

Indian Health Program

Fee for Service Reports

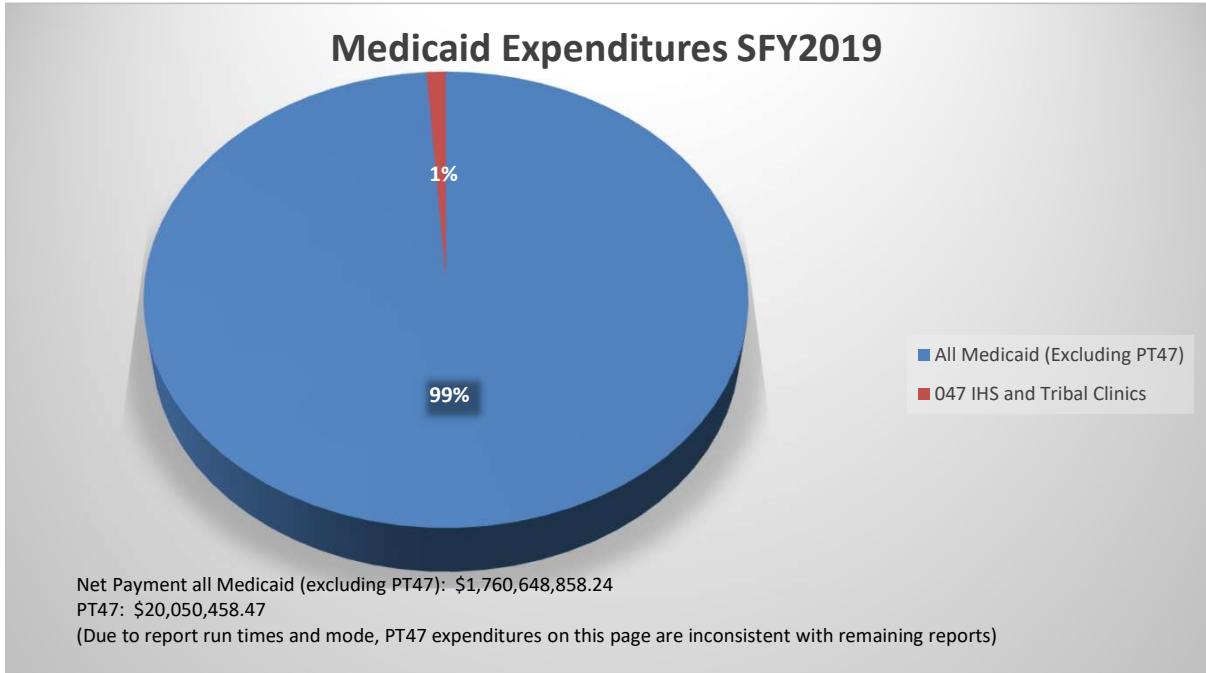
SFY19

1. Overall Medicaid Expenditures
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FY 2019 Incurred

3243 MEDICAID

	Net Payment
Provider Type Claim NV Code	
All Medicaid (Excluding PT47)	\$1,760,648,858.24
PT47 IHS and Tribal Clinics	\$20,050,458.47

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.

**Provider Type 47
Services Reports**

Patient population identified by utilization of PT47 Indian Health Clinic services during SFY19. Reports detail PT47 claims paid via Fee for Service (FFS); however a recipient who accesses a PT47 may be enrolled in either FFS or Managed Care.

**Provider Type 47 - Related
Medicaid Services Reports**

Patient population identified by utilization of PT47 services during SFY19. Related services are included for claims billed in the same year as billed IHS services. See Service Categories tab for PRC grouping parameters. Additional drill down to Physician Outpatient services, and Physician Specialty services.

**American Indian/Alaskan Native
Reports**

Patient population identified by American Indian Race/Ethnicity codes populated in the DHCFP data warehouse, not on tribal membership. Reports detail claims paid via FFS in SFY19. See Service Categories tab for PRC grouping parameters. Additional drill down to Physician Specialty services.

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Indian Health Program Reports SFY19

