

# Indian Health Program

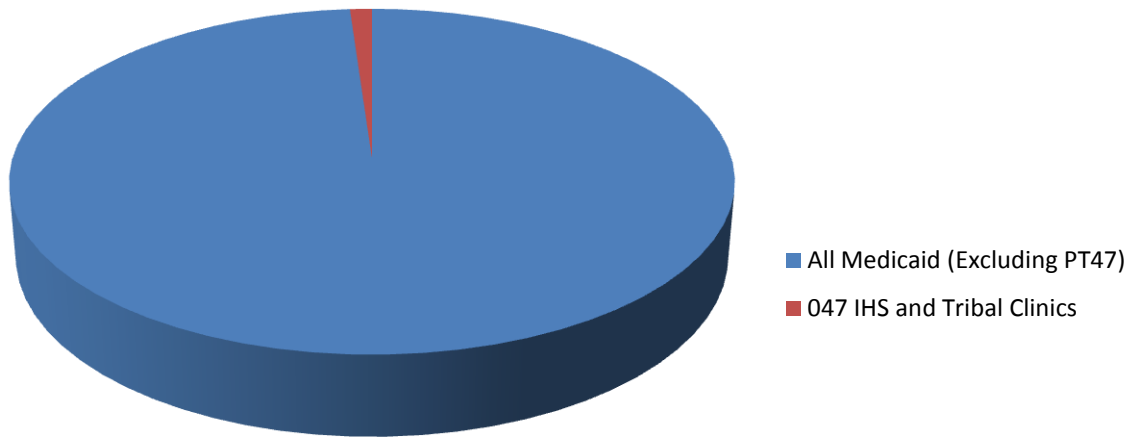
## Fee for Service Reports

SFY17

1. Overall Medicaid Expenditures
2. Flow Chart
  
3. PT47 Summary
4. PT47 by Procedure
5. PT47 by Demographics (Aid Cat, Diagnosis, Race) - Graphs
  
6. PT47 Related Medical Services by Service Category
7. Service Categories Grid
8. PT47 Related Medical Services by Service Category - Graphs
9. PT47 Related Outpatient Services by Provider Type
10. PT47 Related Outpatient Services by Provider Type - Graphs
11. PT47 Related Medical Services by PT20/Specialty
  
12. American Indian/Alaskan Native Services by Service Category
13. American Indian/Alaskan Native Services by Service Category - Graphs
14. American Indian/Alaskan Native Services by PT20/Specialty

## Indian Health Program Reports SFY17

### Medicaid Expenditures SFY17

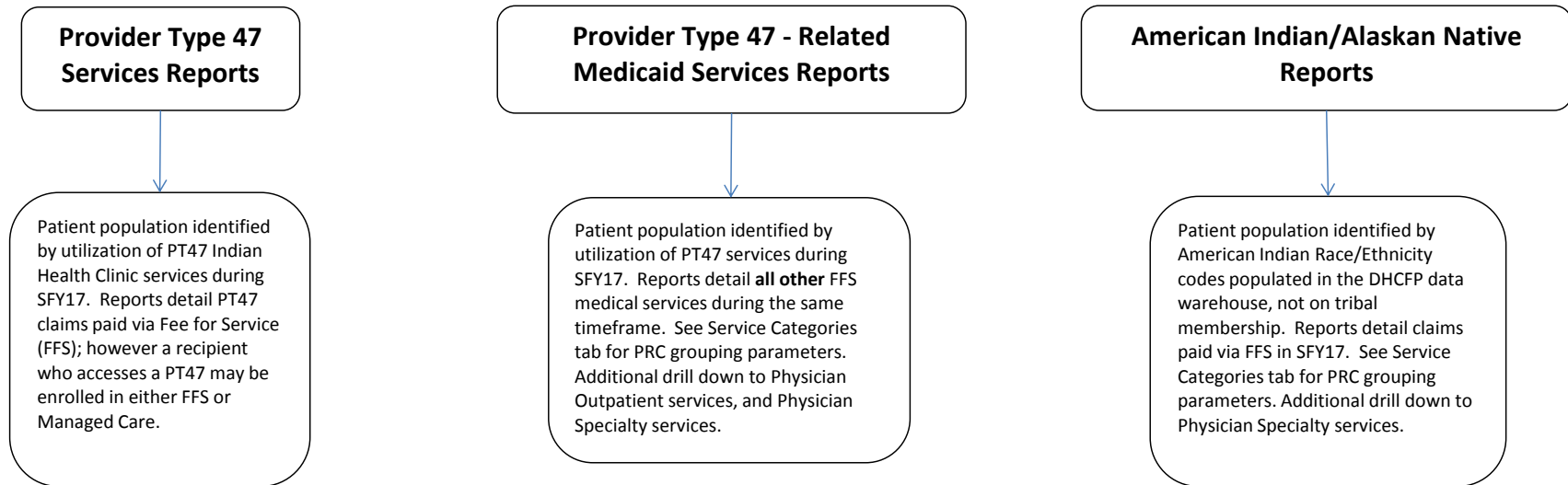


Net Payment all Medicaid (excluding PT47): \$1,706,973,583.58  
PT47: \$19,185,973.84 (Due to report run times and mode, PT47 expenditures on this page are inconsistent with remaining reports)

