NV PEBP Program Dashboard

Cases Volume and Program Savings

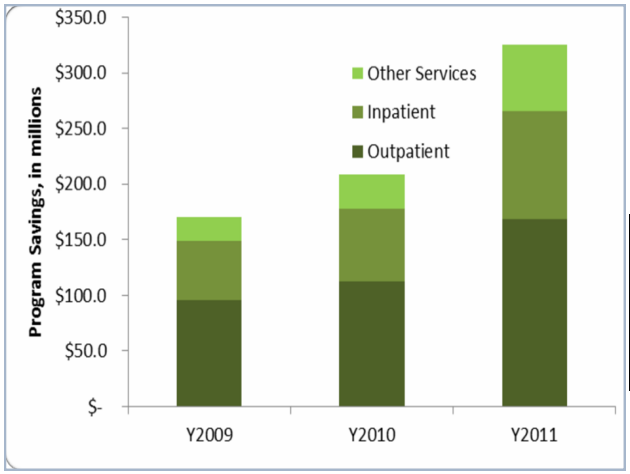
- ✓ A total of 412,103 cases were processed.
- ✓ Over 3.6 million units request were denied.
- ✓ Projected annual medical cost savings from denied units amounted to over 704.6 million dollars in three years.

Projected annual medical cost savings		
Type of review	Denied Units	Program Savings
Outpatient	2,840,123	$376,378,298.80
Inpatient	20,222	$215,289,375.24
Other Services	824,331	$ 112,986,506.09
Overall Totals	**3,684,676**	**$704,654,150.13**

Annual Trend in Program Savings

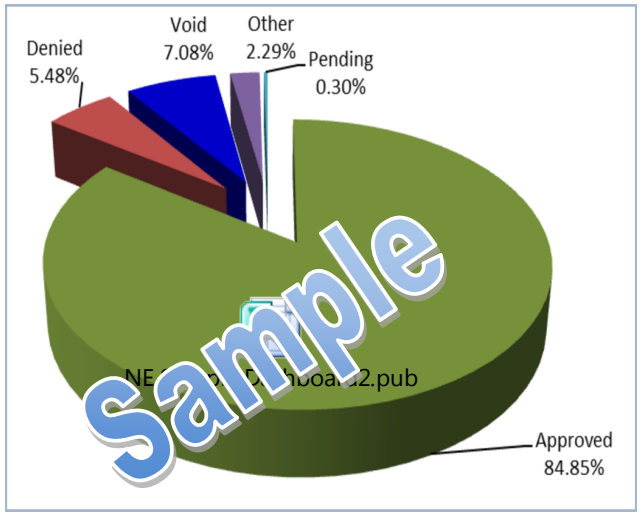
✓ Program savings increased linearly from 170.3 million dollars in year 2009 to 325.5 million in year 2011.

✓ Major contribution of 52 – 56% to program savings was from outpatient cases, that was reflective of case volume.



Overall Case Authorization Status

- ✓ Overall case approval rate was about 85%.
- ✓ Less than half a percent of cases were denied.



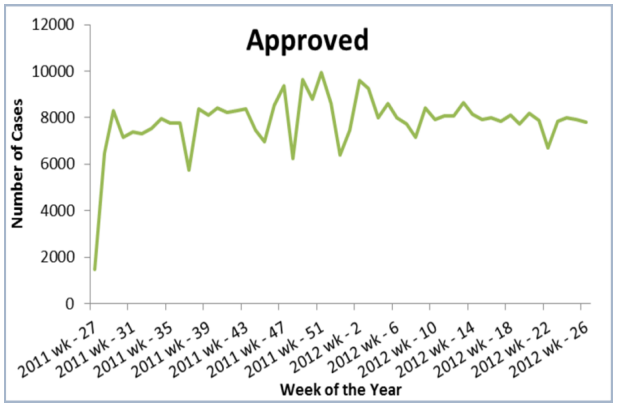
Top Reported Diagnoses Trend

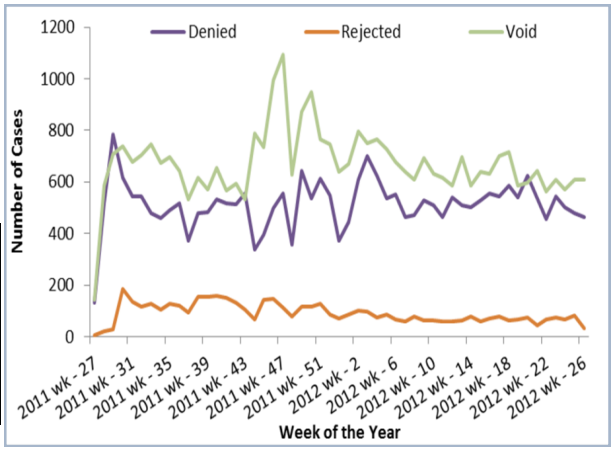
- ✓ There was no significant change in the top most frequently reported diagnoses over the reviewed three years period.
- ✓ Mental health, obesity and pneumonia consistently remained among the top 10 most frequent diagnoses.

Top ICD-9 Diagnoses by Type of Service			
Type of review	ICD 9 Diagnosis Code & Description	Request Volume	Percent of Total
In-patient	296.90 UNS EPISODIC MOOD DISORDER	5,465	1.16
DME	314.01 ATTN DEFICIT W HYPERACTIVITY	35,429	7.52
MYPAC	486 PNEUMONIA, ORGANISM UNSPEC	36,023	5.01
Outpatient	278.0 OVERWEIGHT and OBESITY	41,235	9.03
PDN	799.9 UNKN CAUSE MORB/MORT OT	4,722	1.00

Weekly Trend for Authorization Status

- ✓ Weekly trend for authorization status was consistent with the overall annual data. However, during the months of October and November 2011 an updated version of web portal system was deployed that resulted in some sharp peak and valleys for approved, denied and voided cases.





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NV PEBP Focused Dashboard: Radiology

Figure 1.

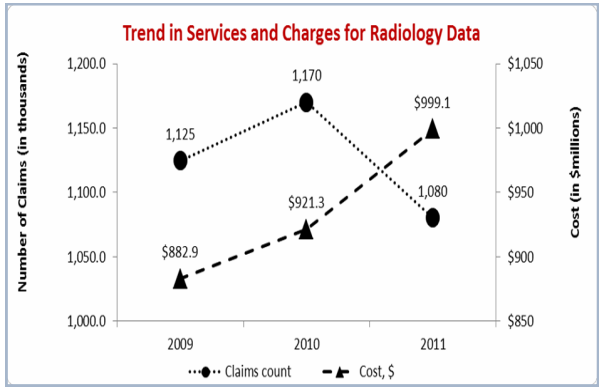


Figure 2.

