

Indian Health Program

Fee for Service Reports

SFY16

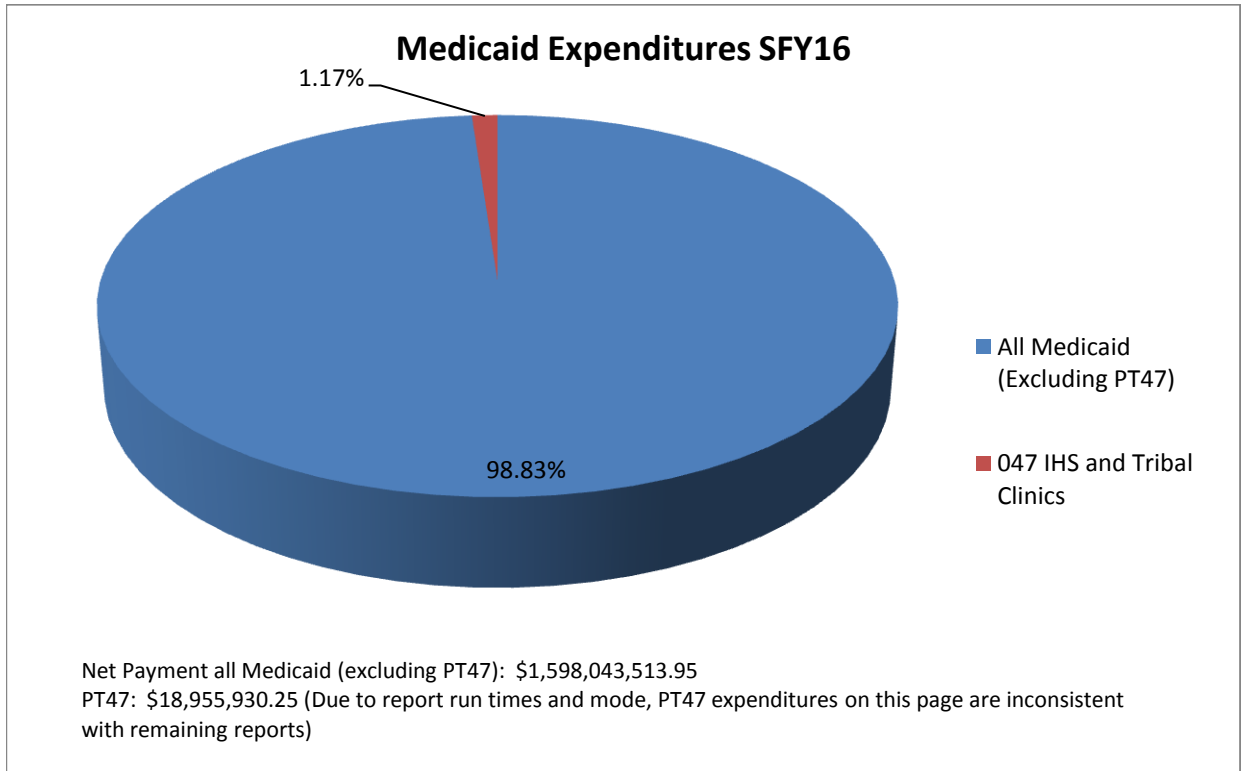
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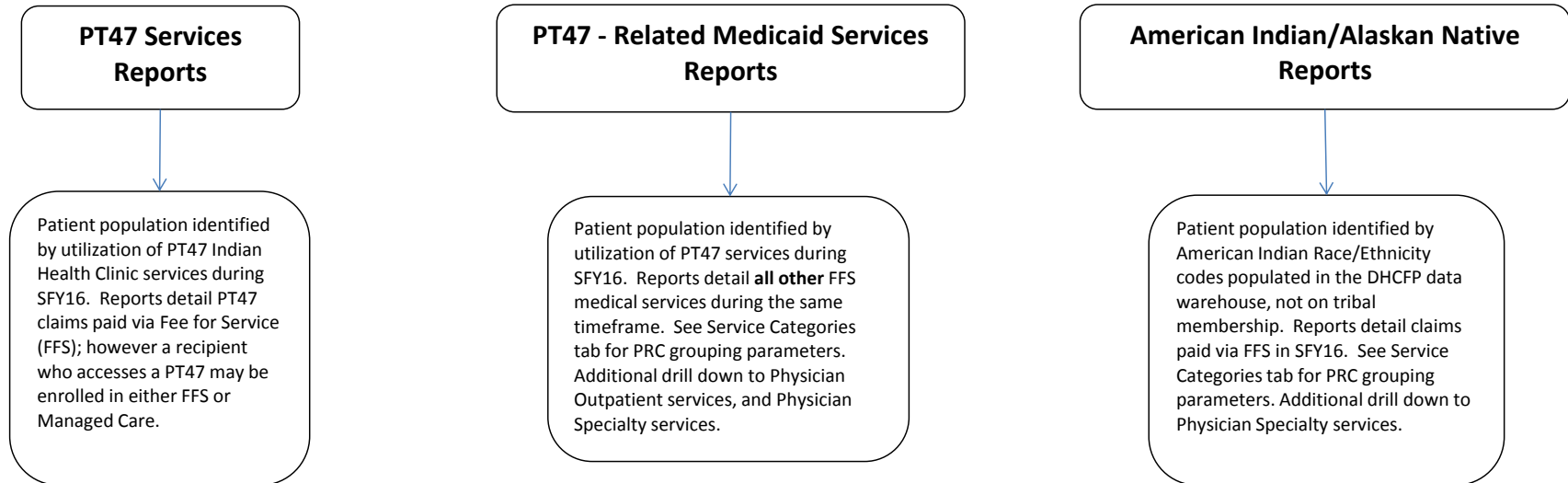
Indian Health Program Reports SFY16



