

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q4 CY 2016

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 4 2016
				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
			100535035 VITALITY UNLIMITED	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100535052 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
			Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES
		Elko	100535033 VITALITY UNLIMITED	1
		Humboldt	100535045 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
		Washoe	001716050 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100535020 BRISTLECONE FAMILY RESOURCES	1
			100535034 VITALITY UNLIMITED	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 4 2016
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	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	23

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 4 2016			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	9,385	82.71%	1,962	17.29%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

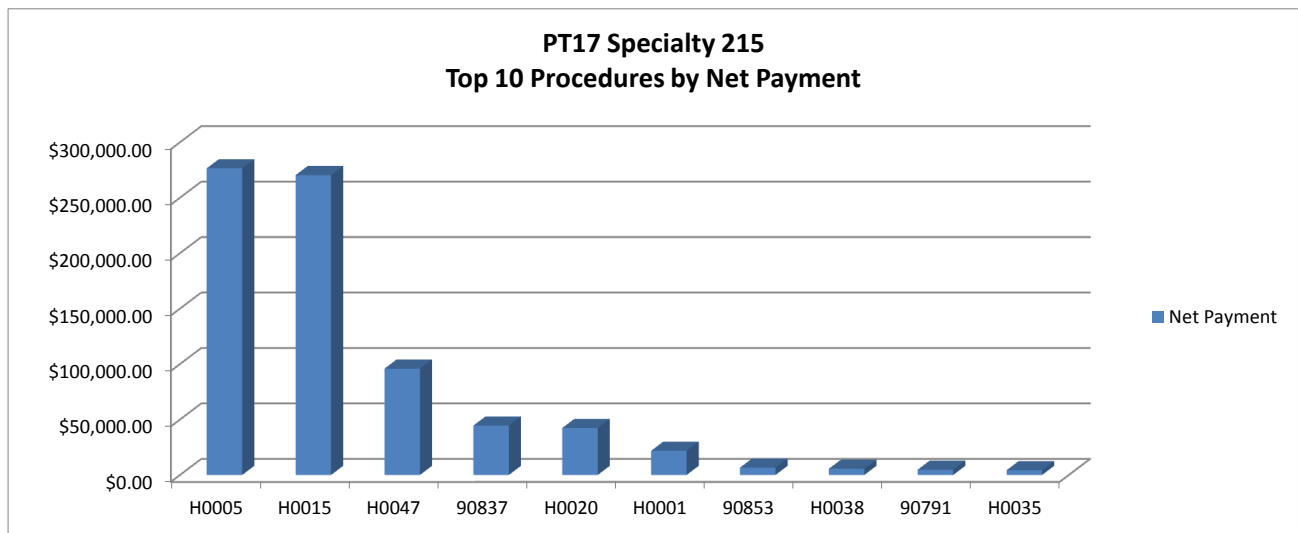
Time Period: Incurred With Runoff Quarter			QTR 4 2016
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	619
		Duplicate Payment Request - Sa	373
		BILL ANY OTHER AVAILABLE INSUR	250
		Recipient Not on File	153
		SERVICING PROVIDER NOT MEMBER	117
		Duplicate of History File Reco	101
		NUMBER OF PROCEDURES EXCEEDS N	84
		Recipient Not Eligible on DOS	83
		ENROLLED IN HMO	68
		Service Center Not Authorized	41
		ALLOWED AMOUNT > THRESHOLD	18
		Invalid or Missing Recipient I	10
		Unknown Edit Err1 0916	10
		Unknown Edit Err1 0181	8
		Unknown Edit Err1 4720	7
		PROCEDURE DISAGREES WITH AUTHO	5
		QMB ONLY RECIPIENT - BILL MEDI	3
		INVALID PROCEDURE/MODIFIER COM	2
		INVALID SECONDARY DIAGNOSIS	2
		Rendering Provider Not Certifi	2
		AUTHORIZATION NOT VALID FOR DO	1
		BILLING PROVIDER IS NOT A GROU	1
		CURR PROC. DUPL TO CURR(MAX AL	1
		NON-EMERG SVS NOT AUTH N-CTZN	1
RECIPIENT NUMBER INCONSISTENT	1		
Unknown Edit Err1 0326	1		
		Total	1,962

