

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q4 CY 2015

1. Providers Enrolled
2. Active Providers
3. Claims
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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 4 2015	
Provider Type NV Code	Provider Specialty NV Cd	Provider County	Provider ID and Name	Providers Enrolled	
017	215	Carson City	100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1	
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1	
		Clark	100535029 COMMUNITY COUNSELING CENTER	1	
			100535030 HELP OF SOUTHERN NEVADA	1	
			100535031 HELP OF SOUTHERN NEVADA	1	
			100535035 VITALITY UNLIMITED	1	
			100535042 LAS VEGAS INDIAN CENTER INC	1	
			100535044 BRIDGE COUNSELING ASSOCIATES	1	
			100535047 WESTCARE NEVADA INC	1	
			100535050 WESTCARE NEVADA INC	1	
			100535052 WESTCARE NEVADA INC	1	
			100537954 SOLUTIONS RECOVERY INC	1	
			Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES	1
			Elko	100535033 VITALITY UNLIMITED	1
			Humboldt	100535045 VITALITY UNLIMITED	1
			Lyon	100535032 RURAL NEVADA COUNSELING	1
			Nye	100535049 WESTCARE NEVADA INC	1
		100539961 WESTCARE NEVADA INC		1	
		Washoe	100535020 BRISTLECONE FAMILY RESOURCES	1	
			100535034 VITALITY UNLIMITED	1	
			100535038 QUEST COUNSELING AND CONSULTING	1	
			100535039 TAHOE YOUTH AND FAMILY SERVICES	1	
			100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1	
			100535043 RIDGE HOUSE INC	1	
			100535046 STEP 2 INC	1	
			100535048 WESTCARE NEVADA INC	1	
		100535452 STEP 1 INC	1		
				100541699 WESTCARE NEVADA RENO CIC	1
				Total	28

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.

The DHCFP data warehouse is comprised of claims data submitted by over 21,000 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.

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 4 2015
			Providers
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	
017	215	100535020 BRISTLECONE FAMILY RESOURCES	1
		100535028 CARSON CITY COMMUNITY COUNSELING CENTER	1
		100535029 COMMUNITY COUNSELING CENTER	1
		100535030 HELP OF SOUTHERN NEVADA	1
		100535031 HELP OF SOUTHERN NEVADA	1
		100535032 RURAL NEVADA COUNSELING	1
		100535033 VITALITY UNLIMITED	1
		100535036 NEW FRONTIER TREATMENT CENTER	1
		100535038 QUEST COUNSELING AND CONSULTING	1
		100535041 FAMILY COUNSELING SERVICE OF NORTHERN NV	1
		100535042 LAS VEGAS INDIAN CENTER INC	1
		100535043 RIDGE HOUSE INC	1
		100535044 BRIDGE COUNSELING ASSOCIATES	1
		100535046 STEP 2 INC	1
		100535047 WESTCARE NEVADA INC	1
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100537954 SOLUTIONS RECOVERY INC	1
		100539961 WESTCARE NEVADA INC	1
100541699 WESTCARE NEVADA RENO CIC	1		
		Total	21

Providers is the unique count of providers who performed any facility, professional, or pharmacy services.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter		QTR 4 2015			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	7,200	74.09%	2,518	25.91%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

