

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q2 CY 2015

1. Providers Enrolled
2. Active Providers
3. Claims
4. Denials
5. Procedures
6. Diagnoses
7. Aid Category
8. Demographics

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 2 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.

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter			QTR 2 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
Total			20

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

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Time Period: Incurred With Runoff Quarter		QTR 2 2015			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	6,464	83.72%	1,257	16.28%

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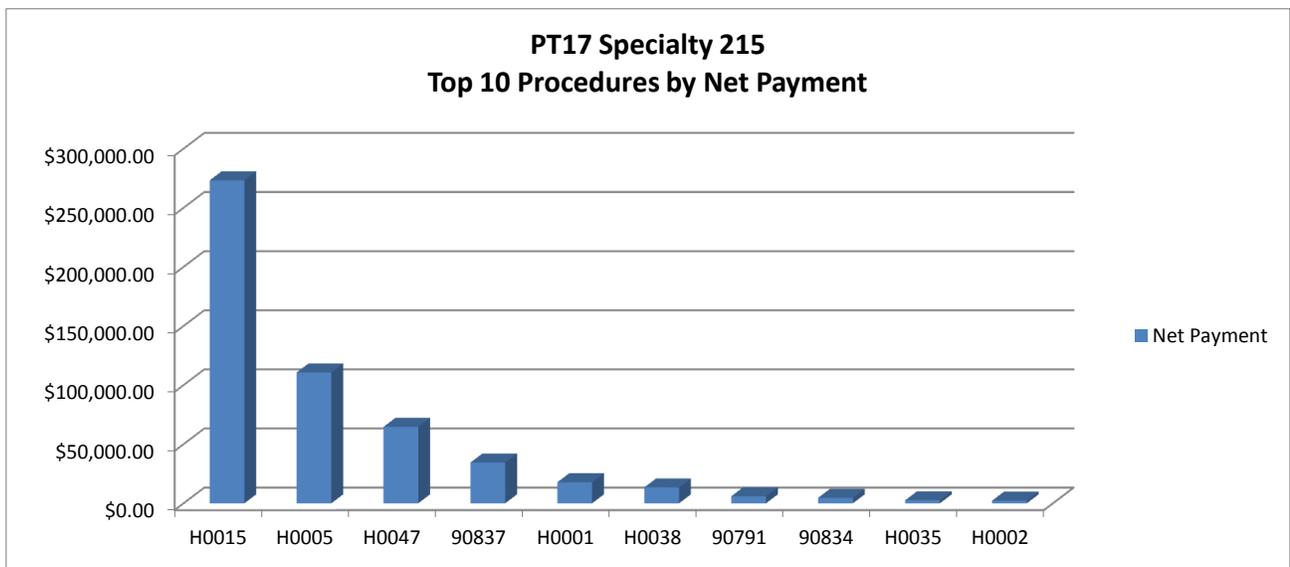
Time Period: Incurred With Runoff Quarter			QTR 2 2015
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	277
		BILL ANY OTHER AVAILABLE INSUR	209
		Duplicate of History File Reco	183
		NUMBER OF PROCEDURES EXCEEDS N	151
		Duplicate Payment Request - Sa	137
		Recipient Not Eligible on DOS	110
		ENROLLED IN HMO	60
		Recipient Not on File	37
		Unknown Edit Err1 1104	31
		CLM DOC HAS TPL & > THAN 1	21
		PROCEDURE MODIFIER DISAGREES W	15
		PROVIDER NOT APPROVED FOR ELEC	6
		Procedure Code Not on File	6
		Diagnosis Code Does Not Agree	3
		PROCEDURE DISAGREES WITH AUTHO	2
		SERVICES NOT COVERED	2
		Unknown Edit Err1 4720	2
		BILLED AMOUNT MISSING OR INVAL	1
		Invalid or Missing Recipient I	1
		PAYMENT REDUCED TO UNITS AUTHO	1
SERVICING PROVIDER NOT MEMBER	1		
Unknown Edit Err1 0916	1		
		Total	1,257