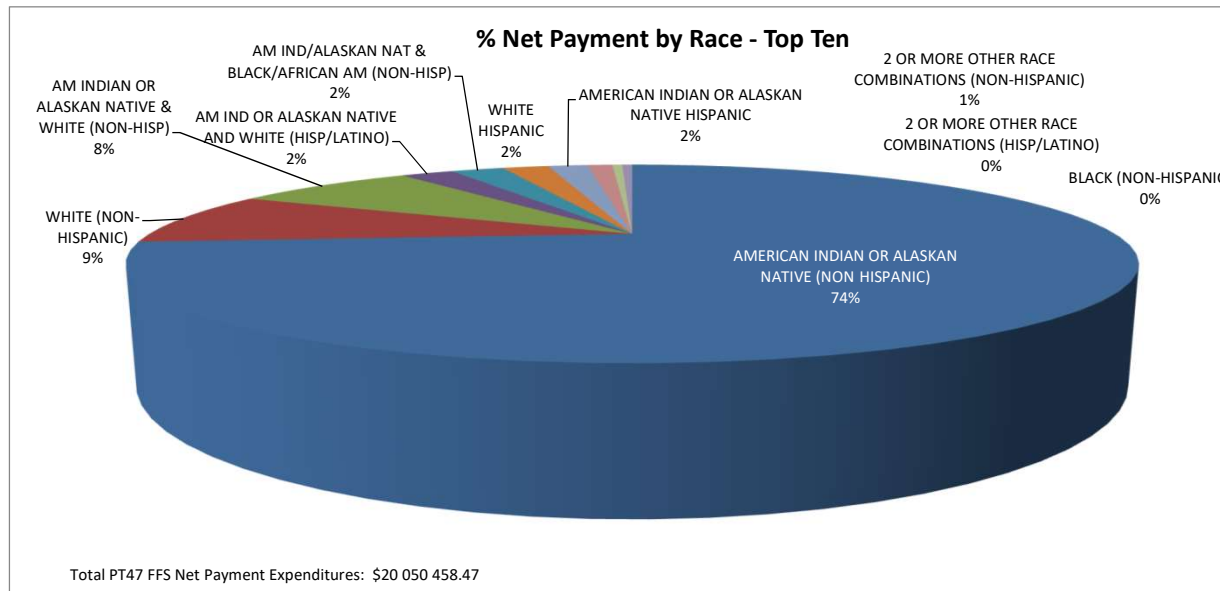
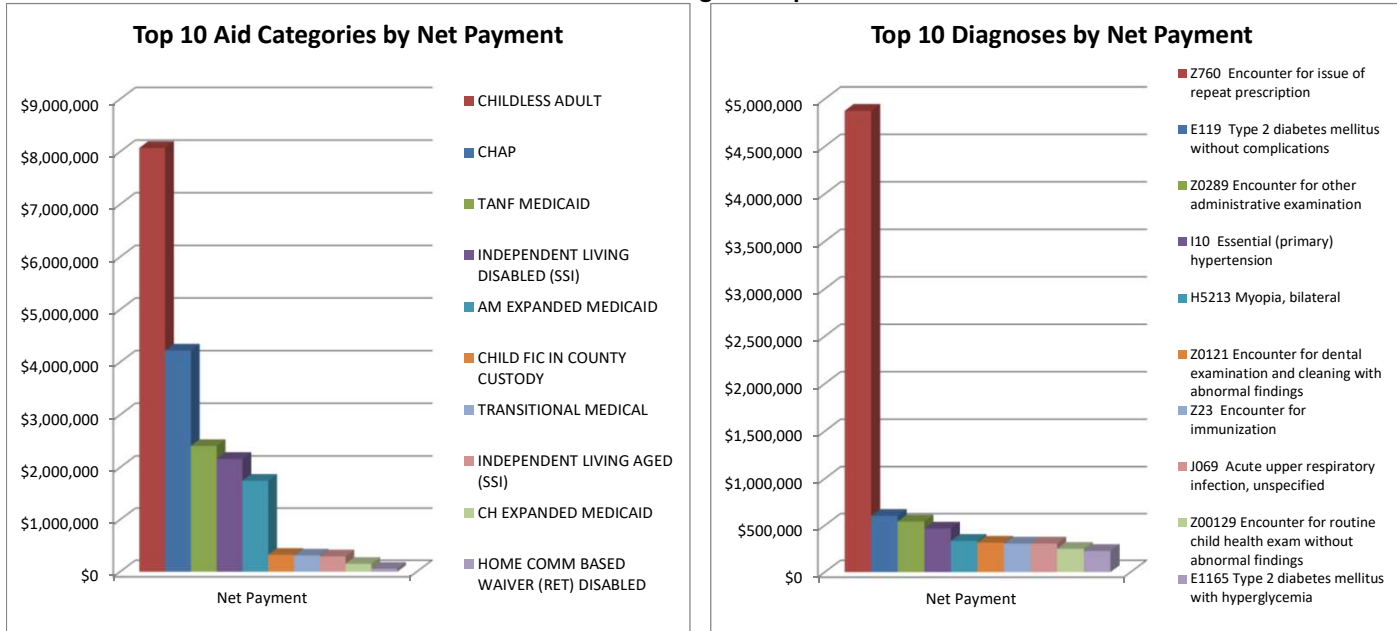
Time Period: Incurred Fiscal Year	FY 2019				
	Patients	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code					
047 IHS And Tribal Clinics	5,000	45,862	\$20,062,166.90	\$20,073,669.84	\$20,050,458.47

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Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year			FY 2019	
			Claims Paid	Net Payment
Provider Type Claim NV w Code	Procedure Code	Procedure		
047	99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	1	\$455.00
	99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	2	\$598.00
	99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	1	\$296.00
	T1015	Clinic visit/encounter, all-inclusive	45,858	\$20,049,109.47
Aggregate(Provider Type Claim NV Code Values)			45,862	\$20,050,458.47

Indian Health Program Reports SFY19



Indian Health Program
Fee-for-Service
Related Medicaid Expenditures SFY19

Department of Health and Human Services
Office of Analytics

Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year	FY 2019			
Service Category	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Dentist	10,576	\$1,423,971.77	\$539,123.77	\$537,219.87
Dialysis	9,852	\$17,947,015.24	\$833,297.05	\$289,282.04
Hospital Care	58,524	\$58,223,798.74	\$6,654,555.84	\$6,283,948.49
Other	9,797	\$2,436,781.13	\$1,484,311.14	\$1,418,245.37
Other/BH/Inpatient	291	\$1,849,126.74	\$1,012,895.54	\$1,008,382.47
Other/BH/Outpatient	4,197	\$575,431.32	\$484,504.06	\$482,270.62
Other/Laboratory	2,406	\$389,524.73	\$75,233.18	\$72,106.90
Other/Pharmacy	16,676	\$6,068,196.19	\$2,466,339.87	\$2,378,217.27
Physician Inpatient	9,912	\$4,656,410.02	\$1,172,872.99	\$1,128,697.13
Physician Outpatient	32,545	\$10,250,679.49	\$3,103,495.59	\$2,989,662.74
Travel	1,775	\$6,414,654.81	\$677,862.77	\$638,657.74
Total	156,551	\$110,235,590.18	\$18,504,491.80	\$17,226,690.64