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 4 2016		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0005	Alcohol/drug services-group counsel by clinician	452	9,279	\$276,456.61
		H0015	Alcohol/drug svc-intensive outpatient program	143	1,925	\$270,366.25
		H0047	Alcohol/drug abuse svc not otherwise specified	471	1,660	\$95,826.19
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	109	412	\$44,471.80
		H0020	Alcohol/drug svc-methadone admin/service	164	10,733	\$42,280.14
		H0001	Alcohol and/or drug assessment	155	156	\$21,755.76
		90853	GROUP PSYCHOTHERAPY	36	221	\$6,596.85
		H0038	Self-help/peer services per 15 minutes	64	705	\$5,555.40
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	35	35	\$4,764.34
		H0035	Mental health partial hosp, treatment <24 hours	1	78	\$4,272.84
		H0002	Behav health screen-eligibility for Tx program	137	137	\$4,201.63
		H0049	Alcohol &/or drug screening	185	317	\$3,090.75
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	5	31	\$2,291.52
		H0034	Medication training & support per 15 minutes	74	135	\$2,258.34
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	7	8	\$782.80
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	1	9	\$256.77
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	2	2	\$225.10
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	2	2	\$162.84
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1	2	\$115.56
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	2	2	\$88.00
H0007	Alcohol/drug services-crisis intervention-outpt	4	4	\$86.84		
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	2	2	\$76.12		
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1	1	\$56.27		
99202	OFFICE OUTPATIENT NEW 20 MINUTES	1	1	\$53.54		
Total				2,054	25,857	\$786,092.26



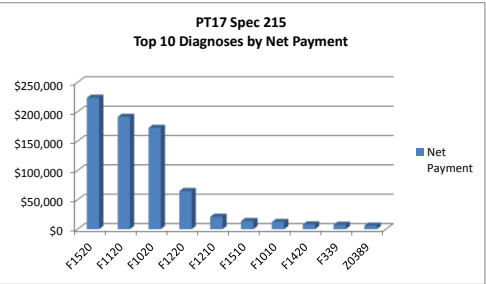
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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

