

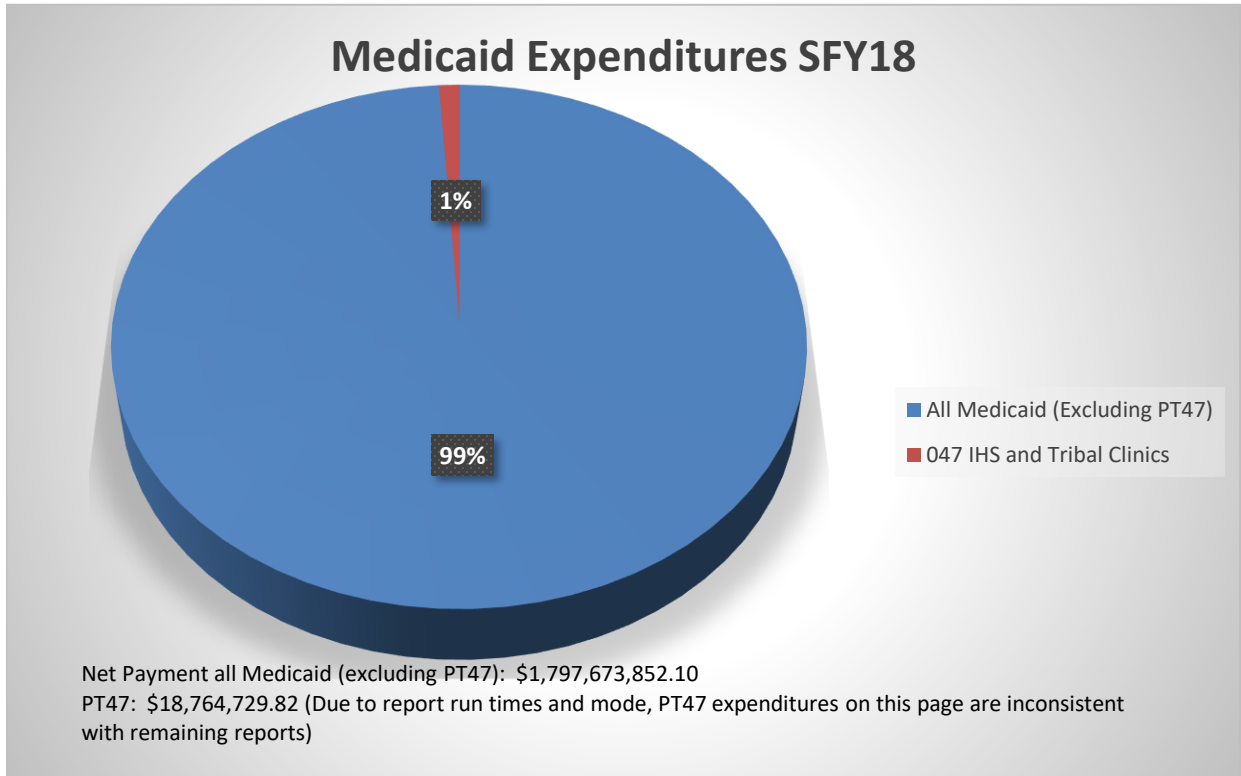
# Indian Health Program

## Fee for Service Reports

### SFY18

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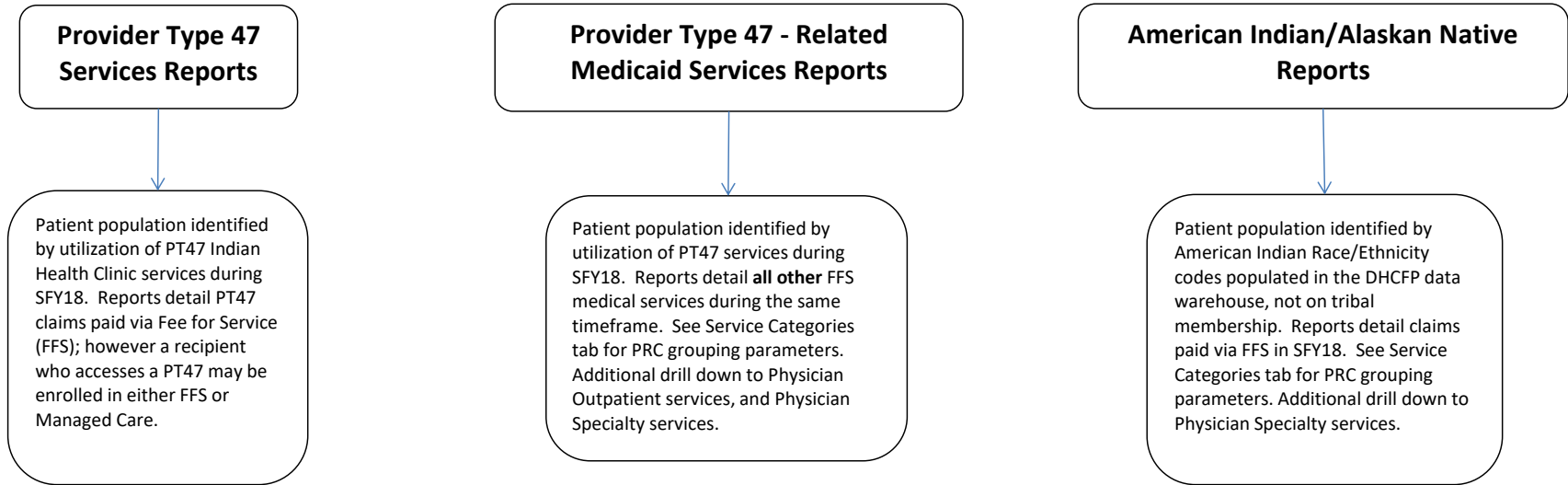
# Indian Health Program Reports SFY18



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.