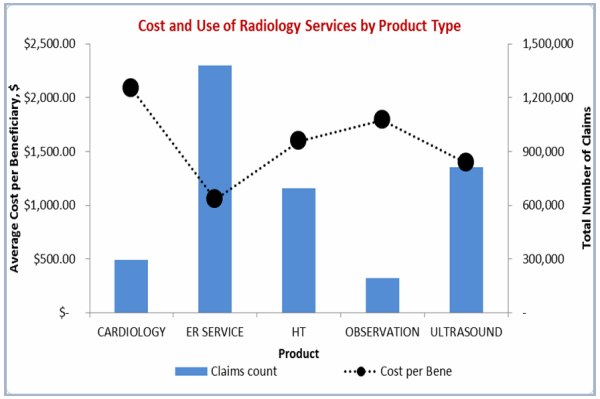


Figure 3.

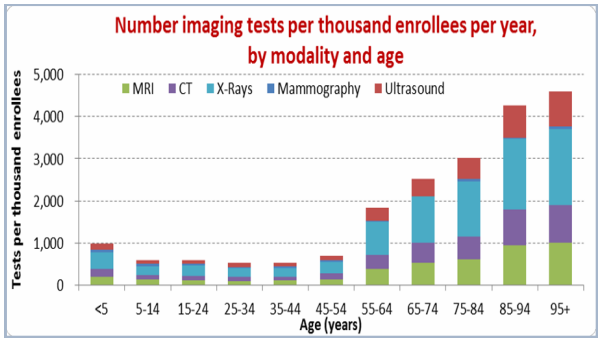


Table 1.

CATEGORY	Claims	Reimbursement, $ Total	per Claim	per Beneficiary
PET	9,684	$ 9,848,936.31	$ 1,017.03	$ 1,795.29
OBSERVATION	193,661	$ 225,665,396.00	$ 1,165.26	$ 1,792.12
MR	136,693	$ 157,061,843.90	$ 1,149.01	$ 1,765.67
CT	548,806	$ 499,581,448.30	$ 910.31	$ 1,547.81
ULTRASOUND	812,790	$ 728,143,469.60	$ 895.86	$ 1,395.00
ER SERVICE	1,377,776	$ 733,591,289.60	$ 532.45	$ 1,053.07
TRANSTHORACIC ECHO (TTE)	126,322	$ 15,227,782.82	$ 120.55	$ 182.79
DIAGNOSTIC CARDIAC CATH	41,321	$ 9,313,890.20	$ 225.40	$ 332.56
NUCLEAR CARDIAC (SPECT)	41,061	$ [illegible]	$ 172.38	$ 226.05
REVENUE CODE	36,427	[illegible]	$ 11,353.06	$ 13,264.41
TRANSESOPHAGEAL ECHO	23,79[illegible]	[illegible]	$ 86.59	$ 125.26
STRESS ECHO	[illegible]	[illegible]	$ 69.48	$ 72.51
PHARMACOLOGICAL STRESS AGENTS	[illegible]	601,024.77	$ 155.95	$ 174.87
ANGIOGRAMS	[illegible]	$ 23,027.13	$ 605.98	$ 622.35

Sample

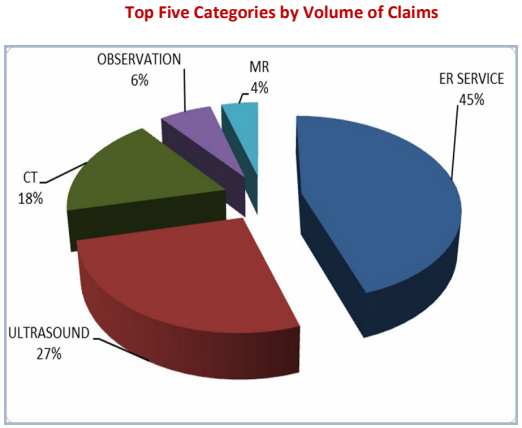
Table 2.

Erroneous Claims and Amounts for CT and MI Reports		
Type of Error	Claims, %	Amount Allowed
No Physician Order Documented	12.1	$ 18,213,349
No Documentation for Report Interpretation	12.2	$ 18,612,138
Total errors (gross)	**24.3**	**$ 36,825,487**
(Overlapping errors)	5.1	$ 7,458,215
Total errors (net)	**19.2**	**$ 29,367,272**

Table 3.

Erroneous Claims and Amounts for X-Rays Reports		
Type of Error	Claims, %	Amount Allowed
No Physician Order Documented	8.9	$ 5,549,503
No Documentation for Report Interpretation	8.3	$ 5,526,135
Total errors (gross)	**17.2**	**$ 11,075,638**
(Overlapping errors)	2.9	$ 1,901,456
Total errors (net)	**14.3**	**$ 9,174,182**

Figure 4.



KEY FINDINGS

- Over the three years period, about 45 thousands less claims of advance imaging were reported (Figure 1).
- Despite reduction in total number of claims, cost of advance imaging increased linearly by 116.2 million dollars from 882.9 million in 2009 to 999.1 millions in 2011 (Figure 1).
- Overall, the highest number of claims were reported for ER Service (n = 1.38 millions) but the highest total amount reimbursed was reported for product type of Cardiology (449.4 million dollars, Figure 2).
- Advance imaging services were utilized primarily by beneficiaries ages 55 and older, with a linear trend as age increased from 55 years to 100 year old (Figure 3).
- All advance imaging categories (CT, MR and PET) under product type of HT were observed as the most expensive services with an average cost per beneficiaries of over $1500 (Table 1).
- Erroneous claims rate was more than 19% for CT and MRI reports and more than 14% for X-Rays reports (Tables 2 & 3).
- ER services, Ultrasound, CT, Observation and MRI were the top five categories by volume of claims (Figure 4), thus resulting in the major share of cost (Table 1).