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Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 4 2016		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	F1520	Other stimulant dependence, uncomplicated	243	5,203	\$223,567.60
		F1120	Opioid dependence, uncomplicated	259	14,256	\$191,154.29
		F1020	Alcohol dependence, uncomplicated	161	3,637	\$172,405.30
		F1220	Cannabis dependence, uncomplicated	78	920	\$64,765.37
		F1210	Cannabis abuse, uncomplicated	30	331	\$21,008.19
		F1510	Other stimulant abuse, uncomplicated	21	222	\$13,767.44
		F1010	Alcohol abuse, uncomplicated	26	187	\$12,180.29
		F1420	Cocaine dependence, uncomplicated	10	83	\$7,845.58
		F339	Major depressive disorder, recurrent, unspecified	6	52	\$7,275.50
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	17	60	\$5,787.79
		R69	Illness, unspecified	5	78	\$5,525.06
		F4310	Post-traumatic stress disorder, unspecified	7	44	\$5,050.37
		F1110	Opioid abuse, uncomplicated	6	103	\$3,491.19
		F3181	Bipolar II disorder	2	25	\$3,155.95
		F4323	Adjustment disorder with mixed anxiety and depressed mood	8	23	\$2,571.08
		F322	Major depressive disorder, single episode, severe w/o psychotic features	3	29	\$2,462.48
		F4321	Adjustment disorder with depressed mood	6	22	\$2,412.16
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	6	45	\$2,319.06
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	6	20	\$2,225.62
		F319	Bipolar disorder, unspecified	3	17	\$2,147.27
		F200	Paranoid schizophrenia	7	18	\$1,606.31
		F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	3	14	\$1,577.71
		F1290	Cannabis use, unspecified, uncomplicated	3	21	\$1,539.58
		F1021	Alcohol dependence, in remission	5	30	\$1,472.45
		F330	Major depressive disorder, recurrent, mild	1	13	\$1,405.95
		F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	1	46	\$1,369.01
		F250	Schizoaffective disorder, bipolar type	2	22	\$1,361.40
		F630	Pathological gambling	4	29	\$1,312.53
		F1521	Other stimulant dependence, in remission	7	20	\$1,279.21
		F1024	Alcohol dependence with alcohol-induced mood disorder	2	12	\$1,251.73
		F419	Anxiety disorder, unspecified	2	15	\$1,196.73
		F411	Generalized anxiety disorder	5	14	\$1,193.50
		F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	8	16	\$1,192.95
		F341	Dysthymic disorder	5	11	\$1,189.65
		F4322	Adjustment disorder with anxiety	4	10	\$1,015.97
		F259	Schizoaffective disorder, unspecified	5	12	\$983.74
		F1910	Other psychoactive substance abuse, uncomplicated	1	7	\$982.16
		F1590	Other stimulant use, unspecified, uncomplicated	5	11	\$940.06
		F331	Major depressive disorder, recurrent, moderate	5	20	\$928.74
		F1920	Other psychoactive substance dependence, uncomplicated	2	7	\$873.47
		F315	Bipolar disord, current episode depressed, severe, w psychotic features	1	8	\$865.20
		F332	Major depressive disorder, recurrent severe without psychotic features	11	20	\$775.47
		F913	Oppositional defiant disorder	3	9	\$751.50
		F4010	Social phobia, unspecified	2	7	\$671.05
		F6381	Intermittent explosive disorder	1	6	\$660.75
		F251	Schizoaffective disorder, depressive type	2	9	\$581.85
		F1820	Inhalant dependence, uncomplicated	1	10	\$577.80
		F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	15	\$531.54
		F329	Major depressive disorder, single episode, unspecified	2	6	\$509.06
		F4520	Hypochondriacal disorder, unspecified	1	8	\$462.24
		F4320	Adjustment disorder, unspecified	3	4	\$458.19
		F209	Schizophrenia, unspecified	1	3	\$324.45
		Z62810	Personal history of physical and sexual abuse in childhood	1	3	\$324.45
		F1410	Cocaine abuse, uncomplicated	2	2	\$278.92
		F639	Impulse disorder, unspecified	2	5	\$258.86
		F320	Major depressive disorder, single episode, mild	1	2	\$247.61
		F4312	Post-traumatic stress disorder, chronic	2	2	\$169.46
		F79	Unspecified intellectual disabilities	1	3	\$168.77
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	2	3	\$145.41
		F1490	Cocaine use, unspecified, uncomplicated	1	1	\$140.45
		F1121	Opioid dependence, in remission	1	1	\$139.46
		F1421	Cocaine dependence, in remission	1	1	\$139.46
		F4324	Adjustment disorder with disturbance of conduct	1	1	\$139.46
		F4329	Adjustment disorder with other symptoms	1	1	\$139.46
		Z590	Homelessness	4	4	\$123.08
		F840	Autistic disorder	3	5	\$111.04
		F0631	Mood disorder due to known physiological condition w depressive features	1	1	\$108.15
		F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	1	\$108.15
		F70	Mild intellectual disabilities	1	1	\$108.15
		F3111	Bipolar disorder, current episode manic without psychotic features, mild	1	3	\$89.55
		F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	2	2	\$60.00
		F39	Unspecified mood [affective] disorder	1	2	\$40.52
		F1999	Other psychoact subst use, unspec w unspec psychoact subst-ind disorder	1	1	\$30.77
		Z049	Encounter for examination and observation for unspecified reason	1	1	\$30.77
		Z653	Problems related to other legal circumstances	1	1	\$30.77
			Total	1,042	25,857	\$786,092.26