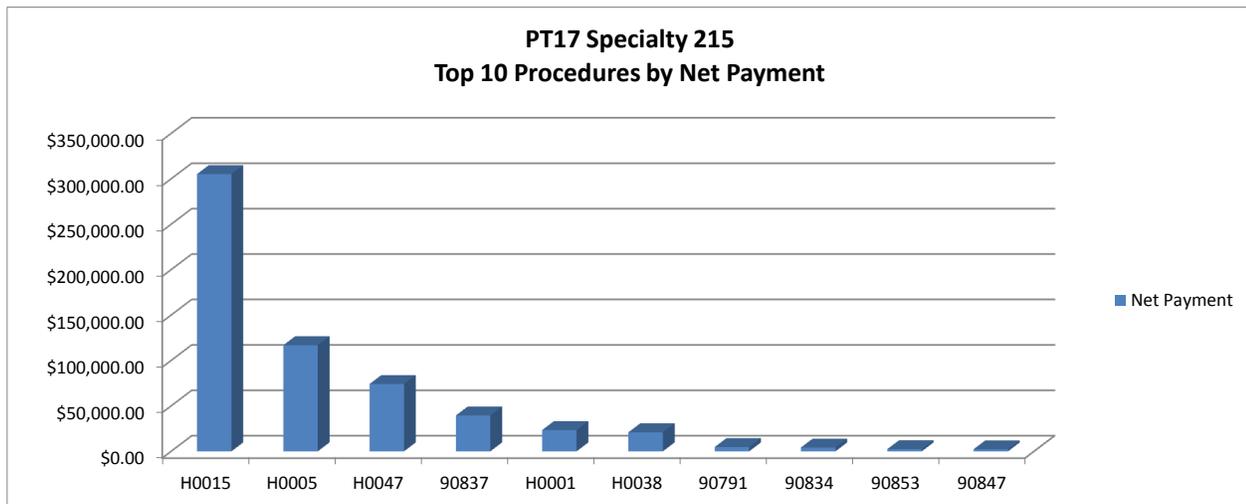
Time Period: Incurred With Runoff Quarter			QTR 4 2015
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	731
		BALANCE DUE > THAN TOT-BILLED	423
		Duplicate Payment Request - Sa	362
		Duplicate of History File Reco	290
		NUMBER OF PROCEDURES EXCEEDS N	174
		Recipient Not on File	137
		BILL ANY OTHER AVAILABLE INSUR	129
		Recipient Not Eligible on DOS	68
		Invalid or Missing Recipient I	60
		INVALID DIAGNOSIS CODE	58
		ENROLLED IN HMO	30
		Rendering Provider Not Certifi	12
		ALLOWED AMOUNT > THRESHOLD	8
		DATE OF SERVICE AFTER DATE PAY	8
		INVALID SECONDARY DIAGNOSIS	5
		Unknown Edit Err1 0181	5
		Unknown Edit Err1 4720	5
		PROCEDURE DISAGREES WITH AUTHO	4
		Procedure Code Not on File	3
		PAYMENT REDUCED TO UNITS AUTHO	2
		BILLED AMOUNT MISSING OR INVAL	1
		SERVICES NOT COVERED	1
Unknown Edit Err1 0312	1		
Unknown Edit Err1 0916	1		
		Total	2,518

Edit Error 1 is the description for the edit error (claim denial reason) in the primary position. A single claim can have up to 30 different edit error codes. Error description may be incomplete due to limited character space in the reporting database.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 4 2015		
				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	137	2,173	\$305,197.85
		H0005	Alcohol/drug services-group counsel by clinician	354	3,916	\$116,821.05
		H0047	Alcohol/drug abuse svc not otherwise specified	322	1,284	\$74,123.66
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	103	367	\$39,438.45
		H0001	Alcohol and/or drug assessment	168	168	\$23,389.82
		H0038	Self-help/peer services per 15 minutes	62	2,677	\$20,946.87
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	34	34	\$4,702.72
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	22	57	\$4,213.44
		90853	GROUP PSYCHOTHERAPY	21	80	\$2,388.00
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	8	23	\$2,250.55
		H0002	Behav health screen-eligibility for Tx program	60	60	\$1,846.20
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	8	10	\$1,125.50
		H0007	Alcohol/drug services-crisis intervention-outpt	5	48	\$1,042.08
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	2	10	\$562.70
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	8	12	\$528.00
		H0049	Alcohol &/or drug screening	50	51	\$497.25
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	8	12	\$456.72
		90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	3	3	\$341.28
		90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	1	3	\$298.47
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	1	3	\$244.26
Total				1,377	10,991	\$600,414.87



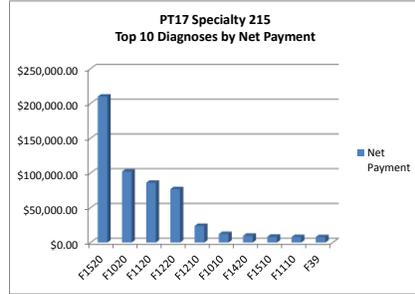
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment,

