

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports CY2020 Q2 by Service Date

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**DHHS Office of Analytics
Nevada Medicaid**

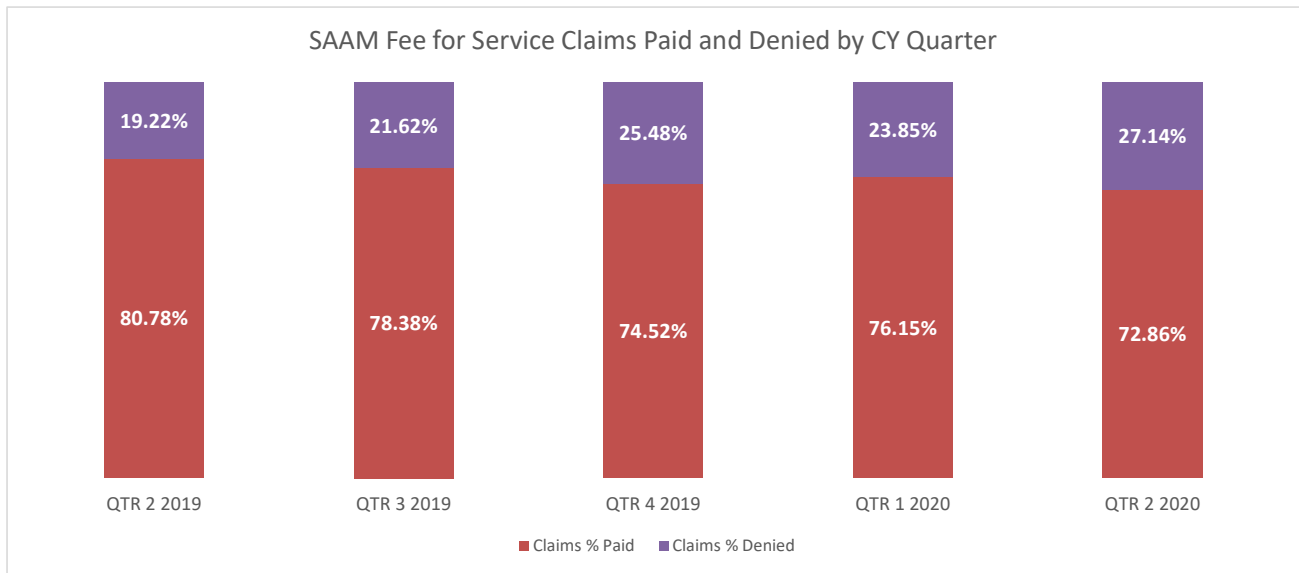
**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Providers**

Time Period: Incurred With Runoff Quarter			QTR 2 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	18
		URBAN WASHOE	18	10
Aggregate(Provider Type Claim NV Code Values)		Total	79	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.
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**

Provider Type Claim NV Code	Provider Specialty Claim NV Code	Incurred With Runoff CY Quarter	Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
017	215	QTR 2 2019	23,611	80.78%	5,617	19.22%
		QTR 3 2019	25,310	78.38%	6,980	21.62%
		QTR 4 2019	25,251	74.52%	8,635	25.48%
		QTR 1 2020	23,543	76.15%	7,372	23.85%
		QTR 2 2020	16,364	72.86%	6,096	27.14%