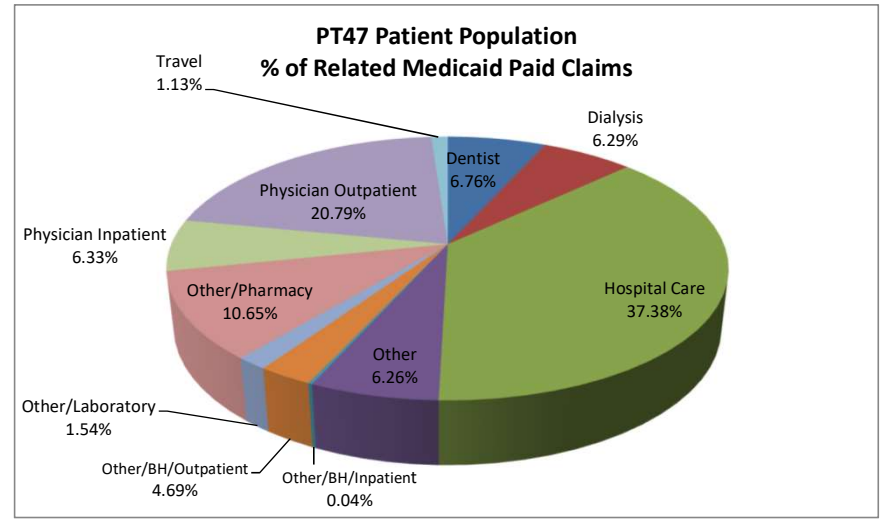
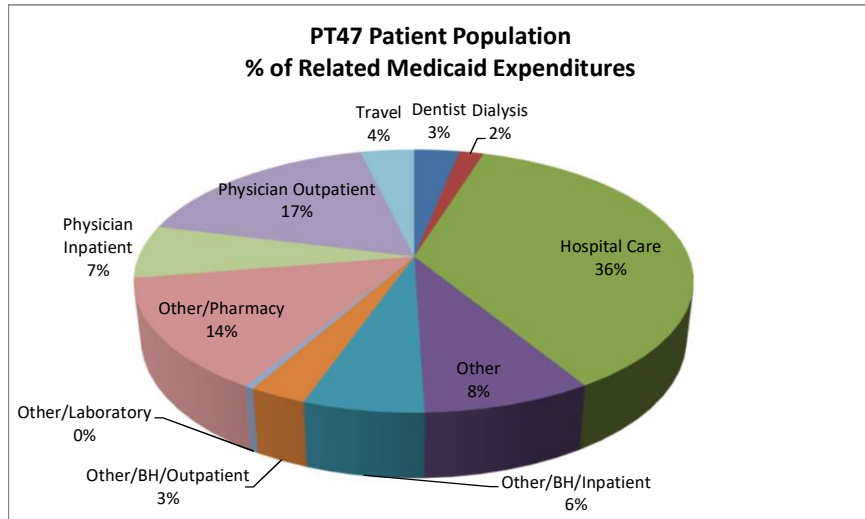
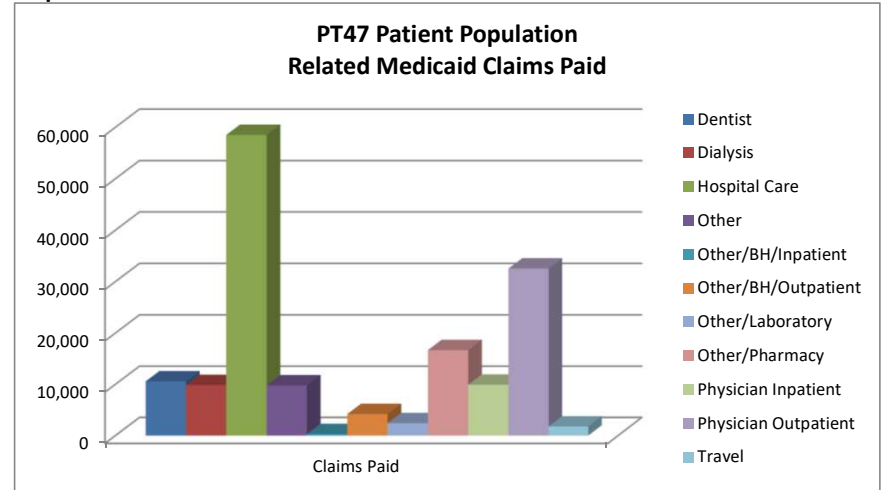
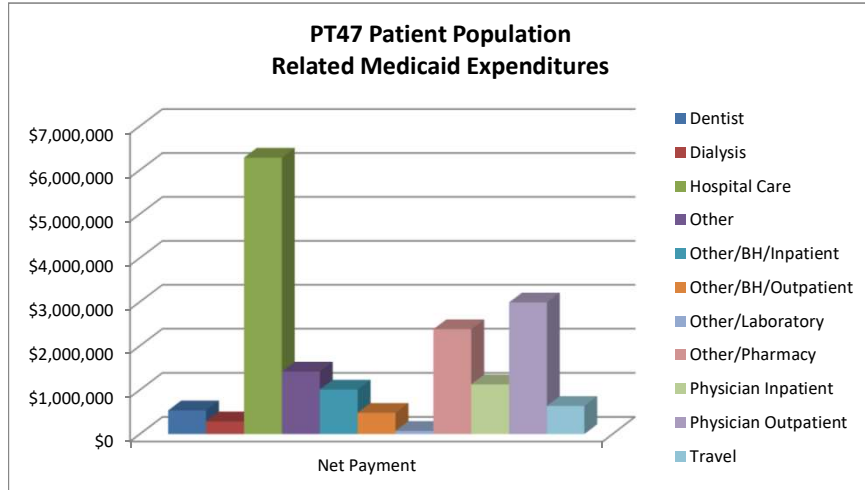
Related services are included for claims billed in the same year as billed IHS services.