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 SFY17



## Indian Health Program Reports SFY17

Time Period: Incurred Fiscal Year	FY 2017				
	Patients	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Provider Type Claim NV w Code</b>					
047 IHS And Tribal Clinics	5,552	39,932	\$19,216,581.80	\$19,359,008.00	\$19,282,151.79

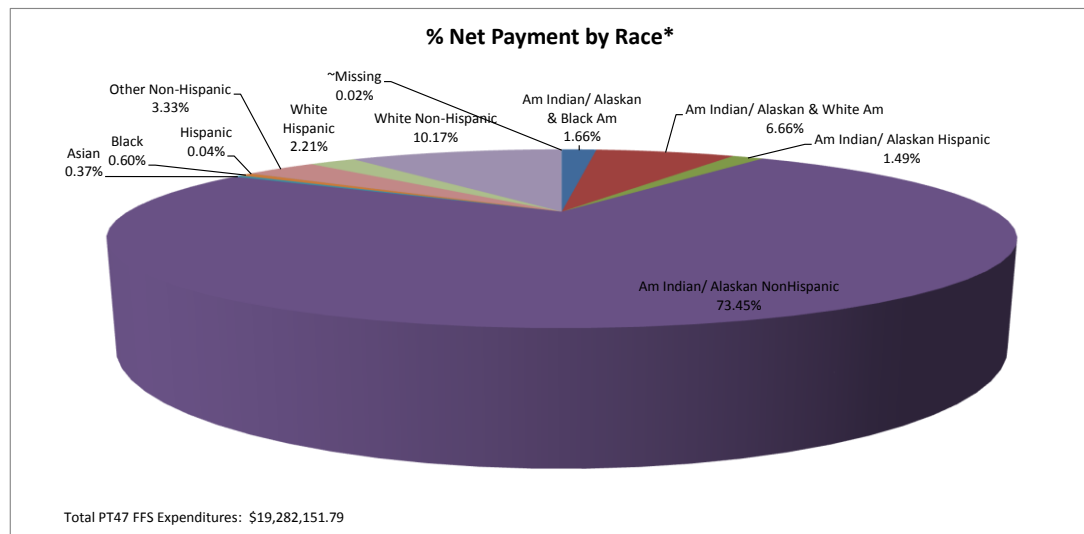
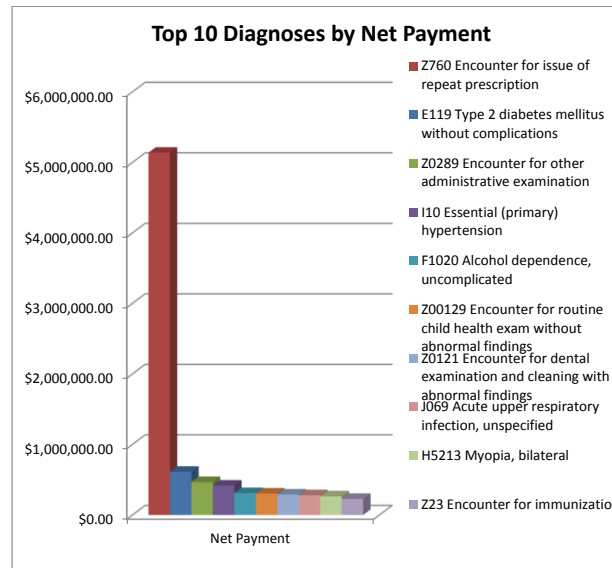
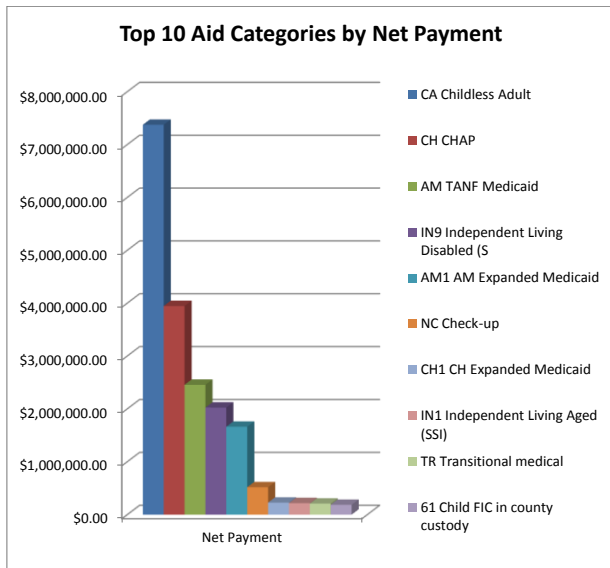
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## Indian Health Program Reports SFY17

