

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports CY2020 Q1 by Service Date

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DHHS Office of Analytics

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

Time Period: Incurred With Runoff Quarter			QTR 1 CY2020	
			Providers Enrolled	Providers (Active)
Provider Type NV Code	Provider Specialty NV Cd	Provider County		
017	215	CARSON CITY	4	4
		CHURCHILL	1	1
		DOUGLAS	2	2
		ELKO	2	1
		HUMBOLDT	1	1
		LYON	1	1
		NYE	4	4
		URBAN CLARK	46	17
		URBAN WASHOE	17	9
Aggregate(Provider Type Claim NV Code Values)		Total	78	39

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.

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Paid and Denied

Time Period: Incurred With Runoff Quarter		QTR 1 CY2020			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	23,812	77.95%	6,737	22.05%

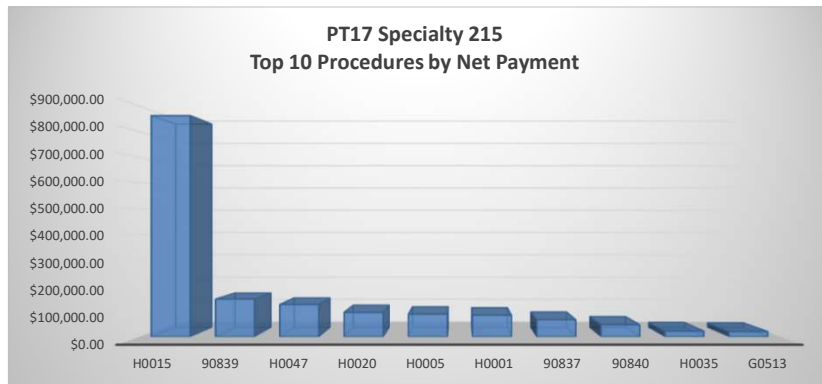
**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied**

Time Period: Incurred With Runoff Quarter			QTR 1 CY2020
Provider Type Claim NV Code	Provider Specialty Claim NV	Edit Error 1	Claims Denied
017	215	Claim Processed By Clinical Claim Editor	1,279
		20 Units Per 12 Rolling Months - Pa Override	1,045
		Prior Authorization Not Found	1,028
		Perf/Facility Pt/Ps Restriction Proc Billing Rule	944
		Client Covered By Private Insurance	406
		Exact Duplicate: Practitioner To Practitioner	370
		Client Ineligible On Dtl Dos	337
		Place Of Service Not On File	206
		Recipient Number Billed Does Not Match Pa	158
		Client Services Covered By Hmo Plan	94
		Prior Auth Service Conflict	91
		Client Covered By Medicare B	82
		Performing Provider Not On Provider Database	72
		Allowed Amt Less Than Billed Amount Variance	69
		Client Last Name Is Missing Or Does Not Match	60
		Claim Type Restriction On Proc Cvg Rule	57
		Provider Terminated - Dtl Performing	42
		Cia License Number Invalid	41
		Opr Prov Not Enrolled	40
		One Unit Allowed Per Day	35
		Referring Prov Cannot Be A Group Or Organization	35
		Mue Professional	31
		Billing Provider Signature Missing	27
		No Billing Rule For Procedure	27
		Client First Name Is Missing Or Does Not Match	24
		No Provider Billing Indicator Found	18
		Diagnosis Cannot Be Used As Principal Diagnosis	17
		One Unit Allowed Per Ninety Rolling Days	15
		Adj/Void - Previous Icn Not Found Or Invalid	12
		1 Unit Allowed Per 90 Rolling Days - Pa Override	11
		Possible Duplicate: Practitioner To Practitioner	10
		7Th Diagnosis Not Covered	8
		Calculated Detail Medicare Allowed Amount Is Zero	5
		Provider Id On Claim Does Not Match Pa	5
		Partial Pa Found	4
		Prior Auth Line Item Status Deny	4
		Exact Dupe: Prof Xover To Prof Xover	3
		Invalid Adjustment Tcn Not Found	3
		Medical Visit Denied (Claimreview)	3
		Ncci Ptp Conflict Practitioner Mod Bypass Possbl	3
		Billing Prov Is Not A Grp/Performing Is A Grp Prov	2
		Header Total Billed Amount Missing	2
		Principal Diagnosis Not Covered	2
		Service Not Covered By Nv Medicaid	2
		5 Units Allowed Per 7 Rolling Days	1
		Add-On Code Billed W/O Paid Primary	1
		Additional Units Must Be Billed With Add-On Codes	1
		Age Restriction On Proc Cvg Rule	1
		Decimal Units Not Billable For Procedure	1
		Header Strmt Covers Period Tdos Missing	1
No Cvg Rule For Procedure	1		
Same Procedure Diff Mods Same Day	1		
Aggregate(Provider Type Claim NV Code Values)			6,737

