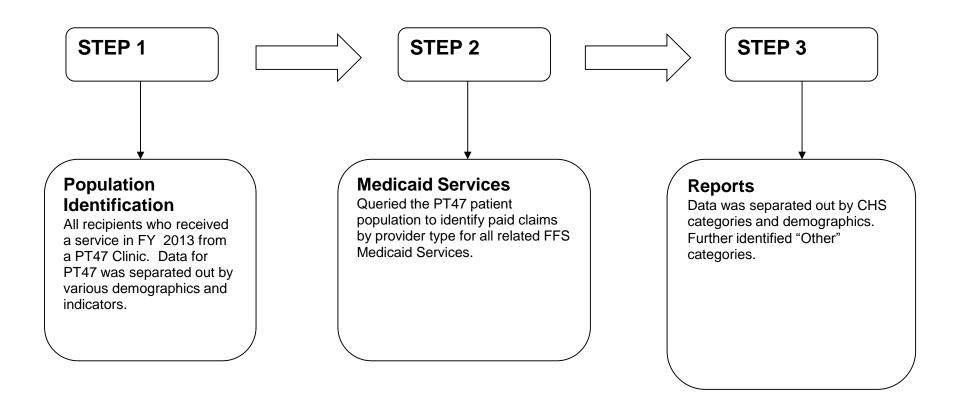


Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.



Subset

All Data

FY 2013
Incurred

Patients Claims Charge Allowed Net Payment

Paid Submitted Amount

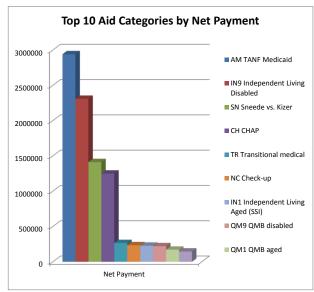
047 IHS And Tribal Clinics

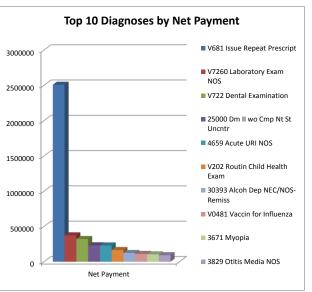
The DHCFP data warehouse is comprised of claims data submitted by over 15,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, 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.

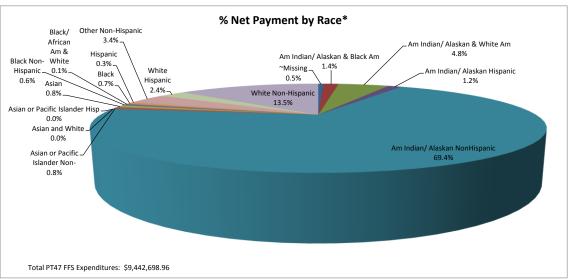
3,417 29,627 \$9,408,904.48 \$9,525,209.57 \$9,442,698.96

Subset All Data FY 2013 Provider Type NV w Code 047 IHS And Tribal Clinics

		Claims Paid	Net Payment	
Procedure Code	Procedure		·	
T1015	Clinic Service	29,460	\$9,390,301.39	
99392	Prev Visit Est Age 1-4	64	\$19,908.00	
99393	Prev Visit Est Age 5-11	41	\$12,956.00	
99394	Prev Visit Est Age 12-17	32	\$10,112.00	
99391	Per Pm Reeval Est Pat Infant	21	\$6,636.00	
99381	Init Pm E/M New Pat Infant	5	\$1,580.00	
99382	Init Pm E/M New Pat 1-4 Yrs	3	\$948.00	
T1016	Case Management	1	\$257.57	
	Total	29,627	\$9,442,698.96	







^{*}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).