The DHCFP data warehouse is comprised of claims data submitted by over 28,000 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.

# Indian Health Program Reports SFY18



## Indian Health Program Reports SFY18

Time Period: Incurred Fiscal Year	FY 2018				
	Patients	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Provider Type Claim NV w Code</b>					
047 IHS And Tribal Clinics	5,381	43,867	\$19,874,973.45	\$19,947,768.17	\$19,896,314.48

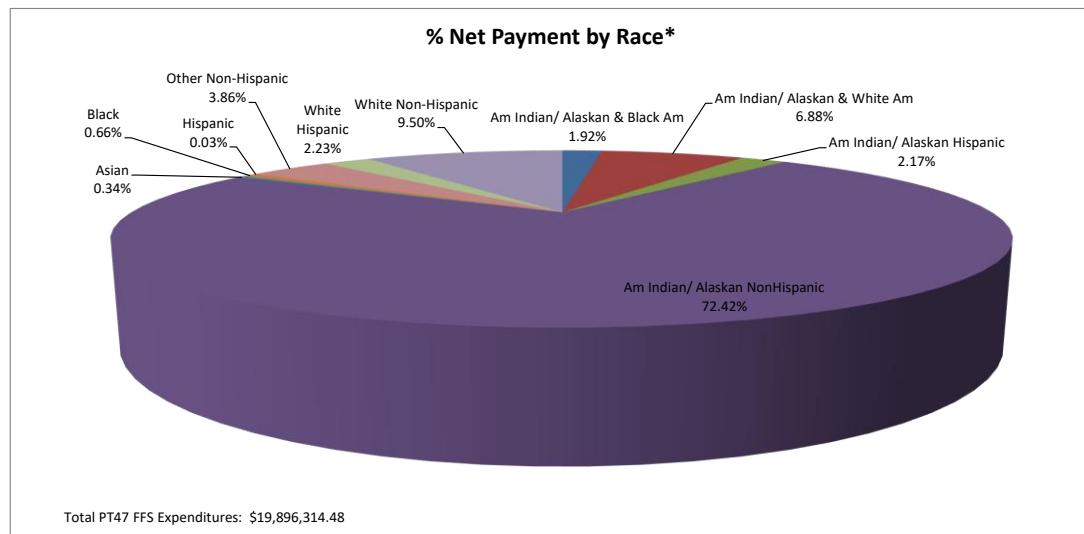
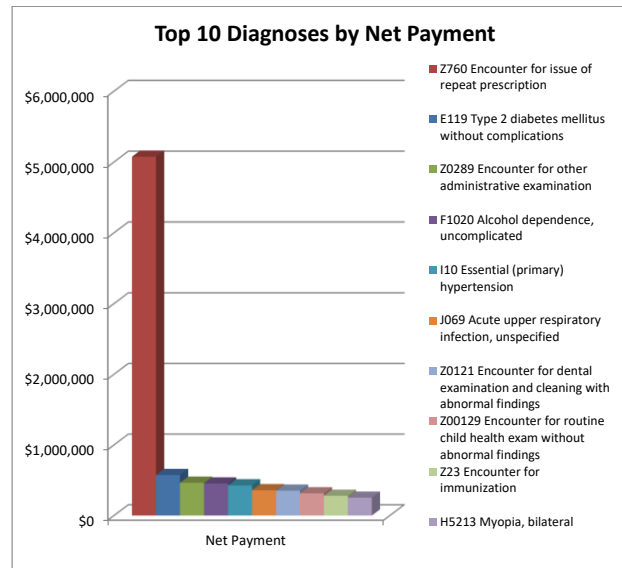
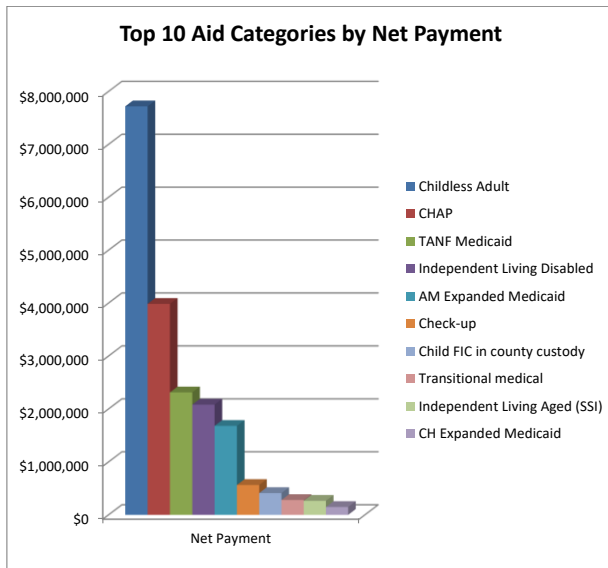
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## Indian Health Program Reports SFY18

Time Period: Incurred Fiscal Year			FY 2018	
			Claims Paid	Net Payment
Provider Type Claim NV w Code	Procedure Code	Procedure		
047 IHS And Tribal Clinics	92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	6	\$135.17
	T1015	Clinic visit/encounter, all-inclusive	43,861	\$19,896,179.31
<b>Total</b>			<b>43,867</b>	<b>\$19,896,314.48</b>

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## Indian Health Program Reports SFY18



\*Because of the small number of patients in the Asian and Black race categories, numbers were rolled up into more general categories (i.e. patients in Black/African Am White, and Black Non-Hispanic were grouped as Black; and Asian/White, Asian or Pacific Islander Hispanic, and Asian or Pacific Islander Non-Hispanic were grouped as Asian).