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 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.

Indian Health Program Reports SFY16



Indian Health Program Reports SFY16

Time Period: Incurred Fiscal Year	FY 2016				
	Patients	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code					
047 IHS And Tribal Clinics	5,680	33,972	\$18,669,967.28	\$18,875,390.00	\$18,812,961.28

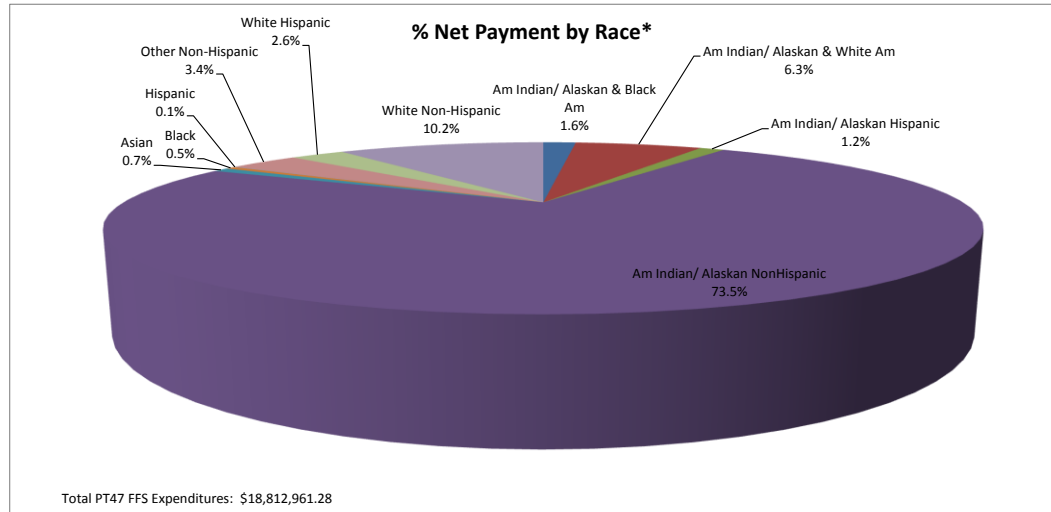
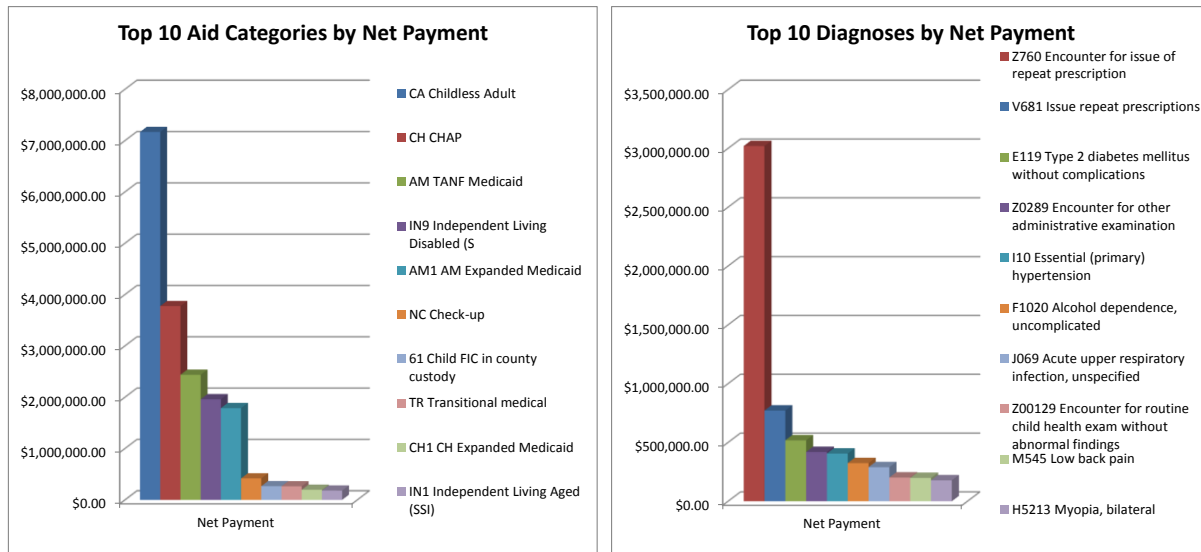
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Indian Health Program Reports FY16