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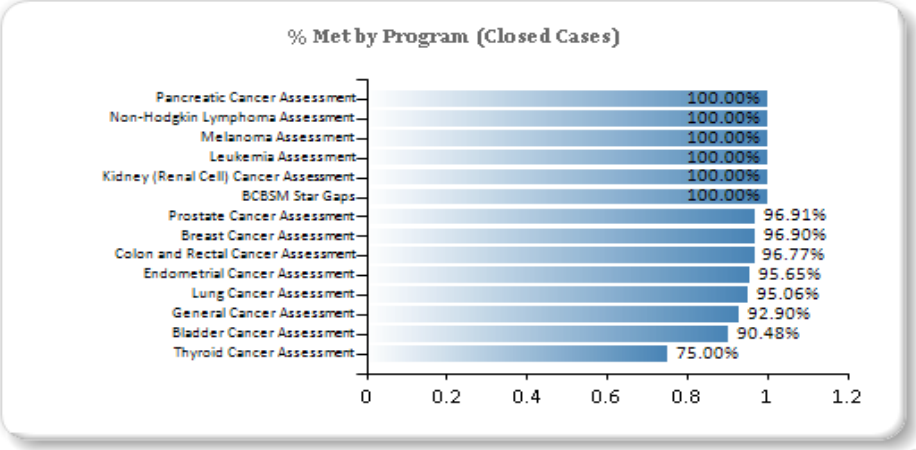
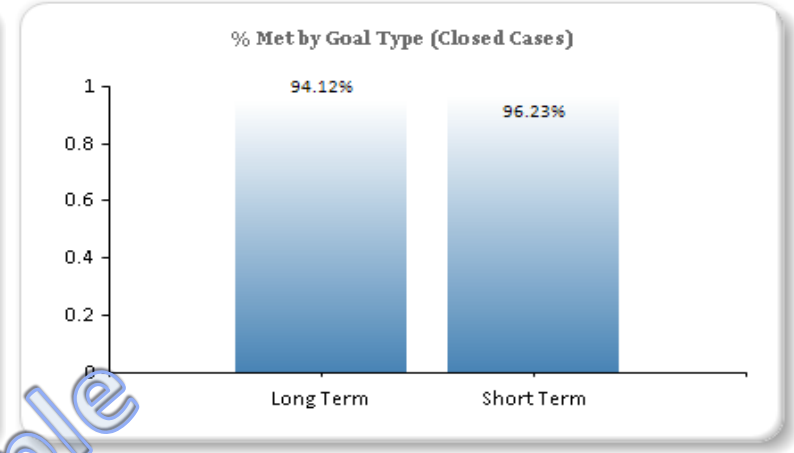
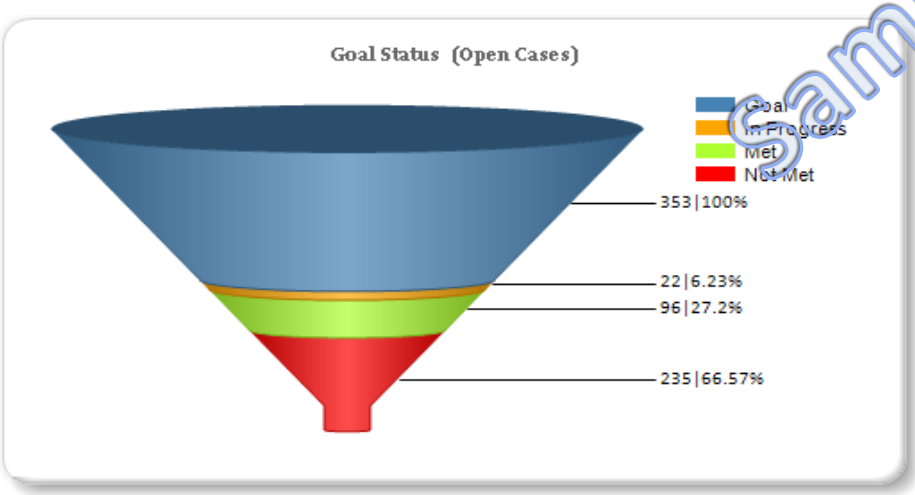
Outcome Management State of Nevada PEBP

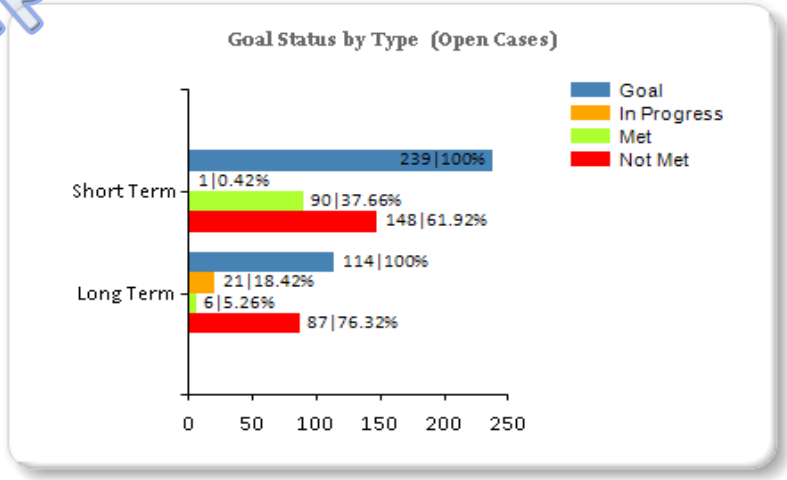
Date: 1/1/2013 - 12/31/2013





Sample





Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

KEPRO INTELLIGENT VALUE

Counts by Program (Closed Cases)

Program Name	# Goals Set	# Goals Met	% Met
Bladder Cancer Assessment	63	57	90.48%
Breast Cancer Assessment	226	219	96.90%
Endometrial Cancer Assessment	46	44	95.65%
General Cancer Assessment	310	288	92.90%
Kidney (Renal Cell) Cancer Assessment	17	17	100.00%
Leukemia Assessment	40	40	100.00%
Lung Cancer Assessment	81	77	95.06%
Melanoma Assessment	9	9	100.00%
Non-Hodgkin Lymphoma Assessment	7	7	100.00%
Pancreatic Cancer Assessment	25	25	100.00%
Prostate Cancer Assessment	194	188	96.91%
Thyroid Cancer Assessment	8	6	75.00%

Counts by Goal Type (Closed Cases)

Goal Type	# Goals Set	# Goals Met	% Met
Long Term	459	432	94.12%
Short Term	636	612	96.23%

Sample

Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

Counts by Risk Score (Closed Cases)