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Indian Health Program  
Fee-for-Service  
Related Medicaid Expenditures SFY18

## Indian Health Program Reports SFY18

Subsets	PT47 Patients FY18			
Time Period: Incurred Fiscal Year	FY 2018			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Service Category</b>				
Dental	11,487	\$1,476,086.29	\$617,459.41	\$615,343.19
Dialysis	7,532	\$13,222,691.96	\$688,559.42	\$319,294.19
Hospital Care	40,967	\$57,386,340.32	\$5,836,834.91	\$5,527,123.70
Other	8,310	\$2,449,725.56	\$1,759,885.82	\$1,653,422.12
Other/BH/Inpatient	155	\$2,229,739.30	\$1,157,907.00	\$1,168,164.00
Other/BH/Outpatient	5,184	\$798,156.83	\$700,923.47	\$697,605.53
Other/Lab	2,138	\$547,311.07	\$101,321.42	\$92,918.46
Other/Pharmacy	19,002	\$5,649,279.77	\$2,767,036.19	\$2,657,956.48
Physician Inpatient	7,318	\$3,737,621.44	\$1,057,449.89	\$942,220.94
Physician Outpatient	30,816	\$10,624,839.66	\$3,105,005.08	\$2,867,965.86
Travel	1,695	\$5,035,614.04	\$634,006.40	\$546,943.29
<b>Total</b>	<b>134,604</b>	<b>\$103,157,406.24</b>	<b>\$18,426,389.01</b>	<b>\$17,088,957.76</b>

Patient population identified by utilization of PT47 services during SFY18. Report details **all other** services during same timeframe. See Service Categories tab for grouping parameters.

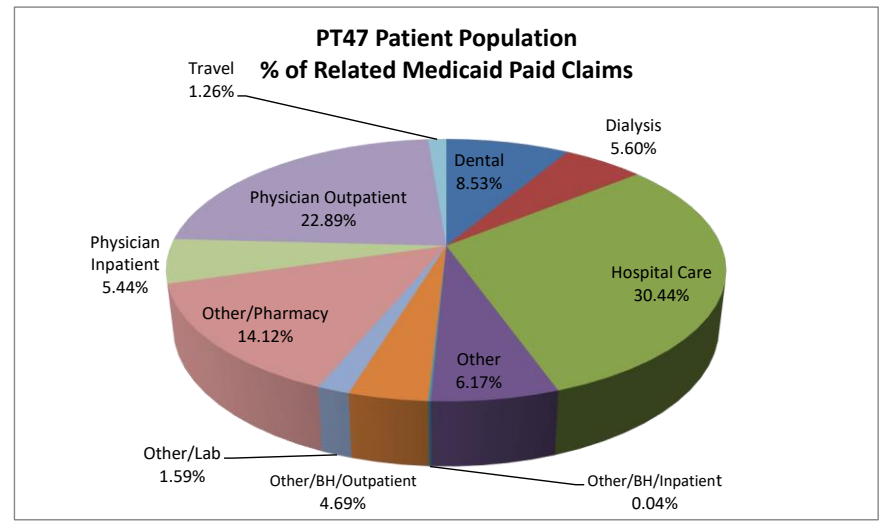
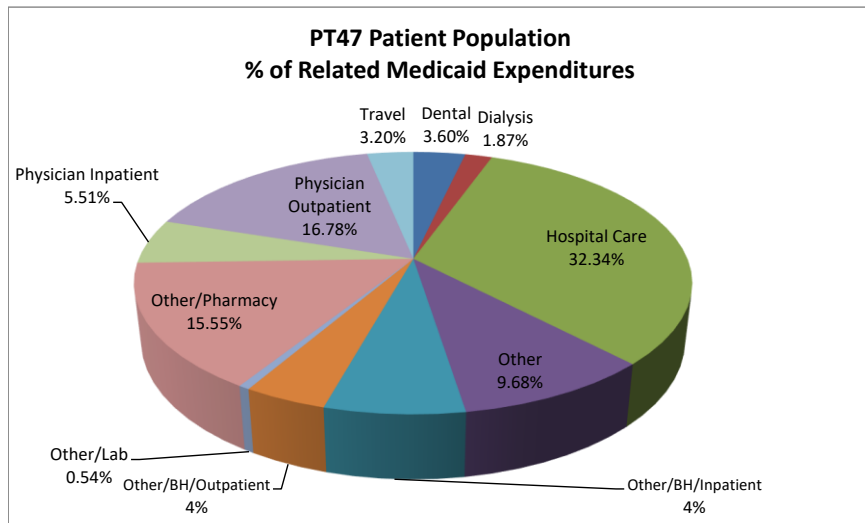
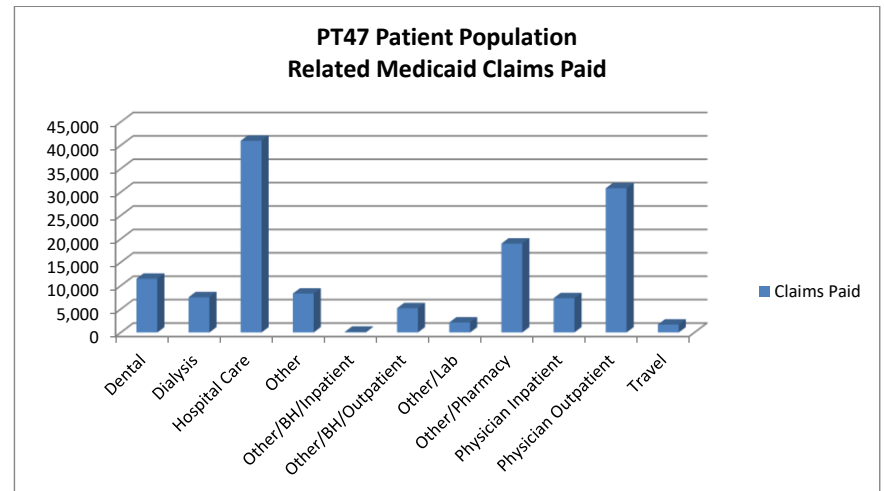
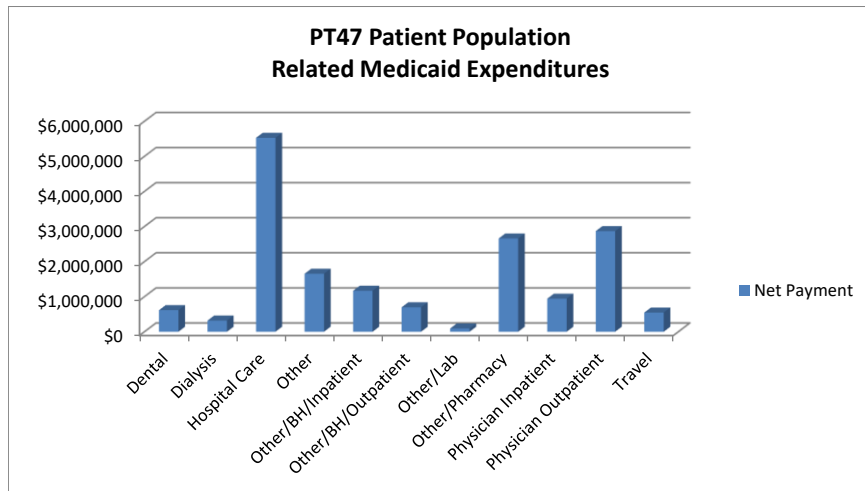
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## Indian Health Program Reports SFY18