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.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Billed Procedure Codes, sorted by Net Payment**

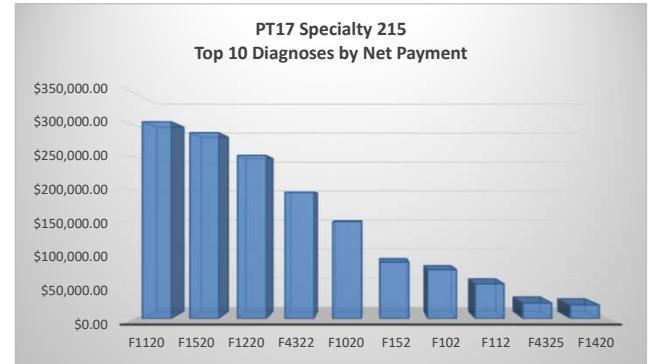
Time Period: Incurred With Runoff Quarter				QTR 1 CY2020		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	345	6,141	\$862,392.80
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	255	1,304	\$146,765.20
		H0047	Alcohol/drug abuse svc not otherwise specified	567	2,186	\$125,815.35
		H0020	Alcohol/drug svc-methadone admin/service	373	24,166	\$95,199.52
		H0005	Alcohol/drug services-group counsel by clinician	292	2,962	\$88,415.70
		H0001	Alcohol and/or drug assessment	605	605	\$84,291.62
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	149	612	\$66,187.80
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	249	830	\$46,704.10
		H0035	Mental health partial hosp, treatment <24 hours	6	67	\$21,912.01
		G0513	Prolonged preventive service, first 30 minutes	42	512	\$20,290.56
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	368	1,133	\$16,085.30
		H0002	Behav health screen-eligibility for Tx program	467	467	\$14,087.86
		G0514	Prolonged preventive service, each ADDL 30 min	33	320	\$12,681.60
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	104	165	\$10,002.30
		80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	261	478	\$9,043.90
		H0038	Self-help/peer services per 15 minutes	151	1,003	\$7,769.76
		Q3014	Telehealth originating site facility fee	125	238	\$5,769.12
		90853	GROUP PSYCHOTHERAPY	37	185	\$5,522.25
		H0049	Alcohol &/or drug screening	226	509	\$4,935.76
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	28	28	\$3,904.88
		H0034	Medication training & support per 15 minutes	100	160	\$2,685.39
		80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	50	62	\$2,510.32
		H0007	Alcohol/drug services-crisis intervention-outpt	41	104	\$2,257.84
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	43	47	\$2,068.00
		99401	PREVENT MED COUNSEL&RISK FACTOR REDJ SPX 15 MIN	40	58	\$2,034.64
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	10	10	\$1,446.20
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	21	21	\$1,441.02
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	3	12	\$835.32
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	6	6	\$683.10
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	9	11	\$348.59
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	3	3	\$341.28
		99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	9	9	\$280.08
99202	OFFICE OUTPATIENT NEW 20 MINUTES	5	5	\$267.70		
G2078	Take-home supply of methadone; 7 addl day suppl	4	19	\$240.21		
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	3	3	\$221.76		
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	2	2	\$201.86		
99203	OFFICE OUTPATIENT NEW 30 MINUTES	2	2	\$160.62		
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	4	4	\$71.40		
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1	1	\$57.78		
G2080	Each additional 30 min counseling in a week MAT	3	8	\$31.16		
Aggregate(Provider Type Claim NV Code Values)				1,986	44,458	\$1,665,961.66