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

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

Time Period: Incurred With Runoff Quarter				QTR 4 2015		
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal	Patients	Service	Net Payment
					Count Paid	
017	215	F1520	Other stimulant dependence, uncomplicated	241	4,665	\$209,898.08
		F1020	Alcohol dependence, uncomplicated	136	2,017	\$101,994.69
		F1120	Opioid dependence, uncomplicated	87	1,307	\$85,910.42
		F1220	Cannabis dependence, uncomplicated	77	994	\$76,824.98
		F1210	Cannabis abuse, uncomplicated	39	400	\$23,924.69
		F1010	Alcohol abuse, uncomplicated	31	294	\$12,252.51
		F1420	Cocaine dependence, uncomplicated	12	266	\$9,771.75
		F1510	Other stimulant abuse, uncomplicated	24	160	\$8,347.42
		F1110	Opioid abuse, uncomplicated	4	184	\$7,954.71
		F39	Unspecified mood [affective] disorder	3	110	\$7,857.70
		F329	Major depressive disorder, single episode, unspecified	3	44	\$6,069.13
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	2	43	\$6,038.36
		G4700	Insomnia, unspecified	1	41	\$5,730.55
		F209	Schizophrenia, unspecified	2	40	\$5,265.67
		F4310	Post-traumatic stress disorder, unspecified	12	46	\$3,786.90
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	4	45	\$2,910.84
		F321	Major depressive disorder, single episode, moderate	6	25	\$2,193.49
		F411	Generalized anxiety disorder	5	16	\$1,715.64
		F319	Bipolar disorder, unspecified	3	21	\$1,615.61
		R69	Illness, unspecified	6	16	\$1,542.41
		F630	Pathological gambling	2	27	\$1,306.58
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	10	26	\$1,260.71
		F4323	Adjustment disorder with mixed anxiety and depressed mood	3	12	\$1,260.65
		F902	Attention-deficit hyperactivity disorder, combined type	3	25	\$1,216.97
		F330	Major depressive disorder, recurrent, mild	4	10	\$1,175.43
		F1521	Other stimulant dependence, in remission	9	19	\$1,093.73
		F341	Dysthymic disorder	4	7	\$850.98
		F331	Major depressive disorder, recurrent, moderate	2	14	\$788.55
		F332	Major depressive disorder, recurrent severe without psychotic features	3	11	\$764.57
		F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	5	\$702.25
		F4320	Adjustment disorder, unspecified	3	6	\$577.52
		F3113	Bipolar disorder, current episode manic w/o psychotic features, severe	2	6	\$570.60
		R99	Ill-defined and unknown cause of mortality	2	4	\$560.81
		F1910	Other psychoactive substance abuse, uncomplicated	1	12	\$551.60
		F1490	Cocaine use, unspecified, uncomplicated	3	4	\$448.23
		F322	Major depressive disorder, single episode, severe w/o psychotic features	1	4	\$438.21
		H0015	Chalazion left lower eyelid	1	3	\$421.35
		F1590	Other stimulant use, unspecified, uncomplicated	3	8	\$392.48
		F1920	Other psychoactive substance dependence, uncomplicated	2	6	\$374.84
		F250	Schizoaffective disorder, bipolar type	1	3	\$324.45
		F348	Other persistent mood [affective] disorders	1	3	\$324.45
		F4322	Adjustment disorder with anxiety	1	3	\$324.45
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	1	3	\$324.45
		F4321	Adjustment disorder with depressed mood	1	3	\$314.15
		F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	2	\$216.30
		G35	Multiple sclerosis	1	2	\$216.30
		T7491XA	Unspecified adult maltreatment, confirmed, initial encounter	1	2	\$216.30
		F1599	Other stimulant use, unspec w unspec stimulant-induced disorder	2	9	\$203.53
		F1123	Opioid dependence with withdrawal	1	2	\$170.23
		F251	Schizoaffective disorder, depressive type	1	2	\$170.23
		F200	Paranoid schizophrenia	1	1	\$140.45
		F1421	Cocaine dependence, in remission	1	1	\$139.46
		F913	Oppositional defiant disorder	1	1	\$139.46
		F918	Other conduct disorders	1	1	\$139.46
		F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	1	1	\$120.00
		F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	1	1	\$108.15
		F3111	Bipolar disorder, current episode manic without psychotic features, mild	1	1	\$73.92
		T7402XA	Child neglect or abandonment, confirmed, initial encounter	1	2	\$40.52
		F2089	Other schizophrenia	1	1	\$29.85
		F4324	Adjustment disorder with disturbance of conduct	1	1	\$29.85
		Total		779	10,988	\$600,127.57