Service Categories (grouped by Provider Types)										
Hospital Care	Physician Outpatient	Physician Inpatient	Travel	Dental	Dialysis	Other				
						Pharmacy	Laboratory	Behavioral Health		Other
								Outpatient	Inpatient	
PT10 Outpatient Surgery	PT17 Special Clinics	PT20* Physician	PT32 Ambulance, Air/Ground	PT22 Dentist	PT45 ESRD Facility	PT28 Pharmacy	PT43 Laboratory	PT14 Mental Health, OP	PT13 Psychiatric, IP	PT19 Nursing Facility
PT11 Hospital, IP	PT15 Registered Dietitians				PT81 Hospital Based ESRD Prov	PT37 IV Therapy		PT26 Psychologist	PT16 ICF-MR	PT23 Hearing Aid Dispenser
PT12 Hospital, OP	PT20* Physician							PT82 Mental Hlth Rehab	PT42 OP Psych Hosp	PT29 Home Health Agency
PT44 Swing Bed, Acute Hosp	PT21 Podiatrist								PT63 RTC	PT30 PCA
PT46 Ambulatory Surg Centers	PT24 Cert RN Practitioner								PT68 ICF-MR	PT33 DME
PT55 Trans Rehab, OP	PT25 Optometrist									PT34 Therapy
PT56 MH Rehab, IP	PT27 Radiology									PT38 Home/Comm Based Waiver
PT75 Critical Access Hosp, IP	PT36 Chiropractor									PT39 Adult Day Hlth Center
	PT41 Optician									PT48 Senior Waiver
	PT60 School Based									PT54 TCM
	PT72 Nurse Anesthetist									PT57 Adult Group Care Waiver
	PT74 Nurse Midwife									PT58 Physically Disabled Waiver
	PT76 Audiology									PT59 Fac Based Assisted Living
	PT77 Physician's Asst									PT64 Hospice
										PT65 Hospice, LTC
*Inpatient/Outpatient for PT20 defined by Place of Service										
										PT83 PCA
										PT84 PCA
										PT85 Applied Behavior Analysis

## Indian Health Program Reports SFY18



Patient population identified by utilization of PT47 services during SFY17. Charts detail **all other** services utilized during same timeframe (by Net Payment or Claims Paid).