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.
Patient counts may be duplicated across procedures.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis, sorted by Net Payment**

Time Period: Incurred With Runoff Quarter		QTR 1 CY2020		
Provider Type		Patients	Service Count Paid	Net Payment
Claim NV Code				
17 Spec 215				
Diagnosis Code Principal	Diagnosis Principal			
F1120	Opioid dependence, uncomplicated	513	28,371	\$304,454.11
F1520	Other stimulant dependence, uncomplicated	260	4,266	\$287,670.19
F1220	Cannabis dependence, uncomplicated	87	2,042	\$252,510.09
F4322	Adjustment disorder with anxiety	226	2,329	\$195,710.34
F1020	Alcohol dependence, uncomplicated	157	2,073	\$149,907.56
F152	(Non-Billable Dx) Stimulant NEC dependence	32	622	\$87,336.09
F102	(Non-Billable Dx) Alcohol dependence	27	539	\$75,681.76
F112	(Non-Billable Dx) Opioid dependence	18	383	\$53,776.51
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	36	290	\$24,056.43
F1420	Cocaine dependence, uncomplicated	10	166	\$21,030.27
F3341	Major depressive disorder, recurrent, in partial remission	27	219	\$19,226.82
F4310	Post-traumatic stress disorder, unspecified	74	374	\$18,834.63
F1510	Other stimulant abuse, uncomplicated	13	148	\$12,669.46
F331	Major depressive disorder, recurrent, moderate	37	191	\$11,789.67
F1010	Alcohol abuse, uncomplicated	16	217	\$10,936.35
F431	(Non-Billable Dx) Post-traumatic stress disorder	14	247	\$10,352.03
F1210	Cannabis abuse, uncomplicated	19	199	\$9,744.87
F1121	Opioid dependence, in remission	8	62	\$7,482.00
F1190	Opioid use, unspecified, uncomplicated	62	106	\$6,581.12
F329	Major depressive disorder, single episode, unspecified	11	91	\$6,541.63
F10229	Alcohol dependence with intoxication, unspecified	2	45	\$6,061.85
F10230	Alcohol dependence with withdrawal, uncomplicated	2	16	\$5,258.88
F15	(Non-Billable Dx) Other stimulant related disorders	1	30	\$4,212.51
F411	Generalized anxiety disorder	23	81	\$4,007.24
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	29	\$3,963.37
F10282	Alcohol dependence with alcohol-induced sleep disorder	1	26	\$3,554.80
F2081	Schizophreniform disorder	1	27	\$3,518.99
Z719	Counseling, unspecified	18	69	\$2,921.83
F902	Attention-deficit hyperactivity disorder, combined type	11	47	\$2,838.15
F1123	Opioid dependence with withdrawal	11	26	\$2,724.50
F1521	Other stimulant dependence, in remission	7	24	\$2,649.75
F332	Major depressive disorder, recurrent severe without psychotic features	18	52	\$2,567.54
