

SUBSTANCE ABUSE AGENCY MODEL (SAAM)

Fee For Service Reports

Q2 CY 2017

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

Substance Abuse Agency Model (SAAM) Fee for Service Reports

Time Period: Incurred With Runoff Quarter				QTR 2 2017
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
			100545990 THE LIFE CHANGE CENTER	1
		Churchill	100535036 NEW FRONTIER TREATMENT CENTER	1
		Clark	100513971 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100529363 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100533298 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100535029 COMMUNITY COUNSELING CENTER	1
			100535030 HELP OF SOUTHERN NEVADA	1
			100535031 HELP OF SOUTHERN NEVADA	1
			100535042 LAS VEGAS INDIAN CENTER INC	1
			100535044 BRIDGE COUNSELING ASSOCIATES	1
			100535047 WESTCARE NEVADA INC	1
			100535050 WESTCARE NEVADA INC	1
			100537954 SOLUTIONS RECOVERY INC	1
			100547193 SEA BREEZE WELLNESS CENTER LTD	1
			100549023 A NEW GENERATION LIFE RECOVERY CENTER	1
			100549500 VENCER HEALTH	1
			100550808 CENTER FOR ADDICTION MEDICINE LLC	1
			100551199 CHOICES GROUP INC	1
			100551221 SERENITY HEALTH LLC	1
			100551680 DR MIRIAM & SHELDON G ADELSON CLINIC FOR	1
			100551858 ODYSSEY HOUSE NEVADA	1
			Douglas	100535380 TAHOE YOUTH AND FAMILY SERVICES
		Elko	100535033 VITALITY UNLIMITED	1
		Lyon	100535032 RURAL NEVADA COUNSELING	1
		Nye	100535049 WESTCARE NEVADA INC	1
			100539961 WESTCARE NEVADA INC	1
			100551851 PEACEFUL MINDS RECOVERY SERVICES	1
		Washoe	001716050 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
			100535020 BRISTLECONE FAMILY RESOURCES	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
			100545984 THE LIFE CHANGE CENTER	1
			100547683 CAROLS COUNSELING DUI	1
		100548505 THE EMPOWERMENT CENTER	1	
Total			41	

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 2 2017
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Provider ID and Name	Providers
017	215	001716050 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100513971 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100529363 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		100533298 CENTER FOR BEHAVIORAL HEALTH LAS VEGAS I	1
		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
		100535049 WESTCARE NEVADA INC	1
		100535380 TAHOE YOUTH AND FAMILY SERVICES	1
		100535452 STEP 1 INC	1
		100539961 WESTCARE NEVADA INC	1
		100541699 WESTCARE NEVADA RENO CIC	1
		100545984 THE LIFE CHANGE CENTER	1
		100545990 THE LIFE CHANGE CENTER	1
		100547193 SEA BREEZE WELLNESS CENTER LTD	1
		100549023 A NEW GENERATION LIFE RECOVERY CENTER	1
100551680 DR MIRIAM & SHELDON G ADELSON CLINIC FOR	1		
Total			27

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 2017			
		Claims Paid	Claims % Paid	Claims Denied	Claims % Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code				
017	215	14,576	83.59%	2,861	16.41%

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Substance Abuse Agency Model (SAAM) Fee for Service Reports