Total related SFY18 Net Payment expenditures (excluding PT47): **\$17,088,957.76**

FFS Data Only

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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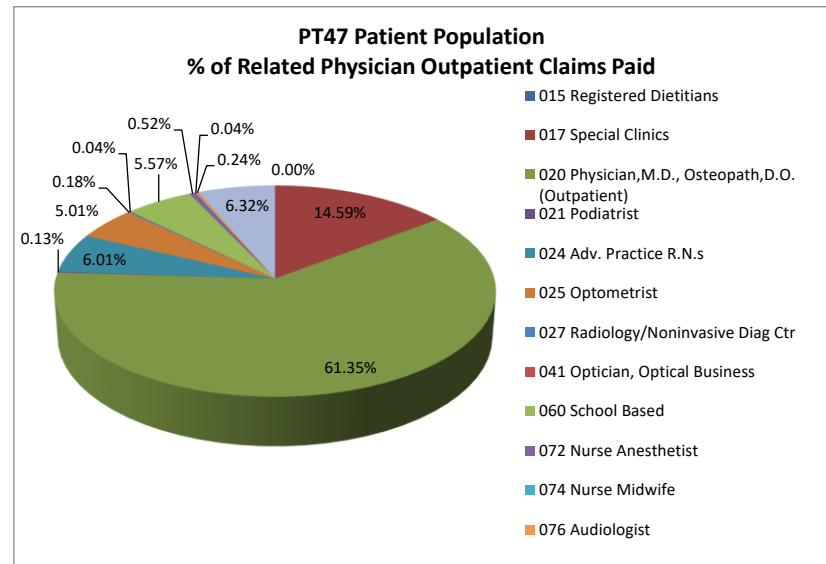
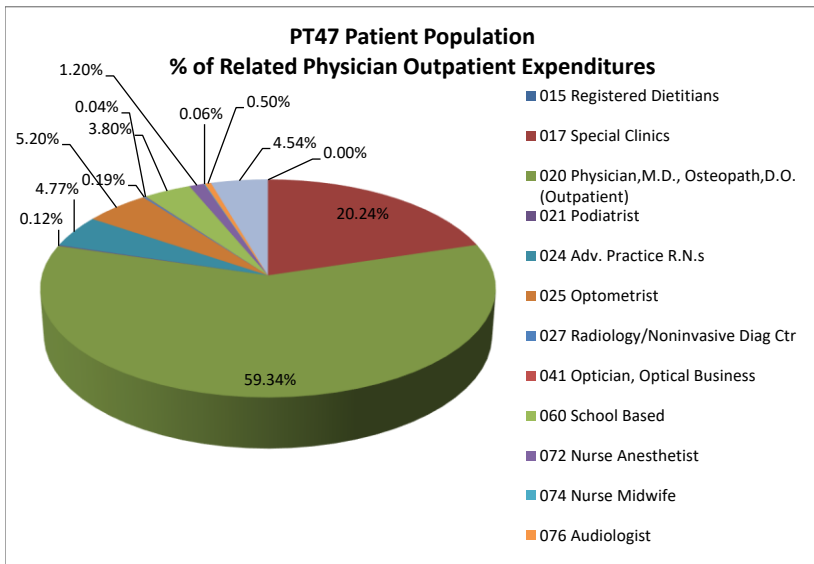
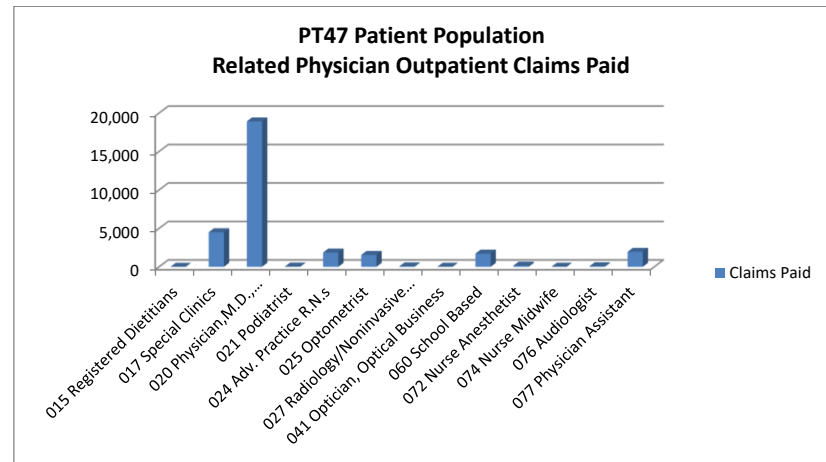
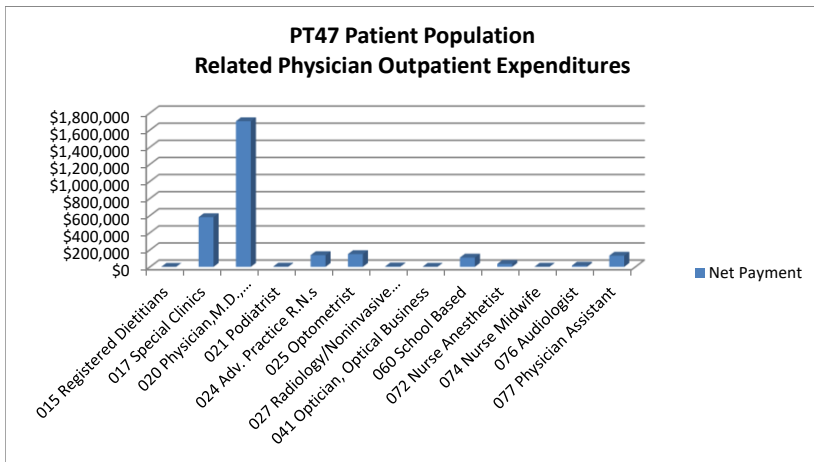
## Indian Health Program Reports SFY18