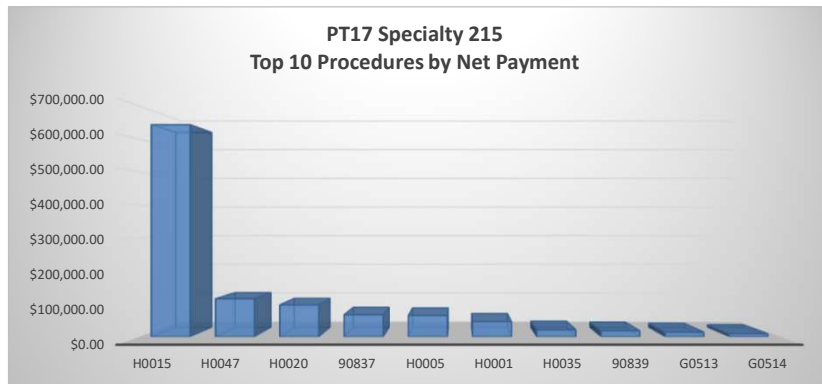


**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied**

Provider Type Claim NV Code	Provider Specialty Claim NV Code	Time Period: Incurred With Runoff Quarter Edit Error 1	Claims Denied - LEGACY				
			QTR 2 2019	QTR 3 2019	QTR 4 2019	QTR 1 2020	QTR 2 2020
017	215	1 Unit Allowed Per 90 Rolling Days - Pa Override	22	192	88	11	5
		1St Diagnosis Code Not On File	1	29			
		20 Units Per 12 Rolling Months - Pa Override	1,070	1,012	1,291	1,094	477
		2Nd Diag Age Conflict	3		20		1
		2Nd Diagnosis Code Not On File		4			
		2Nd Diagnosis Not Covered	20	5			
		3Rd Diag Age Conflict					4
		3Rd Diagnosis Not Covered	60	2			
		4Th Diag Age Conflict					6
		4Th Diagnosis Not Covered	20	26	22		
		5 Units Allowed Per 7 Rolling Days		4	3	1	
		5Th Diag Age Conflict					1
		7Th Diagnosis Not Covered				8	
		Add-On Code Billed W/O Paid Primary	1	3	2	1	
		Additional Units Must Be Billed With Add-On Codes				1	
		Adj/Void - Previous Icn Not Found Or Invalid	26		40	12	3
		Age Restriction On Proc Cvg Rule				1	
		Allowed Amt Less Than Billed Amount Variance	23	62	54	74	21
		Billing Prov Is Not A Grp/Performing Is A Grp Prov	11	11	2	2	4
		Billing Provider Signature Missing	7	45	13	27	3
		Calculated Detail Medicare Allowed Amount Is Zero			1	8	1
		Claim Processed By Clinical Claim Editor	581	688	1,038	1,299	1,194
		Claim Type Restriction On Proc Cvg Rule	4	9	1	59	22
		Cla License Number Invalid	17	72	63	57	22
		Client Covered By Medicare B	54	97	93	89	82
		Client Covered By Private Insurance	44	266	419	417	209
		Client First Name Is Missing Or Does Not Match	76	25	44	24	80
		Client Ineligible On Dtl Dos	230	398	400	344	83
		Client Last Name Is Missing Or Does Not Match	44	105	49	60	14
		Client Services Covered By Hmo Plan	91	133	130	95	65
		Contract Could Not Be Determined - Dtl					2
		Contract Could Not Be Determined - Hdr	16	10	4		
		Decimal Units Not Billable For Procedure	16		4	1	
		Detail Fdos Is After Icn Date					8
		Detail Units Billed Greater Than 9999	1				
		Diagnosis Cannot Be Used As Principal Diagnosis	4	9	8	19	18
		Dos Exceeds Timely Filing Limit	40	145	108	110	