Time Period: Incurred Fiscal Year			FY 2017	
			Claims Paid	Net Payment
Provider Type Claim NV w Code	Procedure Code	Procedure		
047 IHS And Tribal Clinics	T1010	Meals for indiv receiving ALC/SA svc	1	\$391.00
	T1015	Clinic visit/encounter, all-inclusive	39,931	\$19,281,760.79
		<b>Total</b>	<b>39,932</b>	<b>\$19,282,151.79</b>

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## Indian Health Program Reports SFY17



\*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 SFY17

## Indian Health Program Reports SFY17

PT47 Patients FY17				
FY 2017				
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
Service Category				
Dental	10,061	\$1,329,656.50	\$586,619.66	\$585,336.34
Dialysis	8,818	\$13,351,164.41	\$769,414.58	\$315,723.14
Hospital Care	54,482	\$57,010,437.29	\$6,477,351.06	\$6,433,595.20
Other	9,523	\$2,189,193.81	\$1,588,543.18	\$1,489,953.43
Other/BH/Inpatient	71	\$924,706.00	\$452,570.41	\$438,690.41
Other/BH/Outpatient	7,418	\$751,435.31	\$702,397.62	\$699,048.34
Other/Lab	3,709	\$571,036.98	\$100,399.92	\$94,125.80
Other/Pharmacy	21,462	\$4,549,393.38	\$2,493,135.81	\$2,443,470.99
Physician Inpatient	8,071	\$4,262,371.39	\$1,212,931.79	\$1,095,258.56
Physician Outpatient	32,970	\$10,120,706.25	\$2,890,098.92	\$2,632,165.61
Travel	1,701	\$4,592,374.83	\$532,950.69	\$460,314.88
<b>Total</b>	<b>158,286</b>	<b>\$99,652,476.15</b>	<b>\$17,806,413.64</b>	<b>\$16,687,682.70</b>

Patient population identified by utilization of PT47 services during SFY17. Report details **all other** services during same timeframe. See Service Categories tab for grouping parameters.