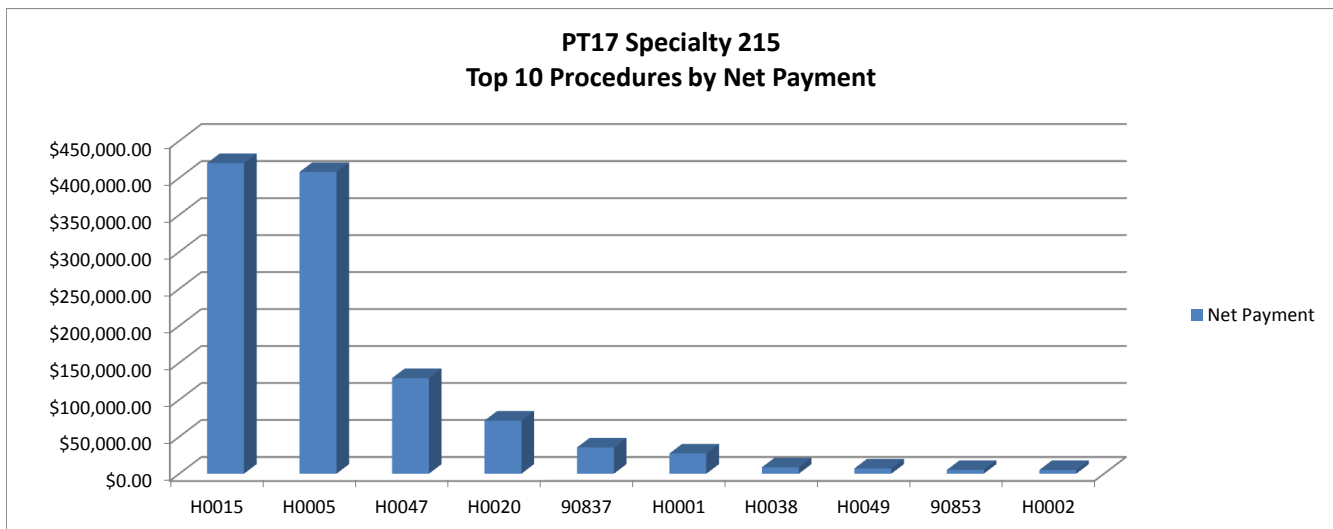
Time Period: Incurred With Runoff Quarter			QTR 2 2017
			Claims Denied
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Edit Error 1	
017	215	Procedure Requires Authorizati	516
		BILL ANY OTHER AVAILABLE INSUR	403
		Unknown Edit Err1 0093	365
		Duplicate of History File Reco	310
		NOT CLIA CERTIFIED TO PERFORM	295
		NUMBER OF PROCEDURES EXCEEDS N	238
		Recipient Not Eligible on DOS	207
		Duplicate Payment Request - Sa	197
		Recipient Not on File	115
		Unknown Edit Err1 0916	66
		ENROLLED IN HMO	58
		NON-EMERG SVS NOT AUTH N-CTZN	28
		PROCEDURE DISAGREES WITH AUTHO	11
		PAYMENT REQUEST FILED AFTER LI	8
		Unknown Edit Err1 4720	8
		Unknown Edit Err1 4721	8
		Invalid or Missing Recipient I	7
		Unknown Edit Err1 0181	6
		INVALID BALANCE DUE	4
		AUTHORIZATION NOT VALID FOR DO	2
		SERVICES NOT COVERED	2
		Unknown Edit Err1 1139	2
		Approved Authorization Not on	1
		Diagnosis Code Does Not Agree	1
		QMB ONLY RECIPIENT - BILL MEDI	1
		RECIPIENT NUMBER INCONSISTENT	1
		Rendering Provider Not Certifi	1
		Total	2,861

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 2017		
				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	157	2,995	\$419,944.33
		H0005	Alcohol/drug services-group counsel by clinician	527	13,668	\$407,989.80
		H0047	Alcohol/drug abuse svc not otherwise specified	597	2,246	\$129,170.87
		H0020	Alcohol/drug svc-methadone admin/service	278	18,228	\$71,773.01
		90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	91	328	\$35,432.90
		H0001	Alcohol and/or drug assessment	197	202	\$27,301.40
		H0038	Self-help/peer services per 15 minutes	89	1,092	\$8,604.96
		H0049	Alcohol &/or drug screening	253	726	\$7,078.50
		90853	GROUP PSYCHOTHERAPY	36	170	\$5,074.50
		H0002	Behav health screen-eligibility for Tx program	162	162	\$4,984.74
		H0034	Medication training & support per 15 minutes	114	292	\$4,788.16
		90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	30	30	\$4,144.88
		90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	8	44	\$3,252.48
		99213	OFFICE OUTPATIENT VISIT 15 MINUTES	23	25	\$1,100.00
		90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	4	9	\$880.65
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	4	4	\$450.20
		99202	OFFICE OUTPATIENT NEW 20 MINUTES	8	8	\$428.32
		H0007	Alcohol/drug services-crisis intervention-outpt	12	18	\$390.78
		90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	5	7	\$266.42
		99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	4	4	\$242.48
		90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	1	4	\$231.12
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	2	2	\$227.52		
99205	OFFICE OUTPATIENT NEW 60 MINUTES	1	1	\$144.62		
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	2	2	\$70.16		
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1	1	\$56.27		
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	1	1	\$17.85		
Total				2,607	40,269	\$1,134,046.92



