

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

CY2021 Quarter 1 by Service Date

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

DHHS Office of Analytics
Nevada Medicaid

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Providers, Quarter 1 CY2021**

Provider County	QTR 1 CY2021	
	Providers Enrolled*	Providers Active^
CARSON CITY	4	3
CHURCHILL	1	1
DOUGLAS	2	2
ELKO	2	1
HUMBOLDT	1	1
LYON	1	1
NYE	4	4
URBAN CLARK	45	19
URBAN WASHOE	19	10
Total	79	42

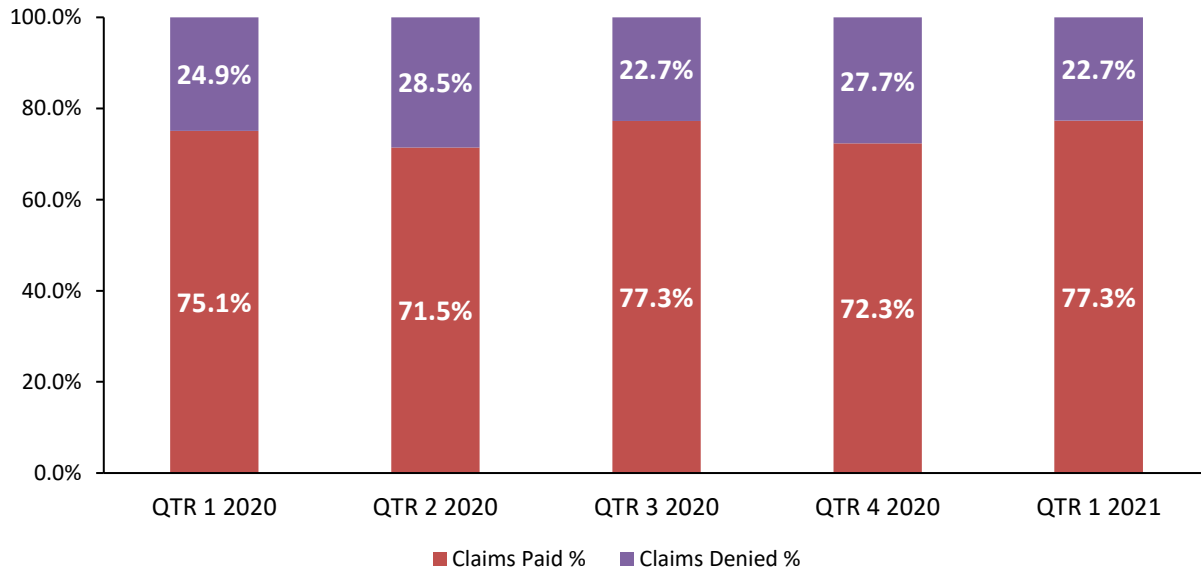
* Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

^ Providers Active 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, Quarter 1 CY2020 - Quarter 1 CY2021**

Quarter CY	Claims Paid	Claims Paid %	Claims Denied	Claims Denied %
QTR 1 2020	23,444	75.11%	7,767	24.89%
QTR 2 2020	16,532	71.47%	6,601	28.53%
QTR 3 2020	15,025	77.25%	4,424	22.75%
QTR 4 2020	14,508	72.32%	5,553	27.68%
QTR 1 2021	16,276	77.34%	4,768	22.66%

**Substance Abuse Agency Model (SAAM)
Percentage of Claims Paid and Denied by Quarter and Year**



Source: Nevada Medicaid Decision Support System (DSS)

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied, Quarter 1 CY2020 - Quarter 1 CY2021