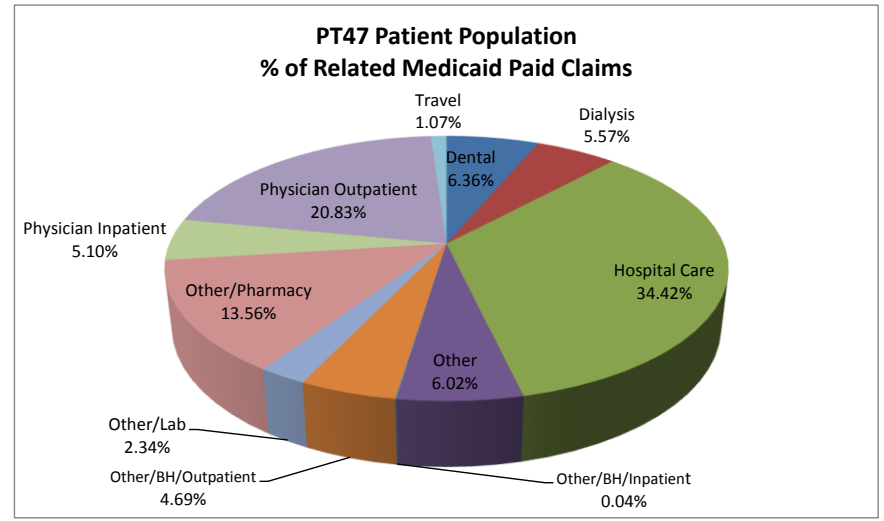
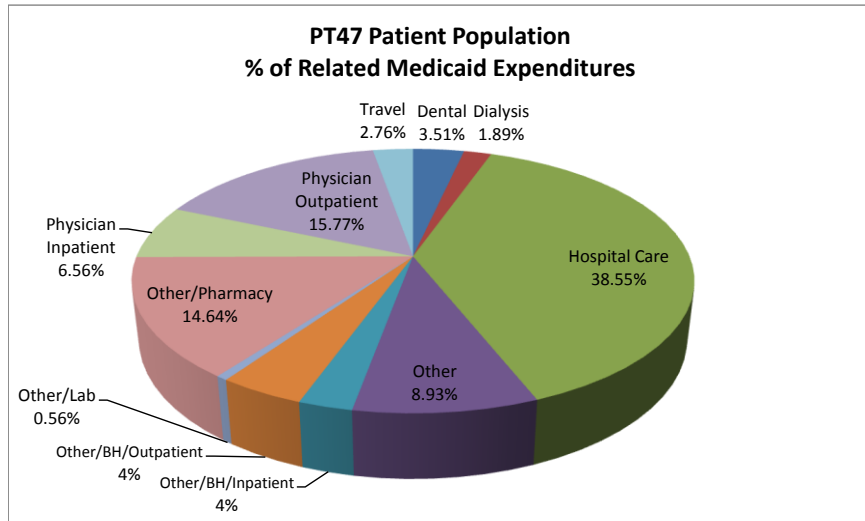
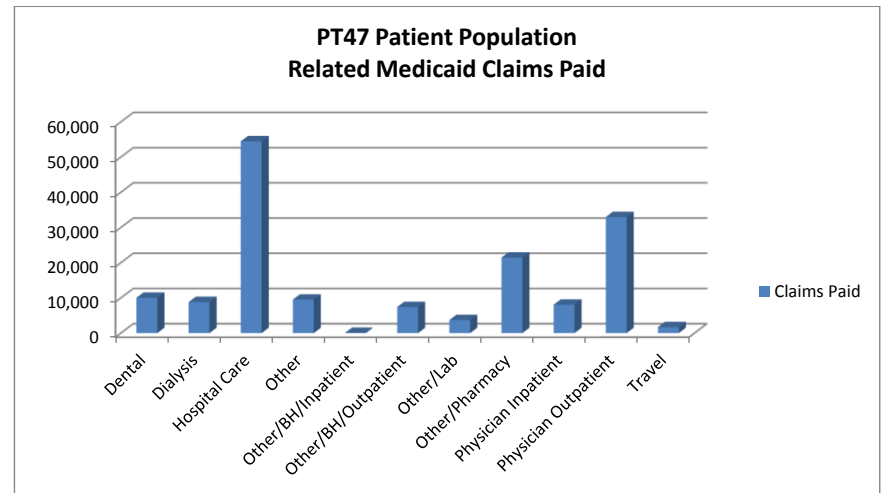
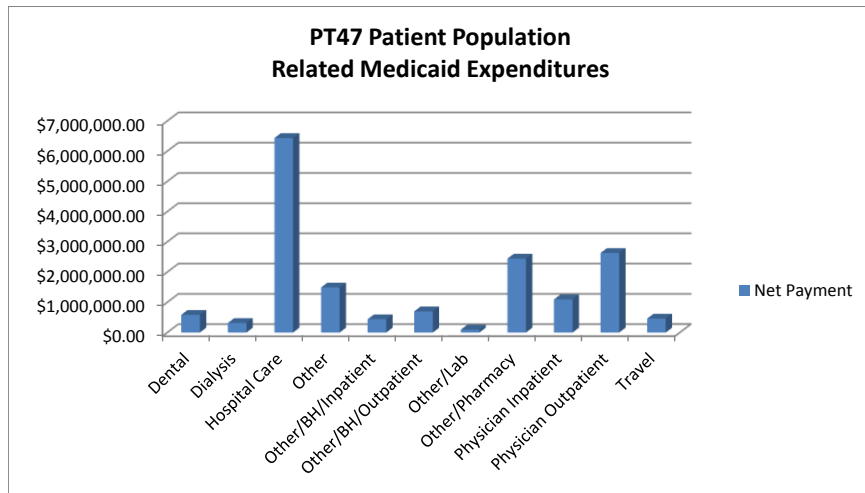
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Indian Health Program Reports SFY17

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
*Inpatient/Outpatient for PT20 defined by Place of Service										PT84 PCA
										PT85 Applied Behavior Analysis

## Indian Health Program Reports SFY17



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 SFY17 Net Payment expenditures (excluding PT47): **\$16,687,682.70**

