

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

CY2020 Quarter 4 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 4 CY2020**

Provider County	QTR 4 CY2020	
	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	17
URBAN WASHOE	17	9
Total	77	39

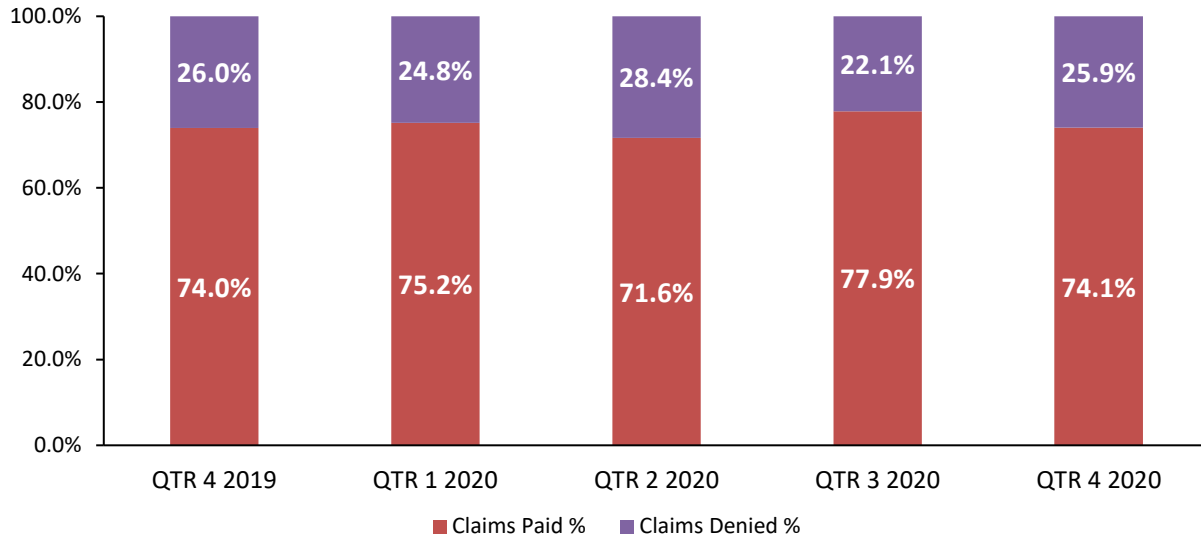
* Provider Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

^ Provider (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 4 CY2019 - Quarter 4 CY2020

Quarter CY	Claims Paid	Claims Paid %	Claims Denied	Claims Denied %
QTR 4 2019	25,359	74.00%	8,911	26.00%
QTR 1 2020	23,433	75.19%	7,731	24.81%
QTR 2 2020	16,519	71.64%	6,540	28.36%
QTR 3 2020	14,970	77.86%	4,258	22.14%
QTR 4 2020	14,354	74.06%	5,028	25.94%

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



Source: Nevada Medicaid Fee for Service

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied, Quarter 4 CY2019 - Quarter 4 CY2020