Subsets	PT47 Patients FY18			
Time Period: Incurred Fiscal Year	FY 2018			
Provider Type Claim NV w Code	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
015 Registered Dietitians	1	\$195.00	\$22.79	\$22.79
017 Special Clinics	4,495	\$618,248.92	\$593,098.52	\$580,484.18
020 Physician, M.D., Osteopath, D.O. (Outpatient)	18,905	\$7,941,584.01	\$1,884,198.56	\$1,701,819.48
021 Podiatrist	40	\$11,027.00	\$3,819.81	\$3,499.95
024 Adv. Practice R.N.s	1,852	\$709,066.78	\$160,400.83	\$136,743.59
025 Optometrist	1,544	\$195,769.53	\$153,841.81	\$149,138.71
027 Radiology/Noninvasive Diag Ctr	55	\$25,585.33	\$6,743.62	\$5,368.23
041 Optician, Optical Business	12	\$1,240.79	\$1,144.98	\$1,144.98
060 School Based	1,717	\$108,850.73	\$108,850.73	\$108,850.73
072 Nurse Anesthetist	161	\$132,900.40	\$36,775.02	\$34,539.38
074 Nurse Midwife	12	\$5,530.00	\$1,847.39	\$1,847.39
076 Audiologist	73	\$20,651.18	\$14,371.19	\$14,305.96
077 Physician Assistant	1,949	\$854,189.99	\$139,889.83	\$130,200.49
<b>Total</b>	<b>30,816</b>	<b>\$10,624,839.66</b>	<b>\$3,105,005.08</b>	<b>\$2,867,965.86</b>

Patient population identified by utilization of PT47 services during SFY18. Report details **physician outpatient** services during same timeframe.

The DHCFP data warehouse is comprised of claims data submitted by over 28,000 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.

## Indian Health Program Reports SFY18



Patient population identified by utilization of PT47 services during SFY18. Charts detail **all physician outpatient** services (by PT) utilized during same timeframe (by Net Payment or Claims Paid).

Total related SFY18 physician outpatient Net Payment expenditures: **\$2,867,965.86**

FFS Data Only

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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## Indian Health Program Reports SFY18

Subsets			PT47 Patients FY18			
			FY 2018			
Time Period: Incurred Fiscal Year			Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code	Provider Specialty Claim NV Code	Provider Specialty Claim NV				
020 Physician, M.D., Osteopath, D.O.	111	Emergency Medicine	3,196	\$2,262,285.25	\$358,972.17	\$340,640.88
	072	Radiology	3,073	\$445,699.34	\$130,423.26	\$121,307.65
	218	Diagnostic Radiology	2,602	\$554,245.55	\$120,501.90	\$109,842.24
	053	Family Practice	1,328	\$385,212.34	\$115,523.27	\$102,525.96
	060	Internal Medicine	2,606	\$689,019.99	\$256,871.74	\$226,299.22
	057	Anesthesiology	705	\$970,088.68	\$161,110.89	\$138,472.82
	106	Cardiovascular	1,008	\$262,967.26	\$81,564.65	\$67,586.33
	139	Pediatrics	1,032	\$274,890.44	\$88,446.08	\$88,308.20
	062	Obstetrics/Gynecology	1,079	\$631,889.46	\$260,602.75	\$247,976.32
	064	Orthopedic Surgery	1,030	\$745,934.77	\$177,779.18	\$154,228.04
	066	Pathology	259	\$112,321.96	\$15,975.23	\$14,665.80
	073	General Surgery	737	\$487,747.92	\$152,013.72	\$140,500.62
	114	Gastroenterology	388	\$180,885.38	\$54,256.94	\$47,601.07
	063	Ophthalmology	689	\$285,043.17	\$106,393.45	\$91,934.89
	065	Otolaryngology	273	\$143,637.38	\$37,885.95	\$35,689.85
	146	Psychiatry	923	\$168,500.35	\$91,812.65	\$87,214.45
	126	Neurology	388	\$139,194.42	\$62,820.22	\$54,345.96
	134	Pain Management	665	\$362,653.31	\$69,126.00	\$61,528.35
	149	PULMONARY DISEASES	261	\$107,724.28	\$38,670.33	\$33,158.99
	125	Nephrology	772	\$334,110.55	\$98,568.05	\$57,381.87
	068	Physical Medicine	304	\$178,060.00	\$27,257.19	\$22,274.92
	152	Rheumatology	211	\$146,710.14	\$24,490.38	\$21,003.79
	000	No Specialty	153	\$72,759.97	\$22,085.22	\$21,100.23
	156	Urologic Surgery	255	\$129,073.00	\$32,241.51	\$25,399.97
	141	Pediatrics-Cardiology	171	\$52,639.50	\$14,969.66	\$14,541.81
		<b>Total</b>	<b>24,108</b>	<b>\$10,123,294.41</b>	<b>\$2,600,362.39</b>	<b>\$2,325,530.23</b>

Patient population identified by utilization of PT47 services during SFY18. Report details **all other** Provider Type 20 (Physician) services by Specialty during same timeframe. Only the top 25 (by patient count) PT20 Specialties are listed.