Risk Score	# Goals Set	# Goals Met	% Met
0	1	1	100.00%
1	296	275	92.91%
2	12	12	100.00%
3	6	6	100.00%
4	22	22	100.00%
5	62	57	91.94%
6	30	29	96.67%
7	104	103	99.04%
8	562	539	95.91%

Sample

Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

KEPRO INTELLIGENT VALUE

Counts by Goal (Closed Cases)

Problem	Goal	Goal Type	# Goals Set	# Goals Met	% Met
Doctor has not communicated need to be compliant with improving or maintaining mental health	Improving or maintaining mental health: CM to notify MD of non compliant measures for follow up	Short Term	1	1	100.00%
Doctor has not communicated need to keep blood pressure controlled	Controlling Blood Pressure: CM to notify MD of non compliant measures for follow up	Short Term	1	1	100.00%
Impaired gas exchange related to disease process	Member will have an effective personal action plan	Short Term	20	20	100.00%
Impaired gas exchange related to disease process	Member will identify solutions to decrease fatigue	Long Term	3	3	100.00%
Impaired gas exchange related to disease process	Member will identify solutions to decrease fatigue	Short Term	18	18	100.00%
Impaired oral mucous membrane related to side effects of therapeutic agent/radiation, dehydration or malnutrition.	Member will verbalize different ways to keep oral mucosa moist.	Long Term	1	1	100.00%
Impaired oral mucous membrane related to side effects of therapeutic agent/radiation, dehydration or malnutrition.	Member will verbalize different ways to keep oral mucosa moist.	Short Term	4	4	100.00%
Knowledge deficit r/t device	Member will verbalize reason for the device	Long Term	1	1	100.00%
Knowledge deficit r/t device	Member will verbalize reason for the device	Short Term	2	2	100.00%
Member does not know if physician has ever calculated their BMI	Adult BMI Assessment: CM to notify MD of non compliant measures for follow up	Short Term	1	1	100.00%
Member does not know if they had a glaucoma eye exam within the past year	Glaucoma Testing: CM to notify MD of non compliant measures for follow up	Short Term	1	1	100.00%
Member is on prescription(s) for Certain Drugs with a High Risk of Side Effects	Prescriptions for Certain Drugs with a High Risk of Side Effect: CM to notify MD of non compliant measures for	Short Term	1	1	100.00%
Risk for imbalanced nutrition related to unhealthy food choices	Member will verbalize knowledge of different resources that can help obtain food	Short Term	2	2	100.00%
Risk for activity intolerance related to imbalance oxygen supply	Member will identify ways to decrease activity intolerance	Long Term	20	18	90.00%
Risk for activity intolerance related to imbalance oxygen supply	Member will identify ways to decrease activity intolerance	Short Term	18	17	94.44%
Risk for adverse interaction of prescribed medication	Member will verbalize the importance of notifying physicians of all current over the counter medication being taken	Short Term	1	1	100.00%
Risk for adverse interaction of prescribed medication	Member will verbalize understanding of over the counter medications and potential interactions with prescribed	Long Term	1	1	100.00%
Risk for adverse interaction of prescribed medication	Member will verbalize understanding of over the counter medications and potential interactions with prescribed	Short Term	8	8	100.00%
Risk for anxiety	Member will identify ways to decrease anxiety	Long Term	6	6	100.00%
Risk for anxiety	Member will identify ways to decrease anxiety	Short Term	30	29	96.67%

Sample

Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

KEPRO INTELLIGENT VALUE

Counts by Goal (Closed Cases)

Problem	Goal	Goal Type	# Goals Set	# Goals Met	% Met
Risk for decrease effect of prescribed medication	Member will verbalize understanding of over the counter medications and potential interactions with prescribed	Short Term	1	1	100.00%
Risk for decreased self-esteem r/t hair loss from treatment	Member will identify solutions for side effects of treatment	Short Term	1	1	100.00%
Risk for difficulty breathing related to increase fluid intake	Member will verbalize lifestyle changes to decrease fluid consumption.	Short Term	1	1	100.00%
Risk for edema related to increase intake of fluids in a short period of time	Member will verbalize knowledge how to monitor fluid status and reduce recurrence of fluid excess	Short Term	3	3	100.00%
Risk for falls related to weakness	Member will verbalize lifestyle changes to increase fluid	Long Term	4	4	100.00%
Risk for falls related to weakness	Member will verbalize lifestyle changes to increase fluid	Short Term	8	8	100.00%
Risk for fluid volume deficient	Member will verbalize limit intake of caffeine	Long Term	11	11	100.00%
Risk for fluid volume deficient	Member will verbalize limit intake of caffeine	Short Term	50	50	100.00%
Risk for hypotension related to dehydration	Member will verbalize understanding of importance of	Short Term	7	7	100.00%
Risk for imbalanced fluid status r/t side effects of treatment	Member will identify solutions for side effects of chemotherapy	Short Term	4	4	100.00%
Risk for imbalanced nutrition	Member will identify solutions for side effects of	Long Term	2	2	100.00%
Risk for imbalanced nutrition	Member will identify solutions for side effects of	Short Term	17	15	88.24%
Risk for imbalanced nutrition	Member will verbalize knowledge how to decrease nausea	Short Term	1	1	100.00%
Risk for impaired ADL's relate to pain	Member verbalizes what may possibly trigger their pain	Long Term	3	3	100.00%
Risk for impaired ADL's relate to pain	Member verbalizes what may possibly trigger their pain	Short Term	21	20	95.24%
Risk for impaired nutrition status related to treatment	Member will attain desirable body weight with optimal maintenance of health	Long Term	4	3	75.00%
Risk for impaired nutrition status related to treatment	Member will attain desirable body weight with optimal maintenance of health	Short Term	7	5	71.43%
Risk for impaired nutrition status related to treatment	Member will verbalize understanding of body and energy needs	Long Term	3	3	100.00%
Risk for impaired nutrition status related to treatment	Member will verbalize understanding of body and energy needs	Short Term	2	2	100.00%
Risk for impaired skin integrity	Member will verbalize proper skin are techniques	Long Term	12	12	100.00%
Risk for impaired skin integrity	Member will verbalize proper skin are techniques	Short Term	34	34	100.00%
Risk for improper use of medications	Member will verbalize understanding of disease process in	Long Term	1	1	100.00%
Risk for improper use of medications	Member will verbalize understanding of disease process in	Short Term	2	2	100.00%
Risk for improper use of medications	Member will verbalize understanding of medication purpose	Long Term	7	7	100.00%
Risk for improper use of medications	Member will verbalize understanding of medication purpose	Short Term	43	42	97.67%
Risk for improper use of pain medications	Member will verbalize effective ways to use pain relievers.	Short Term	1	1	100.00%
Risk for improper use of pain medications	Member will verbalize non pharmacologic methods that	Short Term	1	1	100.00%
Risk for ineffective coping related to radiation therapy and its side effects.	Member will verbalize different ways to cope	Long Term	3	3	100.00%
Risk for ineffective coping related to radiation therapy and its side effects.	Member will verbalize different ways to cope	Short Term	1	1	100.00%

Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

KEPRO INTELLIGENT VALUE

Counts by Goal (Closed Cases)

Problem	Goal	Goal Type	# Goals Set	# Goals Met	% Met
Risk for ineffective coping related to treatment and and/or its side effects.	Member will identify different ways to cope	Long Term	7	7	100.00%
Risk for ineffective coping related to treatment and and/or its side effects.	Member will identify different ways to cope	Short Term	8	8	100.00%
Risk for infection	Member will verbalize ways to decrease the risk for	Long Term	27	26	96.30%
Risk for infection	Member will verbalize ways to decrease the risk for	Short Term	119	113	94.96%
Risk for knowledge deficit	Member will verbalize understanding of symptoms, signs,	Long Term	302	281	93.05%
Risk for knowledge deficit	Member will verbalize understanding of symptoms, signs,	Short Term	15	15	100.00%
Risk for knowledge deficit of anemia	Member will verbalize understanding of the symptoms,	Long Term	2	2	100.00%
Risk for knowledge deficit of anemia	Member will verbalize understanding of the symptoms,	Short Term	2	2	100.00%
Risk for knowledge deficit r/t transplant	Member will verbalize understanding of treatment	Short Term	1	1	100.00%
Risk for knowledge deficit regarding chemotherapy treatment	Member will verbalize the potential side effects of chemotherapy	Long Term	14	13	92.86%
Risk for knowledge deficit regarding chemotherapy treatment	Member will verbalize the potential side effects of chemotherapy	Short Term	51	49	96.08%
Risk for knowledge deficit regarding radiation therapy	Member will verbalize purpose of radiation therapy	Long Term	1	1	100.00%
Risk for knowledge deficit regarding radiation therapy	Member will verbalize the potential side effects of radiation therapy	Long Term	6	6	100.00%
Risk for knowledge deficit regarding radiation therapy	Member will verbalize the potential side effects of radiation therapy	Short Term	34	32	94.12%
Risk for knowledge deficit regarding surgical treatment	Member will verbalize understanding of surgical treatment	Short Term	6	6	100.00%
Risk for knowledge deficit related to advanced care planning	Member will verbalize understanding the purpose of an advanced directive	Long Term	1	1	100.00%
Risk for knowledge deficit related to advanced care planning	Member will verbalize understanding the purpose of an advanced directive	Short Term	4	4	100.00%
Risk for knowledge deficit relating to radiation therapy	Member will verbalize purpose of radiation therapy	Long Term	3	3	100.00%
Risk for knowledge deficit relating to radiation therapy	Member will verbalize purpose of radiation therapy	Short Term	11	11	100.00%
Risk for noncompliance	Member will increase compliance to visit their physician	Short Term	1	1	100.00%
Risk for noncompliance r/t side effects of chemotherapy	Member will identify solutions for side effects of chemotherapy	Long Term	2	2	100.00%
Risk for noncompliance r/t side effects of chemotherapy	Member will verbalize compliance with chemotherapy treatment	Short Term	1	1	100.00%
Risk for noncompliance related to knowledge deficit	Member will verbalize understanding of disease process in correlation with the medication use	Long Term	1	1	100.00%
Risk for noncompliance related to knowledge deficit	Member will verbalize understanding of medication purpose	Short Term	1	1	100.00%

Outcome Management State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

KEPRO INTELLIGENT VALUE

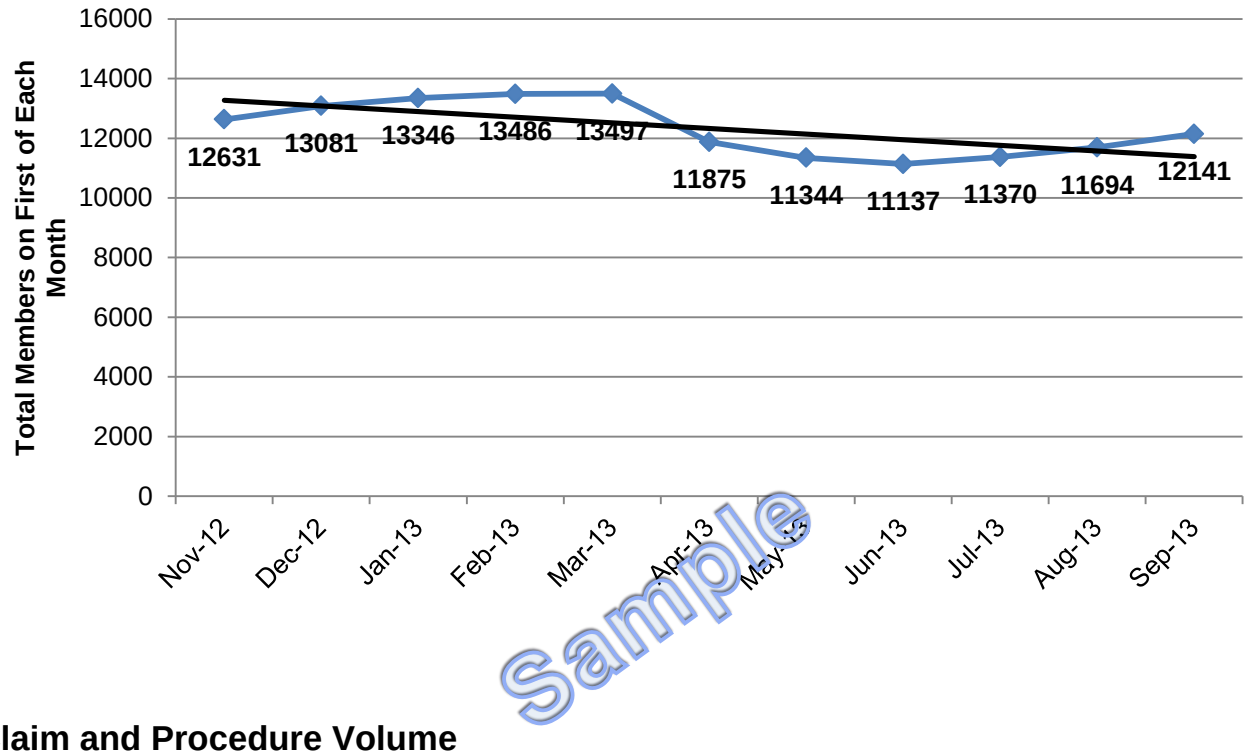
Counts by Goal (Closed Cases)

