

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q4 CY 2017

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 4 2017	
			Providers Enrolled	Providers (Active)
Provider Type NV Code	Provider Specialty NV Cd	Provider County		
017	215	Carson City	2	2
		Churchill	1	1
		Clark	23	9
		Douglas	1	1
		Elko	1	1
		Lyon	1	1
		Nye	3	3
		Washoe	13	7
		Total	45	25

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 4 2017			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	13,396	88.28%	1,778	11.72%

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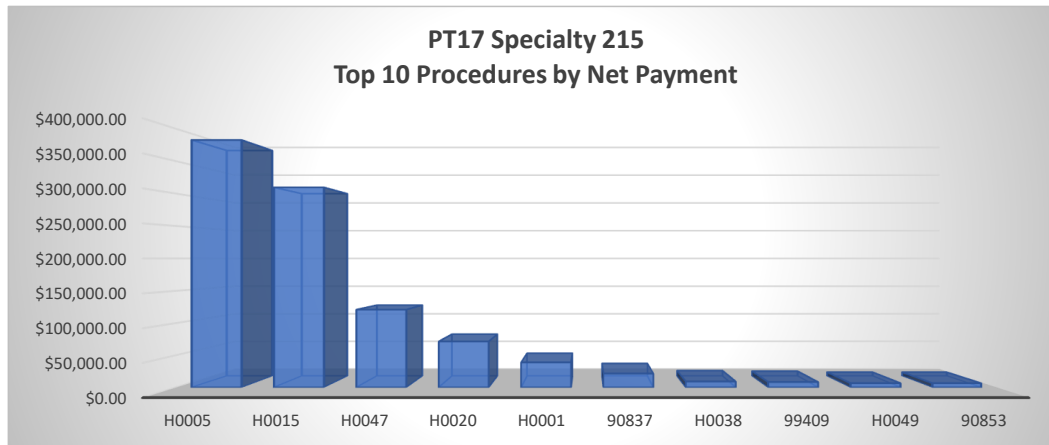
Time Period: Incurred With Runoff Quarter			QTR 4 2017
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	Claims Denied
017	215	Service Center Not Authorized	554
		Procedure Requires Authorizati	256
		Unknown Edit Err1 0916	194
		BILL ANY OTHER AVAILABLE INSUR	174
		Duplicate Payment Request - Sa	115
		ENROLLED IN HMO	101
		Recipient Not on File	68
		NUMBER OF PROCEDURES EXCEEDS N	64
		Duplicate of History File Reco	59
		Recipient Not Eligible on DOS	57
		NOT CLIA CERTIFIED TO PERFORM	29
		Unknown Edit Err1 4720	20
		Rendering Provider Not Certifi	19
		Invalid or Missing Recipient I	15
		SERVICING PROVIDER NOT MEMBER	8
		Invalid Procedure Modifier	6
		ALLOWED AMOUNT > THRESHOLD	5
		Unknown Edit Err1 4721	5
		PROCEDURE DISAGREES WITH AUTHO	4
		PROCEDURE MODIFIER DISAGREES W	4
		QMB ONLY RECIPIENT - BILL MEDI	4
		RECIPIENT NUMBER INCONSISTENT	4
		CLM DOC HAS TPL & > THAN 1	3
		INVALID DIAGNOSIS CODE	2
		Same Procedure Same Day Diff	2
		Unknown Edit Err1 1139	2
		BILLED AMOUNT MISSING OR INVAL	1
		BILLING PROVIDER IS NOT A GROU	1
		INVALID SECONDARY DIAGNOSIS	1
		PAYMENT REQUEST FILED AFTER LI	1
		Total	1,778