F3181	Bipolar II disorder	14	44	\$2,540.21
Z79899	Other long term drug therapy	50	62	\$2,510.32
F4323	Adjustment disorder with mixed anxiety and depressed mood	6	32	\$2,506.11
F339	Major depressive disorder, recurrent, unspecified	4	27	\$2,346.25
F1523	Other stimulant dependence with withdrawal	5	21	\$2,335.02
F1399	Sed, hypnot or anxio use unspec w unspec sed, hypnot or anxio-ind disord	26	38	\$2,292.85
F913	Oppositional defiant disorder	7	31	\$2,269.71
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	10	38	\$1,954.00
F1820	Inhalant dependence, uncomplicated	1	12	\$1,574.73
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	16	28	\$1,548.11
F4320	Adjustment disorder, unspecified	8	26	\$1,547.14
F10221	Alcohol dependence with intoxication delirium	1	11	\$1,376.22
F315	Bipolar disord, current episode depressed, severe, w psychotic features	7	18	\$1,371.97
F209	Schizophrenia, unspecified	7	27	\$1,308.57
F840	Autistic disorder	5	17	\$1,231.16
F319	Bipolar disorder, unspecified	11	23	\$1,208.05
F14922	Cocaine use, unspecified with intoxication with perceptual disturbance	1	9	\$1,199.45
F312	Bipolar disorder, current episode manic severe with psychotic features	10	20	\$1,176.93
F1424	Cocaine dependence with cocaine-induced mood disorder	1	7	\$983.15
F1221	Cannabis dependence, in remission	5	20	\$936.69
F1021	Alcohol dependence, in remission	4	13	\$914.02
F430	Acute stress reaction	1	11	\$876.45
F4312	Post-traumatic stress disorder, chronic	8	16	\$875.00
F10129	Alcohol abuse with intoxication, unspecified	1	6	\$842.70
F3160	Bipolar disorder, current episode mixed, unspecified	2	8	\$814.83
F4321	Adjustment disorder with depressed mood	4	9	\$794.95
F322	Major depressive disorder, single episode, severe w/o psychotic features	10	18	\$791.50
F603	Borderline personality disorder	4	11	\$774.96
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	2	10	\$757.40
F10239	Alcohol dependence with withdrawal, unspecified	8	9	\$629.71
Z711	Person with feared health complaint in whom no diagnosis is made	7	9	\$581.98
R69	Illness, unspecified	4	5	\$567.59
F1620	Hallucinogen dependence, uncomplicated	1	4	\$560.81
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	5	10	\$546.30
F410	Panic disorder [episodic paroxysmal anxiety]	17	28	\$530.60
F11220	Opioid dependence with intoxication, uncomplicated	1	92	\$522.45
F200	Paranoid schizophrenia	2	18	\$515.50
F39	Unspecified mood [affective] disorder	2	6	\$470.50
F419	Anxiety disorder, unspecified	10	20	\$468.20