Problem	Goal	Goal Type	# Goals Set	# Goals Met	% Met
Risk for noncompliance to treatment r/t knowledge deficit	Member will increase compliance to treatment regimen	Short Term	5	4	80.00%
Risk for noncompliance to treatment regimen	Member will identify possible reasons for noncompliance	Short Term	1	1	100.00%
Risk for noncompliance to treatment regimen	Member will increase compliance to treatment regimen	Short Term	1	1	100.00%
Risk for noncompliance to treatment regimen	Member will verbalize importance of adherence to	Long Term	2	2	100.00%
Risk for noncompliance to treatment regimen	Member will verbalize importance of adherence to	Short Term	2	2	100.00%
Risk for poly-pharmacy	Member will verbalize understanding of medication purpose	Long Term	1	1	100.00%
Risk for post-op complications r/t surgery	Member will verbalize knowledge of post-op instructions	Short Term	5	4	80.00%
Risk for post-op complications r/t surgery	Member will verbalize s/s of post-op complications	Long Term	1	1	100.00%
Risk for post-op complications r/t surgery	Member will verbalize s/s of post-op complications	Short Term	21	20	95.24%
Risk for sexual dysfunction related to disease process	Member will verbalize understanding of expected outcomes of their disease process	Short Term	1	1	100.00%
Risk for unhealthy eating patterns	Member will create healthy eating patterns	Long Term	4	3	75.00%
Risk for unhealthy eating patterns	Member will create healthy eating patterns	Short Term	12	12	100.00%
Risk for urine retention	Member will verbalize s/s of urine retention	Long Term	3	3	100.00%
Risk for urine retention	Member will verbalize s/s of urine retention	Short Term	11	9	81.82%
Risk of knowledge deficit related to acceptable pain levels	Member verbalizes acceptable levels of pain	Short Term	3	2	66.67%
testing	test 1	Short Term	7	7	100.00%

Patterns of Care State of NV PEBP

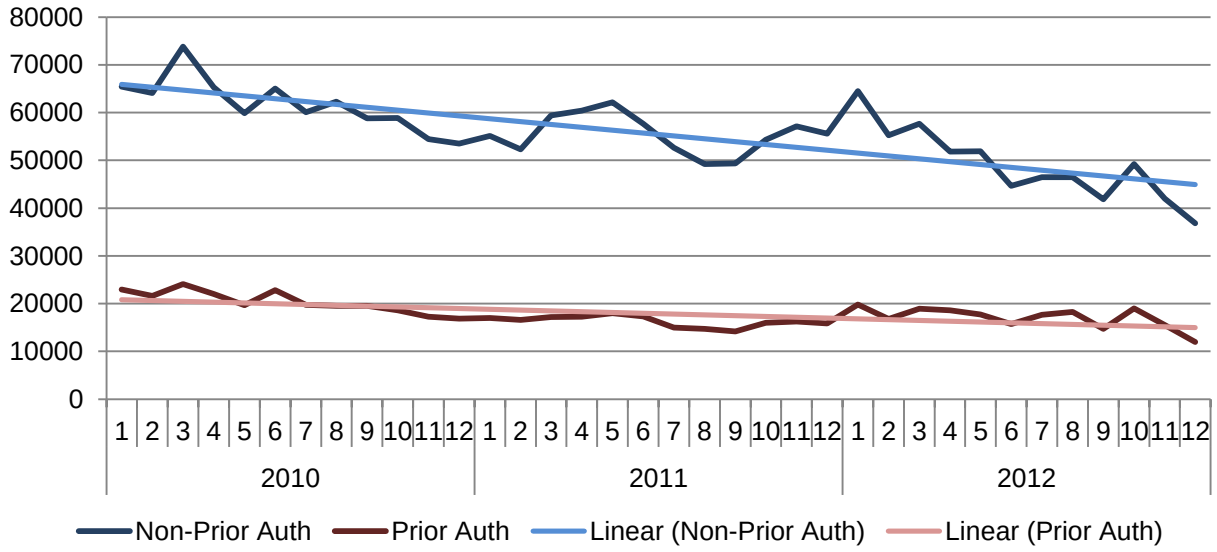
Eligibility Trends

Figure 1: Total Members Eligible on the First Day of Each Month from Nov 2012 through Sept 2013



Claim and Procedure Volume

Figure 2: Volume of Prior Auth and Non-Prior Auth Procedures Jan 2010 to Dec 2012