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 4 2017		
				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	414	12,811	\$382,408.05
		H0015	Alcohol/drug svc-intensive outpatient program	128	2,203	\$309,411.35
		H0047	Alcohol/drug abuse svc not otherwise specified	507	2,098	\$121,077.88
		H0020	Alcohol/drug svc-methadone admin/service	324	18,151	\$71,514.84
		H0001	Alcohol and/or drug assessment	280	282	\$39,001.65
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	68	200	\$21,605.55
		H0038	Self-help/peer services per 15 minutes	91	1,181	\$9,306.28
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	138	139	\$8,426.18
		H0049	Alcohol &/or drug screening	295	695	\$6,694.91
		90853	GROUP PSYCHOTHERAPY	28	222	\$6,626.70
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	15	82	\$6,061.44
		H0002	Behav health screen-eligibility for Tx program	174	174	\$5,353.98
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	37	37	\$5,101.64
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	47	343	\$4,874.03
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	136	138	\$4,841.04
		H0034	Medication training & support per 15 minutes	88	137	\$2,316.63
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	20	26	\$1,144.00
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	6	7	\$787.85
		H0007	Alcohol/drug services-crisis intervention-outpt	16	22	\$477.62
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	5	5	\$401.55
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	2	4	\$391.40
		90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	4	8	\$304.48
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	2	2	\$289.24
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	2	3	\$173.34
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	1	2	\$162.84
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	3	3	\$160.62
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	4	5	\$158.45
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1	1	\$56.27
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	1	1	\$17.85
			Total	2,837	38,982	\$1,009,147.66



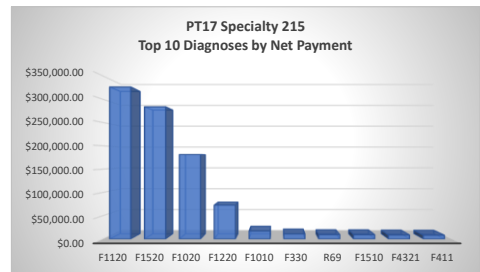
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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 4 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	433	24,569	\$326,271.90
		F1520	Other stimulant dependence, uncomplicated	219	6,638	\$283,650.25
		F1020	Alcohol dependence, uncomplicated	163	4,384	\$181,321.75
		F1220	Cannabis dependence, uncomplicated	64	1,020	\$72,745.94
		F1010	Alcohol abuse, uncomplicated	19	511	\$17,295.56
		F330	Major depressive disorder, recurrent, mild	47	139	\$11,018.64
		R69	Illness, unspecified	19	119	\$9,426.27
		F1510	Other stimulant abuse, uncomplicated	14	145	\$9,180.88
		F4321	Adjustment disorder with depressed mood	42	112	\$8,634.76
		F411	Generalized anxiety disorder	8	205	\$8,228.64
		F1210	Cannabis abuse, uncomplicated	15	146	\$7,669.91
		F4323	Adjustment disorder with mixed anxiety and depressed mood	8	45	\$5,171.83
		F4310	Post-traumatic stress disorder, unspecified	18	56	\$4,769.53
		F329	Major depressive disorder, single episode, unspecified	10	133	\$4,756.94
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	4	50	\$4,475.45
		F331	Major depressive disorder, recurrent, moderate	16	48	\$4,031.94
		F4322	Adjustment disorder with anxiety	18	47	\$3,909.54
		F259	Schizoaffective disorder, unspecified	2	27	\$3,682.47
		F3130	Bipolar disorder, current episode depressed, mild or moderate, unspc	1	23	\$3,230.35
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	2	22	\$3,089.90
		F202	Catatonic schizophrenia	1	97	\$2,896.37
		F209	Schizophrenia, unspecified	1	18	\$2,528.10
		F319	Bipolar disorder, unspecified	2	18	\$2,417.43
		F341	Dysthymic disorder	6	20	\$2,376.32
		F1820	Inhalant dependence, uncomplicated	1	39	\$2,203.28
		F1420	Cocaine dependence, uncomplicated	6	31	\$1,746.29
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	7	15	\$1,497.42
		F250	Schizoaffective disorder, bipolar type	2	18	\$1,468.03
		F322	Major depressive disorder, single episode, severe w/o psychotic features	3	12	\$1,251.73
		F348	Other persistent mood [affective] disorders	1	22	\$1,204.16
		F323	Major depressive disorder, single episode, severe w psychotic features	5	12	\$1,070.56
		F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated	1	7	\$983.15
		F3342	Major depressive disorder, recurrent, in full remission	1	12	\$858.70
		F4320	Adjustment disorder, unspecified	2	11	\$826.52
		F251	Schizoaffective disorder, depressive type	3	15	\$794.10
		F99	Mental disorder, not otherwise specified	19	20	\$674.38
		F332	Major depressive disorder, recurrent severe without psychotic features	2	7	\$663.45
		Z62820	Parent-biological child conflict	1	6	\$648.90
		F439	Reaction to severe stress, unspecified	2	16	\$624.13
		F4324	Adjustment disorder with disturbance of conduct	3	5	\$603.37
		F902	Attention-deficit hyperactivity disorder, combined type	1	5	\$572.06
		F418	Other specified anxiety disorders	1	19	\$568.07
		F410	Panic disorder [episodic paroxysmal anxiety]	2	6	\$559.61
		F4312	Post-traumatic stress disorder, chronic	2	6	\$470.32
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	3	5	\$458.90
		F1121	Opioid dependence, in remission	2	7	\$436.92
		Z62810	Personal history of physical and sexual abuse in childhood	1	4	\$432.60
		F1110	Opioid abuse, uncomplicated	2	7	\$431.20
		F913	Oppositional defiant disorder	1	6	\$414.00
		F3481	Disruptive mood dysregulation disorder	1	7	\$377.45
		F912	Conduct disorder, adolescent-onset type	1	7	\$377.45
		F1221	Cannabis dependence, in remission	2	5	\$369.39
		F6381	Intermittent explosive disorder	2	3	\$367.61
		F1524	Other stimulant dependence with stimulant-induced mood disorder	1	7	\$365.55
		F3181	Bipolar II disorder	1	3	\$324.45
		F941	Reactive attachment disorder of childhood	1	3	\$324.45
		F339	Major depressive disorder, recurrent, unspecified	2	3	\$309.69
		F419	Anxiety disorder, unspecified	1	6	\$257.40
		F1021	Alcohol dependence, in remission	1	4	\$229.93
		F639	Impulse disorder, unspecified	1	4	\$229.93
		F3132	Bipolar disorder, current episode depressed, moderate	1	6	\$179.10
		F3162	Bipolar disorder, current episode mixed, moderate	1	3	\$167.85
		F312	Bipolar disorder, current episode manic severe with psychotic features	1	2	\$149.21
		F315	Bipolar disord, current episode depressed, severe, w psychotic features	1	1	\$139.46
		F320	Major depressive disorder, single episode, mild	1	1	\$139.46
		F321	Major depressive disorder, single episode, moderate	1	1	\$139.46
		F430	Acute stress reaction	1	1	\$139.46
		Z711	Person with feared health complaint in whom no diagnosis is made	3	3	\$119.32
		F1590	Other stimulant use, unspecified, uncomplicated	1	2	\$59.70
		F630	Pathological gambling	1	1	\$57.78
		F609	Personality disorder, unspecified	1	1	\$30.77
		Z590	Homelessness	1	1	\$30.77
		F1920	Other psychoactive substance dependence, uncomplicated	1	1	\$9.75
		F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	1	1	\$9.75
			Total	1,236	38,982	\$1,009,147.66