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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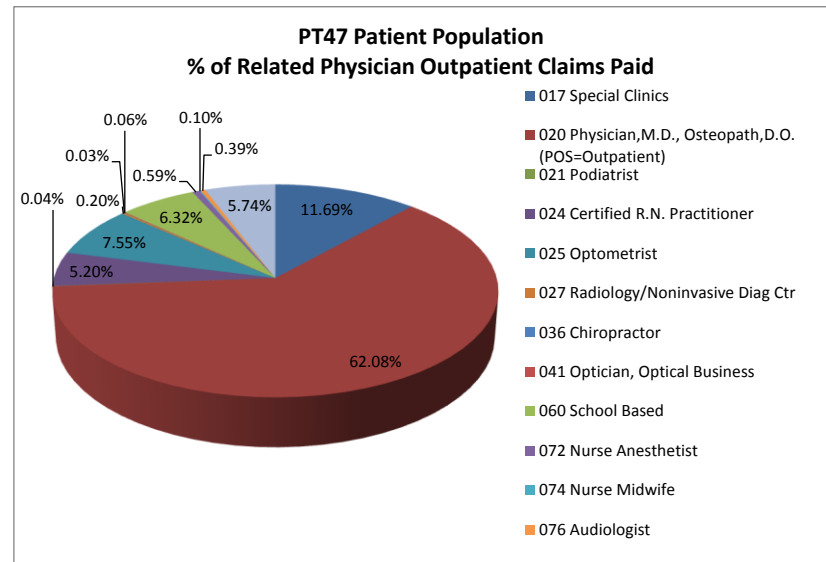
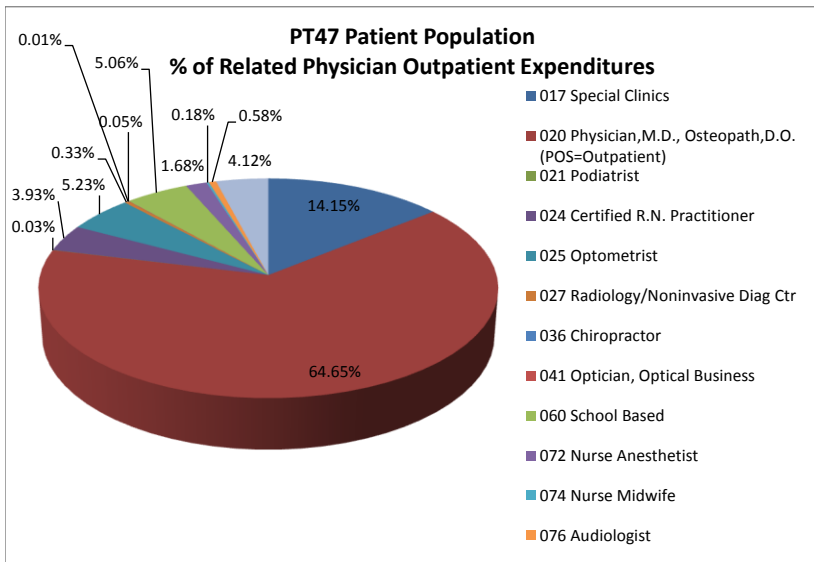
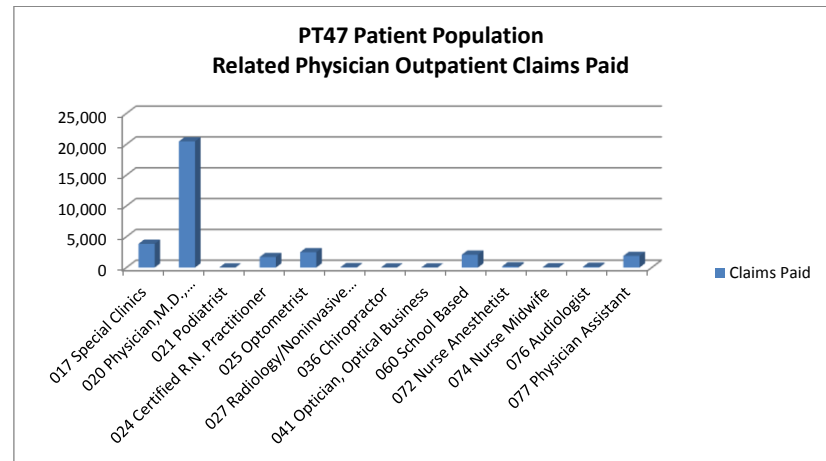
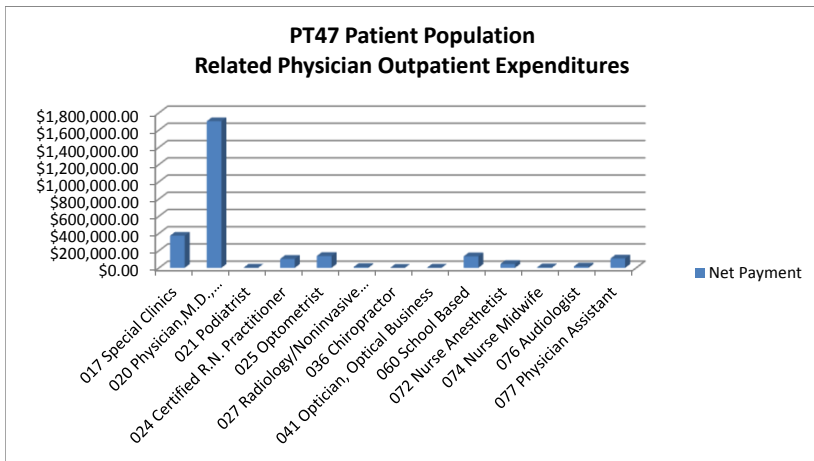
## Indian Health Program Reports SFY17