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Indian Health Program  
Fee-for-Service  
American Indian/Alaskan Native Expenditures SFY18

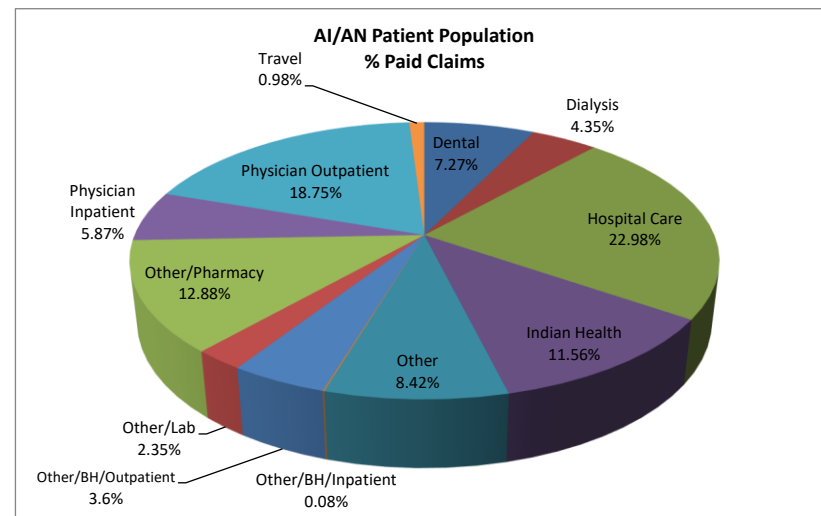
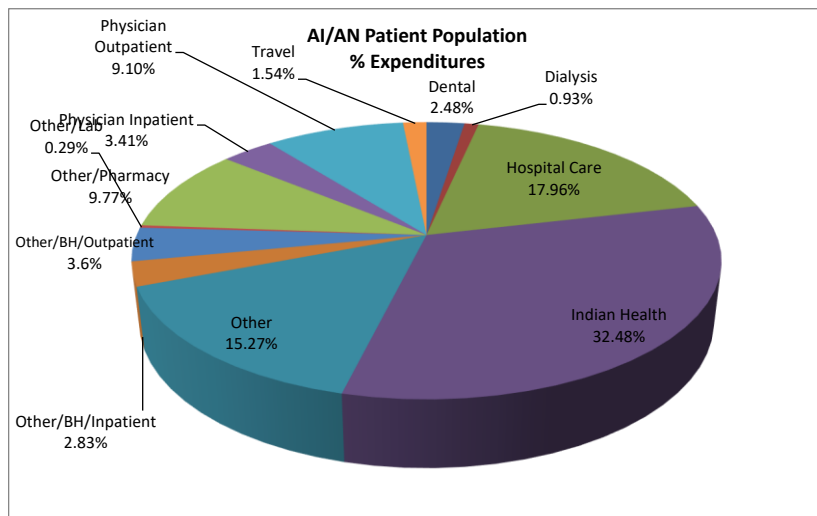
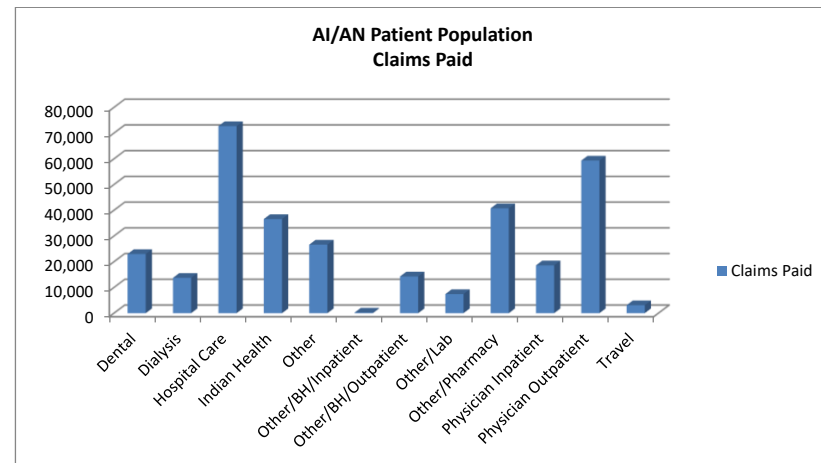
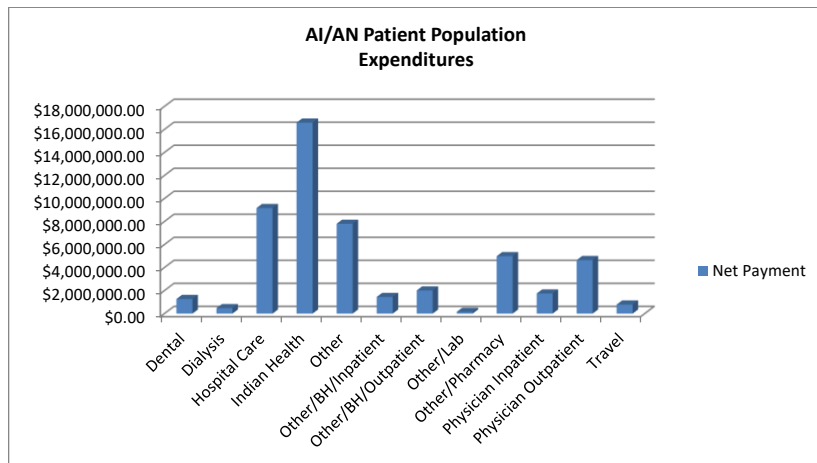
## Indian Health Program Reports SFY18

