYPE	16
		INVALID DIAGNOSIS CODE	10
		PROCEDURE MODIFIER DISAGREES W	9
		SERVICING PROVIDER NOT MEMBER	9
		Diagnosis Code Does Not Agree	8
		NCCI audit crnt proc denied	7
		Invalid or Missing Recip ID	5
		INVALID SECONDARY DIAGNOSIS	4
		QMB ONLY RECIPIENT - BILL MEDI	3
		CCI:Cur Proc Deny due to His	2
		Approved Authorization Not on	1
		BALANCE DUE > THAN TOT-BILLED	1
		PAYMENT REQUEST FILED AFTER LI	1
		PROCEDURE DISAGREES WITH AUTHO	1
		PROVIDER NUMBER INCONSISTENT W	1
		RECIPIENT NUMBER INCONSISTENT	1
		Total	**2,250**

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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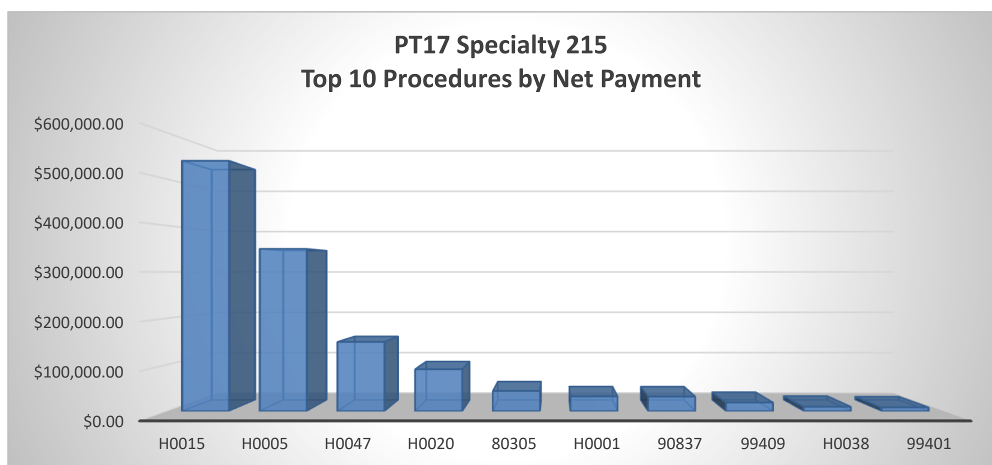
Time Period: Incurred With Runoff Quarter				QTR 3 2018		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	184	3,855	$539,393.55
		H0005	Alcohol/drug services-group counsel by clinician	415	11,718	$349,756.56
		H0047	Alcohol/drug abuse svc not otherwise specified	597	2,584	$149,161.95
		H0020	Alcohol/drug svc-methadone admin/service	341	22,932	$90,351.23
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	496	3,056	$43,411.21
		H0001	Alcohol and/or drug assessment	263	266	$31,879.24
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	88	291	$31,471.65
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	148	306	$18,549.72
		H0038	Self-help/peer services per 15 minutes	102	1,227	$9,549.06
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	160	230	$8,068.40
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	40	40	$5,461.64
		H0049	Alcohol &/or drug screening	225	547	$5,245.50
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	21	62	$4,583.04
		H0002	Behav health screen-eligibility for Tx program	134	134	$4,123.12
		90853	GROUP PSYCHOTHERAPY	33	137	$4,089.45
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	17	70	$4,044.60
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	46	55	$2,420.00
		H0034	Medication training & support per 15 minutes	78	118	$2,003.64
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	11	15	$1,029.30
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	7	7	$875.35
		H0007	Alcohol/drug services-crisis intervention-outpt	19	24	$521.04
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	7	7	$374.78
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	3	3	$293.55