Subsets Time Period: Incurred Fiscal Year	PT47 Patients FY17			
	FY 2017			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Provider Type Claim NV w Code</b>				
017 Special Clinics	3,855	\$453,324.85	\$377,682.40	\$372,449.81
020 Physician, M.D., Osteopath, D.O. (POS=Outpatient)	20,467	\$7,684,555.79	\$1,910,264.88	\$1,701,786.46
021 Podiatrist	12	\$3,513.85	\$726.12	\$726.12
024 Certified R.N. Practitioner	1,715	\$569,235.92	\$128,085.68	\$103,519.62
025 Optometrist	2,490	\$179,197.06	\$142,034.91	\$137,683.37
027 Radiology/Noninvasive Diag Ctr	67	\$18,361.83	\$9,383.20	\$8,780.07
036 Chiropractor	10	\$520.00	\$265.09	\$265.09
041 Optician, Optical Business	21	\$1,398.36	\$1,229.55	\$1,229.55
060 School Based	2,085	\$133,162.10	\$133,162.10	\$133,162.10
072 Nurse Anesthetist	195	\$165,036.26	\$46,151.36	\$44,148.92
074 Nurse Midwife	34	\$18,174.68	\$4,742.91	\$4,742.91
076 Audiologist	127	\$21,117.97	\$15,350.77	\$15,235.36
077 Physician Assistant	1,892	\$873,107.58	\$121,019.95	\$108,436.23
<b>Total</b>	<b>32,970</b>	<b>\$10,120,706.25</b>	<b>\$2,890,098.92</b>	<b>\$2,632,165.61</b>

Patient population identified by utilization of PT47 services during SFY17. 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 SFY17



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

Total related SFY17 physician outpatient Net Payment expenditures: **\$2,632,165.61**

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 SFY17

Subsets Time Period: Incurred Fiscal Year			PT47 Patients FY17			
			FY 2017			
Provider Type Claim NV w Code	Provider Specialty Claim NV Code	Provider Specialty Claim NV	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
020 Physician,M.D., Osteopath,D.O.	111	Emergency Medicine	3,195	\$2,206,361.73	\$363,274.40	\$339,742.87
	218	Diagnostic Radiology	2,860	\$483,629.83	\$115,997.66	\$105,389.17
	060	Internal Medicine	2,834	\$718,744.68	\$270,890.74	\$230,002.93
	072	Radiology	2,799	\$374,658.79	\$102,326.82	\$94,664.87
	053	Family Practice	1,779	\$464,114.82	\$130,611.75	\$105,948.96
	139	Pediatrics	1,260	\$302,861.08	\$102,173.57	\$102,173.57
	106	Cardiovascular	1,252	\$309,269.64	\$94,873.35	\$81,544.93
	062	Obstetrics/Gynecology	1,220	\$748,102.53	\$328,107.85	\$311,736.87
	064	Orthopedic Surgery	1,136	\$888,468.16	\$196,111.01	\$184,692.09
	146	Psychiatry	1,110	\$182,206.41	\$101,526.70	\$95,360.04
	125	Nephrology	778	\$427,493.69	\$112,047.19	\$50,315.39
	063	Ophthalmology	772	\$244,538.81	\$93,182.07	\$76,592.27
	134	Pain Management	722	\$370,134.34	\$82,912.50	\$67,367.46
	073	General Surgery	697	\$497,657.34	\$148,078.16	\$138,634.03
	057	Anesthesiology	660	\$882,319.54	\$160,685.67	\$150,823.27
	126	Neurology	460	\$153,756.50	\$73,240.13	\$66,576.96
	068	Physical Medicine	457	\$159,663.17	\$40,116.86	\$32,607.96
	066	Pathology	442	\$108,977.59	\$32,704.69	\$30,372.47
	114	Gastroenterology	435	\$184,733.16	\$57,144.06	\$47,741.85
	065	Otolaryngology	311	\$156,605.21	\$40,345.39	\$38,686.82
156	Urologic Surgery	284	\$176,680.00	\$44,980.22	\$42,552.02	
131	Oncology	255	\$65,826.00	\$16,373.13	\$16,058.10	
141	Pediatrics-Cardiology	249	\$112,772.32	\$23,888.39	\$23,593.35	
000	No Specialty	227	\$93,347.74	\$34,320.28	\$32,226.24	
149	PULMONARY DISEASES	197	\$91,456.06	\$30,630.62	\$28,946.37	
		<b>Total</b>	<b>26,391</b>	<b>\$10,404,379.14</b>	<b>\$2,796,543.21</b>	<b>\$2,494,350.86</b>

Patient population identified by utilization of PT47 services during SFY17. 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 SFY17