Description of Edit Error	Claims Denied Count				
	QTR 1 2020	QTR 2 2020	QTR 3 2020	QTR 4 2020	QTR 1 2021
1 Unit Allowed Per 90 Rolling Days - Pa Override	15	12	11	18	48
18 Units Allowed Per Calendar Year - Pa Override	0	0	0	0	0
20 Units Per 12 Rolling Months - Pa Override	1,094	478	471	459	341
26 Units Allowed Per Calendar Year - Pa Override	0	0	0	0	0
2Nd Diag Age Conflict	0	1	0	0	0
2Nd Diag Gender Conflict	0	0	0	0	0
3Rd Diag Age Conflict	0	4	2	2	2
4Th Diag Age Conflict	0	6	4	0	0
5 Units Allowed Per 7 Rolling Days	1	0	0	0	0
5Th Diag Age Conflict	0	1	1	0	0
7Th Diagnosis Not Covered	8	0	0	0	0
Add-On Code Billed W/O Paid Primary	1	0	0	0	0
Additional Units Must Be Billed With Add-On Codes	1	0	0	0	0
Adj/Void - Previous Icn Not Found Or Invalid	12	3	75	39	74
Age Restriction On Proc Cvg Rule	1	0	0	0	0
Allowed Amt Less Than Billed Amount Variance	76	21	17	8	21
Billing Period Exceeds 90 Days	1	0	0	0	0
Billing Prov Is Not A Grp/Performing Is A Grp Prov	2	4	0	0	0
Billing Provider Signature Missing	30	3	3	6	13
Calculated Detail Medicare Allowed Amount Is Zero	8	3	5	3	3
Claim Processed By Clinical Claim Editor	1,333	1,225	553	612	671
Claim Type Restriction On Proc Cvg Rule	112	101	66	18	18
Clia License Number Invalid	57	21	12	0	7
Client Covered By Medicare B	92	94	49	42	33
Client Covered By Private Insurance	428	210	142	111	50
Client First Name Is Missing Or Does Not Match	24	82	6	22	12
Client Ineligible On Dtl Dos	346	83	22	33	27
Client Last Name Is Missing Or Does Not Match	60	14	4	12	6
Client Not Eligible On All Dates Of Service	0	0	1	1	0
Client Services Covered By Hmo Plan	96	66	105	43	70
Contract Could Not Be Determined - Dtl	0	2	0	1	0
Contract Could Not Be Determined - Hdr	0	0	0	31	10
Decimal Units Not Billable For Procedure	1	0	0	0	6
Detail Fdos Is After Icn Date	0	8	2	0	0
Diagnosis Cannot Be Used As Principal Diagnosis	24	18	4	1	5
Dos Exceeds Timely Filing Limit	170	48	77	5	0
Exact Dupe: Prof Xover To Prof Xover	3	0	0	0	0
Exact Duplicate: Practitioner To Practitioner	444	230	286	284	336
Header Stmt Covers Period Tdos Missing	2	9	1	0	0
Header Total Billed Amount Missing	4	0	4	0	0
Invalid Adjustment - Medicare Icn Not Found	0	0	4	0	0
Invalid Adjustment Client Ids Do Not Match	0	0	0	1	0
Invalid Adjustment Tcn Not Found	3	0	5	3	0
Medical Review For Proc Cvg Rule	0	0	0	23	0
Medical Visit Denied (Claimreview)	4	2	3	8	11

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied, Quarter 1 CY2020 - Quarter 1 CY2021

Description of Edit Error	Claims Denied Count				
	QTR 1 2020	QTR 2 2020	QTR 3 2020	QTR 4 2020	QTR 1 2021
Modifier Does Not Match Pa	0	0	16	2	0
Mue Professional	61	47	67	85	46
Ncci Ptp Conflict Pay Current-Reprocess History	0	0	1	0	0
Ncci Ptp Conflict Pract Mods Cant Bypass	0	0	0	0	1
Ncci Ptp Conflict Practitioner Mod Bypass Possbl	4	0	0	5	18
No Billing Rule For Procedure	40	5	3	0	0
No Cvg Rule For Procedure	1	0	0	0	1
No Provider Billing Indicator For Dos Range	0	0	0	4	0
No Provider Billing Indicator Found	18	0	0	0	0
One Unit Allowed Per Day	55	30	25	20	23
One Unit Allowed Per Ninety Rolling Days	22	24	13	20	26
Opr Prov Not Enrolled	43	79	6	6	4
Partial Pa Found	4	1	3	3	4
Perf/Facility Pt/Ps Restriction Proc Billing Rule	971	1,172	15	12	47
Performing Provider Not On Provider Database	75	53	27	79	99
Place Of Service Not On File	293	780	1,103	1,357	1,186
Possible Duplicate: Practitioner To Practitioner	10	13	13	7	4
Possible Duplicate: Practitioner Vs Medicare	3	0	0	0	0
Principal Diagnosis Not Covered	3	0	0	0	0
Prior Auth Line Item Status Deny	4	11	19	8	17
Prior Auth Service Conflict	134	113	127	83	150
Prior Authorization Not Found	1,206	1,165	667	700	939
Provider Id On Claim Does Not Match Pa	5	1	0	13	2
Provider Terminated - Dtl Performing	42	0	0	0	0
Recipient Number Billed Does Not Match Pa	190	178	46	88	95
Referring Prov Cannot Be A Group Or Organization	70	119	327	1,046	265
Rendering Prov Not Member Of Billing Prov Group	0	0	0	20	74
Same Procedure Diff Mods Same Day	1	13	0	0	1
Second Modifier Invalid (Edit Code)/Docs required to adjudicate this claim/service (Reason Code)	0	0	0	0	1
Service Not Covered By Nv Medicaid	2	2	3	0	0
Suspend Adjustment For Pre-Payment Verification	27	46	0	0	0
Timely Filing Limit Exceeded	30	0	8	208	0
Units Exceed Authorized Units On Prior Auth	0	0	0	1	1
Aggregate(Provider Type Claim NV Code Values)	7,767	6,601	4,424	5,553	4,768