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	2	2	$160.62
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	5	5	$158.45
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	1	1	$113.85
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	1	1	$113.76
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	1	1	$112.55
		90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	2	2	$76.12
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	1	3	$53.55
			Total	**3,448**	**47,699**	**$1,307,446.48**



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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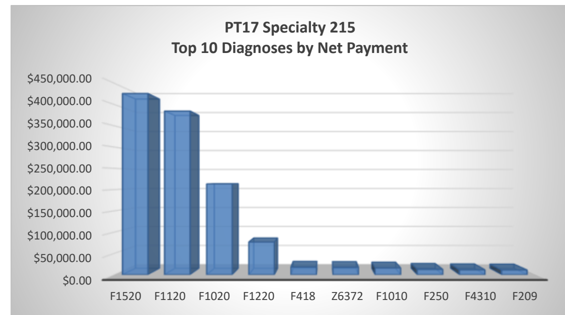
Time Period: Incurred With Runoff Quarter Provider Type Claim NV Code 17 Spec 215		QTR 3 2018		
		Patients	Service Count Paid	Net Payment
Diagnosis Code Principal	Diagnosis Principal			
F1520	Other stimulant dependence, uncomplicated	275	8,324	$425,838.03
F1120	Opioid dependence, uncomplicated	471	29,942	$384,680.01
F1020	Alcohol dependence, uncomplicated	166	4,606	$213,367.57
F1220	Cannabis dependence, uncomplicated	67	1,205	$76,790.13
F418	Other specified anxiety disorders	6	594	$17,905.09
Z6372	Alcoholism and drug addiction in family	125	347	$17,331.84
F1010	Alcohol abuse, uncomplicated	25	407	$15,913.85
F250	Schizoaffective disorder, bipolar type	6	136	$12,564.47
F4310	Post-traumatic stress disorder, unspecified	17	97	$11,468.47
F209	Schizophrenia, unspecified	5	79	$11,095.55
F1510	Other stimulant abuse, uncomplicated	9	285	$10,628.74
F319	Bipolar disorder, unspecified	4	69	$9,215.36
F329	Major depressive disorder, single episode, unspecified	10	226	$7,905.63
F1420	Cocaine dependence, uncomplicated	8	249	$7,362.92
R69	Illness, unspecified	23	114	$6,813.05
F1910	Other psychoactive substance abuse, uncomplicated	2	64	$6,097.38
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	2	39	$5,476.56
F10230	Alcohol dependence with withdrawal, uncomplicated	3	169	$5,433.16
F411	Generalized anxiety disorder	15	53	$5,352.60
F1210	Cannabis abuse, uncomplicated	22	88	$5,249.45
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	1	35	$4,915.75
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	17	46	$4,780.39
F332	Major depressive disorder, recurrent severe without psychotic features	4	34	$4,694.48