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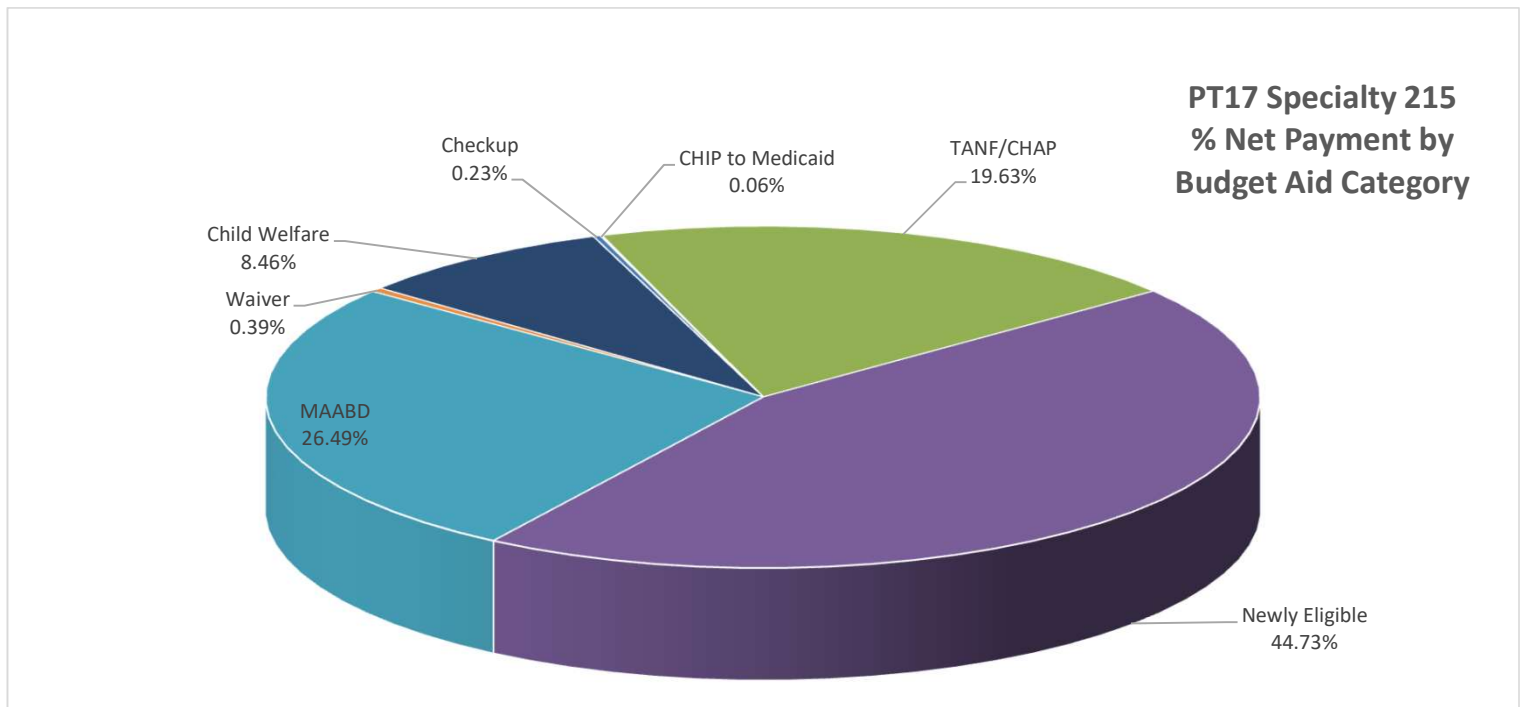
Patient counts may be duplicated across diagnosis codes.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis, sorted by Net Payment**