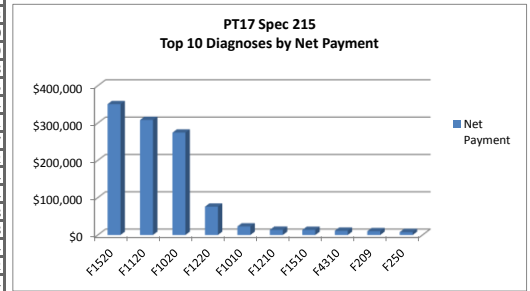
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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

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

Time Period: Incurred With Runoff Quarter				QTR 2 2017		
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Diagnosis Code Principal	Diagnosis Principal	Patients	Service Count Paid	Net Payment
017	215	F1520	Other stimulant dependence, uncomplicated	257	7,185	\$350,460.73
		F1120	Opioid dependence, uncomplicated	377	23,316	\$308,158.90
		F1020	Alcohol dependence, uncomplicated	208	6,048	\$274,197.29
		F1220	Cannabis dependence, uncomplicated	92	1,210	\$75,739.18
		F1010	Alcohol abuse, uncomplicated	34	413	\$22,831.85
		F1210	Cannabis abuse, uncomplicated	29	295	\$13,761.64
		F1510	Other stimulant abuse, uncomplicated	23	321	\$13,501.81
		F4310	Post-traumatic stress disorder, unspecified	15	97	\$11,199.87
		F209	Schizophrenia, unspecified	4	72	\$10,002.72
		F250	Schizoaffective disorder, bipolar type	7	64	\$7,723.34
		F1110	Opioid abuse, uncomplicated	14	758	\$5,128.04
		F17203	Nicotine dependence unspecified, with withdrawal	35	36	\$4,862.88
		F4323	Adjustment disorder with mixed anxiety and depressed mood	8	35	\$3,378.48
		F4325	Adjustment disorder with mixed disturbance of emotions and conduct	9	33	\$3,164.04
		F630	Pathological gambling	3	35	\$3,037.72
		F411	Generalized anxiety disorder	5	24	\$2,684.84
		F10229	Alcohol dependence with intoxication, unspecified	1	12	\$1,685.40
		F259	Schizoaffective disorder, unspecified	1	12	\$1,575.72
		F322	Major depressive disorder, single episode, severe w/o psychotic features	2	21	\$1,419.16
		F1420	Cocaine dependence, uncomplicated	4	30	\$1,351.73
		F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	1	8	\$1,123.60
		F4312	Post-traumatic stress disorder, chronic	1	16	\$1,104.00
		F419	Anxiety disorder, unspecified	2	15	\$1,089.12
		F332	Major depressive disorder, recurrent severe without psychotic features	4	10	\$1,047.68
		F1521	Other stimulant dependence, in remission	2	21	\$1,024.84
		Z62810	Personal history of physical and sexual abuse in childhood	1	9	\$973.35
		F4320	Adjustment disorder, unspecified	2	8	\$862.28
		Z62820	Parent-biological child conflict	1	8	\$787.82
		F330	Major depressive disorder, recurrent, mild	1	11	\$769.97
		F341	Dysthymic disorder	3	7	\$757.05
		F4321	Adjustment disorder with depressed mood	1	7	\$757.05
		F251	Schizoaffective disorder, depressive type	2	14	\$731.10
		F3181	Bipolar II disorder	2	6	\$680.21
		Z0389	Encounter for observation for oth suspect disease & conditions ruled out	3	18	\$622.93
		R69	Illness, unspecified	3	4	\$560.81
		F10129	Alcohol abuse with intoxication, unspecified	3	5	\$539.62
		F1290	Cannabis use, unspecified, uncomplicated	1	15	\$503.61
		F913	Oppositional defiant disorder	3	7	\$478.19
		F1820	Inhalant dependence, uncomplicated	1	7	\$438.11
		F331	Major depressive disorder, recurrent, moderate	2	7	\$366.47
		F1099	Alcohol use, unspecified with unspecified alcohol-induced disorder	1	11	\$328.35
		F1024	Alcohol dependence with alcohol-induced mood disorder	1	3	\$324.45
		F1021	Alcohol dependence, in remission	2	4	\$256.94
		F941	Reactive attachment disorder of childhood	1	4	\$252.53
		F1421	Cocaine dependence, in remission	1	4	\$229.01
		F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	1	2	\$216.30
		F1121	Opioid dependence, in remission	1	3	\$199.16
		F1299	Cannabis use, unspecified with unspecified cannabis-induced disorder	1	1	\$139.46
		F29	Unspecified psychosis not due to substance or known physio condition	1	1	\$139.46
		F918	Other conduct disorders	1	1	\$139.46
		Z590	Homelessness	4	4	\$123.08
		F339	Major depressive disorder, recurrent, unspecified	1	1	\$120.00
		F4520	Hypochondriacal disorder, unspecified	1	2	\$115.56
		F1590	Other stimulant use, unspecified, uncomplicated	1	1	\$108.15
		F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	1	\$108.15
		F4322	Adjustment disorder with anxiety	1	1	\$73.92
		F909	Attention-deficit hyperactivity disorder, unspecified type	1	1	\$30.77
		Z652	Problems related to release from prison	1	1	\$30.77
		F99	Mental disorder, not otherwise specified	3	3	\$29.25
			Total	1,192	40,269	\$1,134,046.92