F3181	Bipolar II disorder	2	30	$4,019.70
F4321	Adjustment disorder with depressed mood	15	24	$2,509.00
F259	Schizoaffective disorder, unspecified	1	17	$2,387.65
F331	Major depressive disorder, recurrent, moderate	13	25	$2,030.73
F339	Major depressive disorder, recurrent, unspecified	4	12	$1,585.53
F4322	Adjustment disorder with anxiety	11	13	$1,486.78
F4323	Adjustment disorder with mixed anxiety and depressed mood	4	13	$1,338.86
F439	Reaction to severe stress, unspecified	2	11	$1,195.26
F1221	Cannabis dependence, in remission	5	20	$1,176.37
F1110	Opioid abuse, uncomplicated	2	38	$1,136.14
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	3	40	$1,077.95
F341	Dysthymic disorder	3	10	$1,065.28
F330	Major depressive disorder, recurrent, mild	11	13	$1,064.51
F17203	Nicotine dependence unspecified, with withdrawal	8	19	$998.54
F3481	Disruptive mood dysregulation disorder	2	15	$980.66
F419	Anxiety disorder, unspecified	3	12	$968.92
F1521	Other stimulant dependence, in remission	3	12	$906.28
Z62810	Personal history of physical and sexual abuse in childhood	1	8	$865.20
F4320	Adjustment disorder, unspecified	3	6	$711.52
F3189	Other bipolar disorder	1	6	$680.21
F1121	Opioid dependence, in remission	4	12	$660.62
F321	Major depressive disorder, single episode, moderate	4	8	$655.61
F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	2	18	$565.23
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	4	6	$537.62
F320	Major depressive disorder, single episode, mild	2	5	$505.07
F1021	Alcohol dependence, in remission	2	6	$406.15
F99	Mental disorder, not otherwise specified	20	20	$324.71
F630	Pathological gambling	1	3	$324.45
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	3	4	$321.32
F3131	Bipolar disorder, current episode depressed, mild	1	4	$318.07
F4324	Adjustment disorder with disturbance of conduct	2	3	$287.30
Z590	Homelessness	8	8	$246.16
F3489	Other specified persistent mood disorders	1	2	$213.38
F430	Acute stress reaction	1	2	$206.00
F0631	Mood disorder due to known physiological condition w depressive features	1	2	$200.08
F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	3	$184.44
F1990	Other psychoactive substance use, unspecified, uncomplicated	3	3	$181.86
F323	Major depressive disorder, single episode, severe w psychotic features	2	3	$181.86