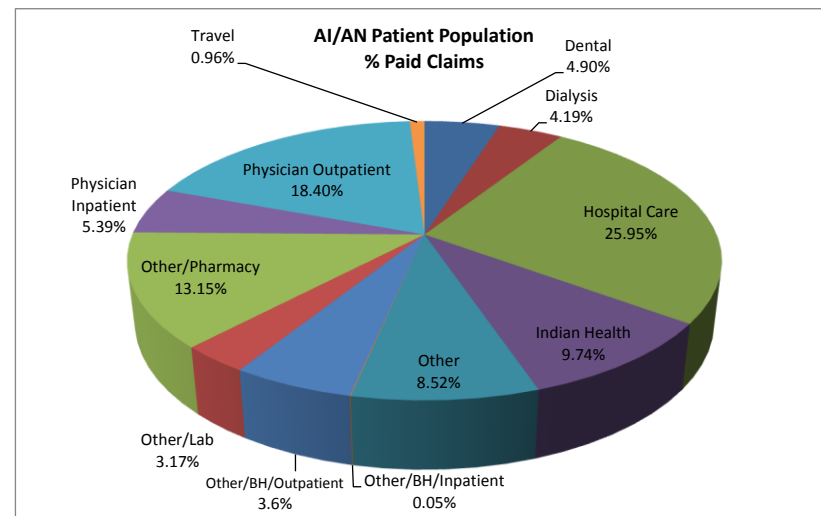
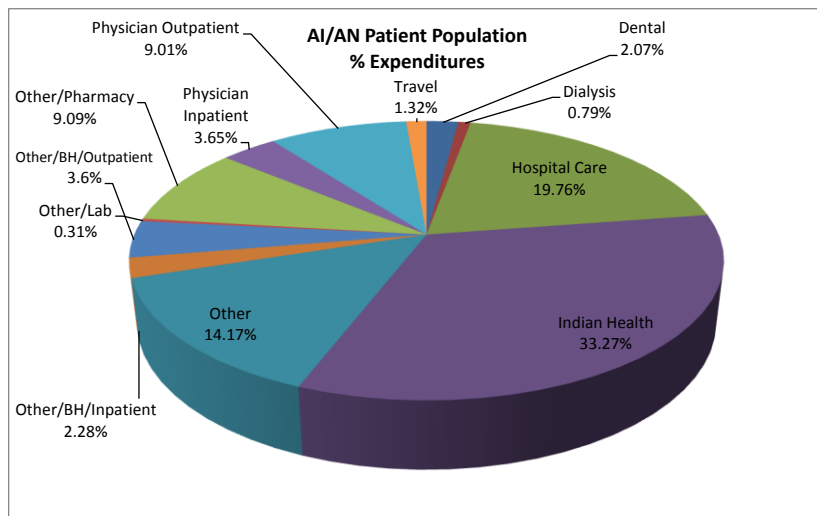
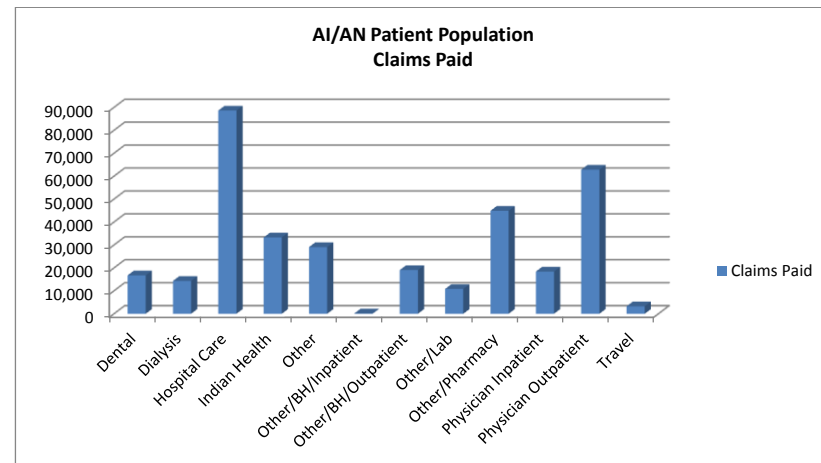
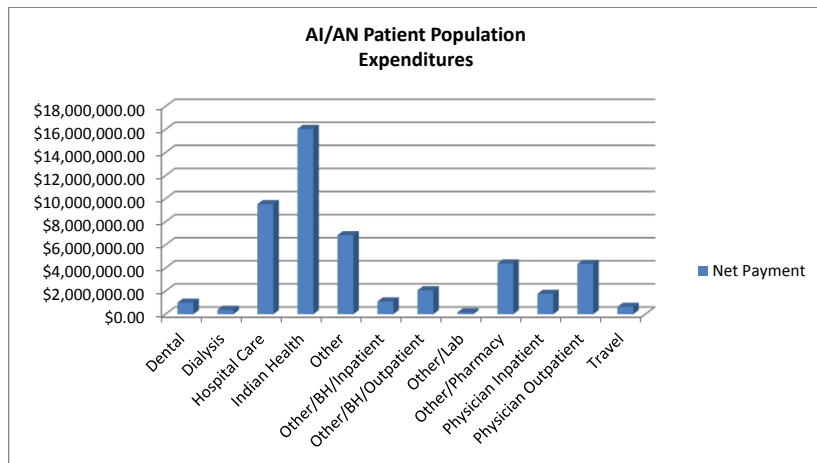
## Indian Health Program Reports SFY17