Please refer to the "7 Service Categories" for definitions of the Service Category column.

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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
										PT83 PCA
										PT84 PCA
										PT85 Applied Behavior Analysis

Indian Health Program Reports SFY19



Related services are included for claims billed in the same year as billed IHS services.

Total related SFY19 Net Payment expenditures (excluding PT47): **\$17,226,690.64**

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.

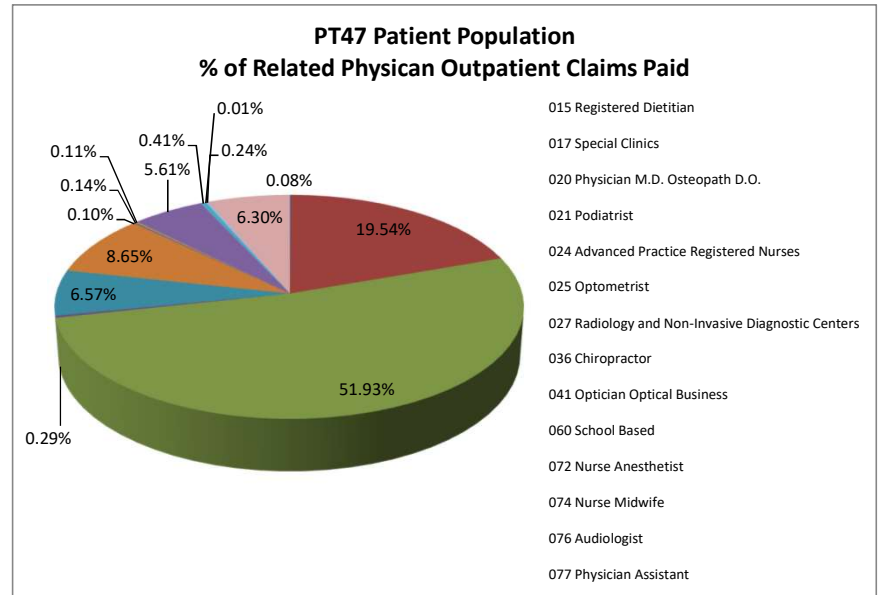
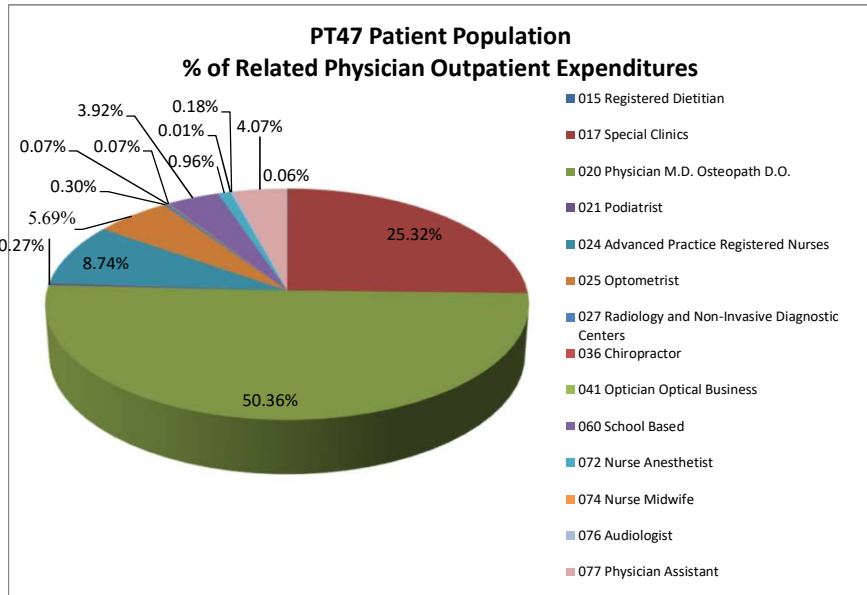
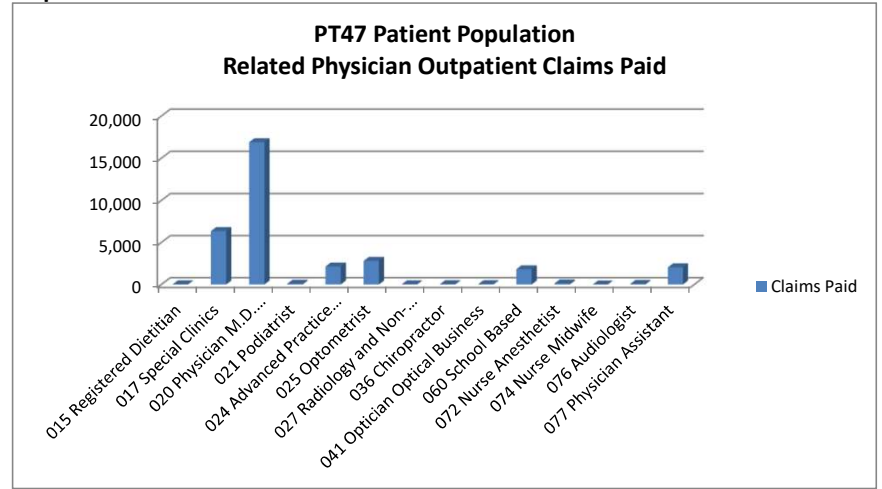
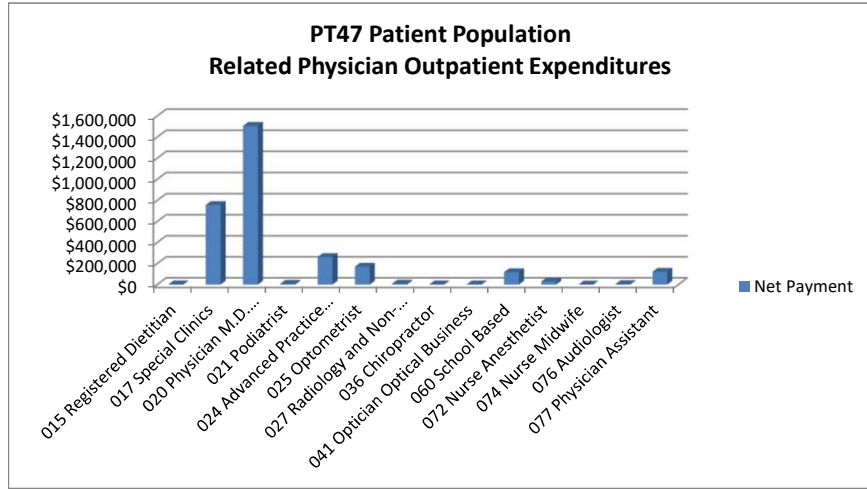
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Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year				
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code				
015 Registered Dietitian	27	\$4,475.00	\$1,886.12	\$1,794.96
017 Special Clinics	6,359	\$813,382.05	\$764,024.37	\$756,867.62
020 Physician M.D. Osteopath D.O.	16,902	\$6,950,691.76	\$1,596,199.54	\$1,505,508.79
021 Podiatrist	96	\$40,549.00	\$9,236.39	\$7,998.33
024 Advanced Practice Registered Nurses	2,139	\$886,763.49	\$269,151.46	\$261,260.64
025 Optometrist	2,815	\$230,936.51	\$172,305.66	\$170,063.78
027 Radiology and Non-Invasive Diagnostic Centers	34	\$61,016.97	\$9,077.86	\$8,881.38
036 Chiropractor	47	\$3,107.46	\$1,956.18	\$1,956.18
041 Optician Optical Business	37	\$2,260.27	\$2,135.97	\$2,135.97
060 School Based	1,825	\$117,165.75	\$117,165.75	\$117,165.75
072 Nurse Anesthetist	135	\$135,514.68	\$29,037.38	\$28,777.33
074 Nurse Midwife	3	\$516.10	\$164.35	\$164.35
076 Audiologist	77	\$13,384.80	\$5,494.06	\$5,349.22
077 Physician Assistant	2,049	\$990,915.65	\$125,660.50	\$121,738.44
Total	32,545	\$10,250,679.49	\$3,103,495.59	\$2,989,662.74