Description of Edit Error	Claims Denied Count				
	QTR 4 2019	QTR 1 2020	QTR 2 2020	QTR 3 2020	QTR 4 2020
1 Unit Allowed Per 90 Rolling Days - Pa Override	89	15	12	11	18
20 Units Per 12 Rolling Months - Pa Override	1,293	1,094	478	471	458
2Nd Diag Age Conflict	20		1		
3Rd Diag Age Conflict			4	2	2
4Th Diag Age Conflict			6	4	
4Th Diagnosis Not Covered	22				
5 Units Allowed Per 7 Rolling Days	3	1			
5Th Diag Age Conflict			1	1	
7Th Diagnosis Not Covered		8			
Add-On Code Billed W/O Paid Primary	2	1			
Additional Units Must Be Billed With Add-On Codes		1			
Adj/Void - Previous Icn Not Found Or Invalid	40	12	3	75	38
Age Restriction On Proc Cvg Rule		1			
Allowed Amt Less Than Billed Amount Variance	54	76	21	17	7
Billing Period Exceeds 90 Days		1			
Billing Prov Is Not A Grp/Performing Is A Grp Prov	2	2	4		
Billing Provider Signature Missing	13	30	3	3	6
Calculated Detail Medicare Allowed Amount Is Zero	1	8	3	5	3
Claim Processed By Clinical Claim Editor	1,078	1,325	1,220	560	628
Claim Type Restriction On Proc Cvg Rule	3	112	101	66	18
Clia License Number Invalid	63	57	21	12	
Client Covered By Medicare B	99	92	94	49	41
Client Covered By Private Insurance	421	424	210	139	106
Client First Name Is Missing Or Does Not Match	44	24	82	6	22
Client Ineligible On Dtl Dos	402	345	83	22	32
Client Last Name Is Missing Or Does Not Match	49	60	14	4	10
Client Not Eligible On All Dates Of Service				1	1
Client Services Covered By Hmo Plan	138	96	66	105	43
Contract Could Not Be Determined - Dtl			2		1
Contract Could Not Be Determined - Hdr	4				
Decimal Units Not Billable For Procedure	4	1			
Detail Fdos Is After Icn Date			8	2	
Diagnosis Cannot Be Used As Principal Diagnosis	8	24	18	4	
Dos Exceeds Timely Filing Limit	124	170	48	77	
Exact Dupe: Prof Xover To Prof Xover	1	3			
Exact Duplicate: Practitioner To Practitioner	438	443	230	201	173
Excp Claims Suspend For Review	69				
Found Carrier - Tpl Amount Submitted	20				
Header Stmt Covers Period Tdos Missing	1	2	9	1	
Header Total Billed Amount Missing	19	4		4	
Invalid Adjustment - Medicare Icn Not Found				4	
Invalid Adjustment Tcn Not Found	13	3		5	3
Medical Review For Proc Cvg Rule	9				19
Medical Visit Denied (Claimreview)	3	4	2	3	5
Miscellaneous Claims Xten Error	33				

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Claims Denied, Quarter 4 CY2019 - Quarter 4 CY2020

Description of Edit Error	Claims Denied Count				
	QTR 4 2019	QTR 1 2020	QTR 2 2020	QTR 3 2020	QTR 4 2020
Modifier Does Not Match Pa				16	2
Mue Professional	303	61	47	67	85
Ncci Ptp Conflict Pay Current-Reprocess History				1	
Ncci Ptp Conflict Pract Mods Cant Bypass	5				
Ncci Ptp Conflict Practitioner Mod Bypass Possbl	5	4			3
No Billing Rule For Procedure	75	40	5	3	
No Cvg Rule For Procedure		1			
No Provider Billing Indicator For Dos Range	17				4
No Provider Billing Indicator Found		18			
One Unit Allowed Per Day	80	55	30	25	20
One Unit Allowed Per Ninety Rolling Days	31	22	24	13	20
Opr Prov Not Enrolled	85	43	79	6	6
Partial Pa Found	1	4	1	3	3
Perf/Facility Pt/Ps Restriction Proc Billing Rule	824	971	1,172	14	7
Performing Provider Not On Provider Database	34	75	53	27	78
Place Of Service Not On File		293	780	1,048	1,317
Possible Duplicate: Practitioner To Practitioner	12	10	13	13	7
Possible Duplicate: Practitioner Vs Medicare	2	3			
Principal Diagnosis Not Covered	12	3			
Prior Auth Line Item Status Deny		4	11	15	8
Prior Auth Service Conflict	98	134	113	121	76
Prior Authorization Not Found	2,180	1,206	1,161	656	622
Provider Id On Claim Does Not Match Pa	8	5	1		13
Provider Terminated - Dtl Performing		42			
Recipient Number Billed Does Not Match Pa	236	190	171	38	88
Referring Prov Cannot Be A Group Or Organization	103	70	119	327	1,034
Rendering Provider Is Not Designated To Render	186				
Same Procedure Diff Mods Same Day	1	1	13		
Service Not Covered By Nv Medicaid	15	2	2	3	
Suspend Adjustment For Pre-Payment Verification		5	1		
Timely Filing Limit Exceeded	15	30		8	
Units Exceed Authorized Units On Prior Auth	1				1
Aggregate(Provider Type Claim NV Code Values)	8,911	7,731	6,540	4,258	5,028