Time Period: Incurred Fiscal Year			FY 2016	
			Claims Paid	Net Payment
Provider Type Claim NV w Code	Procedure Code	Procedure		
047 IHS And Tribal Clinics	71015	RADIOLOGIC EXAMINATION CHEST STERO FRONTAL	1	\$350.00
	99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	1	\$350.00
	99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	4	\$1,400.00
	T1013	Sign language/oral interpreter svcs, per 15 min	1	\$350.00
	T1015	Clinic visit/encounter, all-inclusive	33,965	\$18,810,511.28
		Total	33,972	\$18,812,961.28

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Indian Health Program Reports SFY16



*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 SFY16

Indian Health Program Reports SFY16

PT47 Patients FY16				
FY 2016				
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Service Category				
Dental	10,352	\$1,428,340.91	\$658,572.73	\$658,355.08
Dialysis	4,882	\$8,744,444.29	\$402,611.88	\$204,756.71
Hospital Care	53,520	\$52,336,417.72	\$5,670,877.81	\$6,183,662.03
Other	8,929	\$2,078,275.07	\$1,503,231.54	\$1,391,894.27
Other/BH/Inpatient	74	\$1,004,390.00	\$578,948.91	\$574,702.42
Other/BH/Outpatient	6,569	\$668,948.22	\$612,755.69	\$610,881.84
Other/Lab	4,400	\$588,637.12	\$107,938.03	\$101,914.12
Other/Pharmacy	21,594	\$4,247,327.35	\$2,474,549.34	\$2,380,330.51
Physician Inpatient	5,659	\$3,333,072.18	\$970,950.14	\$893,833.69
Physician Outpatient	30,444	\$9,819,372.58	\$2,817,574.95	\$2,586,832.29
Travel	1,793	\$3,647,934.41	\$519,840.60	\$493,201.01
Total	148,216	\$87,897,159.85	\$16,317,851.62	\$16,080,363.97

Patient population identified by utilization of PT47 services during SFY16. Report details **all other** services during same timeframe. See Service Categories tab for grouping parameters.