Time Period: Incurred With Runoff Quarter Provider Type Claim NV Code 17 Spec 215		QTR 1 CY2020		
		Patients	Service Count Paid	Net Payment
F1421	Cocaine dependence, in remission	3	7	\$466.27
F88	Other disorders of psychological development	1	4	\$432.60
F321	Major depressive disorder, single episode, moderate	6	13	\$335.55
F250	Schizoaffective disorder, bipolar type	7	14	\$308.90
F1410	Cocaine abuse, uncomplicated	1	12	\$282.98
F520	Hypoactive sexual desire disorder	1	2	\$279.91
F1511	Other stimulant abuse, in remission	1	2	\$248.60
F21	Schizotypal disorder	1	2	\$247.61
F3113	Bipolar disorder, current episode manic w/o psychotic features, severe	1	2	\$247.61
Z6372	Alcoholism and drug addiction in family	2	4	\$242.48
F1920	Other psychoactive substance dependence, uncomplicated	1	8	\$238.80
F6381	Intermittent explosive disorder	4	6	\$234.21
F1911	Other psychoactive substance abuse, in remission	1	3	\$230.85
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	4	12	\$227.40
Z62810	Personal history of physical and sexual abuse in childhood	1	2	\$216.30
F259	Schizoaffective disorder, unspecified	3	4	\$208.42
F19121	Other psychoactive substance abuse with intoxication delirium	2	3	\$205.31
F438	Other reactions to severe stress	1	5	\$196.27
F17203	Nicotine dependence unspecified, with withdrawal	2	3	\$181.86
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	3	6	\$180.02
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	2	5	\$172.41
F3131	Bipolar disorder, current episode depressed, mild	4	9	\$170.55
F341	Dysthymic disorder	5	8	\$151.60
F930	Separation anxiety disorder of childhood	2	3	\$146.05
F418	Other specified anxiety disorders	1	1	\$144.62
F1111	Opioid abuse, in remission	1	1	\$139.46
F911	Conduct disorder, childhood-onset type	1	1	\$139.46
R825	Elevated urine levels of drugs, medicaments and biological substances	1	1	\$139.46
F22	Delusional disorders	1	2	\$129.86
F99	Mental disorder, not otherwise specified	21	22	\$126.75
F3132	Bipolar disorder, current episode depressed, moderate	4	6	\$113.70
F439	Reaction to severe stress, unspecified	2	3	\$111.82
F633	Trichotillomania	1	1	\$108.15
F941	Reactive attachment disorder of childhood	1	1	\$108.15
F1110	Opioid abuse, uncomplicated	2	3	\$101.14
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	3	5	\$94.75
F940	Selective mutism	1	3	\$89.55
F251	Schizoaffective disorder, depressive type	3	4	\$75.80
F310	Bipolar disorder, current episode hypomanic	1	4	\$75.80
F320	Major depressive disorder, single episode, mild	3	4	\$75.80
F4010	Social phobia, unspecified	1	4	\$75.80
F400	(Non-Billable Dx) Agoraphobia	1	3	\$56.85
F413	Other mixed anxiety disorders	1	3	\$56.85
F330	Major depressive disorder, recurrent, mild	2	2	\$49.72
F29	Unspecified psychosis not due to substance or known physio condition	1	2	\$37.90
F422	Mixed obsessional thoughts and acts	1	2	\$37.90
F4311	Post-traumatic stress disorder, acute	1	2	\$37.90
F919	Conduct disorder, unspecified	2	2	\$37.90
F19129	Other psychoactive substance abuse with intoxication, unspecified	1	1	\$35.08
F69	Unspecified disorder of adult personality and behavior	1	1	\$35.08
Z0283	Encounter for blood-alcohol and blood-drug test	2	2	\$32.22
F1094	Alcohol use, unspecified with alcohol-induced mood disorder	1	1	\$18.95
F203	Undifferentiated schizophrenia	1	1	\$18.95
F31	(Non-Billable Dx) Bipolar disorder	1	1	\$18.95
F311	(Non-Billable Dx) Bipolar disorder current manic w/o psych feature	1	1	\$18.95
F316	(Non-Billable Dx) Bipolar disorder current episode mixed	1	1	\$18.95
F317	(Non-Billable Dx) Bipolar disorder currently in remission	1	1	\$18.95
F3170	Bipolar disorder, currently in remission, most recent episode unspec	1	1	\$18.95
F3173	Bipolar disorder, in partial remission, most recent episode manic	1	1	\$18.95
F323	Major depressive disorder, single episode, severe w psychotic features	1	1	\$18.95
F3481	Disruptive mood dysregulation disorder	1	1	\$18.95
F70	Mild intellectual disabilities	1	1	\$18.95
F1124	Opioid dependence with opioid-induced mood disorder	1	1	\$9.75
Aggregate(Provider Type Claim NV Code Values)		1,986	44,458	\$1,665,961.66