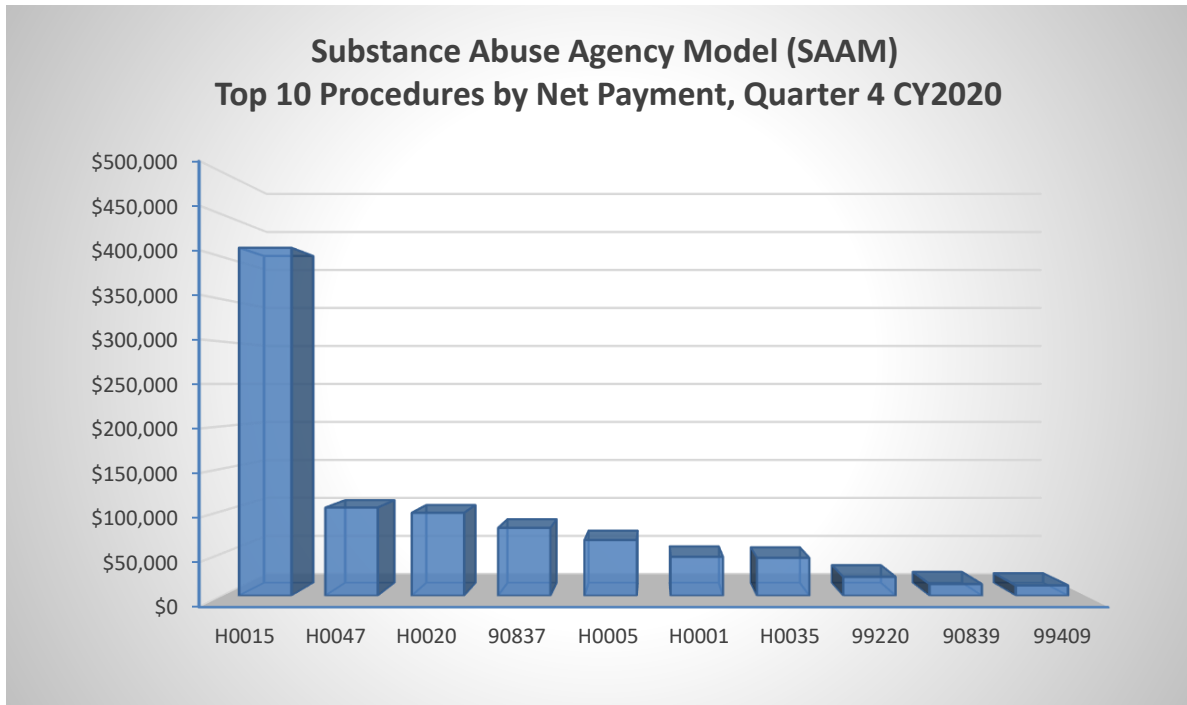
**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Billed Procedure Codes by Patients, Service Count and Net Payment, Quarter 4 CY2020**

Procedure Code	Procedure Description	QTR 4 CY2020		
		Patients*	Service Count Paid	Net Payment^
H0015	Alcohol/drug svc-intensive outpatient program	162	2,926	\$410,694.67
H0047	Alcohol/drug abuse svc not otherwise specified	433	1,803	\$104,060.36
H0020	Alcohol/drug svc-methadone admin/service	362	24,907	\$97,908.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	154	741	\$80,061.00
H0005	Alcohol/drug services-group counsel by clinician	195	2,207	\$65,678.99
H0001	Alcohol and/or drug assessment	330	330	\$45,904.73
H0035	Mental health partial hosp, treatment <24 hours	11	139	\$44,720.24
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	46	171	\$22,306.86
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	20	123	\$13,839.09
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	86	202	\$12,245.24
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	11	209	\$11,760.43
H0049	Alcohol &/or drug screening	359	1,199	\$11,472.69
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	211	582	\$8,270.22
H0002	Behav health screen-eligibility for Tx program	217	217	\$6,674.78
G0513	Prolonged preventive service, first 30 minutes	19	134	\$5,310.42
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	35	35	\$4,840.18
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	52	136	\$4,770.88
90853	GROUP PSYCHOTHERAPY	41	124	\$3,700.50
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	129	178	\$3,373.10
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	17	27	\$2,725.11
G0514	Prolonged preventive service, each ADDL 30 min	10	67	\$2,655.21
H0007	Alcohol/drug services-crisis intervention-outpt	18	98	\$2,127.57
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	38	46	\$2,024.00
H0038	Self-help/peer services per 15 minutes	64	229	\$1,804.52
H0034	Medication training & support per 15 minutes	86	104	\$1,765.61
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	11	11	\$1,571.25
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	21	22	\$1,509.64
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	7	16	\$1,113.76
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	20	20	\$1,070.80
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	83	303	\$1,030.20
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	21	21	\$918.75
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	8	8	\$910.10
Q3014	Telehealth originating site facility fee	13	28	\$678.72
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	4	7	\$221.83
G2067	Medication assisted treatment, methadone	1	1	\$198.00
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1	2	\$115.56
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	1	1	\$81.42
99211	OFFICE/OUTPATIENT ESTABLISHED MINIMAL PROBLEM(S)	1	2	\$35.70
Aggregate(Provider Type Claim NV Code Values)		1,254	37,376	\$980,150.13