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

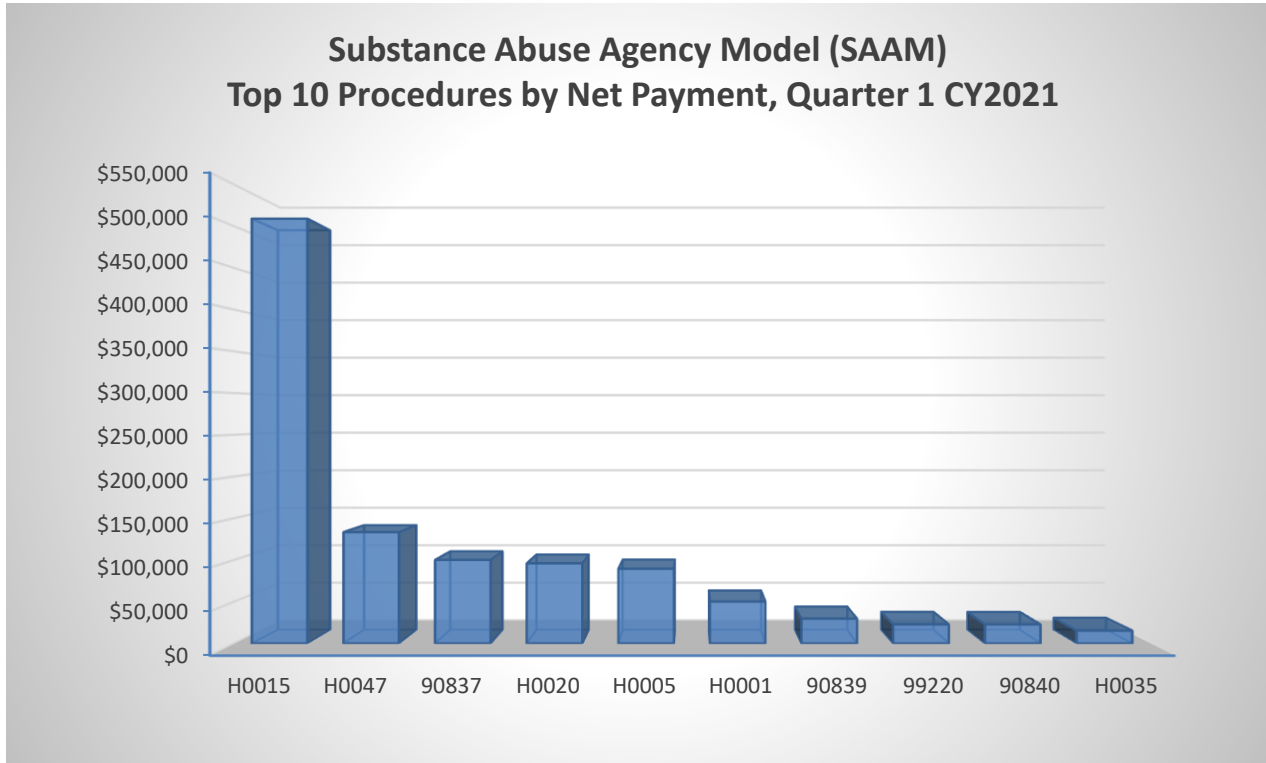
Billed Procedure Codes by Patients, Service Count and Net Payment, Quarter 1 CY2021

Procedure Code	Procedure Description	QTR 1 CY2021		
		Patients*	Service Count Paid	Net Payment^
H0015	Alcohol/drug svc-intensive outpatient program	220	3,623	\$508,849.36
H0047	Alcohol/drug abuse svc not otherwise specified	496	2,321	\$133,375.23
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	167	926	\$100,096.53
H0020	Alcohol/drug svc-methadone admin/service	348	24,419	\$96,024.14
H0005	Alcohol/drug services-group counsel by clinician	205	3,000	\$89,550.00
H0001	Alcohol and/or drug assessment	362	362	\$50,243.40
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	20	264	\$29,712.65
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	43	176	\$22,960.96
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	13	406	\$22,845.62
H0035	Mental health partial hosp, treatment <24 hours	7	47	\$15,447.96
H0049	Alcohol &/or drug screening	371	1,111	\$10,820.64
H0002	Behav health screen-eligibility for Tx program	296	296	\$9,107.92
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	89	143	\$8,668.25
G0513	Prolonged preventive service, first 30 minutes	21	215	\$8,520.45
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	248	507	\$7,200.01
G0514	Prolonged preventive service, each ADDL 30 min	16	164	\$6,499.32
90853	GROUP PSYCHOTHERAPY	69	205	\$6,110.25
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	44	44	\$6,107.78
Q3014	Telehealth originating site facility fee	34	167	\$4,048.08
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	33	99	\$3,472.92
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	24	24	\$3,431.74
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	28	34	\$3,431.62
H0038	Self-help/peer services per 15 minutes	96	479	\$3,428.02
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	90	144	\$2,728.80
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	46	59	\$2,596.00
H0034	Medication training & support per 15 minutes	79	125	\$2,113.40
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	8	23	\$1,601.03
H0007	Alcohol/drug services-crisis intervention-outpt	18	70	\$1,501.93
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	94	363	\$1,234.20
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	12	15	\$1,029.30
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	13	13	\$696.02
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	15	15	\$656.25
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	8	11	\$348.59
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	5	6	\$346.48
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	3	3	\$341.55
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	2	3	\$221.76
G2067	Medication assisted treatment, methadone	1	7	\$203.00
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	1	1	\$80.31
Aggregate(Provider Type Claim NV Code Values)		1,309	39,890	\$1,165,651.47