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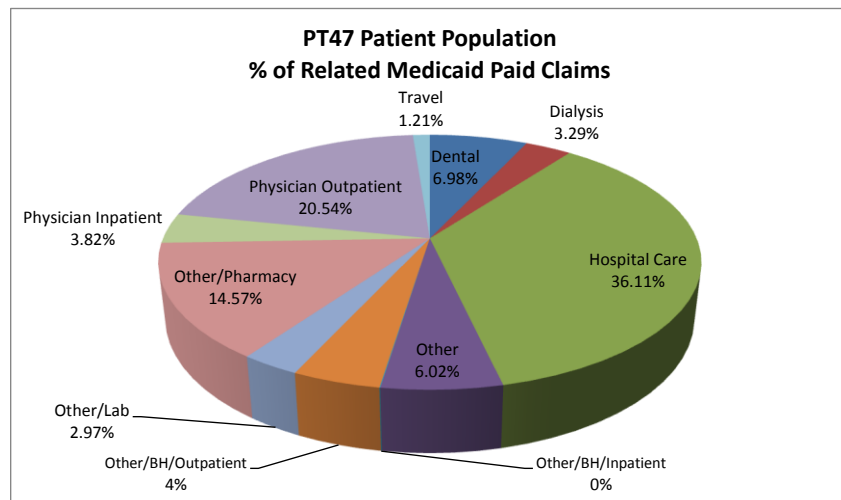
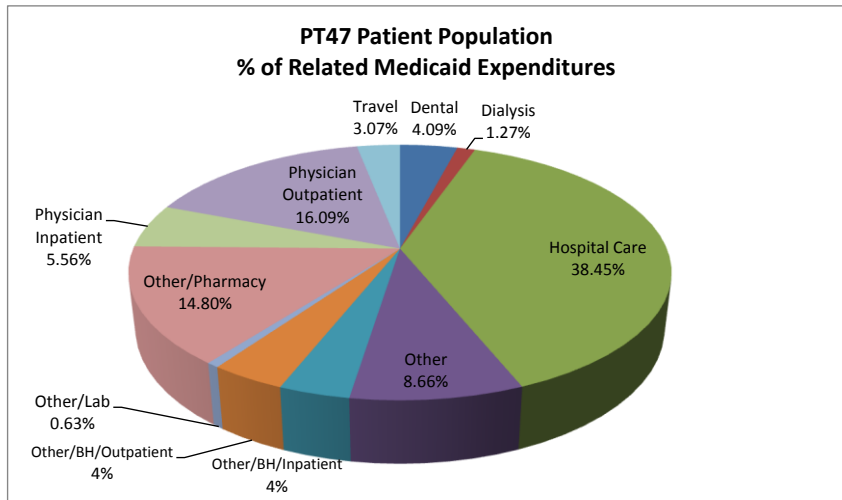
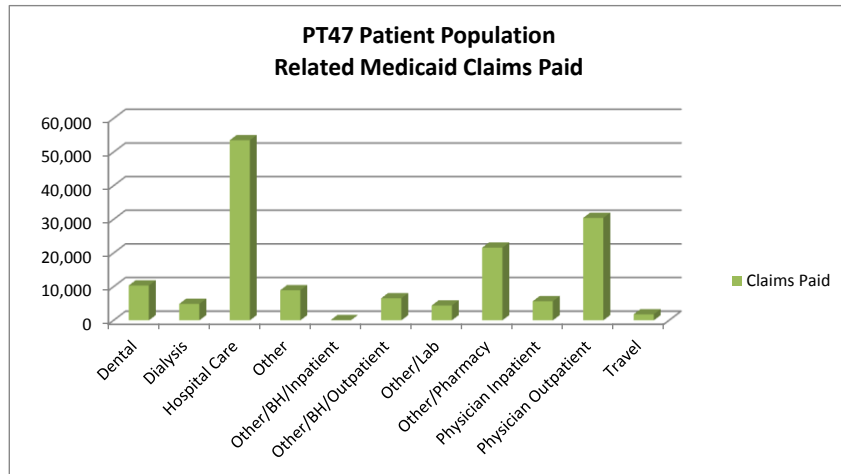
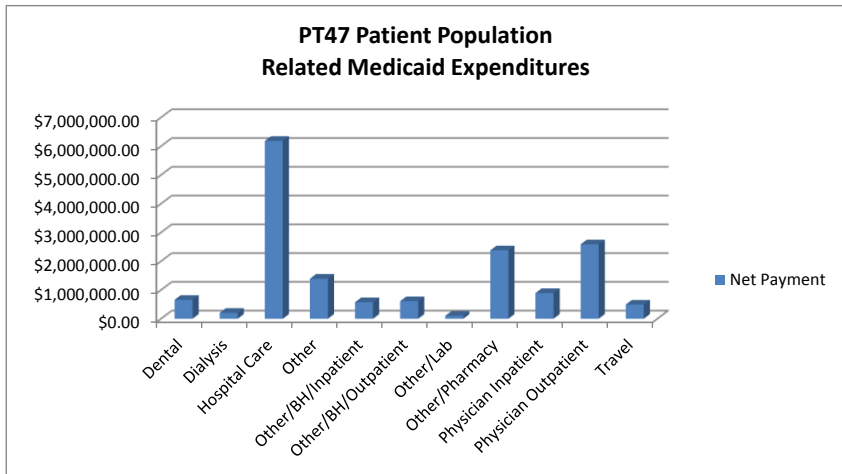
Indian Health Program Reports SFY16

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	PT20* Physician				PT81 Hospital Based ESRD Prov	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								PT68 ICF-MR	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 Hlth 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
										PT83 PCA
										PT84 PCA
										PT85 Applied Behavior Analysis

*Inpatient/Outpatient for PT20 defined by Place of Service

Indian Health Program Reports SFY16



Patient population identified by utilization of PT47 services during SFY16. Charts detail **all other** services utilized during same timeframe (by Net Payment or Claims Paid).