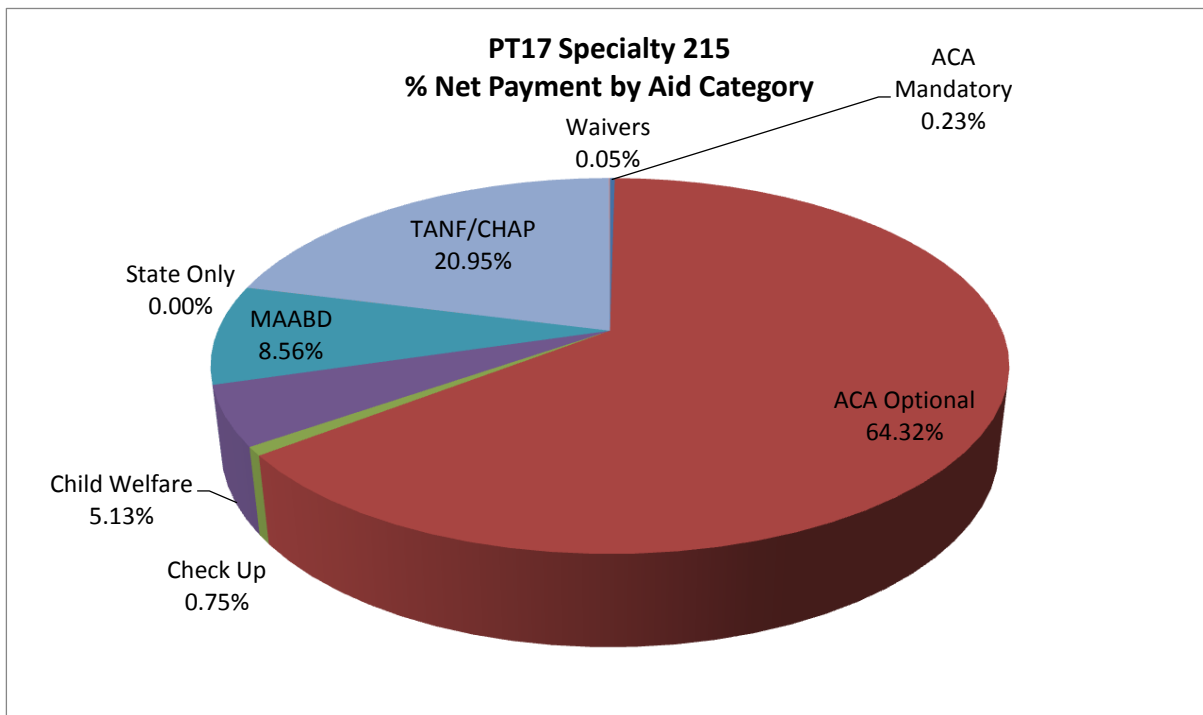
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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 4 2016		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
		ACA Mandatory	4	23	\$1,822.78
		ACA Optional	623	16,737	\$505,649.61
		Check Up	5	55	\$5,888.55
		Child Welfare	34	485	\$40,314.96
		MAABD	162	3,851	\$67,303.63
		State Only	1	1	\$30.00
		TANF/CHAP	199	4,689	\$164,660.94
		Waivers	9	16	\$421.79
		Total	1,037	25,857	\$786,092.26



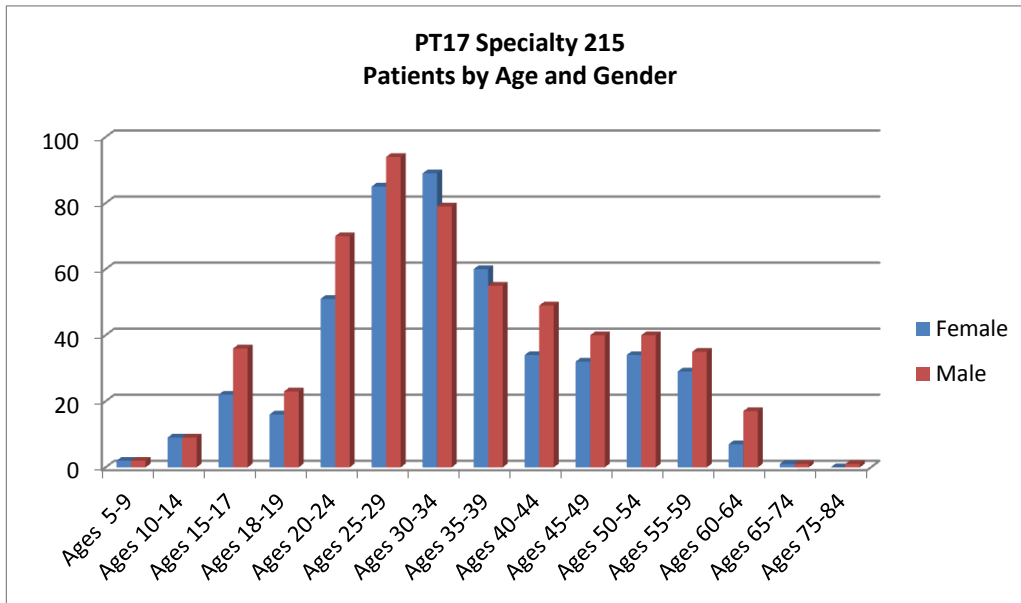
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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 4 2016	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	2	2
		Ages 10-14	9	9
		Ages 15-17	22	36
		Ages 18-19	16	23
		Ages 20-24	51	70
		Ages 25-29	85	94
		Ages 30-34	89	79
		Ages 35-39	60	55
		Ages 40-44	34	49
		Ages 45-49	32	40
		Ages 50-54	34	40
		Ages 55-59	29	35
		Ages 60-64	7	17
		Ages 65-74	1	1
Ages 75-84	0	1		
Total			471	551



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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<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.