* Patient counts may be duplicated across procedures.

^ 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.

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Billed Procedure Codes by Patients, Service Count and Net Payment, Quarter 1 CY2021**



**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 1 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 1 CY2021		
		Patients*	Service Count Paid	Net Payment^
F1120	Opioid dependence, uncomplicated	446	27,902	\$286,593.11
F1520	Other stimulant dependence, uncomplicated	167	2,730	\$204,154.02
F1020	Alcohol dependence, uncomplicated	144	1,689	\$151,123.36
F1220	Cannabis dependence, uncomplicated	37	869	\$93,872.04
F102	(Non-Billable Dx) Alcohol dependence	31	365	\$51,209.18
F431	(Non-Billable Dx) Post-traumatic stress disorder	12	565	\$27,476.33
F152	(Non-Billable Dx) Stimulant NEC dependence	16	178	\$24,985.25
F15	(Non-Billable Dx) Other stimulant related disorders	24	733	\$23,525.11
F10239	Alcohol dependence with withdrawal, unspecified	44	417	\$21,076.10
F1010	Alcohol abuse, uncomplicated	12	377	\$20,092.81
F1124	Opioid dependence with opioid-induced mood disorder	2	150	\$15,180.57
F112	(Non-Billable Dx) Opioid dependence	11	94	\$13,195.37
F10	(Non-Billable Dx) Alcohol related disorders	18	442	\$12,507.01
F331	Major depressive disorder, recurrent, moderate	25	193	\$11,882.06
F0634	Mood disorder due to known physiological condition with mixed features	1	122	\$11,592.61
F1210	Cannabis abuse, uncomplicated	14	326	\$11,251.46
F4310	Post-traumatic stress disorder, unspecified	31	121	\$10,379.41
F411	Generalized anxiety disorder	16	123	\$8,813.26
F1510	Other stimulant abuse, uncomplicated	9	81	\$7,553.54
F12	(Non-Billable Dx) Cannabis related disorders	16	245	\$6,886.28
F11222	Opioid dependence with intoxication with perceptual disturbance	1	102	\$6,308.67
F332	Major depressive disorder, recurrent severe without psychotic features	11	61	\$5,936.02
F329	Major depressive disorder, single episode, unspecified	9	50	\$5,771.17
F1190	Opioid use, unspecified, uncomplicated	53	79	\$5,735.04
F11	(Non-Billable Dx) Opioid related disorders	7	199	\$5,581.00
F1924	Other psychoactive subst dependence w psychoactive-induced mood disorder	1	39	\$5,477.55
F1523	Other stimulant dependence with withdrawal	9	54	\$5,227.35
F1121	Opioid dependence, in remission	2	42	\$4,932.55
F19951	Other psychoact subst use, unspec w psychoact subst-ind psych halluc	9	93	\$4,913.86
F1123	Opioid dependence with withdrawal	9	91	\$4,871.06
F11229	Opioid dependence with intoxication, unspecified	2	35	\$4,777.25
F341	Dysthymic disorder	5	33	\$4,569.26
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	4	63	\$4,392.81
F918	Other conduct disorders	6	37	\$4,095.48
F209	Schizophrenia, unspecified	8	54	\$3,944.98
F1420	Cocaine dependence, uncomplicated	5	29	\$3,783.33
F250	Schizoaffective disorder, bipolar type	5	43	\$3,304.85
F15959	Other stimulant use, unspec w stimulant-induced psych disorder, unspec	9	57	\$3,255.44
F319	Bipolar disorder, unspecified	6	36	\$2,909.84
F410	Panic disorder [episodic paroxysmal anxiety]	6	26	\$2,778.10
F4323	Adjustment disorder with mixed anxiety and depressed mood	5	24	\$2,770.09
F1399	Sed, hypnot or anxio use unspec w unspec sed, hypnot or anxio-ind disord	26	37	\$2,715.98