Total related SFY16 Net Payment expenditures (excluding PT47): **\$16,080,363.97**

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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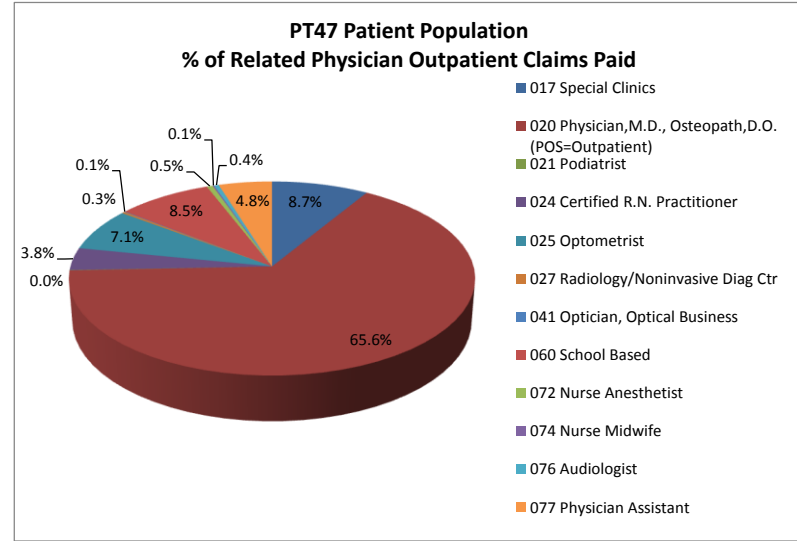
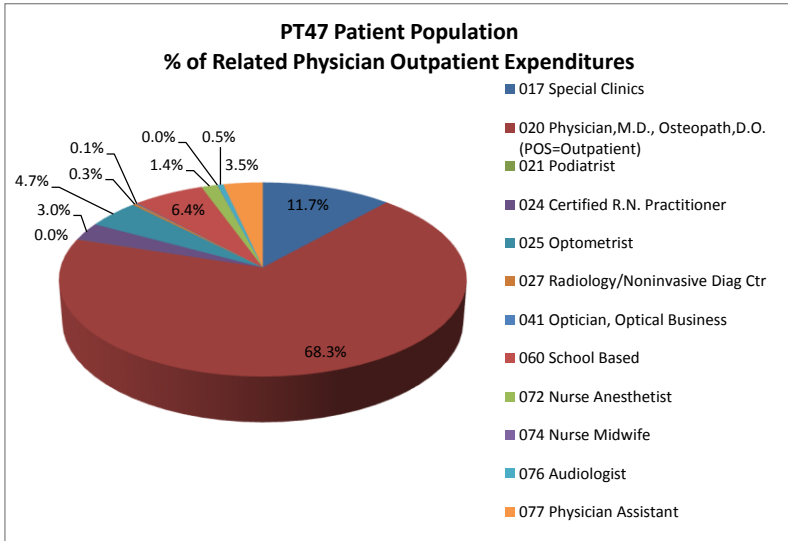
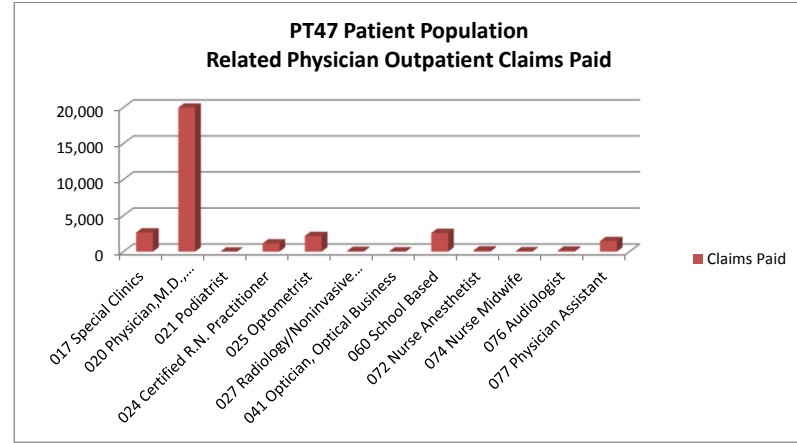
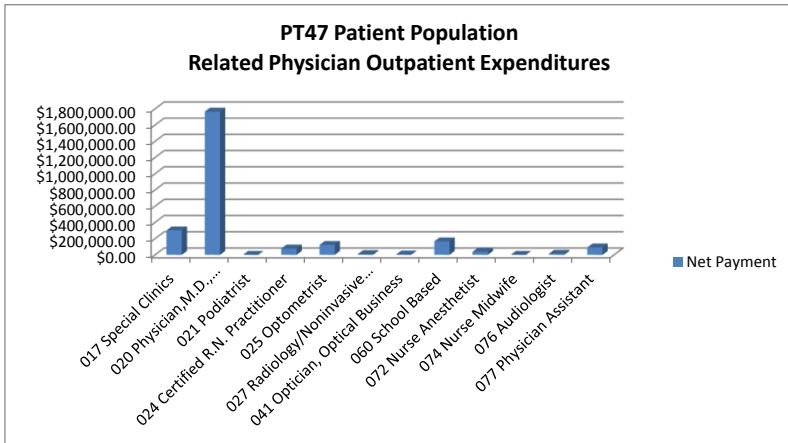
Indian Health Program Reports SFY16