Fee-for-Service Indian Health Program Related Medicaid Expenditures SFY13

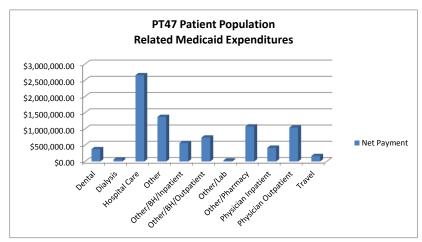
PT47 Patients FY13 FY 2013 - Incurred

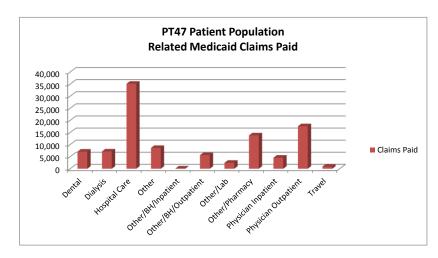
	Claims	Charge	Allowed Amount	Net Payment	
Service Category	Paid	Submitted			
Dental	7,095	\$755,848.45	\$379,444.73	\$378,988.99	
Dialysis	7,172	\$9,238,436.73	\$363,271.59	\$59,814.26	
Hospital Care	35,152	\$26,995,393.58	\$3,080,199.72	\$2,656,975.73	
Other	8,622	\$2,209,129.30	\$1,615,242.42	\$1,371,526.56	
Other/BH/Inpatient	120	\$1,103,390.30	\$601,701.50	\$566,936.91	
Other/BH/Outpatient	5,636	\$821,349.76	\$741,567.04	\$735,759.54	
Other/Lab	2,480	\$207,153.11	\$37,823.14	\$30,227.86	
Other/Pharmacy	13,796	\$2,203,459.78	\$1,150,837.30	\$1,076,706.03	
Physician Inpatient	4,580	\$2,013,390.47	\$571,367.85	\$422,734.87	
Physician Outpatient	17,591	\$4,735,801.91	\$1,404,437.00	\$1,044,022.85	
Travel	909	\$1,430,575.37	\$209,408.23	\$167,237.82	
Grand Total	103,153	\$51,713,928.76	\$10,155,300.52	\$8,510,931.42	

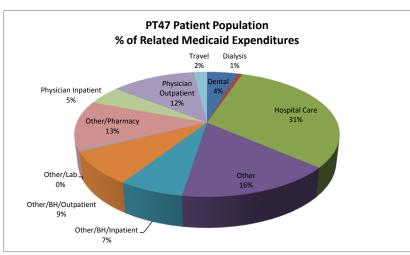
Patient population identified by utilization of PT47 services during SFY13. Report details **all other** services during same timeframe. See Service Categories tab for grouping parameters.

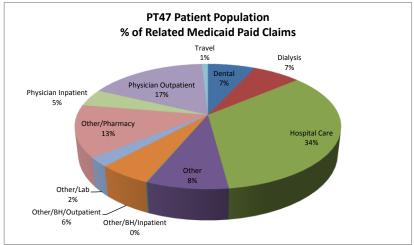
Service Categories (grouped by Provider Types)

_							Other			
								Behavioral Health		
Hospital Care	Physician Outpatient	Physician Inpatient	Travel	Dental	Dialysis	Pharmacy	Laboratory	Outpatient	Inpatient	Other
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	PT20* Physician					PT37 IV Therapy		PT26 Psychologist	PT16 ICF-MR	PT23 Hearing Aid Dispenser
PT12 Hospital, OP	PT21 Podiatrist							PT82 Mental Hlth Rehab	PT42 OP Psych Hosp	PT29 Home Health Agency
PT44 Swing Bed, Acute Hosp	PT24 Cert RN Practitioner								PT63 RTC	PT30 PCA
PT46 Ambulatory Surg Centers	PT25 Optometrist									PT33 DME
PT55 Trans Rehab, OP	PT27 Radiology									PT34 Therapy
PT56 MH Rehab, IP	PT36 Chiropractor									PT38 Home/Comm Based Waiver
PT75 Critical Access Hosp, IP	PT41 Optician									PT39 Adult Day HIth Center
	PT60 School Based									PT48 Senior Waiver
	PT72 Nurse Anesthetist									PT54 TCM
	PT74 Nurse Midwife									PT57 Adult Group Care Waiver
	PT76 Audiology									PT58 Physically Disabled Waiver
	PT77 Physician's Asst									PT59 Fac Based Assisted Living
										PT64 Hospice
										PT65 Hospice, LTC
*Inpatient/Outpatient for PT20 def	ined by Place of Service									PT83 PCA
										PT84 PCA









Patient population identified by utilization of PT47 services during SFY13. Charts detail all other services utilized during same timeframe (by Net Payment or Claims Paid).