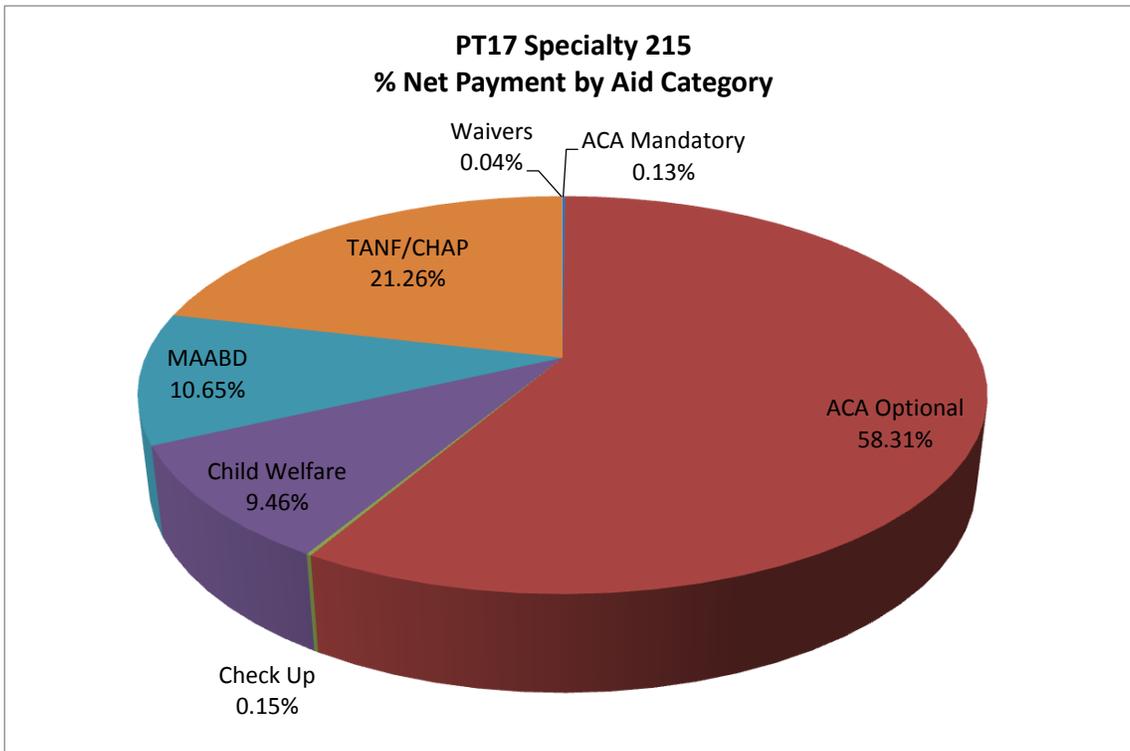
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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

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Time Period: Incurred With Runoff Quarter			QTR 4 2015		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	2	12	\$788.61
		ACA Optional	467	7,820	\$350,085.15
		Check Up	5	15	\$926.42
		Child Welfare	35	567	\$56,827.10
		MAABD	75	853	\$63,950.87
		TANF/CHAP	161	1,722	\$127,620.42
		Waivers	1	2	\$216.30
		Total		746	10,991



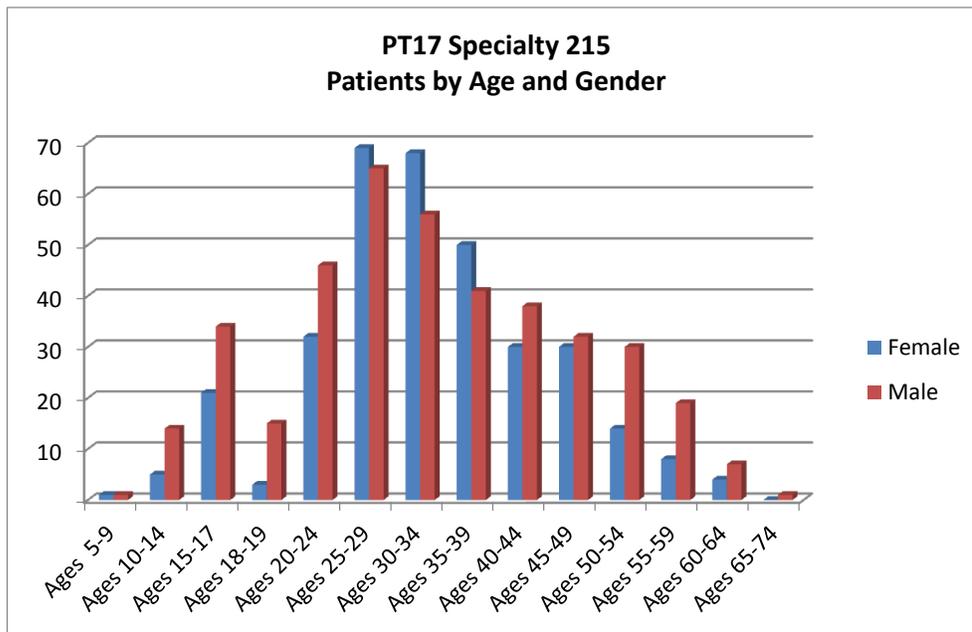
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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

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Time Period: Incurred With Runoff Quarter			QTR 4 2015	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	1	1
		Ages 10-14	5	14
		Ages 15-17	21	34
		Ages 18-19	3	15
		Ages 20-24	32	46
		Ages 25-29	69	65
		Ages 30-34	68	56
		Ages 35-39	50	41
		Ages 40-44	30	38
		Ages 45-49	30	32
		Ages 50-54	14	30
		Ages 55-59	8	19
		Ages 60-64	4	7
Ages 65-74	0	1		
Total			335	399



Note: there is a small amount of Patients that change age during the quarter and fall into more than one age group.

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Substance Abuse Agency Model (SAAM) Report Definitions

<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.