		Duplicate Procedure Only Allowed Once Per Day					1
		Exact DUpe: Prof Xover To Prof Xover			1	3	
		Exact Duplicate: Practitioner To Practitioner	606	176	376	379	171
		Excp Claims Suspend For Review	8	140	69		
		Found Carrier - Tpl Amount Submitted	250	369	20		
		Header Stmt Covers Period Tdos Missing		1	1	2	9
		Header Total Billed Amount Missing		1	19	4	
		Invalid Adjustment Tcn Not Found			13	3	
		Medical Review For Proc Cvg Rule			9		
		Medical Visit Denied (Claimreview)		4	3	3	2
		Miscellaneous Claims Xten Error		31	33		
		Modifier Does Not Match Pa					
		Mue Professional	283	327	302	58	44
		Ncci Ptp Conflict Pract Mods Cant Bypass		3	1		
		Ncci Ptp Conflict Practitioner Mod Bypass Possbl	2	1	3	3	
		No Billing Rule For Procedure	1	85	75	40	6
		No Cvg Rule For Procedure		1		1	
		No Provider Billing Indicator For Dos Range		3	17		
		No Provider Billing Indicator Found	59			18	
		One Unit Allowed Per Day	35	79	79	50	29
		One Unit Allowed Per Ninety Rolling Days	18	20	31	16	15
		Opr Prov Not Enrolled	1	23	85	43	79
		Partial Pa Found		2	1	4	1
		Perf/Facility Pt/Ps Restriction Proc Billing Rule	534	182	822	966	1,158
		Performing Provider Not On Provider Database	153	320	34	73	53
		Place Of Service Not On File				287	724
		Possible Duplicate: Practitioner To Practitioner	10	11	12	10	13
		Possible Duplicate: Practitioner Vs Medicare		1	2	3	
		Principal Diagnosis Not Covered		36	12	3	
		Prior Auth Line Item Status Deny	7	6		4	11
Prior Auth Service Conflict	69	98	85	114	96		
Prior Authorization Not Found	682	1,373	2,139	1,172	1,100		
Provider Id On Claim Does Not Match Pa	10	3	8	5	1		
Provider Terminated - Dtl Performing				42			
Recipient Number Billed Does Not Match Pa	106	155	225	184	159		
Referring Prov Cannot Be A Group Or Organization	19	60	49	35	84		
Rendering Prov Not Member Of Billing Prov Group	11						
Rendering Provider Is Not Designated To Render	16	104	186				
Same Procedure Diff Mods Same Day	7		1	1	13		
Service Not Covered By Nv Medicaid	3	12	15	2	2		
Timely Filing Limit Exceeded	245		9	30			
Units Exceed Authorized Units On Prior Auth		1	1				
Aggregate(Provider Type Claim NV Code Values)			5,617	6,980	8,635	7,372	6,096