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 1 CY2021

Principal Diagnosis Code	Principal Diagnosis Description	QTR 1 CY2021		
		Patients*	Service Count Paid	Net Payment^
F19229	Other psychoactive substance dependence with intoxication, unspecified	1	18	\$2,528.10
F1524	Other stimulant dependence with stimulant-induced mood disorder	1	47	\$2,511.87
F4322	Adjustment disorder with anxiety	6	21	\$2,333.77
F3181	Bipolar II disorder	8	30	\$2,174.10
F321	Major depressive disorder, single episode, moderate	3	18	\$1,900.93
F1521	Other stimulant dependence, in remission	4	47	\$1,772.68
F4320	Adjustment disorder, unspecified	1	13	\$1,704.35
F4312	Post-traumatic stress disorder, chronic	4	16	\$1,638.71
R69	Illness, unspecified	10	19	\$1,630.71
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	18	23	\$1,551.92
F419	Anxiety disorder, unspecified	13	24	\$1,550.28
F1110	Opioid abuse, uncomplicated	6	31	\$1,444.56
F913	Oppositional defiant disorder	4	14	\$1,435.80
Z719	Counseling, unspecified	15	47	\$1,390.02
F649	Gender identity disorder, unspecified	2	12	\$1,297.80
F4321	Adjustment disorder with depressed mood	2	11	\$1,220.96
F3289	Other specified depressive episodes	1	11	\$1,189.65
F1514	Other stimulant abuse with stimulant-induced mood disorder	1	19	\$1,167.29
F640	Transsexualism	1	10	\$1,081.50
F1013	(Non-Billable Dx) Alcohol abuse w withdrawal	1	11	\$984.07
F39	Unspecified mood [affective] disorder	2	9	\$973.35
I10	Essential (primary) hypertension	1	10	\$905.36
F330	Major depressive disorder, recurrent, mild	3	8	\$896.51
F320	Major depressive disorder, single episode, mild	1	8	\$865.20
F639	Impulse disorder, unspecified	1	8	\$865.20
F3481	Disruptive mood dysregulation disorder	1	9	\$819.19
F840	Autistic disorder	1	8	\$819.13
F1222	(Non-Billable Dx) Cannabis dependence w intoxication	1	10	\$787.82
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	8	12	\$751.06
F1024	Alcohol dependence with alcohol-induced mood disorder	1	14	\$747.78
F439	Reaction to severe stress, unspecified	2	8	\$680.55
F3189	Other bipolar disorder	1	11	\$633.97
F11188	Opioid abuse w other opioid-induced disorder	1	10	\$632.05
F1019	Alcohol abuse with unspecified alcohol-induced disorder	1	5	\$572.06
F1129	Opioid dependence with unspecified opioid-induced disorder	1	11	\$562.89
F1221	Cannabis dependence, in remission	4	12	\$558.24
F29	Unspecified psychosis not due to substance or known physio condition	1	7	\$555.57
F8082	Social pragmatic communication disorder	1	5	\$540.75
F902	Attention-deficit hyperactivity disorder, combined type	9	13	\$537.59
F339	Major depressive disorder, recurrent, unspecified	2	7	\$518.64
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	1	11	\$488.12
F200	Paranoid schizophrenia	1	12	\$483.13