* 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 4 CY2020**



Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 4 CY2020

Principal Diagnosis Code	Principal Diagnosis Description	QTR 4 CY2020		
		Patients*	Service Count Paid	Net Payment^
F1120	Opioid dependence, uncomplicated	451	28,343	\$275,761.94
F1520	Other stimulant dependence, uncomplicated	174	2,501	\$181,208.83
F1020	Alcohol dependence, uncomplicated	116	1,326	\$110,595.56
F1220	Cannabis dependence, uncomplicated	37	765	\$92,988.44
F152	(Non-Billable Dx) Stimulant NEC dependence	9	202	\$28,362.98
F102	(Non-Billable Dx) Alcohol dependence	9	136	\$19,092.29
F15	(Non-Billable Dx) Other stimulant related disorders	19	418	\$15,131.30
F431	(Non-Billable Dx) Post-traumatic stress disorder	9	292	\$13,904.31
F411	Generalized anxiety disorder	19	130	\$11,614.83
F331	Major depressive disorder, recurrent, moderate	26	117	\$11,001.96
F209	Schizophrenia, unspecified	13	92	\$10,931.35
F112	(Non-Billable Dx) Opioid dependence	7	74	\$10,355.06
F1210	Cannabis abuse, uncomplicated	13	229	\$9,964.36
F1190	Opioid use, unspecified, uncomplicated	56	130	\$9,536.24
F10239	Alcohol dependence with withdrawal, unspecified	31	201	\$8,731.42
F4310	Post-traumatic stress disorder, unspecified	43	117	\$8,656.75
F1124	Opioid dependence with opioid-induced mood disorder	4	77	\$8,395.16
F10	(Non-Billable Dx) Alcohol related disorders	13	233	\$8,186.41
F1010	Alcohol abuse, uncomplicated	14	177	\$8,098.94
F1510	Other stimulant abuse, uncomplicated	11	100	\$7,029.65
F4323	Adjustment disorder with mixed anxiety and depressed mood	10	58	\$7,021.41
F12	(Non-Billable Dx) Cannabis related disorders	8	200	\$6,977.09
F0634	Mood disorder due to known physiological condition with mixed features	1	74	\$6,955.30
F1524	Other stimulant dependence with stimulant-induced mood disorder	1	49	\$6,197.64
F1420	Cocaine dependence, uncomplicated	3	60	\$5,965.44
F1121	Opioid dependence, in remission	4	69	\$5,853.97
F15259	Other stimulant dependence w stimulant-induced psych disorder, unspec	2	18	\$4,449.53
F1399	Sed, hypnot or anxio use unspec w unspec sed, hypnot or anxio-indisord	26	58	\$4,317.72
F329	Major depressive disorder, single episode, unspecified	9	37	\$4,279.75
F1924	Other psychoactive subst dependence w psychoactive-induced mood disorder	1	30	\$4,213.50
F11222	Opioid dependence with intoxication with perceptual disturbance	2	65	\$4,029.07
F1123	Opioid dependence with withdrawal	15	74	\$3,983.11
F341	Dysthymic disorder	2	30	\$3,885.62
F1521	Other stimulant dependence, in remission	5	51	\$3,691.87
F251	Schizoaffective disorder, depressive type	6	25	\$3,389.75
F918	Other conduct disorders	4	31	\$3,352.65
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	20	44	\$3,140.32
F11	(Non-Billable Dx) Opioid related disorders	5	81	\$2,800.11
F10230	Alcohol dependence with withdrawal, uncomplicated	2	11	\$2,731.78
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	4	21	\$2,731.05
F319	Bipolar disorder, unspecified	8	28	\$2,613.51
F1223	Cannabis dependence with withdrawal	1	8	\$2,471.68
F250	Schizoaffective disorder, bipolar type	5	20	\$2,255.09
F1021	Alcohol dependence, in remission	3	18	\$1,758.83
F410	Panic disorder [episodic paroxysmal anxiety]	6	20	\$1,569.91
F4321	Adjustment disorder with depressed mood	3	16	\$1,496.73

Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 4 CY2020

Principal Diagnosis Code	Principal Diagnosis Description	QTR 4 CY2020		
		Patients*	Service	Net Payment^
F639	Impulse disorder, unspecified	2	13	\$1,405.95
F1523	Other stimulant dependence with withdrawal	7	25	\$1,326.84
F15280	Other stimulant dependence with stimulant-induced anxiety disorder	1	18	\$1,320.45
F11229	Opioid dependence with intoxication, unspecified	1	10	\$1,294.82
F332	Major depressive disorder, recurrent severe without psychotic features	6	16	\$1,195.20
F4322	Adjustment disorder with anxiety	1	10	\$1,081.50
F902	Attention-deficit hyperactivity disorder, combined type	6	13	\$1,010.61
F15959	Other stimulant use, unspec w stimulant-induced psych disorder, unspec	7	20	\$986.90
F1110	Opioid abuse, uncomplicated	4	9	\$973.62
F6381	Intermittent explosive disorder	3	10	\$953.76
F39	Unspecified mood [affective] disorder	2	9	\$884.15
F3181	Bipolar II disorder	7	16	\$869.71
F259	Schizoaffective disorder, unspecified	1	6	\$842.70
Z719	Counseling, unspecified	13	40	\$819.57
F4320	Adjustment disorder, unspecified	1	7	\$757.05
F419	Anxiety disorder, unspecified	7	19	\$711.42
F19951	Other psychoact subst use, unspec w psychoact subst-ind psych halluc	2	13	\$681.40
F3289	Other specified depressive episodes	1	6	\$648.90
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	3	13	\$634.65
F339	Major depressive disorder, recurrent, unspecified	3	8	\$617.37
R45851	Suicidal ideations	2	10	\$578.59
F17203	Nicotine dependence unspecified, with withdrawal	2	6	\$521.40
F322	Major depressive disorder, single episode, severe w/o psychotic features	4	7	\$520.76
F640	Transsexualism	1	4	\$432.60
F649	Gender identity disorder, unspecified	1	4	\$432.60
F29	Unspecified psychosis not due to substance or known physio condition	1	7	\$421.78
F1920	Other psychoactive substance dependence, uncomplicated	2	11	\$408.05
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	3	\$391.38
F1410	Cocaine abuse, uncomplicated	1	3	\$391.38
F1221	Cannabis dependence, in remission	3	7	\$367.87
F19120	Other psychoactive substance abuse with intoxication, uncomplicated	1	10	\$351.41
F913	Oppositional defiant disorder	2	3	\$324.45
F439	Reaction to severe stress, unspecified	2	5	\$324.08
F11220	Opioid dependence with intoxication, uncomplicated	1	63	\$313.68
Z6372	Alcoholism and drug addiction in family	2	5	\$303.10
F321	Major depressive disorder, single episode, moderate	4	5	\$273.15
F10180	Alcohol abuse with alcohol-induced anxiety disorder	1	2	\$260.92
F1111	Opioid abuse, in remission	1	7	\$224.61
F22	Delusional disorders	1	2	\$216.30
T7412XA	Child physical abuse, confirmed, initial encounter	1	2	\$216.30
F4312	Post-traumatic stress disorder, chronic	5	5	\$183.95
F1421	Cocaine dependence, in remission	1	3	\$179.06
F1423	Cocaine dependence with withdrawal	1	2	\$170.23
F340	Cyclothymic disorder	1	1	\$139.46
F320	Major depressive disorder, single episode, mild	1	1	\$108.15
F423	Hoarding disorder	1	1	\$108.15
F430	Acute stress reaction	1	1	\$108.15