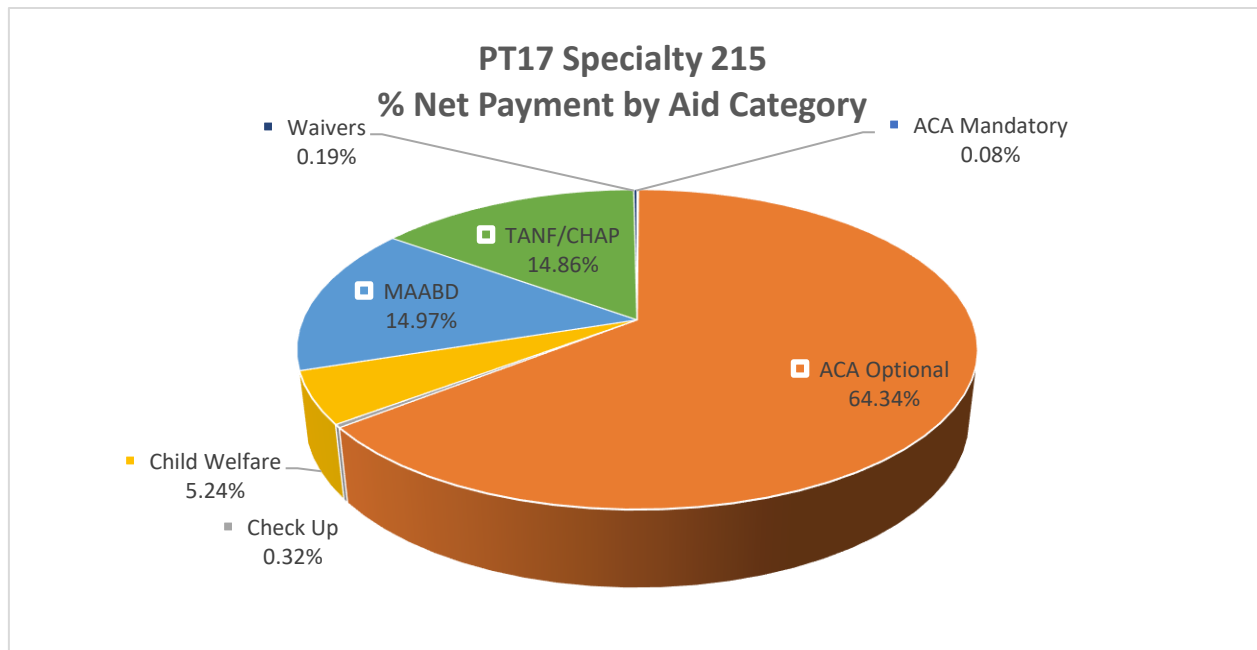
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Total Patient Count is not unique (i.e. patient counts may be duplicated across diagnosis codes).