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 1 CY2021

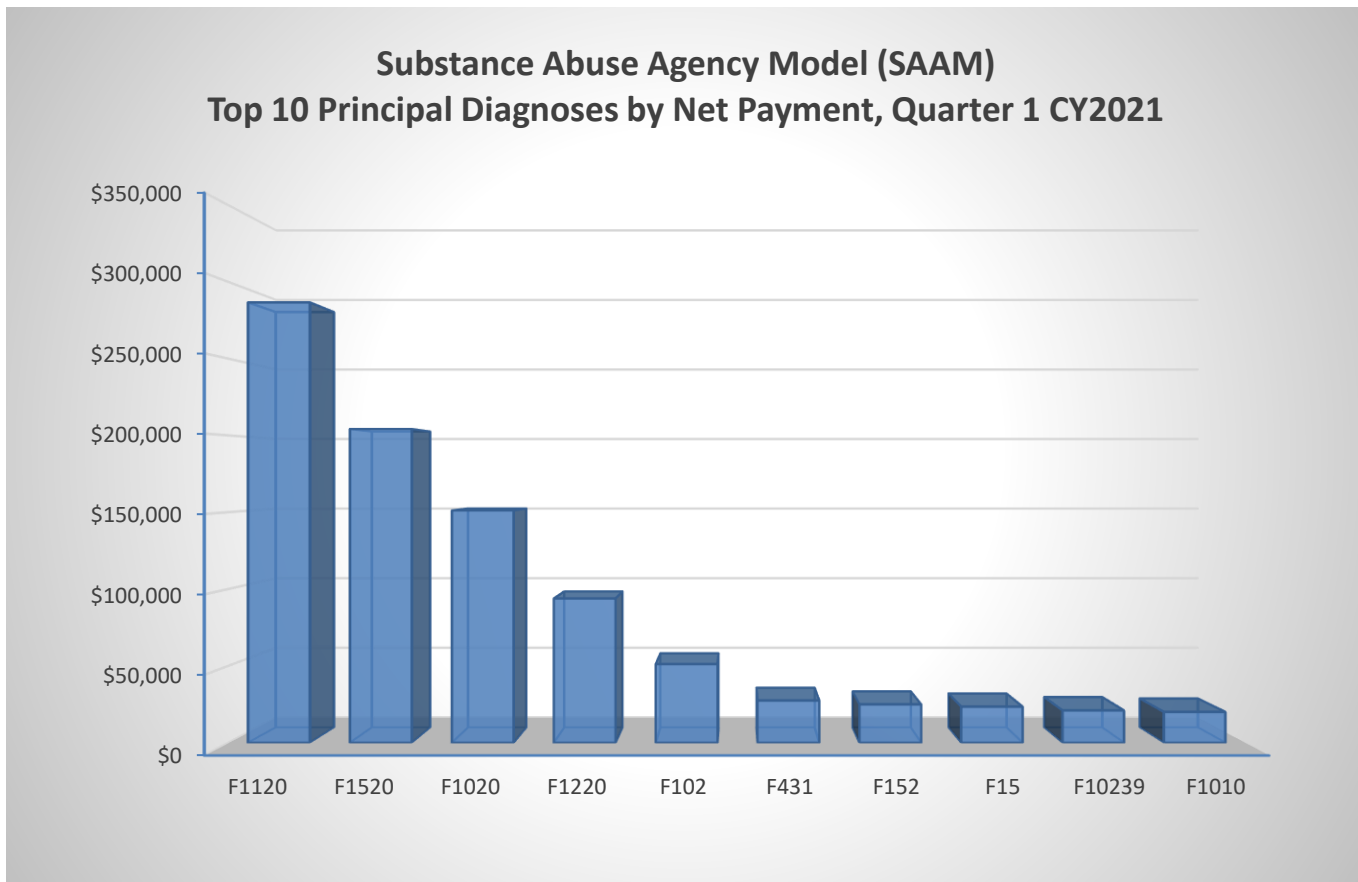
Principal Diagnosis Code	Principal Diagnosis Description	QTR 1 CY2021		
		Patients*	Service Count Paid	Net Payment^
F1021	Alcohol dependence, in remission	2	8	\$473.68
F11220	Opioid dependence with intoxication, uncomplicated	1	97	\$422.85
F101	(Non-Billable Dx) Alcohol abuse	1	14	\$398.72
F15180	Other stimulant abuse with stimulant-induced anxiety disorder	1	3	\$391.38
F11288	Opioid dependence w other opioid-induced disorder	1	1	\$328.68
F0631	Mood disorder due to known physiological condition w depressive features	1	3	\$324.45
F10230	Alcohol dependence with withdrawal, uncomplicated	2	4	\$319.44
F1920	Other psychoactive substance dependence, uncomplicated	1	9	\$268.65
Z634	Disappearance and death of family member	2	4	\$265.10
F259	Schizoaffective disorder, unspecified	2	3	\$255.02
F111	(Non-Billable Dx) Opioid abuse	3	21	\$249.18
F1211	Cannabis abuse, in remission	1	4	\$231.12
F10929	Alcohol use, unspecified with intoxication, unspecified	3	4	\$216.96
F633	Trichotillomania	1	2	\$216.30
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	2	\$171.22
F10251	Alcohol depend w alcohol-induced psychotic disorder w hallucinations	1	2	\$170.23
F315	Bipolar disord, current episode depressed, severe, w psychotic features	1	2	\$169.31
F3132	Bipolar disorder, current episode depressed, moderate	2	2	\$158.41
F418	Other specified anxiety disorders	1	1	\$139.46
Z711	Person with feared health complaint in whom no diagnosis is made	1	1	\$139.46
F064	Anxiety disorder due to known physiological condition	1	1	\$108.15
F251	Schizoaffective disorder, depressive type	1	1	\$108.15
F6381	Intermittent explosive disorder	1	1	\$108.15
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	3	4	\$75.80
F3341	Major depressive disorder, recurrent, in partial remission	2	2	\$72.49
Z3202	Encounter for pregnancy test, result negative	3	5	\$62.13
F17203	Nicotine dependence unspecified, with withdrawal	1	1	\$60.62
Z6372	Alcoholism and drug addiction in family	1	1	\$60.62
F4000	Agoraphobia, unspecified	1	3	\$56.85
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	3	\$56.85
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	3	3	\$52.11
Z62812	Personal history of neglect in childhood	1	1	\$39.63
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	2	\$37.90
F19959	Other psychoact subst use, unspec w psychoact subst-ind psych disord NOS	1	1	\$29.85
F99	Mental disorder, not otherwise specified	2	2	\$19.50
E669	Obesity, unspecified	1	1	\$18.95
F310	Bipolar disorder, current episode hypomanic	1	1	\$18.95
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	1	1	\$18.95
F312	Bipolar disorder, current episode manic severe with psychotic features	1	1	\$18.95
F3131	Bipolar disorder, current episode depressed, mild	1	1	\$18.95
F322	Major depressive disorder, single episode, severe w/o psychotic features	1	1	\$18.95
F4001	Agoraphobia with panic disorder	1	1	\$18.95