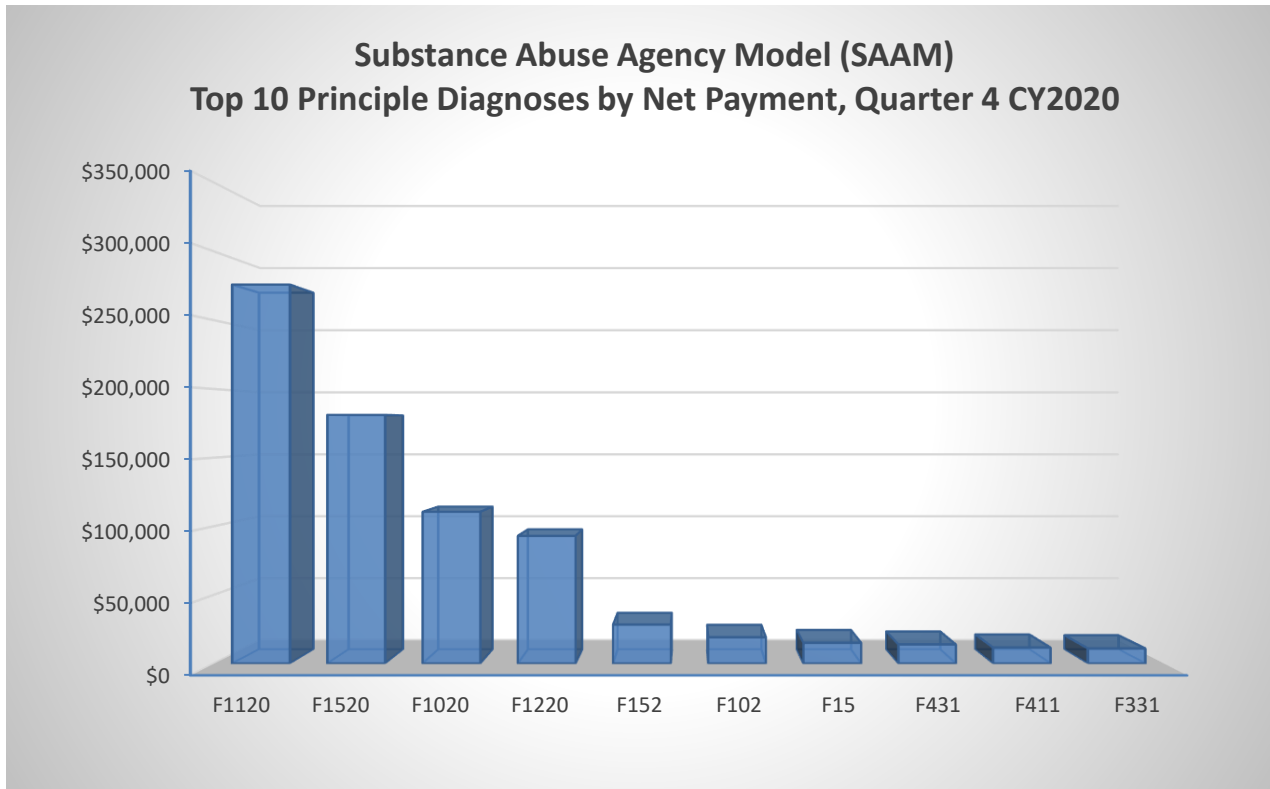
Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 4 CY2020