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Time Period: Incurred With Runoff Quarter			QTR 4 2017		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
		ACA Mandatory	4	11	\$799.91
		ACA Optional	614	21,955	\$649,253.85
		Check Up	2	59	\$3,267.63
		Child Welfare	29	492	\$52,917.03
		MAABD	338	10,874	\$151,052.36
		TANF/CHAP	213	5,443	\$149,934.36
		Waivers	6	148	\$1,922.52
		Total	1,206	38,982	\$1,009,147.66



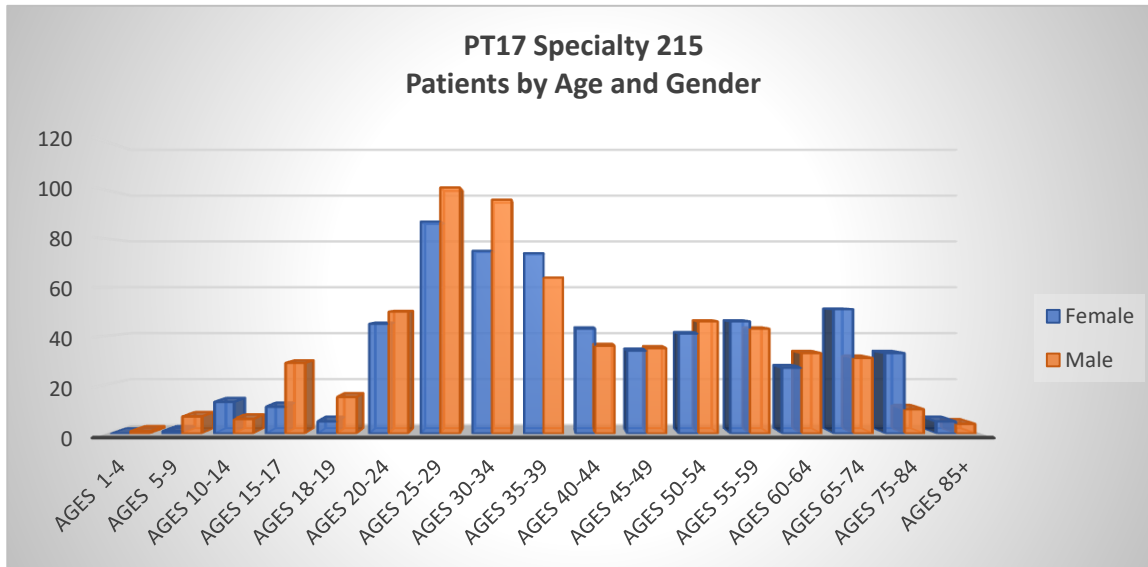
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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 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	1	7
		Ages 10-14	13	6
		Ages 15-17	11	29
		Ages 18-19	5	15
		Ages 20-24	45	50
		Ages 25-29	87	101
		Ages 30-34	75	96
		Ages 35-39	74	64
		Ages 40-44	43	36
		Ages 45-49	34	35
		Ages 50-54	41	46
		Ages 55-59	46	43
		Ages 60-64	27	33
		Ages 65-74	51	31
		Ages 75-84	33	10
		Ages 85+	5	4
		Total	591	607



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.