Reviewed Procedure Volume

Figure 3: Monthly Reviewed Services Volume Jan 2012 to Jun 2013

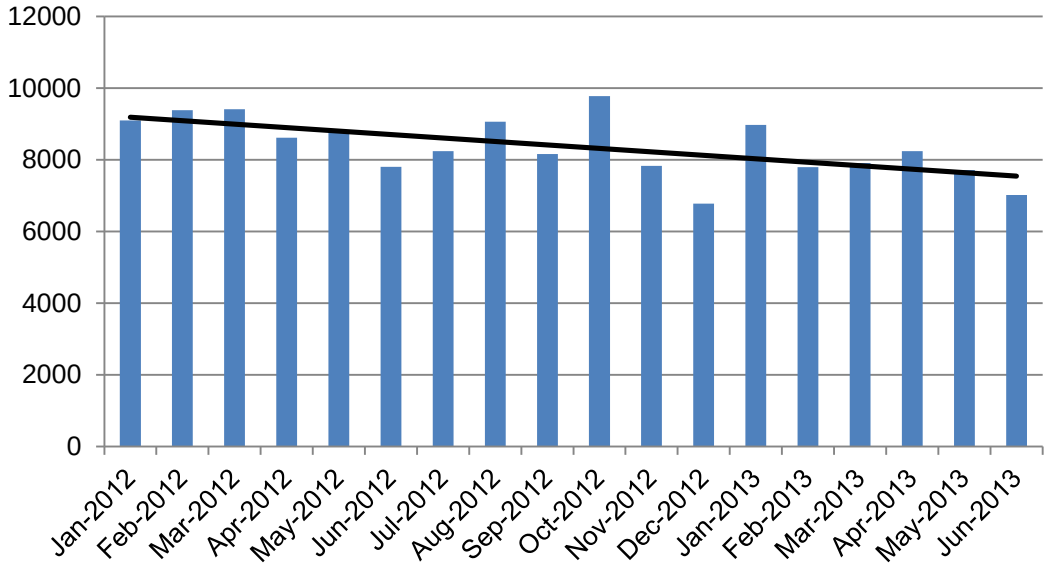


Table 1: Monthly Review Volume by Service Type

Service Type Name	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	Total
Ambulance		0		2					2
Cardiac Rehabilitation	0	3	2	1	2				8
Dental – Office	242	228	250	243	190	200	185	159	1711
DME	425	757	533	484	638	519	553	546	4455
HHC - Other	74	70	51	51	62	54	87	94	543
Imaging Studies – Imaging Center	433	542	461	479	460	460	411	521	3767
Medical/Surgical – IP Hospital	17	48	31	14	26	23	20	44	223
Occupational Rehabilitation	31	21	23	31	48	26	25	8	213
Pain Management	2	6	8	9	14	6	17	17	79
Physical Rehabilitation	483	523	399	331	487	377	353	401	3354
Physical Rehabilitation – IP Hospital	1	0		6	5	2	4	2	20
Pulmonary Rehabilitation	4								4
Skilled Nursing Services	37	55	70	56	33	37	40	46	374
Specialist Visit	4590	6121	5489	5690	5833	5541	4951	6975	45190
Speech Rehabilitation	6	1	4	2	4	2	1	2	22
Surgery/Procedures – OP Hospital	405	547	420	481	425	448	359	473	3558
Wound Care	8	9	4	2	3	9	7	10	52

Sample

Service Type Name	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	Total
Grand Total	6758	8931	7754	7887	8230	7704	7013	9298	63575

Figure 4: Service Types with the Sharpest Decline in Total Reviews Dec 2012 to July 2013

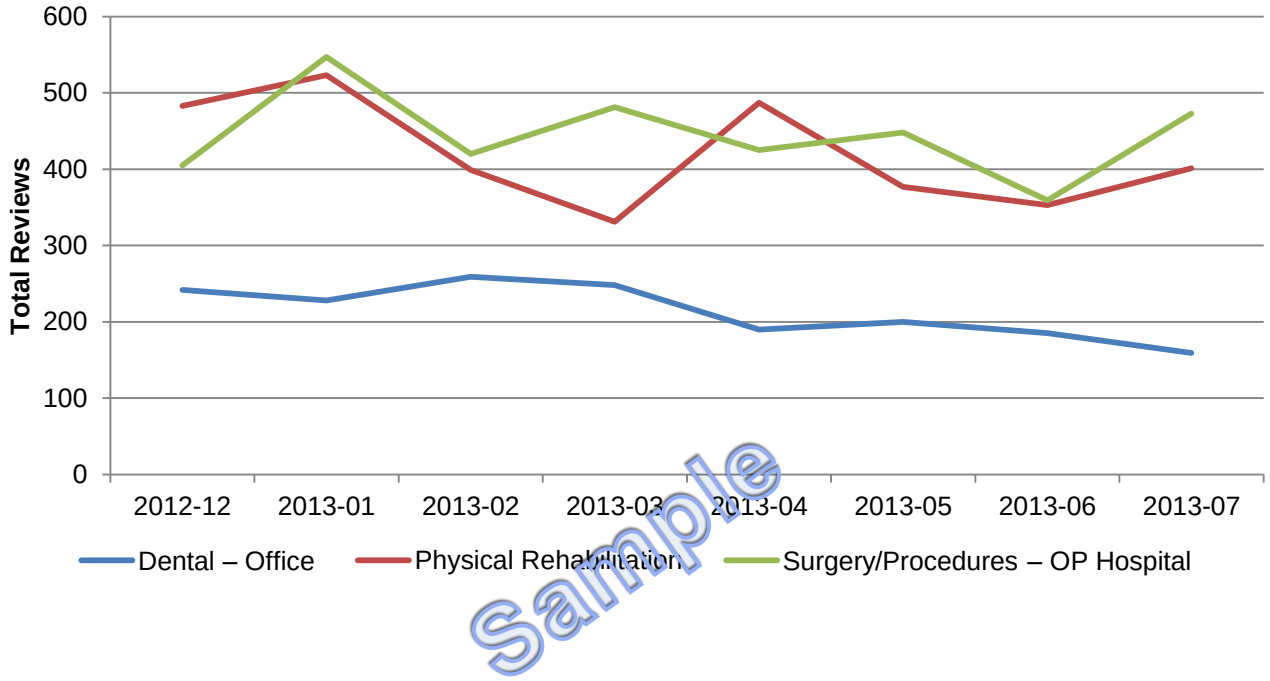
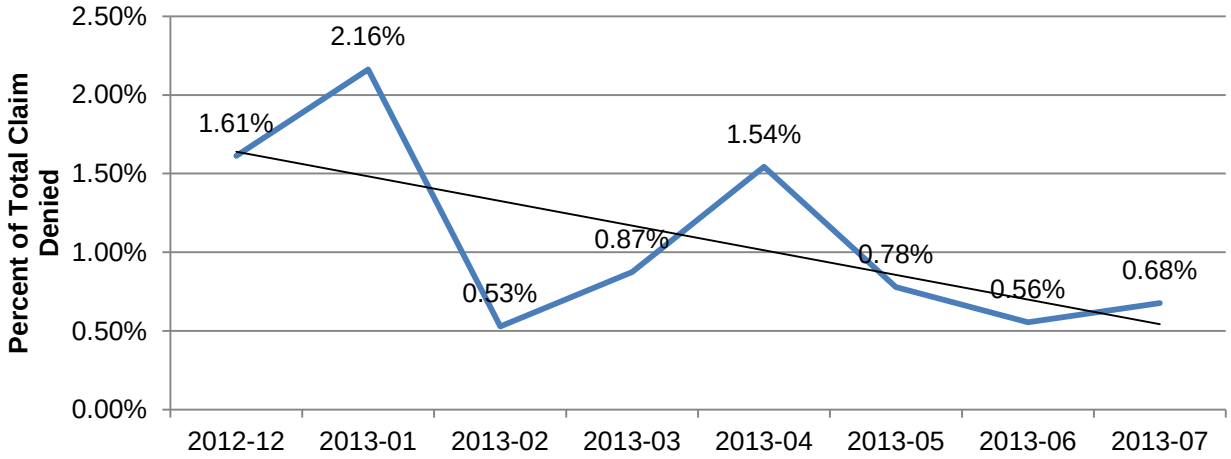