Subsets Time Period: Incurred Fiscal Year	PT47 Patients FY16			
	FY 2016			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Provider Type Claim NV w Code				
017 Special Clinics	2,650	\$327,767.54	\$306,722.46	\$301,421.77
020 Physician,M.D., Osteopath,D.O. (POS=Outpatient)	19,983	\$7,906,602.61	\$1,961,589.44	\$1,765,530.98
021 Podiatrist	13	\$2,365.00	\$594.74	\$397.83
024 Certified R.N. Practitioner	1,142	\$359,388.90	\$90,394.07	\$77,629.05
025 Optometrist	2,166	\$161,069.21	\$125,883.50	\$122,580.43
027 Radiology/Noninvasive Diag Ctr	83	\$21,730.55	\$10,471.16	\$8,538.36
041 Optician, Optical Business	26	\$4,682.69	\$2,579.90	\$2,579.90
060 School Based	2,591	\$165,656.05	\$165,656.05	\$165,656.05
072 Nurse Anesthetist	161	\$146,957.20	\$38,401.79	\$37,021.26
074 Nurse Midwife	42	\$1,717.00	\$490.99	\$490.99
076 Audiologist	131	\$25,282.10	\$14,921.30	\$13,893.75
077 Physician Assistant	1,456	\$696,153.73	\$99,869.55	\$91,091.92
Total	30,444	\$9,819,372.58	\$2,817,574.95	\$2,586,832.29

Patient population identified by utilization of PT47 services during SFY16. Report details **physician outpatient** services during same timeframe.

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.

Indian Health Program Reports SFY16



Patient population identified by utilization of PT47 services during SFY16. Charts detail all physician outpatient services (by PT) utilized during same timeframe (by Net Payment or Claims Paid).

Total related SFY16 physician outpatient Net Payment expenditures: **\$2,586,832.29**

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 SFY16

Subsets Time Period: Incurred Fiscal Year			PT47 Patients FY16			
			FY 2016			
			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	3,279	\$2,229,672.74	\$378,409.12	\$361,101.56
	218	Diagnostic Radiology	2,532	\$494,327.74	\$119,464.55	\$109,580.06
	072	Radiology	2,867	\$446,440.64	\$112,555.97	\$104,994.54
	053	Family Practice	1,564	\$421,708.64	\$118,847.33	\$100,974.20
	057	Anesthesiology	617	\$839,994.75	\$162,907.96	\$149,140.03
	060	Internal Medicine	2,317	\$596,900.19	\$224,459.40	\$194,218.31
	062	Obstetrics/Gynecology	982	\$741,060.63	\$310,009.15	\$299,320.90
	139	Pediatrics	1,116	\$328,812.63	\$113,121.65	\$112,752.68
	064	Orthopedic Surgery	997	\$778,138.43	\$179,170.62	\$171,761.31
	066	Pathology	368	\$100,407.82	\$28,951.01	\$27,220.70
	106	Cardiovascular	991	\$302,489.64	\$91,538.64	\$73,933.50
	073	General Surgery	587	\$430,186.20	\$122,222.09	\$111,737.00
	114	Gastroenterology	331	\$170,302.21	\$49,259.49	\$44,104.41
	063	Ophthalmology	753	\$309,554.90	\$108,455.48	\$90,356.12
	000	No Specialty	379	\$195,262.36	\$69,613.61	\$60,693.97
	065	Otolaryngology	271	\$125,872.77	\$34,488.01	\$33,106.72
	126	Neurology	315	\$118,456.03	\$48,370.58	\$44,151.57
	146	Psychiatry	970	\$187,357.48	\$95,633.28	\$89,790.23
	134	Pain Management	803	\$427,643.69	\$75,306.98	\$66,737.40
	061	Neurosurgery	160	\$507,708.07	\$56,353.05	\$54,149.47
	068	Physical Medicine	413	\$191,261.14	\$38,433.79	\$32,324.48
	149	PULMONARY DISEASES	192	\$72,570.46	\$24,961.52	\$17,802.42
	125	Nephrology	572	\$290,816.37	\$83,660.88	\$47,697.32
	157	Vascular Surgery	116	\$53,369.23	\$13,185.07	\$12,498.84
	156	Urologic Surgery	204	\$109,026.48	\$30,050.51	\$25,619.58
Total			23,696	\$10,469,341.24	\$2,689,429.74	\$2,435,767.32

Patient population identified by utilization of PT47 services during SFY16. 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 SFY16