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Budget Aid Category**

Time Period: Incurred With Runoff Quarter			QTR 1 CY2020			
			Patients	Service Count Paid	Net Payment	Net Pay %
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category				
017	215	Checkup	13	104	\$3,884.63	0.23%
		CHIP to Medicaid	4	26	\$961.86	0.06%
		TANF/CHAP	300	6,644	\$327,082.05	19.63%
		Newly Eligible	890	19,071	\$745,258.04	44.73%
		MAABD	738	17,115	\$441,341.84	26.49%
		Waiver	14	141	\$6,569.59	0.39%
		Child Welfare	60	1,357	\$140,863.65	8.46%
Aggregate(Provider Type Claim NV Code Values)			1,986	44,458	\$1,665,961.66	

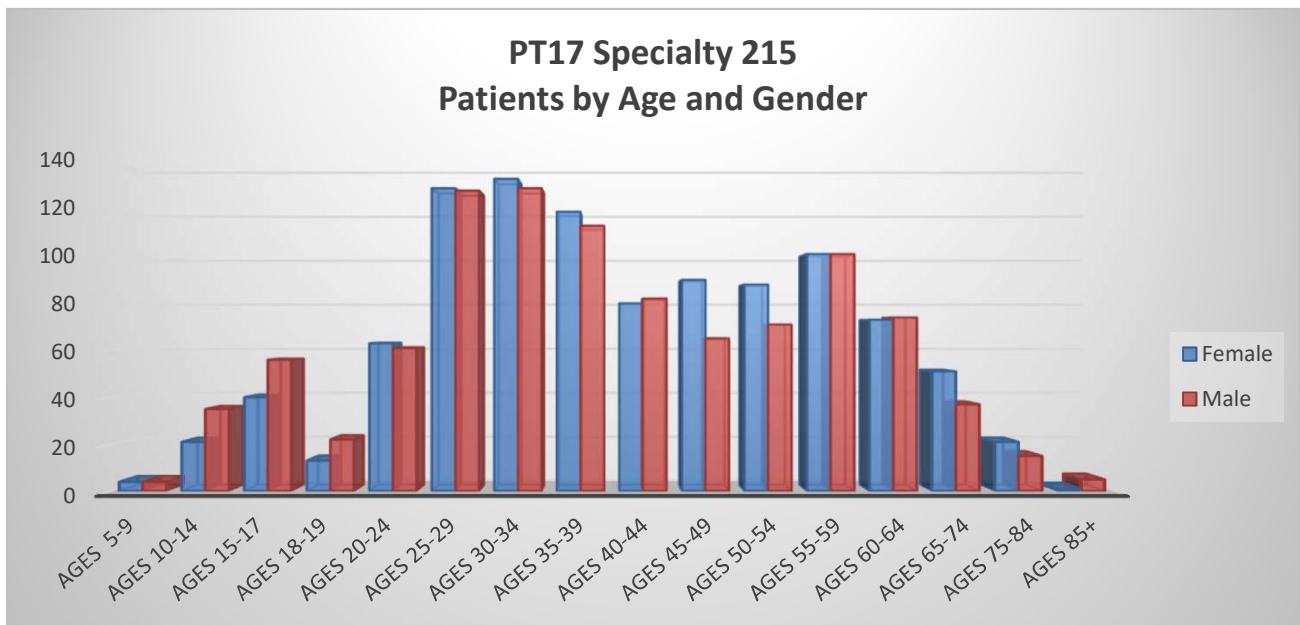


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Patient counts may be duplicated across programs.

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

Time Period: Incurred With Runoff Quarter			QTR 1 2020	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 5-9	4	4
		Ages 10-14	21	35
		Ages 15-17	40	56
		Ages 18-19	13	22
		Ages 20-24	63	61
		Ages 25-29	129	128
		Ages 30-34	133	129
		Ages 35-39	119	113
		Ages 40-44	80	82
		Ages 45-49	90	65
		Ages 50-54	88	71
		Ages 55-59	101	101
		Ages 60-64	73	74
		Ages 65-74	51	37
		Ages 75-84	21	15
		Ages 85+	1	5
Aggregate(Provider Type Claim NV Code Values)			1,009	977



A small amount of Patients will change ages during the quarter, and therefore fall into more than one age group.

Substance Abuse Agency Model (SAAM)	
Nevada Medicaid Fee for Service Reports	
<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.
<p><i>The DHCFP data warehouse is comprised of claims data submitted by over 35,000 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.</i></p>	