Related services are included for claims billed in the same year as billed IHS services. Report details **physician outpatient services** during same timeframe.

Indian Health Program Reports SFY19



Related services are included for claims billed in the same year as billed IHS services.

Total related SFY18 physician outpatient Net Payment expenditures: **\$2,989,662.74**

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.

Department of Health and Human Services
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Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year			FY 2019			
			Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code	Provider Specialty	Provider Specialty Claim				
020 Physician,M.D., Osteopath,D.O.	111	Emergency Medicine	2,804	\$2,152,402.00	\$326,820.83	\$320,084.81
	218	Diagnostic Radiology	2,676	\$467,612.92	\$108,002.17	\$104,789.81
	072	Radiology	2,725	\$401,443.93	\$112,564.65	\$107,482.19
	053	Family Practice	1,118	\$374,315.18	\$109,833.06	\$103,566.47
	060	Internal Medicine	3,274	\$865,300.94	\$291,754.40	\$280,275.10
	057	Anesthesiology	660	\$861,383.82	\$135,204.53	\$127,082.78
	106	Cardiovascular	1,026	\$297,179.91	\$76,412.00	\$71,037.22
	066	Pathology	370	\$108,500.04	\$14,768.13	\$14,409.98
	139	Pediatrics	775	\$203,113.41	\$61,651.39	\$61,435.67
	064	Orthopedic Surgery	808	\$627,654.61	\$134,766.02	\$128,370.53
	062	Obstetrics/Gynecology	837	\$532,487.64	\$228,551.95	\$220,943.67
	073	General Surgery	555	\$424,180.35	\$131,968.29	\$129,741.05
	114	Gastroenterology	377	\$167,933.90	\$49,096.11	\$47,334.09
	063	Ophthalmology	664	\$263,113.53	\$86,413.12	\$77,186.00
	146	Psychiatry	1,268	\$245,014.48	\$116,889.67	\$114,132.20
	126	Neurology	406	\$164,455.50	\$58,432.73	\$57,838.73
	065	Otolaryngology	272	\$172,977.17	\$35,828.03	\$34,328.26
	912	Hospital Outpatient	755	\$213,817.46	\$17,932.71	\$14,356.97
	134	Pain Management	709	\$360,410.60	\$68,935.83	\$64,442.39
	149	Pulmonary Diseases	243	\$110,482.68	\$32,700.40	\$30,433.31
	068	Physical Medicine	459	\$371,608.55	\$37,594.90	\$32,673.52
	125	Nephrology	1,051	\$462,737.96	\$104,292.51	\$79,078.50
	109	Critical Care	310	\$164,464.50	\$51,796.49	\$49,863.10
	061	Neurosurgery	141	\$640,893.35	\$54,079.28	\$49,739.54
	156	Urologic Surgery	195	\$89,419.71	\$20,669.00	\$19,734.56
		Total	24,478	\$10,742,904.14	\$2,466,958.20	\$2,340,360.45

Related services are included for claims billed in the same year as billed IHS services. Only the top 25 (by patient count) PT20 Specialties are listed.