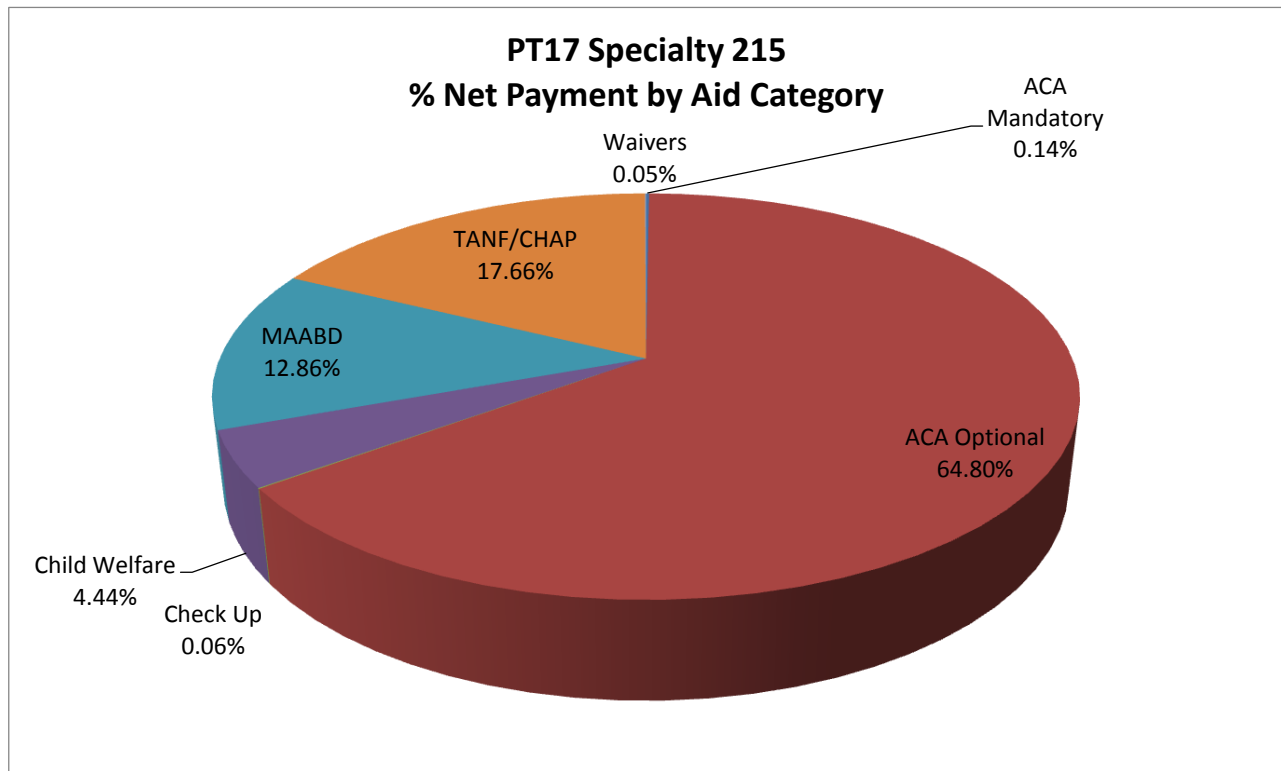
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Time Period: Incurred With Runoff Quarter			QTR 2 2017		
			Patients	Service Count Paid	Net Payment
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Category			
017	215	ACA Mandatory	4	28	\$1,548.35
		ACA Optional	684	23,815	\$734,909.24
		Check Up	5	9	\$655.68
		Child Welfare	40	566	\$50,366.16
		MAABD	232	9,637	\$145,808.37
		TANF/CHAP	217	6,148	\$200,244.26
		Waivers	2	66	\$514.86
		Total		1,184	40,269