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

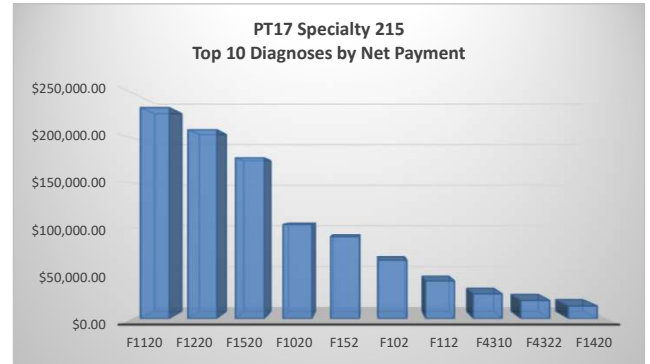
Time Period: Incurred With Runoff Quarter				QTR 2 CY2020		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Procedure Code	Procedure			
017	215	H0015	Alcohol/drug svc-intensive outpatient program	209	4,580	\$643,068.76
		H0047	Alcohol/drug abuse svc not otherwise specified	454	2,012	\$115,276.03
		H0020	Alcohol/drug svc-methadone admin/service	374	24,479	\$96,377.04
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	110	617	\$66,728.55
		H0005	Alcohol/drug services-group counsel by clinician	189	2,165	\$64,625.25
		H0001	Alcohol and/or drug assessment	332	332	\$46,230.84
		H0035	Mental health partial hosp, treatment <24 hours	6	64	\$21,035.52
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	51	160	\$18,007.39
		G0513	Prolonged preventive service, first 30 minutes	33	353	\$13,989.39
		G0514	Prolonged preventive service, each ADDL 30 min	25	231	\$9,154.17
		80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	198	575	\$8,170.75
		H0049	Alcohol &/or drug screening	299	841	\$8,138.39
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	101	103	\$6,243.86
		H0038	Self-help/peer services per 15 minutes	87	686	\$5,210.38
		80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	125	228	\$4,308.25
		H0002	Behav health screen-eligibility for Tx program	131	132	\$4,061.64
		Q3014	Telehealth originating site facility fee	51	163	\$3,902.65
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	7	60	\$3,373.19
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	21	21	\$2,909.20
		H0034	Medication training & support per 15 minutes	72	135	\$2,181.10
		H0007	Alcohol/drug services-crisis intervention-outpt	9	76	\$1,649.96
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	30	33	\$1,452.00
		99214	OFFICE OUTPATIENT VISIT 25 MINUTES	13	19	\$1,303.78
		99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	28	35	\$1,205.18
		90853	GROUP PSYCHOTHERAPY	9	32	\$955.20
		99205	OFFICE OUTPATIENT NEW 60 MINUTES	7	7	\$953.63
		99215	OFFICE OUTPATIENT VISIT 40 MINUTES	5	7	\$706.51
		99204	OFFICE OUTPATIENT NEW 45 MINUTES	6	6	\$683.10
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	1	6	\$443.52
		96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	54	115	\$391.00
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	2	4	\$278.44
		99212	OFFICE OUTPATIENT VISIT 10 MINUTES	3	5	\$158.45
		99211	OFFICE OUTPATIENT VISIT 5 MINUTES	5	5	\$89.25
		99203	OFFICE OUTPATIENT NEW 30 MINUTES	1	1	\$80.31
		99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	2	2	\$71.12
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1	1	\$57.78
		99217	OBSERVATION CARE DISCHARGE MANAGEMENT	1	1	\$55.69
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	1	1	\$53.54
		G2067	Medication assisted treatment, methadone	11	240	\$0.00
		G2078	Take-home supply of methadone; 7 addl day suppl	5	12	\$0.00
Aggregate(Provider Type Claim NV Code Values)				1,303	38,545	\$1,153,580.81