Subsets Time Period: Incurred Fiscal Year	American Indian Race Codes_ Claim Id no Void			
	FY 2017			
	Claims Paid	Charge Submitted	Allowed Amount	Net Payment
<b>Service Category</b>				
Dental	16,743	\$2,174,863.21	\$1,004,473.97	\$1,001,273.30
Dialysis	14,325	\$21,968,983.36	\$1,191,413.98	\$380,608.11
Hospital Care	88,637	\$111,348,165.72	\$11,453,127.34	\$9,533,986.30
Indian Health	33,281	\$15,992,840.00	\$16,118,216.00	\$16,054,240.35
Other	29,085	\$9,879,568.76	\$7,771,417.71	\$6,839,869.67
Other/BH/Inpatient	157	\$2,170,926.95	\$1,215,402.36	\$1,099,514.41
Other/BH/Outpatient	19,071	\$2,236,182.61	\$2,095,996.55	\$2,062,236.97
Other/Lab	10,832	\$1,393,820.04	\$216,128.95	\$151,476.32
Other/Pharmacy	44,914	\$8,970,093.24	\$4,672,138.22	\$4,387,206.29
Physician Inpatient	18,412	\$7,719,494.62	\$2,299,711.52	\$1,762,619.17
Physician Outpatient	62,838	\$18,777,966.04	\$5,486,119.68	\$4,348,632.37
Travel	3,263	\$6,819,044.74	\$833,682.26	\$637,414.72
<b>Total</b>	<b>341,558</b>	<b>\$209,451,949.29</b>	<b>\$54,357,828.54</b>	<b>\$48,259,077.98</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 SFY17



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 SFY17 Net Payment expenditures: **\$48,259,077.98**

FFS Data Only

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## Indian Health Program Reports SFY17

Subsets Time Period: Incurred Fiscal Year			American Indian Race Codes Claim Id no Void			
			FY 2017			
			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	5,227	\$3,924,990.13	\$601,815.41	\$499,284.61
	218	Diagnostic Radiology	5,106	\$972,076.24	\$245,259.17	\$171,443.07
	072	Radiology	4,622	\$633,385.45	\$175,246.84	\$139,529.18
	053	Family Practice	4,035	\$962,316.62	\$327,524.79	\$237,386.69
	060	Internal Medicine	7,495	\$1,850,531.52	\$714,262.97	\$469,169.38
	139	Pediatrics	2,895	\$659,546.35	\$226,450.29	\$223,690.83
	057	Anesthesiology	1,065	\$1,348,289.37	\$248,381.08	\$203,845.44
	106	Cardiovascular	2,842	\$724,526.84	\$229,844.39	\$150,330.23
	064	Orthopedic Surgery	1,646	\$1,255,083.53	\$276,185.26	\$231,524.93
	062	Obstetrics/Gynecology	1,707	\$994,347.09	\$436,593.66	\$402,188.29
	066	Pathology	688	\$177,428.38	\$46,030.38	\$37,056.33
	063	Ophthalmology	1,519	\$474,705.25	\$182,536.16	\$101,081.68
	073	General Surgery	1,362	\$758,861.93	\$219,011.44	\$185,874.25
	146	Psychiatry	2,599	\$459,071.90	\$245,394.18	\$193,661.32
	114	Gastroenterology	637	\$254,905.21	\$80,452.29	\$57,961.55
	126	Neurology	830	\$328,527.07	\$133,396.98	\$106,141.53
	065	Otolaryngology	516	\$239,476.57	\$62,725.79	\$53,813.85
	000	No Specialty	530	\$175,889.04	\$70,329.27	\$61,224.74
	134	Pain Management	1,765	\$966,039.69	\$171,582.68	\$101,239.50
	068	Physical Medicine	1,082	\$430,743.30	\$98,325.36	\$56,163.46
	125	Nephrology	1,622	\$816,722.07	\$219,648.32	\$87,861.89
	149	PULMONARY DISEASES	571	\$219,981.77	\$77,354.85	\$55,260.65
	141	Pediatrics-Cardiology	502	\$197,965.88	\$44,033.43	\$42,824.51
	061	Neurosurgery	235	\$659,950.91	\$83,520.24	\$68,744.66
	156	Urologic Surgery	468	\$252,500.00	\$65,466.04	\$50,300.61
		<b>Total</b>	<b>51,566</b>	<b>\$19,737,862.11</b>	<b>\$5,281,371.27</b>	<b>\$3,987,603.18</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.