**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 1 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 1 CY2021		
		Patients*	Service Count Paid	Net Payment^
F4010	Social phobia, unspecified	1	1	\$18.95
F422	Mixed obsessional thoughts and acts	1	1	\$18.95
F4522	Body dysmorphic disorder	1	1	\$18.95
F909	Attention-deficit hyperactivity disorder, unspecified type	1	1	\$18.95
F949	Childhood disorder of social functioning, unspecified	1	1	\$18.95
G40509	Epileptic seizures related to external causes, not intractable, w/o SE	1	1	\$18.95
Z630	Problems in relationship with spouse or partner	1	1	\$18.95
F1910	Other psychoactive substance abuse, uncomplicated	1	1	\$14.21
F121	(Non-Billable Dx) Cannabis abuse	1	1	\$9.75
Aggregate(Provider Type Claim NV Code Values)		1,309	39,890	\$1,165,651.47

* Patient counts may be duplicated across principal diagnoses.

^ 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.



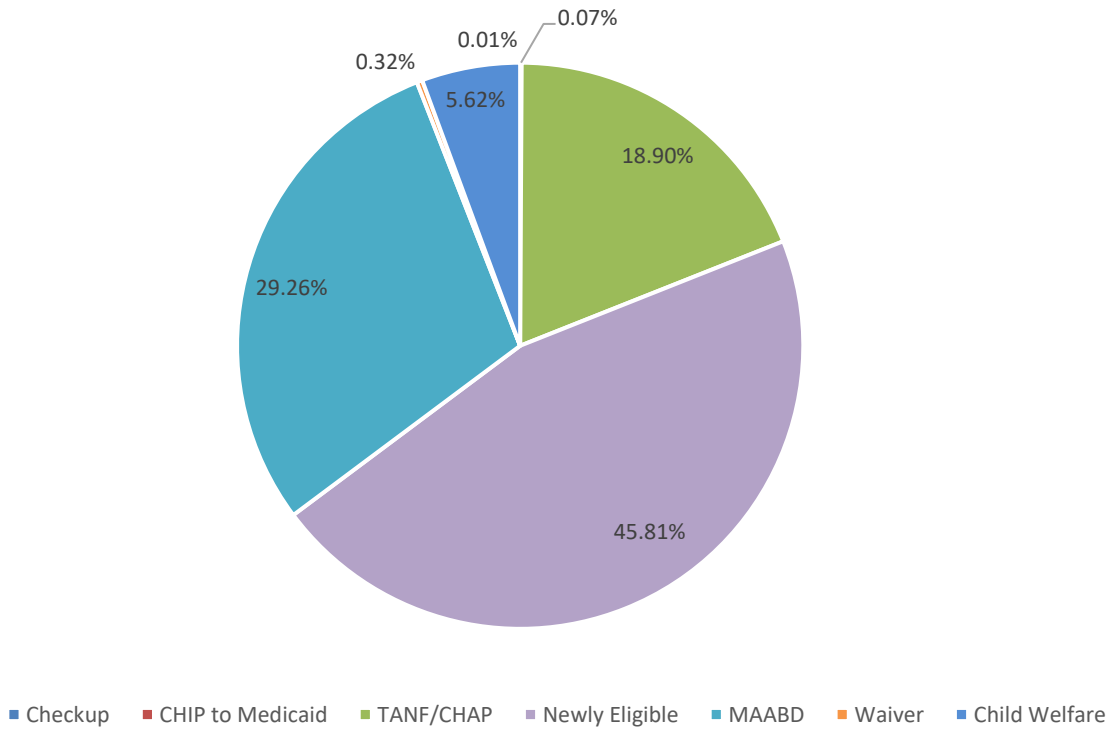
**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Budget Aid Category by Patients, Service Count and Net Payment, Quarter 1 CY2021**