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 2 CY2020		
Provider Type		Patients	Service Count Paid	Net Payment
Claim NV Code				
17 Spec 215				
Diagnosis Code Principal	Diagnosis Principal			
F1120	Opioid dependence, uncomplicated	485	27,795	\$233,180.42
F1220	Cannabis dependence, uncomplicated	67	1,674	\$208,665.64
F1520	Other stimulant dependence, uncomplicated	169	2,780	\$177,674.54
F1020	Alcohol dependence, uncomplicated	107	1,683	\$104,144.88
F152	(Non-Billable Dx) Stimulant NEC dependence	32	645	\$90,563.52
F102	(Non-Billable Dx) Alcohol dependence	22	460	\$64,589.18
F112	(Non-Billable Dx) Opioid dependence	16	296	\$41,563.30
F4310	Post-traumatic stress disorder, unspecified	48	569	\$27,402.39
F4322	Adjustment disorder with anxiety	40	272	\$20,136.93
F1420	Cocaine dependence, uncomplicated	6	102	\$13,973.86
F251	Schizoaffective disorder, depressive type	8	83	\$10,750.33
F331	Major depressive disorder, recurrent, moderate	22	99	\$10,039.53
F1190	Opioid use, unspecified, uncomplicated	53	98	\$9,330.88
F411	Generalized anxiety disorder	20	84	\$7,673.32
F1210	Cannabis abuse, uncomplicated	11	190	\$7,454.58
F10230	Alcohol dependence with withdrawal, uncomplicated	2	22	\$6,478.04
F329	Major depressive disorder, single episode, unspecified	8	63	\$6,081.69
F1010	Alcohol abuse, uncomplicated	13	180	\$5,607.63
F250	Schizoaffective disorder, bipolar type	4	48	\$5,102.67
F1123	Opioid dependence with withdrawal	8	32	\$4,363.85
F101	(Non-Billable Dx) Alcohol abuse	1	30	\$4,212.51
F1399	Sed, hypnot or anxio use unspec w unspec sed, hypnot or anxio-ind disord	25	43	\$4,104.62
F1610	Hallucinogen abuse, uncomplicated	1	30	\$4,102.83
F1124	Opioid dependence with opioid-induced mood disorder	2	30	\$3,933.06
F1421	Cocaine dependence, in remission	1	30	\$3,847.89
F1924	Other psychoactive subst dependence w psychoactive-induced mood disorder	1	23	\$3,221.35
F11	(Non-Billable Dx) Opioid related disorders	4	71	\$2,971.54
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	29	\$2,967.05
F15259	Other stimulant dependence w stimulant-induced psych disorder, unspec	1	9	\$2,958.12
F2081	Schizophreniform disorder	1	22	\$2,751.67
F15	(Non-Billable Dx) Other stimulant related disorders	3	69	\$2,704.24
F1510	Other stimulant abuse, uncomplicated	10	73	\$2,614.08
F4323	Adjustment disorder with mixed anxiety and depressed mood	6	28	\$2,554.05
F1820	Inhalant dependence, uncomplicated	1	18	\$2,528.10
F312	Bipolar disorder, current episode manic severe with psychotic features	3	24	\$2,266.19
F1424	Cocaine dependence with cocaine-induced mood disorder	1	17	\$2,151.58
F19180	Other psychoactive subst abuse w psychoactive-induced anxiety disorder	1	15	\$2,106.75
F10220	Alcohol dependence with intoxication, uncomplicated	7	15	\$2,103.78
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	15	23	\$2,024.98
F902	Attention-deficit hyperactivity disorder, combined type	6	35	\$2,007.92
F209	Schizophrenia, unspecified	4	17	\$1,877.56
F913	Oppositional defiant disorder	2	17	\$1,869.86
F1911	Other psychoactive substance abuse, in remission	1	12	\$1,685.40
F431	(Non-Billable Dx) Post-traumatic stress disorder	6	35	\$1,609.40
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	4	14	\$1,577.71
F1111	Opioid abuse, in remission	1	24	\$1,437.57
F332	Major depressive disorder, recurrent severe without psychotic features	10	23	\$1,271.35
F1121	Opioid dependence, in remission	4	22	\$1,230.03
Z719	Counseling, unspecified	15	50	\$1,193.14
F39	Unspecified mood [affective] disorder	1	11	\$1,189.65
F88	Other disorders of psychological development	1	11	\$1,189.65
F840	Autistic disorder	2	15	\$1,170.41
F1410	Cocaine abuse, uncomplicated	2	11	\$1,116.21
F1521	Other stimulant dependence, in remission	4	19	\$1,092.79
F4320	Adjustment disorder, unspecified	1	10	\$1,081.50
F315	Bipolar disord, current episode depressed, severe, w psychotic features	5	15	\$1,069.48
F410	Panic disorder [episodic paroxysmal anxiety]	8	27	\$965.91
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	6	12	\$941.00
F1523	Other stimulant dependence with withdrawal	6	20	\$923.73
F10239	Alcohol dependence with withdrawal, unspecified	8	17	\$913.25
F339	Major depressive disorder, recurrent, unspecified	2	9	\$865.20
F3181	Bipolar II disorder	6	20	\$857.67
F4312	Post-traumatic stress disorder, chronic	5	15	\$835.32
F321	Major depressive disorder, single episode, moderate	7	14	\$800.50
F430	Acute stress reaction	1	7	\$761.45
F12	(Non-Billable Dx) Cannabis related disorders	2	18	\$720.27
F15122	Other stimulant abuse with intoxication with perceptual disturbance	1	7	\$702.71
F3289	Other specified depressive episodes	1	6	\$680.21
F439	Reaction to severe stress, unspecified	2	8	\$614.74
F1221	Cannabis dependence, in remission	3	10	\$581.41
F4321	Adjustment disorder with depressed mood	1	5	\$572.06