Indian Health Program
Fee-for-Service
American Indian/Alaskan Native Expenditures SFY19

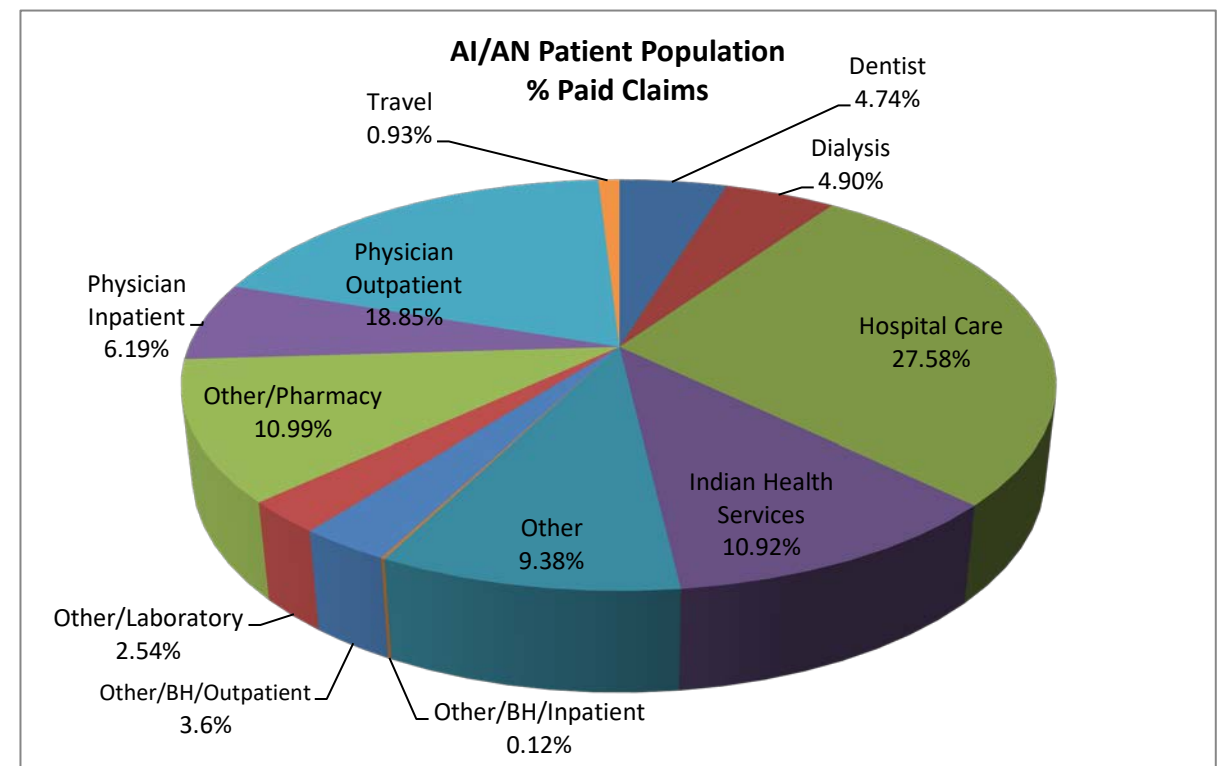
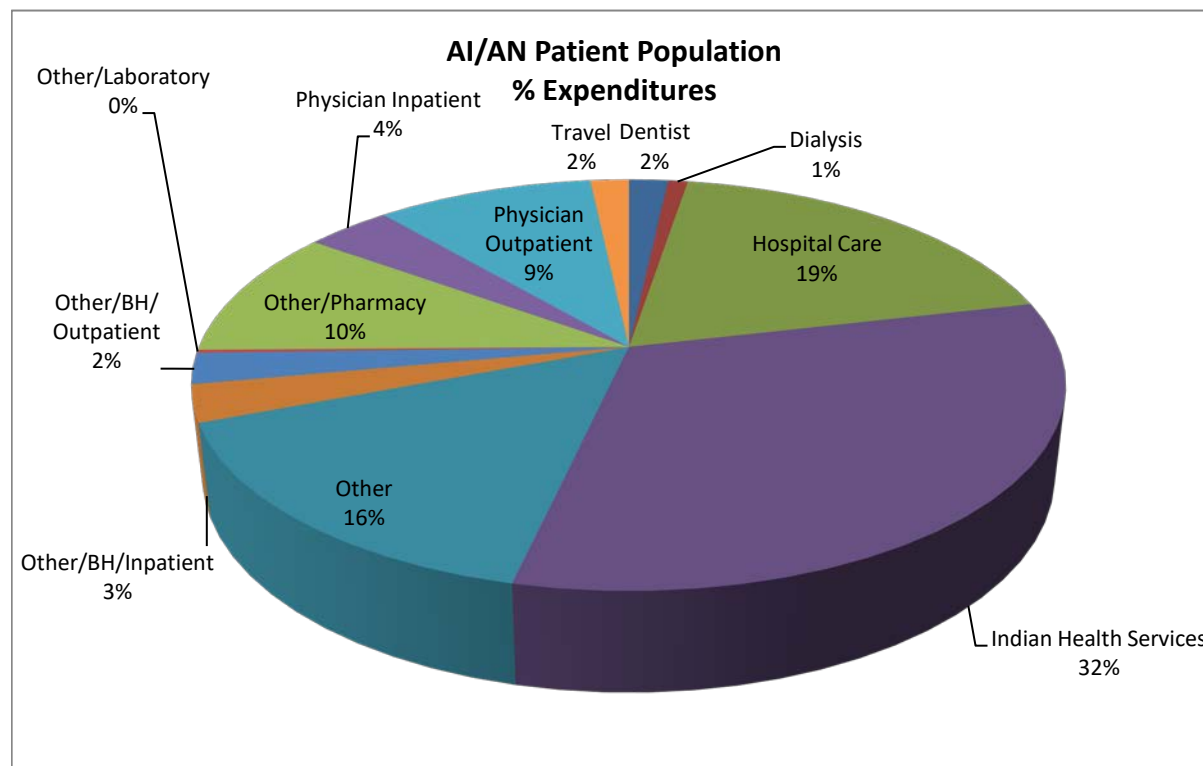