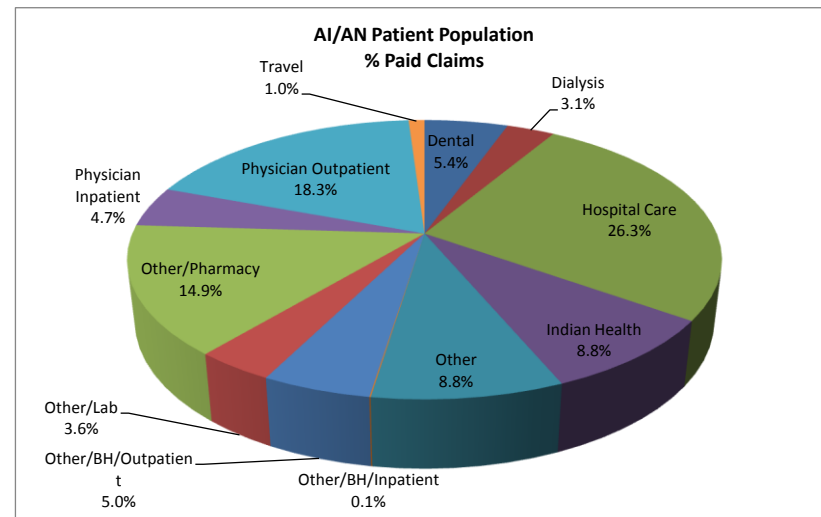
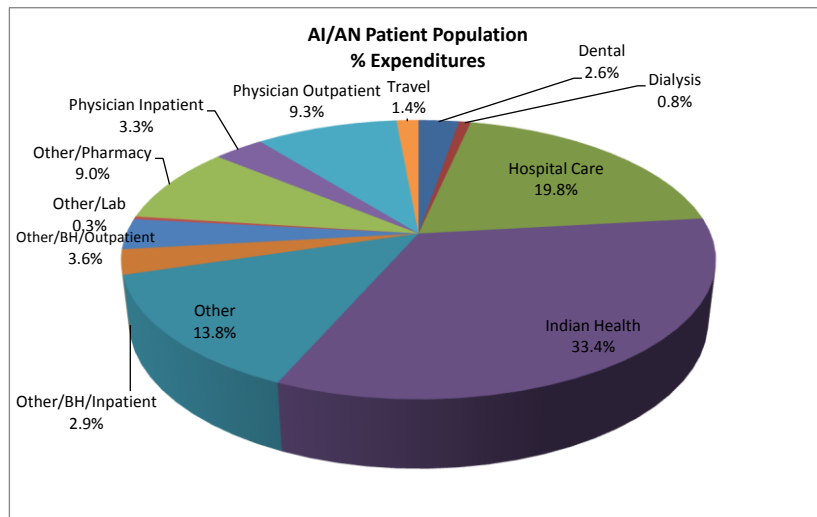
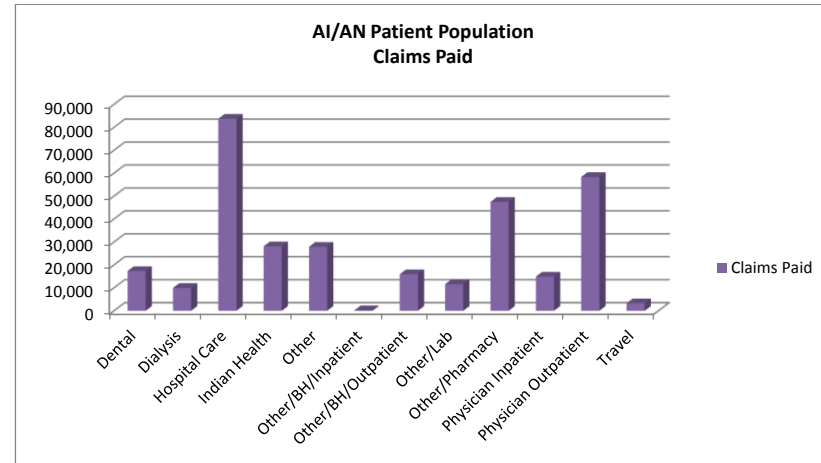
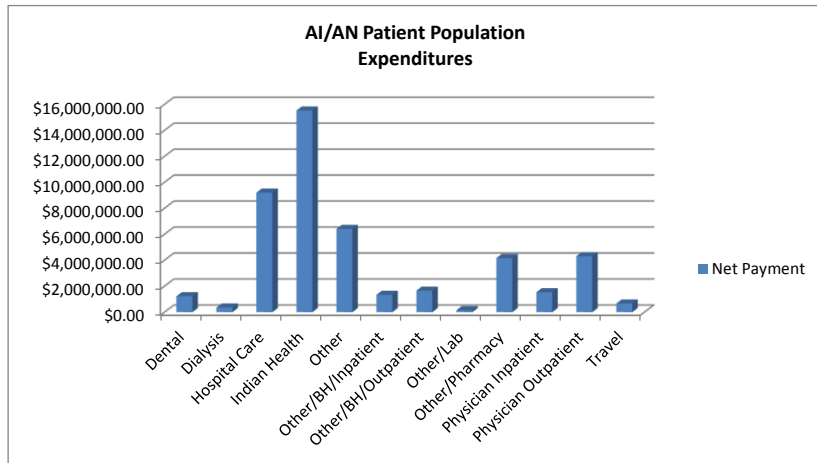
Indian Health Program Reports SFY16