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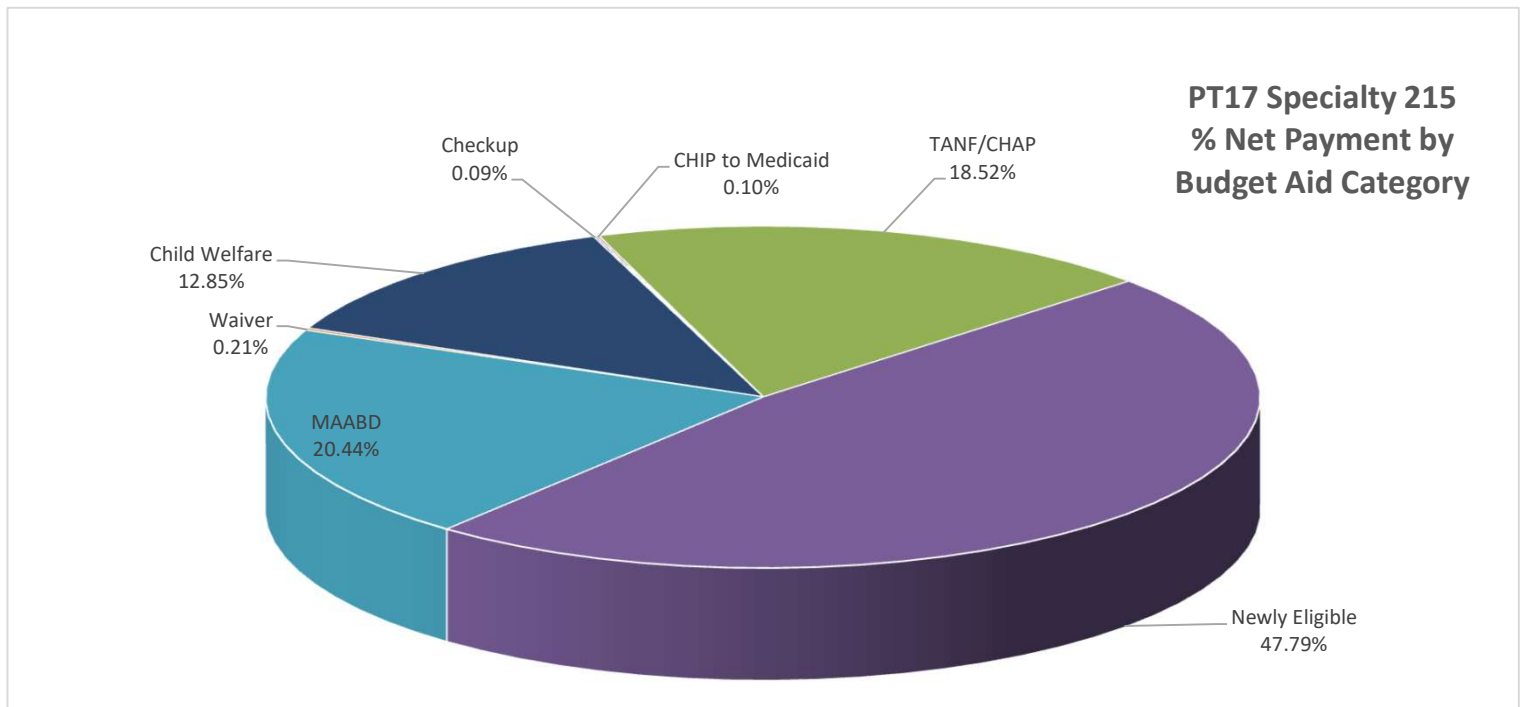
Patient counts may be duplicated across diagnosis codes.