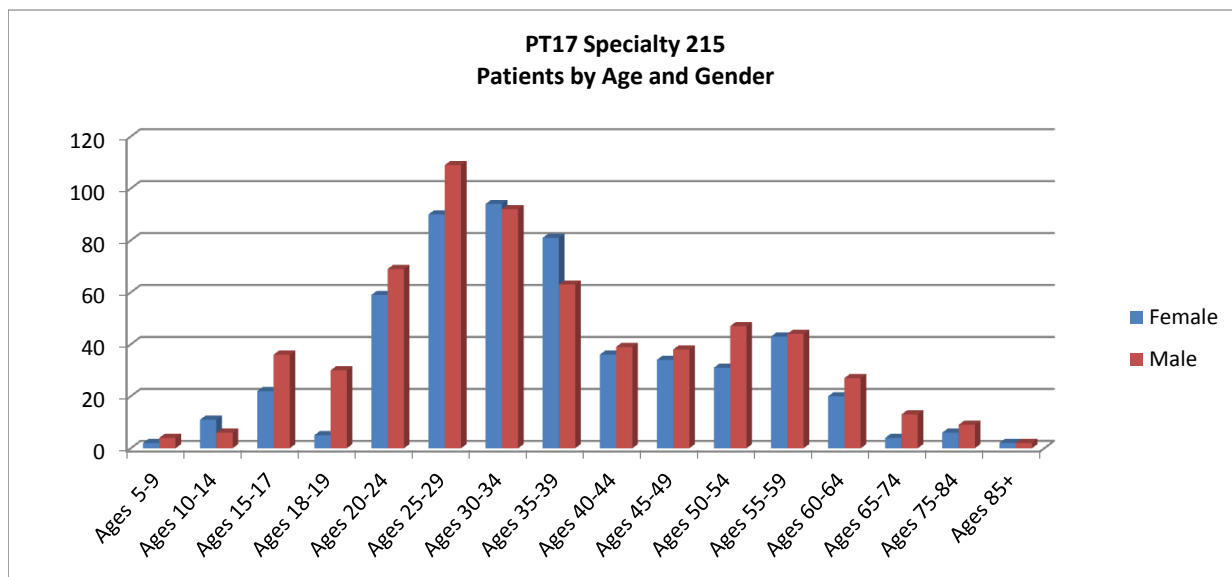
Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

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Time Period: Incurred With Runoff Quarter			QTR 2 2017	
			Patients	
Gender Code			F	M
Provider Type Claim NV Code	Provider Specialty Claim NV Code	Age Group Medstat		
017	215	Ages 5-9	2	4
		Ages 10-14	11	6
		Ages 15-17	22	36
		Ages 18-19	5	30
		Ages 20-24	59	69
		Ages 25-29	90	109
		Ages 30-34	94	92
		Ages 35-39	81	63
		Ages 40-44	36	39
		Ages 45-49	34	38
		Ages 50-54	31	47
		Ages 55-59	43	44
		Ages 60-64	20	27
		Ages 65-74	4	13
		Ages 75-84	6	9
Ages 85+	2	2		
Total			540	628



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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<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.