Subsets Time Period: Incurred Fiscal Year	American Indian Race Codes_ Claim Id no Void			
	FY 2016			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Service Category				
Dental	17,342	\$2,618,218.81	\$1,227,379.07	\$1,226,744.09
Dialysis	9,961	\$19,090,966.45	\$806,777.41	\$355,886.02
Hospital Care	83,751	\$102,163,300.90	\$10,591,362.35	\$9,206,347.54
Indian Health	28,125	\$15,405,886.00	\$15,577,244.00	\$15,526,446.80
Other	27,904	\$9,148,208.64	\$7,185,337.57	\$6,407,403.52
Other/BH/Inpatient	208	\$2,099,167.04	\$1,415,178.28	\$1,336,913.01
Other/BH/Outpatient	15,969	\$1,829,762.82	\$1,668,409.69	\$1,657,645.43
Other/Lab	11,591	\$1,270,490.24	\$196,022.08	\$150,611.89
Other/Pharmacy	47,490	\$8,242,173.19	\$4,466,915.54	\$4,166,494.24
Physician Inpatient	14,897	\$6,709,013.54	\$2,055,603.54	\$1,533,652.59
Physician Outpatient	58,366	\$18,153,526.49	\$5,394,333.59	\$4,308,249.87
Travel	3,293	\$5,654,808.50	\$825,738.38	\$668,021.62
Total	318,897	\$192,385,522.62	\$51,410,301.50	\$46,544,416.62

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 SFY16



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Total American Indian/Alaskan Native SFY16 Net Payment expenditures: **\$46,544,416.62**

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Subsets Time Period: Incurred Fiscal Year			American Indian Race Codes_Claim Id no Void			
			FY 2016			
			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	5,062	\$3,816,865.81	\$597,220.93	\$512,455.28
	218	Diagnostic Radiology	4,465	\$954,446.80	\$244,663.73	\$182,071.50
	072	Radiology	4,184	\$643,049.74	\$163,417.26	\$136,691.00
	053	Family Practice	4,473	\$924,425.02	\$323,802.94	\$236,062.64
	060	Internal Medicine	6,461	\$1,482,154.51	\$599,658.86	\$372,534.61
	057	Anesthesiology	1,074	\$1,334,568.26	\$262,163.31	\$210,301.56
	139	Pediatrics	2,601	\$689,776.28	\$239,422.11	\$234,886.21
	106	Cardiovascular	2,315	\$684,143.53	\$207,901.07	\$128,933.53
	062	Obstetrics/Gynecology	1,534	\$1,056,587.65	\$461,122.42	\$415,982.26
	066	Pathology	767	\$196,075.17	\$53,558.18	\$38,670.95
	064	Orthopedic Surgery	1,423	\$1,054,862.24	\$244,514.86	\$209,722.08
	073	General Surgery	1,184	\$791,072.43	\$228,375.57	\$177,347.00
	000	No Specialty	876	\$357,301.26	\$132,388.14	\$98,900.57
	063	Ophthalmology	1,397	\$613,448.76	\$200,498.21	\$134,247.70
	146	Psychiatry	2,076	\$404,583.43	\$201,665.15	\$162,476.92
	114	Gastroenterology	713	\$318,416.34	\$95,545.13	\$69,426.88
	126	Neurology	702	\$371,220.60	\$129,764.61	\$92,903.62
	065	Otolaryngology	447	\$200,139.88	\$56,634.73	\$45,510.77
	134	Pain Management	1,742	\$909,982.71	\$160,454.48	\$118,662.32
	125	Nephrology	1,473	\$791,408.29	\$202,208.70	\$81,948.89
	068	Physical Medicine	837	\$355,564.96	\$72,383.75	\$44,002.81
	149	PULMONARY DISEASES	583	\$188,290.26	\$69,897.17	\$43,914.84
	156	Urologic Surgery	391	\$183,671.31	\$47,535.00	\$34,999.10
	061	Neurosurgery	205	\$747,853.59	\$78,213.46	\$66,764.08
	152	Rheumatology	207	\$45,851.26	\$20,743.05	\$14,370.02
		Total	47,192	\$19,115,760.09	\$5,093,752.82	\$3,863,787.14

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<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.