**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 2 CY2020		
		Patients	Service Count Paid	Net Payment
F1021	Alcohol dependence, in remission	1	18	\$537.30
F603	Borderline personality disorder	3	8	\$513.69
F419	Anxiety disorder, unspecified	6	13	\$485.06
F10282	Alcohol dependence with alcohol-induced sleep disorder	1	4	\$456.43
F1920	Other psychoactive substance dependence, uncomplicated	2	8	\$414.05
F17203	Nicotine dependence unspecified, with withdrawal	2	4	\$400.16
F319	Bipolar disorder, unspecified	5	10	\$367.20
F22	Delusional disorders	1	3	\$324.45
F323	Major depressive disorder, single episode, severe w psychotic features	1	3	\$324.45
F6381	Intermittent explosive disorder	1	3	\$324.45
F1211	Cannabis abuse, in remission	2	4	\$319.44
F11220	Opioid dependence with intoxication, uncomplicated	1	66	\$271.66
T7412XA	Child physical abuse, confirmed, initial encounter	1	2	\$216.30
F1110	Opioid abuse, uncomplicated	1	2	\$200.08
F4010	Social phobia, unspecified	1	7	\$198.05
F1193	Opioid use, unspecified with withdrawal	1	3	\$179.98
F909	Attention-deficit hyperactivity disorder, unspecified type	2	3	\$177.36
R825	Elevated urine levels of drugs, medicaments and biological substances	1	3	\$173.34
F99	Mental disorder, not otherwise specified	12	12	\$117.00
F3160	Bipolar disorder, current episode mixed, unspecified	1	1	\$108.15
F3131	Bipolar disorder, current episode depressed, mild	2	5	\$94.75
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	2	5	\$94.75
F3132	Bipolar disorder, current episode depressed, moderate	2	4	\$75.80
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	2	4	\$75.80
F3163	Bipolar disorder, current episode mixed, severe, w/o psychotic features	1	1	\$60.62
Z6372	Alcoholism and drug addiction in family	1	1	\$60.62
Z711	Person with feared health complaint in whom no diagnosis is made	1	1	\$57.78
F310	Bipolar disorder, current episode hypomanic	1	3	\$56.85
F322	Major depressive disorder, single episode, severe w/o psychotic features	1	3	\$56.85
F330	Major depressive disorder, recurrent, mild	1	3	\$56.85
F15250	Other stimulant dependence w stimulant-induced psych disorder w delusion	1	2	\$55.01
F314	Bipolar disorder, current episode depressed, severe, w/o psychotic feature	1	2	\$37.90
F400	(Non-Billable Dx) Agoraphobia	1	2	\$37.90
F919	Conduct disorder, unspecified	1	2	\$37.90
R69	Illness, unspecified	3	3	\$29.25
F13230	Sedative, hypnotic or anxiolytic dependence w withdrawal, uncomplicated	1	2	\$19.22
F1094	Alcohol use, unspecified with alcohol-induced mood disorder	1	1	\$18.95
F200	Paranoid schizophrenia	1	1	\$18.95
F31	(Non-Billable Dx) Bipolar disorder	1	1	\$18.95
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	1	1	\$18.95
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	1	1	\$18.95
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features	1	1	\$18.95
F320	Major depressive disorder, single episode, mild	1	1	\$18.95
F341	Dysthymic disorder	1	1	\$18.95
F3481	Disruptive mood dysregulation disorder	1	1	\$18.95
F409	Phobic anxiety disorder, unspecified	1	1	\$18.95
F413	Other mixed anxiety disorders	1	1	\$18.95
F70	Mild intellectual disabilities	1	1	\$18.95
Z0283	Encounter for blood-alcohol and blood-drug test	1	1	\$16.11
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	1	1	\$14.21
F5105	Insomnia due to other mental disorder	1	1	\$0.01
Aggregate(Provider Type Claim NV Code Values)		1,303	38,545	\$1,153,580.81