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 2 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	125	1,945	\$273,175.25
		H0005	Alcohol/drug services-group counsel by clinician	311	3,714	\$110,648.65
		H0047	Alcohol/drug abuse svc not otherwise specified	284	1,124	\$64,689.51
		90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	88	325	\$34,475.04
		H0001	Alcohol and/or drug assessment	128	128	\$17,811.42
		H0038	Self-help/peer services per 15 minutes	26	1,748	\$13,464.92
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	43	43	\$5,938.40
		90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	24	63	\$4,656.96
		H0035	Mental health partial hosp, treatment <24 hours	1	54	\$2,514.24
		H0002	Behav health screen-eligibility for Tx program	72	72	\$2,215.44
		90853	GROUP PSYCHOTHERAPY	15	72	\$1,924.65
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	4	10	\$978.50
		H0007	Alcohol/drug services-crisis intervention-outpt	9	43	\$933.53
		H0049	Alcohol &/or drug screening	69	72	\$702.00
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	6	6	\$675.30
		90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	3	4	\$325.68
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	5	5	\$220.00
		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	2	3	\$168.81
		90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	4	4	\$152.24
		90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	1	1	\$61.72
Total				1,220	9,436	\$535,732.26



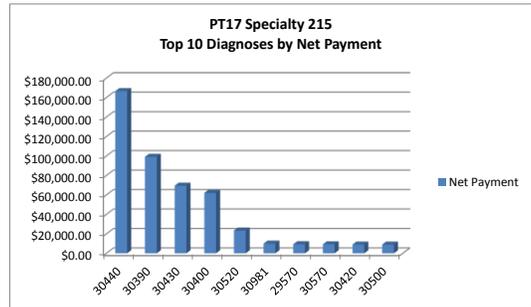
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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Fee for Service Reports**

Time Period: Incurred With Runoff Quarter				QTR 2 2015		
				Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal			
017	215	30440	Amphetamine & psychostimulant dependence NOS	224	3,847	\$166,566.43
		30390	Alcohol dependence NEC & NOS, unspecified	134	1,432	\$99,052.71
		30430	Cannabis dependence NOS	74	920	\$69,376.66
		30400	Opioid type dependence NOS	76	1,132	\$61,992.51
		30520	Cannabis abuse NOS	48	304	\$23,333.60
		30981	Posttraumatic stress disorder	15	216	\$9,899.13
		29570	Schizoaffective disorder NOS	6	76	\$9,227.97
		30570	Amphetamine & sympathomimetic abuse NOS	17	147	\$9,181.16
		30420	Cocaine dependence NOS	8	216	\$8,961.26
		30500	Alcohol abuse NOS	34	193	\$8,910.52
		29632	Major depressive disorder, recurrent, moderate	8	98	\$8,078.51
		30441	Amphetamine & psychostimulant dependence, cont	3	88	\$7,289.54
		29690	Episodic mood disorder NOS	4	50	\$6,596.80
		7999	Unknown cause morbidity/mortality NEC	9	93	\$4,656.25
		30480	Combination drug dependence excl opioid NOS	5	72	\$4,076.18
		311	Depressive disorder NEC	2	27	\$3,432.04
		30000	Anxiety state NOS	2	24	\$3,166.86
		30300	Acute alcoholic intoxication in alcoholism NOS	1	96	\$2,865.60
		29680	Bipolar disorder NOS	4	49	\$2,567.72
		29651	Bipolar I, most recent episode depressed, mild	1	20	\$2,321.68
		30928	Adjustment disorder w mixed anxiety & depressed mood	6	22	\$2,311.09
		29622	Major depressive disorder, single episode, mod	4	44	\$2,291.91
		29634	Major depressive disorder, recur, severe w psych	2	16	\$1,915.40
		30490	Drug dependence NOS, unspecified	4	32	\$1,592.94
		29530	Paranoid schizophrenia NOS	5	13	\$1,538.12
		30410	Sedative/hypnotic/anxiolytic dependence NOS	5	18	\$1,527.99
		29633	Major depressive disorder, recurrent, severe	2	33	\$1,315.86
		30002	Generalized anxiety disorder	4	13	\$1,313.81
		30113	Cyclothymic disorder	1	9	\$1,121.15
		3090	Adjustment disorder w depressed mood	3	19	\$1,039.52
		30285	Gender identity disorder in adolescents/adults	1	8	\$869.60
		29631	Major depressive disorder, recurrent, mild	2	7	\$754.13
		30530	Hallucinogen abuse NOS	1	14	\$664.64
		29662	Bipolar I, most recent episode mixed, moderate	1	4	\$561.80
		30590	Other, mixed or NOS drug abuse NOS	2	19	\$531.80
		30924	Adjustment disorder w anxiety	2	9	\$470.79
		3004	Dysthymic disorder	2	5	\$463.37
		29654	Bipolar I, recent depressed, sev w psych behav	2	4	\$340.46
		31231	Pathological gambling	3	7	\$325.39
		31401	Attention deficit disorder w hyperactivity	1	3	\$324.45
		29642	Bipolar I, most recent episode manic, moderate	1	2	\$280.90
		30550	Opioid abuse NOS	1	4	\$264.77
		29630	Major depressive disorder, recurrent NOS	1	2	\$247.61
		2920	Drug withdrawal	1	2	\$216.30
		31400	Attention deficit disorder w/o hyperactivity	1	3	\$179.98
		2929	Drug induced mental disorder NOS	1	6	\$179.10
		2989	Psychosis NOS	1	2	\$147.84
		29621	Major depressive disorder, single episode, mild	1	1	\$139.46
		3093	Adjustment disorder w conduct disturbance	1	1	\$139.46
		31230	Impulse control disorder NOS	1	1	\$139.46
		V7101	Observation adult antisocial behavior	1	1	\$139.46
		V7109	Observation suspected mental condition NEC	1	1	\$139.46
		30450	Hallucinogen dependence NOS	1	2	\$115.56
		29600	Bipolar I disorder, single manic episode NOS	1	1	\$108.15
		30750	Eating disorder NOS	1	1	\$108.15
		3094	Adjustment disorder w mixed disturb emotion & conduct	1	1	\$108.15
		29640	Bipolar I, most recent episode manic NOS	1	1	\$73.92
		30540	Sedative/hypnotic/anxiolytic abuse NOS	1	2	\$59.70
		3051	Tobacco use disorder	1	1	\$57.78
		29500	Simple schizophrenia NOS	1	1	\$29.85
30560	Cocaine abuse NOS	1	1	\$29.85		
		Total		749	9,436	\$535,732.26