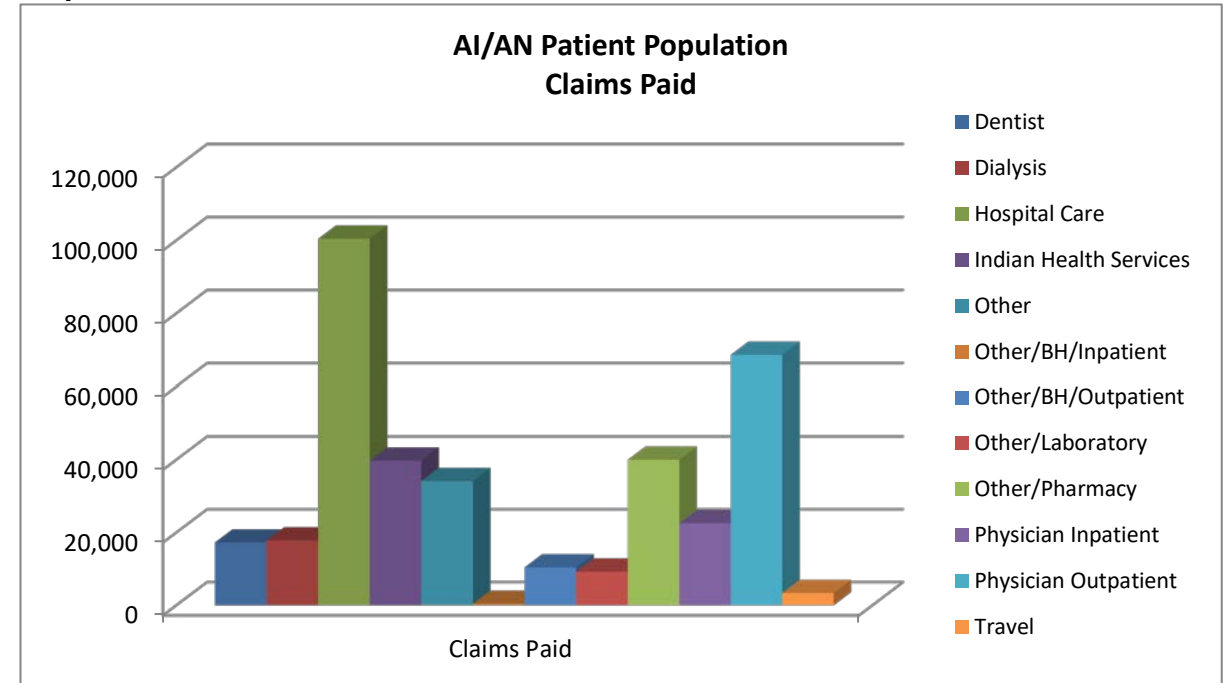
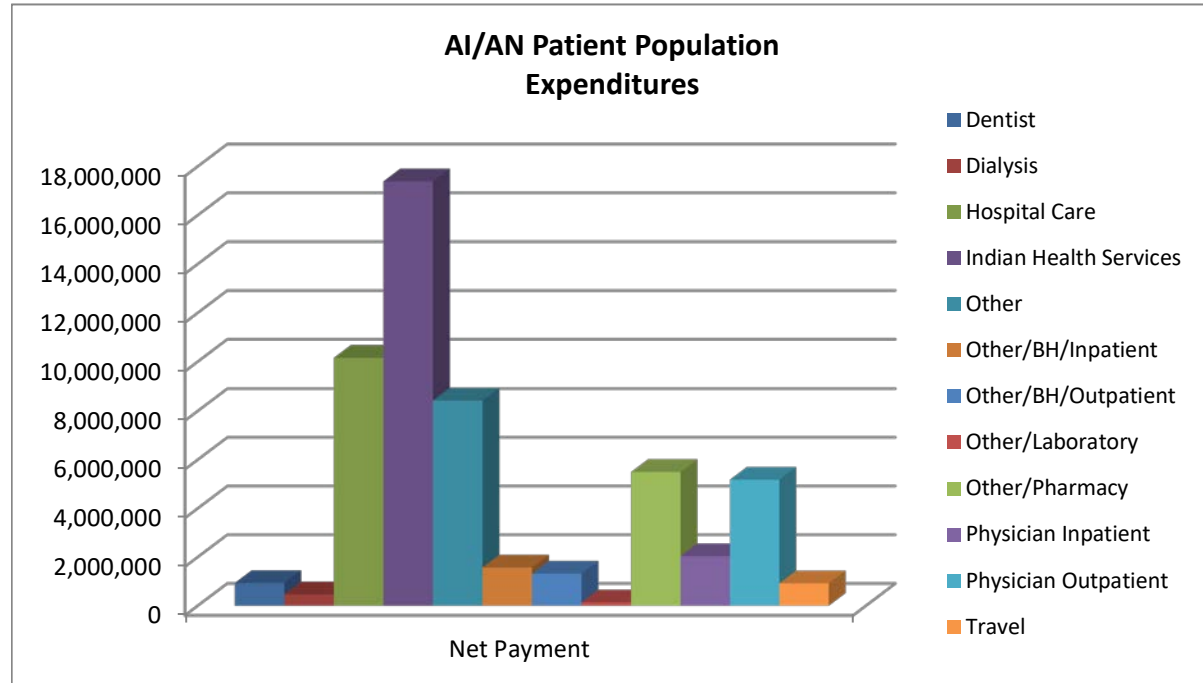
Department of Health and Human Services
Office of Analytics

Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year	FY 2019			
Service Category	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Dentist	17,268	\$2,412,948.01	\$937,402.10	\$934,511.46
Dialysis	17,836	\$30,920,384.77	\$1,396,784.54	\$466,907.65
Hospital Care	100,426	\$126,214,044.93	\$12,934,714.36	\$10,158,177.86
Indian Health Services	39,781	\$17,399,031.77	\$17,409,799.97	\$17,387,446.02
Other	34,145	\$12,923,192.97	\$9,481,667.46	\$8,428,860.42
Other/BH/Inpatient	425	\$3,266,125.50	\$1,642,407.30	\$1,569,880.02
Other/BH/Outpatient	10,426	\$1,591,830.39	\$1,329,276.27	\$1,319,109.79
Other/Laboratory	9,250	\$1,263,454.63	\$166,884.98	\$135,396.76
Other/Pharmacy	40,010	\$13,257,473.63	\$5,880,189.28	\$5,495,379.83
Physician Inpatient	22,539	\$9,842,817.72	\$2,299,679.32	\$2,038,250.40
Physician Outpatient	68,639	\$19,967,889.06	\$5,824,971.50	\$5,179,411.92
Travel	3,391	\$9,566,526.75	\$1,051,574.20	\$920,089.95
Total	364,136	\$248,625,720.13	\$60,355,351.28	\$54,033,422.08

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.

Indian Health Program Reports SFY19



Patients are identified by American Indian Race/Ethnicity codes populated in the DHCFP data warehouse, and not on tribal membership.
Total FY19 Associated IHS expenditures for the American Indian Race/Ethnicity Medicaid population are \$54,033,422.08
FFS Data Only

Department of Health and Human Services
Office of Analytics

Indian Health Program Reports SFY19

Time Period: Incurred Fiscal Year			FY 2019			
			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	4,683	\$4,092,623.44	\$543,998.03	\$496,969.32
	218	Diagnostic Radiology	4,463	\$976,854.78	\$210,014.39	\$183,343.54
	072	Radiology	4,167	\$673,789.56	\$173,163.33	\$152,752.68
	053	Family Practice	2,928	\$971,893.97	\$294,566.36	\$254,834.82
	060	Internal Medicine	7,539	\$2,207,778.07	\$682,009.54	\$577,254.42
	057	Anesthesiology	1,005	\$1,445,226.95	\$225,171.45	\$199,741.53
	106	Cardiovascular	2,037	\$643,884.14	\$152,448.24	\$123,525.90
	139	Pediatrics	1,911	\$625,611.86	\$192,560.67	\$187,651.70
	066	Pathology	520	\$176,765.15	\$21,747.86	\$19,679.45
	064	Orthopedic Surgery	1,049	\$1,001,435.17	\$222,037.16	\$196,653.98
	062	Obstetrics/Gynecology	1,196	\$786,526.18	\$333,705.90	\$316,932.19
	146	Psychiatry	2,063	\$631,596.59	\$274,579.16	\$254,786.84
	073	General Surgery	910	\$666,810.19	\$209,471.81	\$171,198.81
	063	Ophthalmology	915	\$447,303.98	\$142,860.48	\$100,643.61
	126	Neurology	773	\$360,626.38	\$120,340.32	\$107,560.82
	114	Gastroenterology	624	\$319,117.85	\$80,663.16	\$69,884.01
	065	Otolaryngology	432	\$266,123.10	\$60,259.39	\$57,564.11
	134	Pain Management	1,398	\$1,068,694.25	\$138,608.76	\$111,843.67
	149	Pulmonary Diseases	792	\$293,375.57	\$83,751.95	\$70,398.40
	125	Nephrology	1,959	\$884,046.52	\$199,966.65	\$149,358.90
068	Physical Medicine	727	\$514,207.64	\$66,236.51	\$46,080.74	
109	Critical Care	454	\$348,011.53	\$101,655.20	\$93,772.77	
912	Hospital Outpatient	68	\$384,422.73	\$27,071.54	\$19,121.66	
156	Urologic Surgery	294	\$140,090.00	\$30,579.43	\$26,964.80	
141	Pediatrics-Cardiology	319	\$199,949.17	\$48,363.36	\$47,510.87	
Total			43,226	\$20,126,764.77	\$4,635,830.65	\$4,036,029.54

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.

Department of Health and Human Services
Office of Analytics

<u>Dimension/Measure</u>	<u>Definition</u>
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.
Report and Location	
DSS\00Bob\Regular Reports\IHS Annual Report	
Timeframe	
SFY 2019 in Incurred Mode per request	
Date that Data was Captured	
June 2, 2020	
Medicaid Data	
<p><i>The Division of Health Care Financing and Policy (DHCFP) data warehouse is comprised of claims data submitted by over 35,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make every effort to validate these data through continuous provider education and the use of highly experienced audit staff, the Division relies heavily on providers to submit accurate and complete information on 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 are based solely on patient claims data and may not be a complete and comprehensive health record.</i></p> <p><i>The data for this report is procured from databases that are currently being modernized from their legacy versions. Considering the unpredictable technical challenges that may arise during the migration of data from legacy to modernized versions of the databases, it is advised to use the data with caution.</i></p> <p><i>Due to claims lag, the data may be incomplete. Data are preliminary and subject to change.</i></p>	
Parameters	
<p><i>Claims counts are represented in incurred mode (service date).</i></p> <p><i>Related services are included for claims billed in the same year as billed IHS services.</i></p> <p><i>Please refer to the "7 Service Categories" for definitions of the Service Category column.</i></p>	