Subsets Time Period: Incurred Fiscal Year	American Indian Race Codes _ Claim Id no Void			
	FY 2018			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Service Category</b>				
Dental	22,999	\$2,945,118.94	\$1,275,846.06	\$1,268,982.45
Dialysis	13,754	\$23,570,418.18	\$1,198,259.55	\$473,402.12
Hospital Care	72,715	\$127,622,218.24	\$11,424,391.55	\$9,171,483.06
Indian Health	36,582	\$16,576,222.79	\$16,636,110.17	\$16,591,324.53
Other	26,644	\$11,247,689.84	\$8,668,470.18	\$7,802,109.48
Other/BH/Inpatient	246	\$3,345,362.23	\$1,657,808.05	\$1,444,595.36
Other/BH/Outpatient	14,280	\$2,352,359.32	\$2,057,120.01	\$2,008,416.94
Other/Lab	7,424	\$1,374,355.46	\$209,429.44	\$148,790.91
Other/Pharmacy	40,762	\$11,075,878.13	\$5,341,367.57	\$4,989,123.28
Physician Inpatient	18,585	\$7,734,230.64	\$2,316,127.28	\$1,743,585.47
Physician Outpatient	59,329	\$20,202,165.79	\$5,916,764.07	\$4,649,748.69
Travel	3,100	\$7,883,002.29	\$1,039,050.50	\$786,453.58
<b>Total</b>	<b>316,420</b>	<b>\$235,929,021.85</b>	<b>\$57,740,744.43</b>	<b>\$51,078,015.87</b>

Patients are identified by American Indian Race/Ethnicity codes populated in the DHCFP data warehouse, and not on tribal membership. See Service Categories tab for grouping parameters.

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## Indian Health Program Reports SFY18



Patients are identified by American Indian Race/Ethnicity codes populated in the DHCFP data warehouse, and not on tribal membership.

Total American Indian/Alaskan Native SFY18 Net Payment expenditures: **\$51,078,015.87**

FFS Data Only

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## Indian Health Program Reports SFY18

Subsets			American Indian Race Codes Claim Id no Void			
			FY 2018			
Time Period: Incurred Fiscal Year			Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code	Provider Specialty Claim NV Code	Provider Specialty Claim NV				
020 Physician, M.D., Osteopath, D.O.	111	Emergency Medicine	5,222	\$4,175,697.28	\$607,228.31	\$515,094.51
	218	Diagnostic Radiology	5,046	\$1,107,473.72	\$262,768.49	\$189,767.39
	072	Radiology	4,690	\$803,957.73	\$204,627.29	\$160,759.74
	053	Family Practice	3,595	\$922,258.58	\$315,587.32	\$235,849.08
	060	Internal Medicine	7,413	\$1,921,532.67	\$721,822.82	\$505,213.49
	139	Pediatrics	2,404	\$551,316.02	\$193,030.18	\$189,555.58
	106	Cardiovascular	2,490	\$758,936.68	\$217,811.77	\$132,006.55
	057	Anesthesiology	1,293	\$1,660,564.92	\$278,675.13	\$213,805.91
	062	Obstetrics/Gynecology	1,581	\$938,833.82	\$412,304.72	\$377,333.97
	064	Orthopedic Surgery	1,521	\$1,039,603.39	\$245,775.48	\$199,055.11
	066	Pathology	445	\$178,101.73	\$24,029.84	\$18,307.47
	073	General Surgery	1,581	\$799,872.19	\$249,047.09	\$197,990.83
	063	Ophthalmology	1,318	\$567,543.66	\$223,985.41	\$138,726.21
	146	Psychiatry	2,435	\$487,348.24	\$271,521.01	\$215,069.28
	114	Gastroenterology	649	\$290,598.09	\$90,110.34	\$66,134.18
	126	Neurology	775	\$351,533.82	\$133,187.63	\$92,949.03
	065	Otolaryngology	412	\$174,339.07	\$50,441.17	\$42,832.22
	134	Pain Management	1,352	\$922,311.52	\$138,197.70	\$91,386.62
	125	Nephrology	1,803	\$807,558.21	\$221,794.10	\$112,449.34
	149	PULMONARY DISEASES	701	\$246,975.24	\$89,170.85	\$67,937.52
	068	Physical Medicine	909	\$397,244.00	\$76,524.42	\$44,451.31
	000	No Specialty	402	\$144,196.17	\$52,796.02	\$41,769.74
	156	Urologic Surgery	411	\$191,025.20	\$55,029.51	\$36,081.07
	141	Pediatrics-Cardiology	367	\$127,567.04	\$34,560.59	\$33,234.36
	152	Rheumatology	230	\$51,207.07	\$22,377.81	\$17,477.15
		<b>Total</b>	<b>49,045</b>	<b>\$19,617,596.06</b>	<b>\$5,192,405.00</b>	<b>\$3,935,237.66</b>

Patients are identified by American Indian Race/Ethnicity codes populated in the DHCFP data warehouse, and not on tribal membership. Only the top 25 (by patient count) PT20 Specialties are listed.

The DHCFP data warehouse is comprised of claims data submitted by over 28,000 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.

<b><u>Dimension/Measure</u></b>	<b><u>Definition</u></b>
AI	American Indian - as defined by race codes populated from the eligibility table
Allowed Amount	The amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, copayment, coinsurance, or deductible amounts.
AN	Alaskan Native - as defined by race codes populated from the eligibility table
Charge Submitted	The amount of charges submitted by the provider for all claims. It represents the gross charge amount before applying pricing guidelines or deducting third party, copayment, coinsurance, or deductible amounts.
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.
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.
Provider Specialty Claim NV code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Type (PT) Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.