Aid Category	QTR 1 CY2021			
	Patients*	Service Count Paid	Net Payment^	Net Payment %
Checkup	1	1	\$139.46	0.01%
CHIP to Medicaid	2	8	\$865.20	0.07%
TANF/CHAP	200	6,057	\$220,265.14	18.90%
Newly Eligible	626	17,756	\$534,026.87	45.81%
MAABD	449	15,095	\$341,060.30	29.26%
Waiver	7	33	\$3,730.95	0.32%
Child Welfare	40	940	\$65,563.55	5.62%
Aggregate(Provider Type Claim NV Code Values)	1,309	39,890	\$1,165,651.47	100%

* Patient counts may be duplicated across programs.

^ 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.

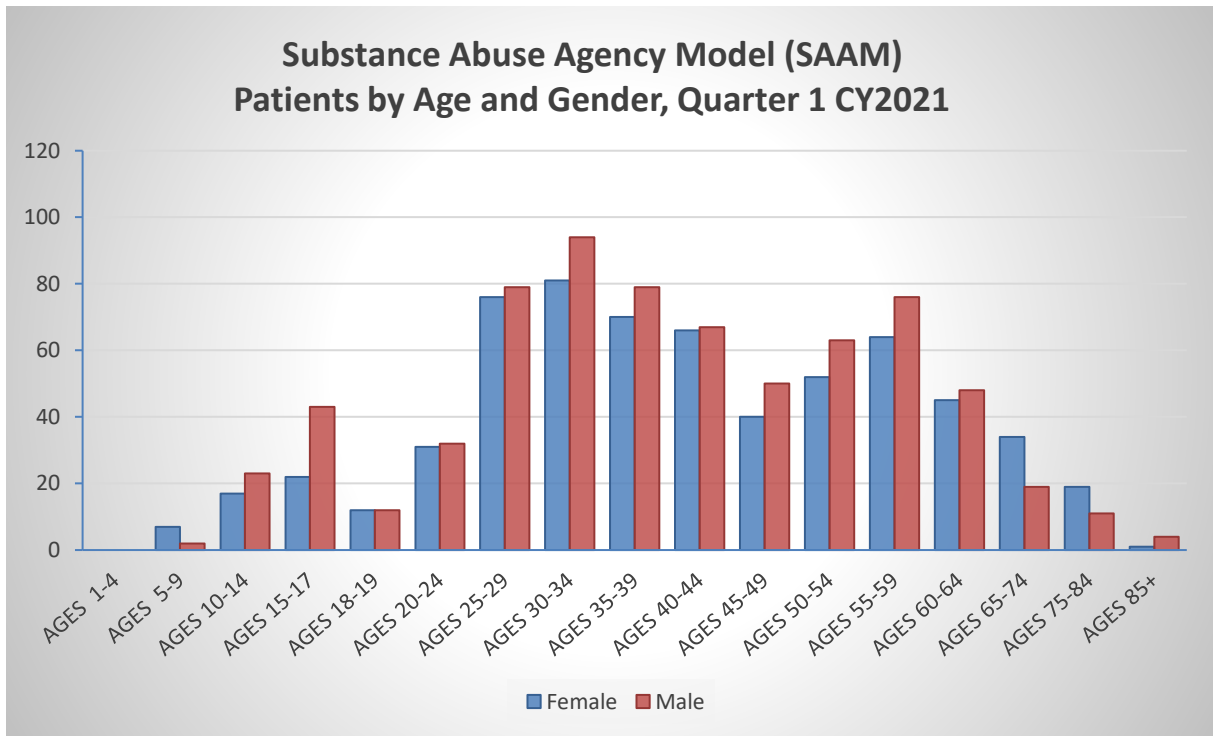
**Substance Abuse Agency Model (SAAM)
Aid Category by Net Payment Percentage, Quarter 1 CY2021**



**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Demographics, Quarter 1 CY2021**

Patient Age Group*	QTR 1 CY2021	
	Female	Male
Ages 1-4	0	0
Ages 5-9	7	2
Ages 10-14	17	23
Ages 15-17	22	43
Ages 18-19	12	12
Ages 20-24	31	32
Ages 25-29	76	79
Ages 30-34	81	94
Ages 35-39	70	79
Ages 40-44	66	67
Ages 45-49	40	50
Ages 50-54	52	63
Ages 55-59	64	76
Ages 60-64	45	48
Ages 65-74	34	19
Ages 75-84	19	11
Ages 85+	1	4
Aggregate(Provider Type Claim NV Code Values)	623	686

* 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>	