Principal Diagnosis Code	Principal Diagnosis Description	QTR 4 CY2020		
		Patients*	Service	Net Payment^
F438	Other reactions to severe stress	1	1	\$108.15
F151	(Non-Billable Dx) Other stimulant abuse	1	3	\$89.55
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified	1	5	\$89.09
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	2	4	\$75.80
R443	Hallucinations, unspecified	1	4	\$67.38
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	3	3	\$56.85
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	3	\$56.85
R69	Illness, unspecified	5	5	\$48.75
F19959	Other psychoact subst use, unspec w psychoact subst-ind psych disord NOS	1	2	\$44.98
F0631	Mood disorder due to known physiological condition w depressive features	1	2	\$37.90
F3132	Bipolar disorder, current episode depressed, moderate	2	2	\$37.90
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	2	\$37.90
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	2	\$37.90
F603	Borderline personality disorder	2	2	\$37.90
Z711	Person with feared health complaint in whom no diagnosis is made	1	1	\$30.77
F2089	Other schizophrenia	1	1	\$29.85
F15188	Other stimulant abuse w other stimulant-induced disorder	1	2	\$23.96
F200	Paranoid schizophrenia	1	1	\$18.95
F310	Bipolar disorder, current episode hypomanic	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
F3173	Bipolar disorder, in partial remission, most recent episode manic	1	1	\$18.95
F330	Major depressive disorder, recurrent, mild	1	1	\$18.95
F3481	Disruptive mood dysregulation disorder	1	1	\$18.95
F400	(Non-Billable Dx) Agoraphobia	1	1	\$18.95
F418	Other specified anxiety disorders	1	1	\$18.95
F422	Mixed obsessional thoughts and acts	1	1	\$18.95
F609	Personality disorder, unspecified	1	1	\$18.95
F840	Autistic disorder	1	1	\$18.95
F909	Attention-deficit hyperactivity disorder, unspecified type	1	1	\$18.95
F3342	Major depressive disorder, recurrent, in full remission	1	1	\$14.21
F1029	Alcohol dependence with unspecified alcohol-induced disorder	1	1	\$9.75
Aggregate(Provider Type Claim NV Code Values)		1,254	37,376	\$980,150.13

* 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
Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 4 CY2020



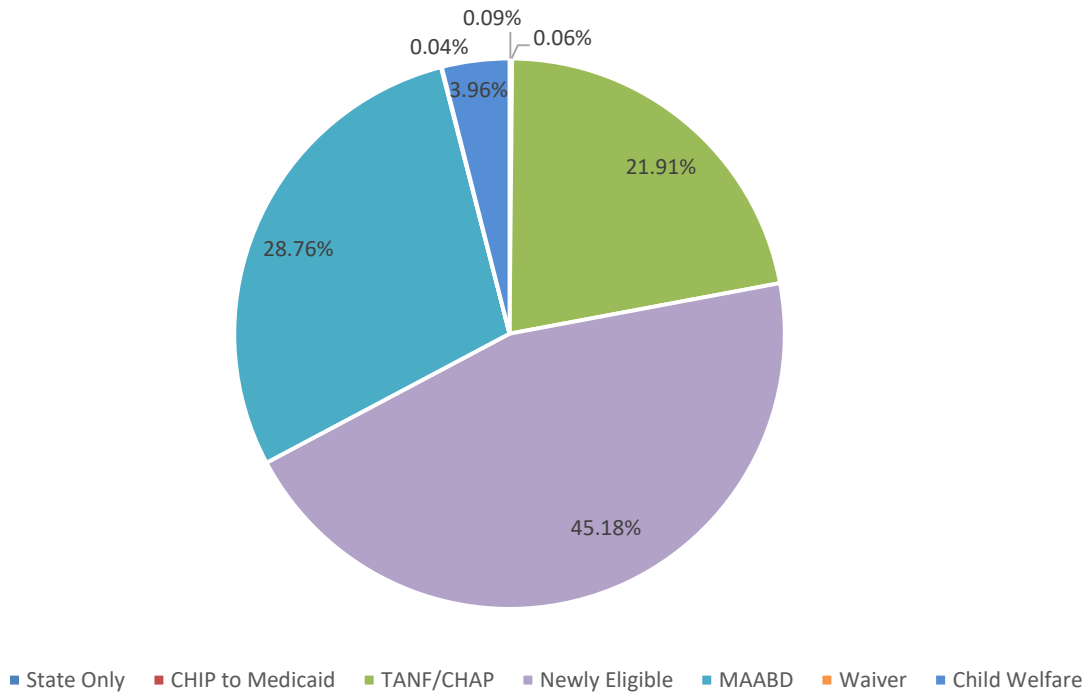
**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Budget Aid Category by Patients, Service Count and Net Payment, Quarter 4 CY2020**

Aid Category	QTR 4 CY2020			
	Patients*	Service Count Paid	Net Payment^	Net Payment %
State Only	1	17	\$896.36	0.09%
CHIP to Medicaid	2	6	\$575.46	0.06%
TANF/CHAP	218	6,251	\$214,719.79	21.91%
Newly Eligible	566	15,742	\$442,788.32	45.18%
MAABD	452	14,915	\$281,913.98	28.76%
Waiver	6	9	\$432.29	0.04%
Child Welfare	24	436	\$38,823.93	3.96%
Aggregate(Provider Type Claim NV Code Values)	1,254	37,376	\$980,150.13	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.