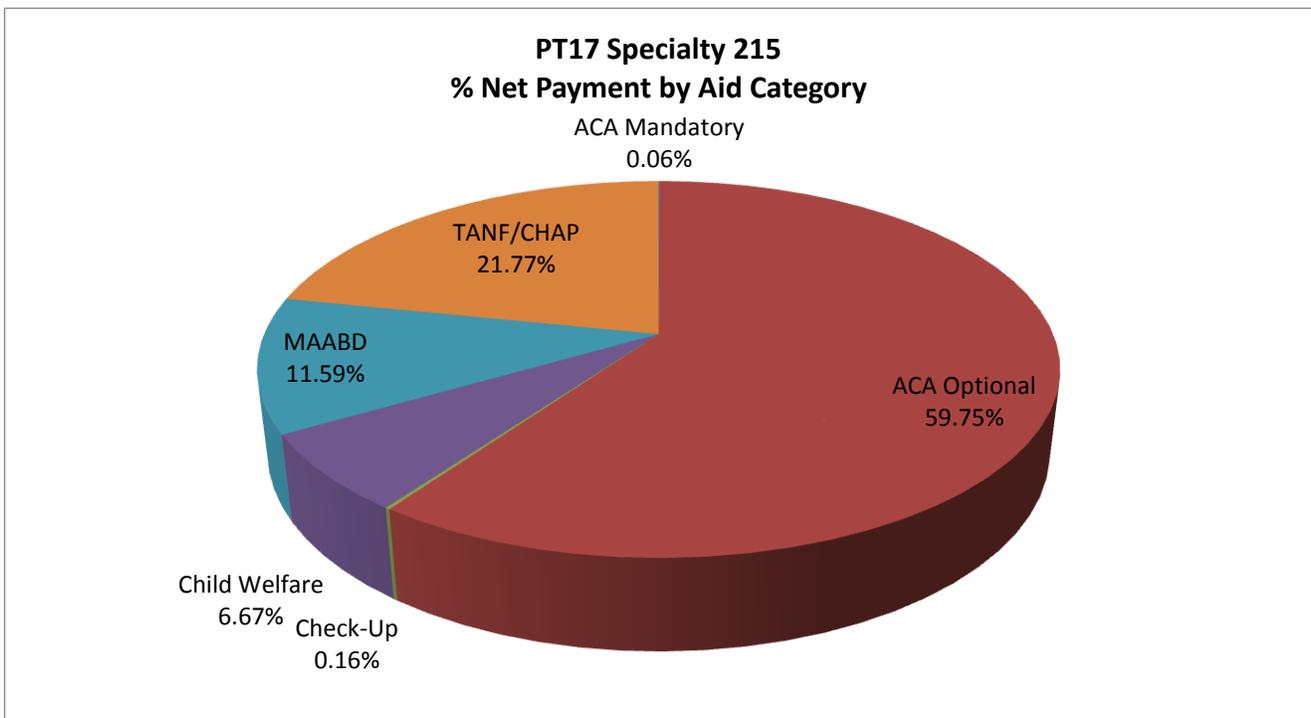
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Time Period: Incurred With Runoff Quarter			QTR 2 2015		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	1	3	\$324.45
		ACA Optional	451	6,581	\$320,112.94
		Check-Up	4	17	\$866.19
		Child Welfare	46	377	\$35,723.53
		MAABD	77	821	\$62,077.73
		TANF/CHAP	154	1,637	\$116,627.42
		Total	733	9,436	\$535,732.26