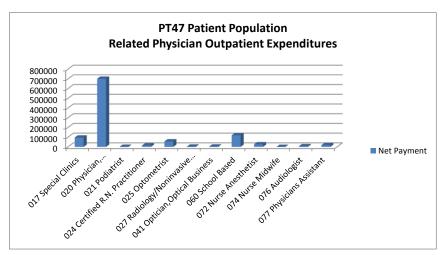
Total related SFY13 Net Payment expenditures (excluding PT47): \$8,510,931.42

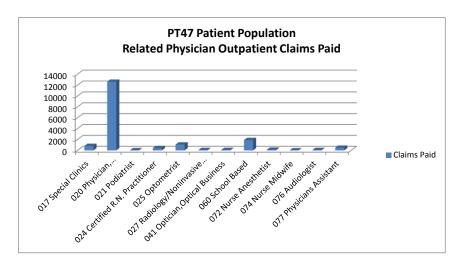
FFS Data Only - PT35/62 - NET/HMO capitation payments not included in expenditures

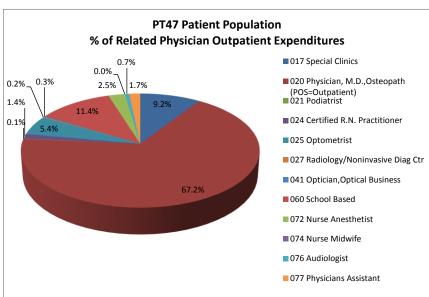
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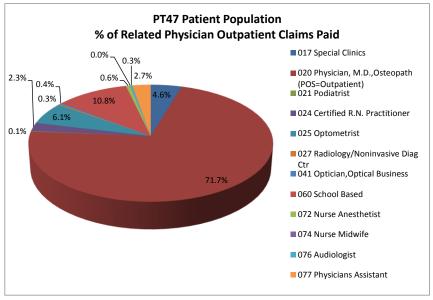
Subset	PT47 Patients F FY 2013 - Incurred	Y13		
	Claims Paid	Charge	Allowed Amount	Net Payment
Provider Type Claim NV w Code		Submitted		
017 Special Clinics	807	\$84,957.56	\$103,517.38	\$95,996.88
020 Physician, M.D.,Osteopath (POS=Outpatient)	12,616	\$4,062,984.32	\$1,032,646.03	\$701,323.69
021 Podiatrist	21	\$5,266.00	\$1,299.76	\$905.37
024 Certified R.N. Practitioner	411	\$93,891.46	\$20,142.42	\$14,214.77
025 Optometrist	1,070	\$76,478.31	\$60,349.48	\$56,224.49
027 Radiology/Noninvasive Diag Ctr	54	\$17,888.87	\$3,970.32	\$2,249.84
041 Optician,Optical Business	67	\$7,691.29	\$4,814.15	\$3,413.81
060 School Based	1,897	\$119,081.33	\$119,081.33	\$119,081.33
072 Nurse Anesthetist	110	\$90,877.00	\$27,842.15	\$26,120.44
074 Nurse Midwife	2	\$30.00	\$2.85	\$2.85
076 Audiologist	56	\$9,431.31	\$6,988.28	\$6,919.95
077 Physicians Assistant	480	\$167,224.46	\$23,782.85	\$17,569.43
Total	17,591	\$4,735,801.91	\$1,404,437.00	\$1,044,022.85

Patient population identified by utilization of PT47 services during SFY13. Report details **physician outpatient** services during same timeframe.









Patient population identified by utilization of PT47 services during SFY13. Charts detail **all physician outpatient** services (by PT) utilized during same timeframe (by Net Payment or Claims Paid). Total related SFY13 physician outpatient Net Payment expenditures: \$1,044,022.85

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.