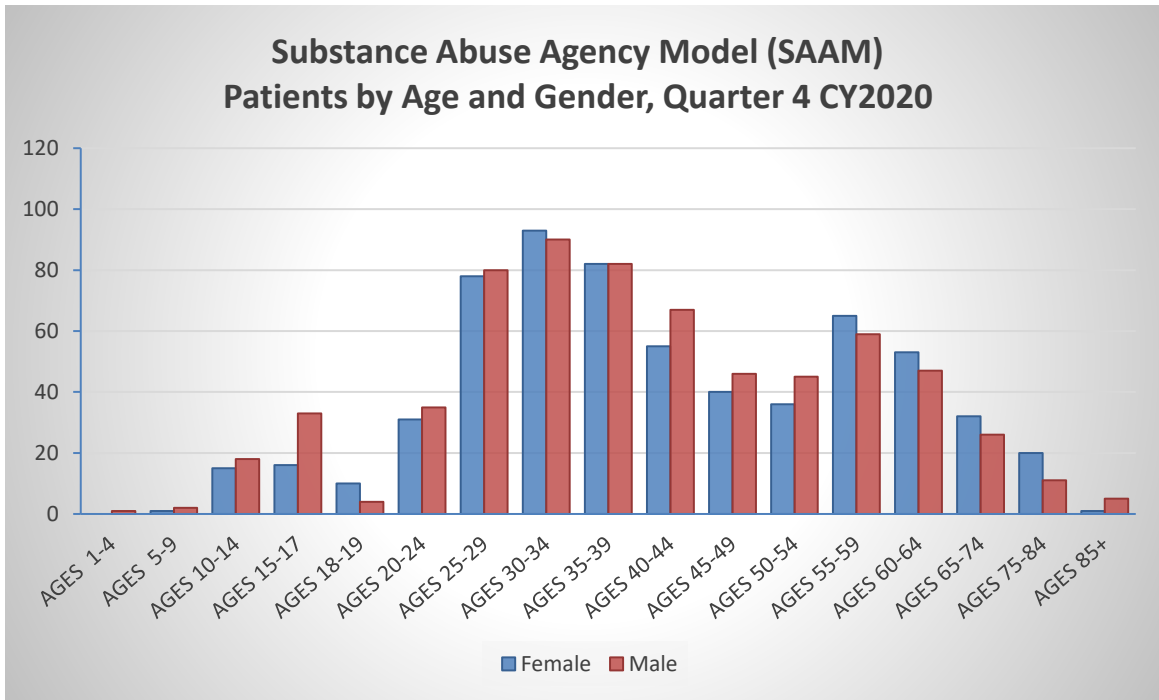
**Substance Abuse Agency Model (SAAM)
Aid Category by Net Payment Percentage, Quarter 4 CY2020**



**Substance Abuse Agency Model (SAAM)
Nevada Medicaid Fee for Service Reports
Demographics, Quarter 4 CY2020**

Patient Age Group*	QTR 4 CY2020	
	Female	Male
Ages 1-4		1
Ages 5-9	1	2
Ages 10-14	15	18
Ages 15-17	16	33
Ages 18-19	10	4
Ages 20-24	31	35
Ages 25-29	78	80
Ages 30-34	93	90
Ages 35-39	82	82
Ages 40-44	55	67
Ages 45-49	40	46
Ages 50-54	36	45
Ages 55-59	65	59
Ages 60-64	53	47
Ages 65-74	32	26
Ages 75-84	20	11
Ages 85+	1	5
Aggregate(Provider Type Claim NV Code Values)	614	640

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



Department of Health and Human Services
Office of Analytics

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>	