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

Time Period: Incurred With Runoff Quarter			QTR 2 CY2020			
			Patients	Service Count Paid	Net Payment	Net Pay %
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category				
017	215	Checkup	5	18	\$1,068.65	0.09%
		CHIP to Medicaid	1	10	\$1,112.81	0.10%
		TANF/CHAP	204	6,023	\$213,643.20	18.52%
		Newly Eligible	619	16,687	\$551,324.06	47.79%
		MAABD	443	14,382	\$235,785.44	20.44%
		Waiver	9	36	\$2,449.77	0.21%
		Child Welfare	41	1,389	\$148,196.88	12.85%
Aggregate(Provider Type Claim NV Code Values)			1,303	38,545	\$1,153,580.81	

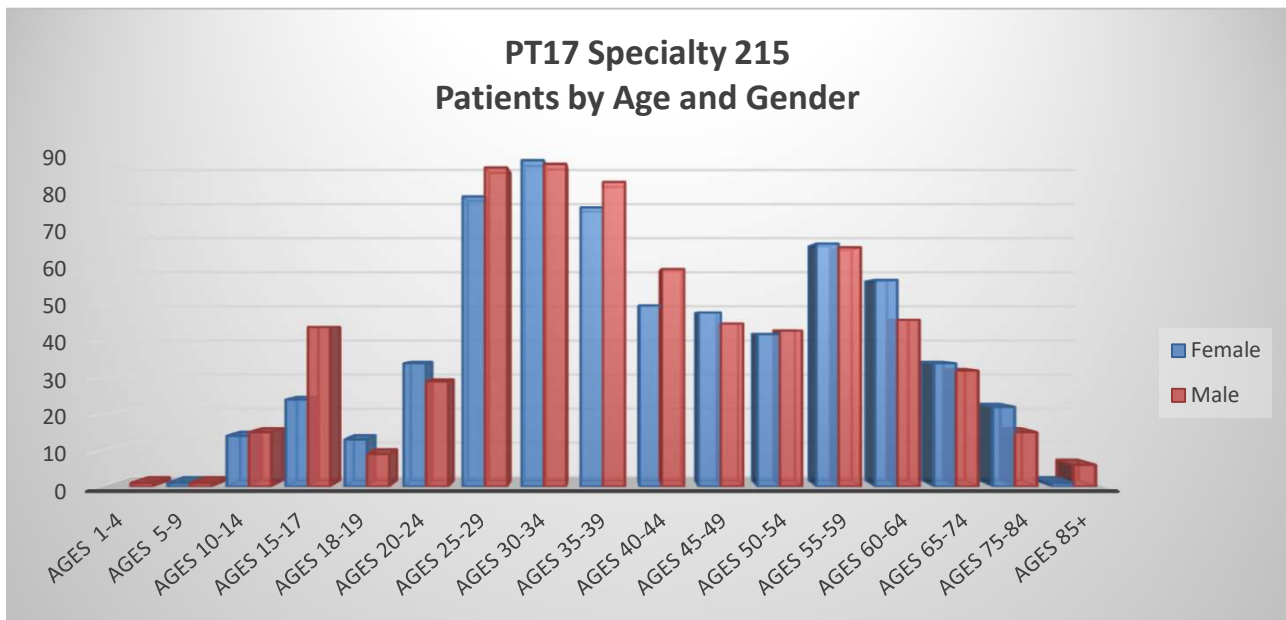


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Patient counts may be duplicated across programs.

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

Time Period: Incurred With Runoff Quarter			QTR 2 2020	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group		
017	215	Ages 1-4		1
		Ages 5-9	1	1
		Ages 10-14	14	15
		Ages 15-17	24	44
		Ages 18-19	13	9
		Ages 20-24	34	29
		Ages 25-29	80	88
		Ages 30-34	90	89
		Ages 35-39	77	84
		Ages 40-44	50	60
		Ages 45-49	48	45
		Ages 50-54	42	43
		Ages 55-59	67	66
		Ages 60-64	57	46
		Ages 65-74	34	32
		Ages 75-84	22	15
Ages 85+	1	6		
Aggregate(Provider Type Claim NV Code Values)			642	661



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>	