F1620	Hallucinogen dependence, uncomplicated	1	2	$169.31
F40233	Fear of injury	1	2	$161.17
F12288	Cannabis dependence w other cannabis-induced disorder	1	3	$156.32
F3110	Bipolar disorder, current episode manic w/o psychotic features, unspec	1	5	$149.25
F918	Other conduct disorders	1	5	$149.25
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	1	1	$139.46
F4312	Post-traumatic stress disorder, chronic	1	1	$139.46
F258	Other schizoaffective disorders	1	2	$138.00
I10	Essential (primary) hypertension	2	2	$121.24
F1421	Cocaine dependence, in remission	1	1	$108.15
F322	Major depressive disorder, single episode, severe w/o psychotic features	1	1	$108.15
F930	Separation anxiety disorder of childhood	1	1	$108.15
F338	Other recurrent depressive disorders	1	1	$60.62
F423	Hoarding disorder	1	1	$60.62
F6381	Intermittent explosive disorder	1	1	$60.62
G890	Central pain syndrome	1	1	$60.62
J449	Chronic obstructive pulmonary disease, unspecified	1	1	$60.62
Z794	Long term (current) use of insulin	1	1	$60.62
F639	Impulse disorder, unspecified	1	1	$29.85
F10229	Alcohol dependence with intoxication, unspecified	2	2	$19.50
	Total	**1,464**	**47,699**	**$1,307,446.48**



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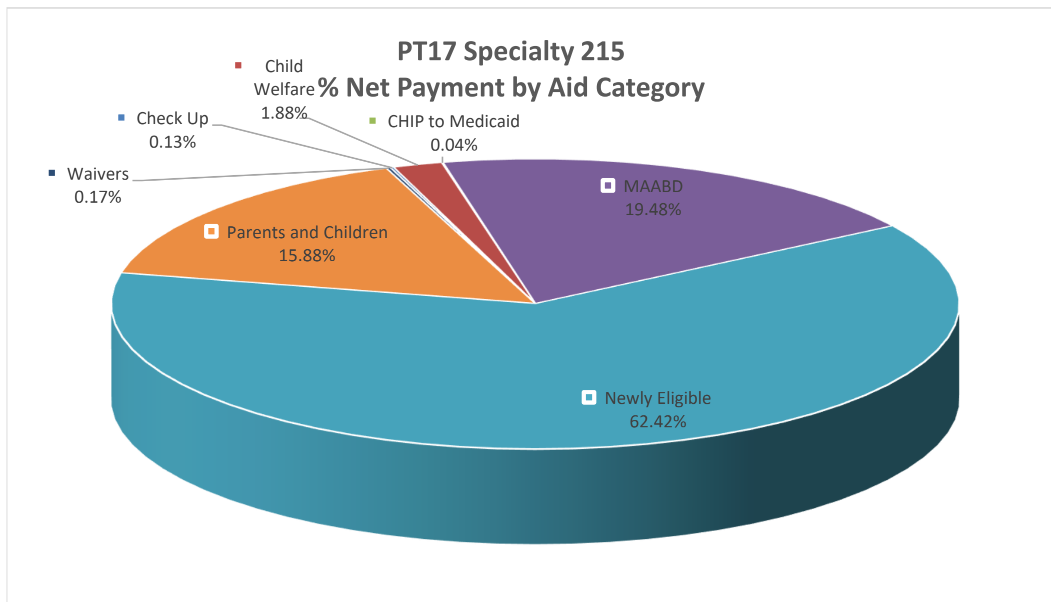
Time Period: Incurred With Runoff Quarter			QTR 3 2018		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	Check Up	4	15	$1,659.17
		Child Welfare	28	271	$24,600.98
		CHIP to Medicaid	4	6	$571.52
		MAABD	409	14,663	$254,701.84
		Newly Eligible	671	25,155	$816,119.48
		Parents and Children	230	7,374	$207,582.74
		Waivers	4	215	$2,210.75
		Total	**1,350**	**47,699**	**$1,307,446.48**



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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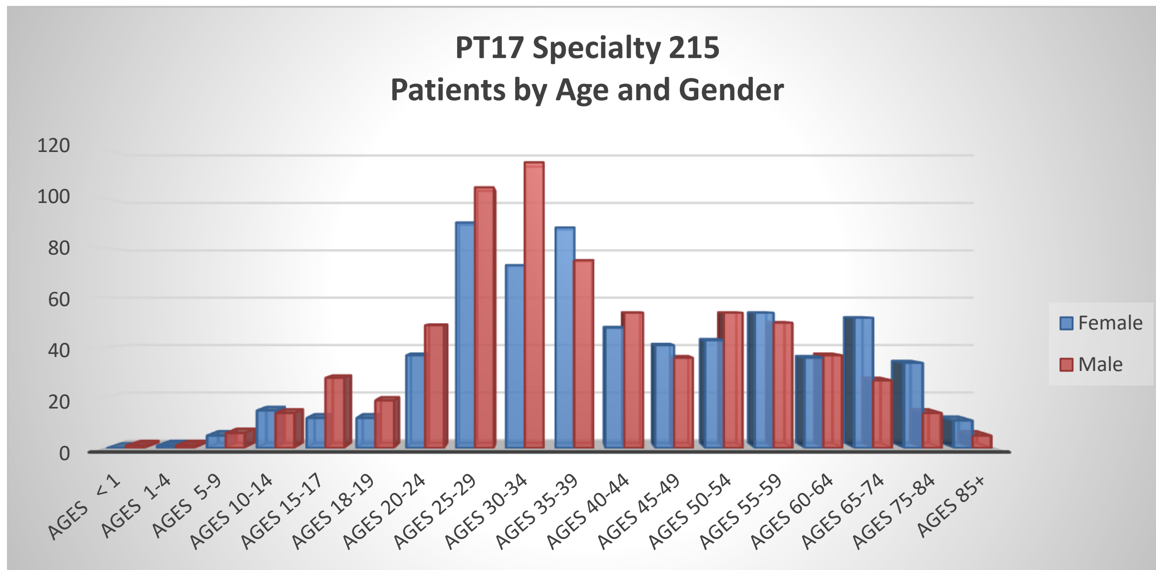
Time Period: Incurred With Runoff Quarter			QTR 3 2018	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages < 1	0	1
		Ages 1-4	1	1
		Ages 5-9	5	6
		Ages 10-14	15	14
		Ages 15-17	12	28
		Ages 18-19	12	19
		Ages 20-24	37	49
		Ages 25-29	90	104
		Ages 30-34	73	114
		Ages 35-39	88	75
		Ages 40-44	48	54
		Ages 45-49	41	36
		Ages 50-54	43	54
		Ages 55-59	54	50
		Ages 60-64	36	37
		Ages 65-74	52	27
		Ages 75-84	34	14
		Ages 85+	11	5
		Total	**652**	**688**



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.