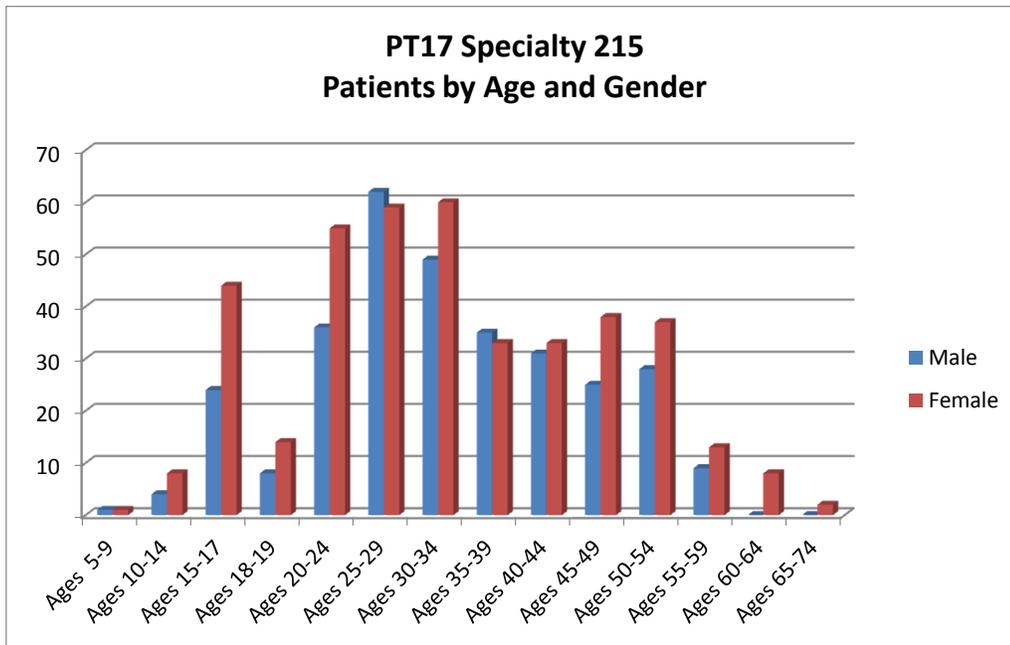
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Time Period: Incurred With Runoff Quarter			QTR 2 2015	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	1	1
		Ages 10-14	4	8
		Ages 15-17	24	44
		Ages 18-19	8	14
		Ages 20-24	36	55
		Ages 25-29	62	59
		Ages 30-34	49	60
		Ages 35-39	35	33
		Ages 40-44	31	33
		Ages 45-49	25	38
		Ages 50-54	28	37
		Ages 55-59	9	13
		Ages 60-64	0	8
		Ages 65-74	0	2
		Total		



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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