Figure 5: Percent of Total Claims Denied Dec 2012 to July 2013



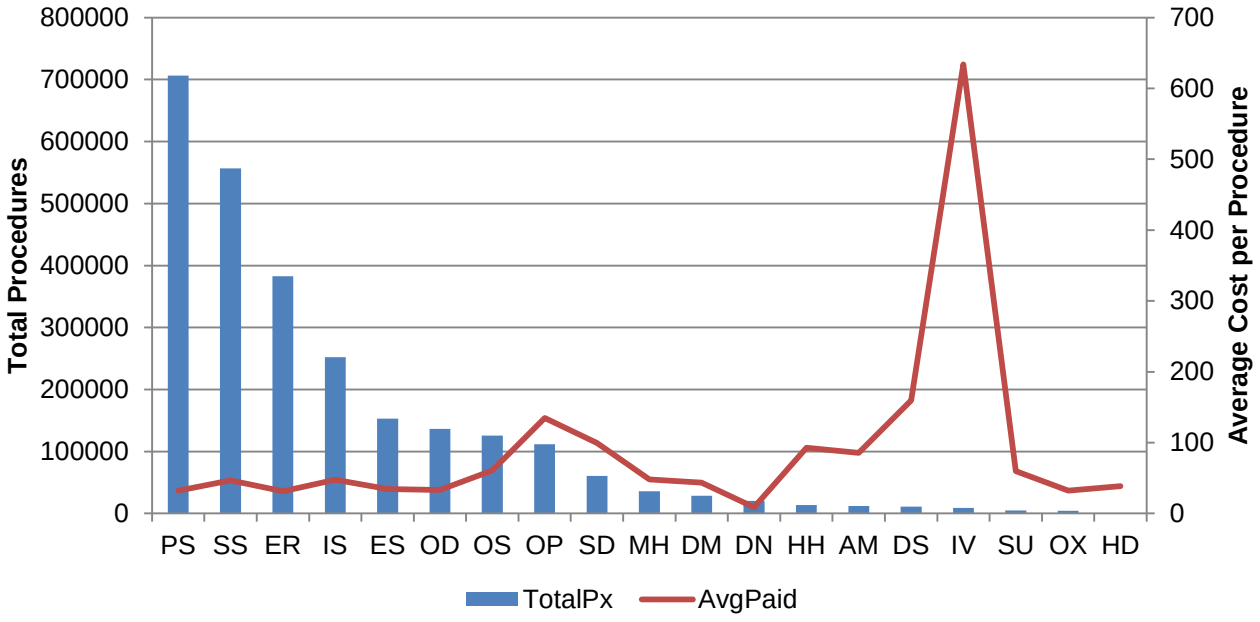
Service Place

Table 2: Procedures by Service Place

Service Place	Not Reviewed Procedures	Reviewed Procedures	Total Procedures
Primary Care Physician	481634	224831	706465
Specialist Services Office	327628	228826	556454
Emergency Room (facility)	369184	13501	382685
Specialist Services Inpatient	235419	16742	252161
Specialist Services Emergency Room	137893	15302	153195
Outpatient DXL	133048	3349	136397
Outpatient services specialist	98227	27657	125884
Outpatient facility	66115	45735	111850
Specialist DXL services	46613	14092	60705
Durable Medical Equipment	14782	13745	28527
Dental Services	1095	19212	20307
Home Health Services	4043	9687	13730
Ambulance Service	11377	845	12222
Dental Surgery	74	10826	10900
Infusion Therapy	8776	2	8778
Oxygen services	4111	3	4114
HD	269	249	518
Inpatient skilled nursing	4	2	6

Sample

Figure 6: Total Procedures and Average Cost per Procedure by Service Place



Sample

Non Prior Auth Procedures

Table 3: Most Common Procedures Not on Prior Auth List

PxShort	Description	Service Place	Total Procedures
80053	COMPREHEN METABOLIC PANEL	PS	46706
99232	SUBSEQUENT HOSPITAL CARE	IS	43863
80061	LIPID PANEL	PS	41459
99233	SUBSEQUENT HOSPITAL CARE	IS	41175
85025	COMPLETE CBC W/AUTO DIFF WBC	PS	35527
90862	MEDICATION MANAGEMENT	MH	29247
84443	ASSAY THYROID STIM HORMONE	PS	28986
99285	EMERGENCY DEPT VISIT	ES	25311
36415	ROUTINE VENIPUNCTURE	PS	25111
85025	COMPLETE CBC W/AUTO DIFF WBC	ER	21427
83036	GLYCOSYLATED HEMOGLOBIN TEST	PS	20900
82962	GLUCOSE BLOOD TEST	PS	20585
0250	NULL – G0270 = MD INR test revie inter mgmt.?	ER	19908
99284	EMERGENCY DEPT VISIT	ES	19073
99223	INITIAL HOSPITAL CARE	IS	18040
99283	EMERGENCY DEPT VISIT	ER	15792
99283	EMERGENCY DEPT VISIT	ES	15447

PxShort	Description	Service Place	Total Procedures
99284	EMERGENCY DEPT VISIT	ER	15111
80053	COMPREHEN METABOLIC PANEL	ER	14836
93010	ELECTROCARDIOGRAM REPORT	ES	14303
85025	COMPLETE CBC W/AUTO DIFF WBC	OD	11241
80053	COMPREHEN METABOLIC PANEL	OD	11229
36415	ROUTINE VENIPUNCTURE	SS	10710
71010	CHEST X-RAY 1 VIEW FRONTAL	IS	10639

Table 4: Non-Prior Auth Procedures with an Increasing Frequency from 2010 to 2012

Description	Total Px 2010	Total Px 2012	Avg Paid 2010	Avg Paid 2012	Sum Paid 2010	Sum Paid 2012	Increase Freq Percent	Increase Cost Percent
DIAB SHOE FOR DENSITY INSERT	1	205	$0	$77	$0	$15,846	20400	158464500
CYTOPATH C/V AUTO IN FLUID	3	579	$0	$25	$0	$14,347	19200	143473300
FLU VACCINE NO PRESERV 3 & >	7	1014	$1	$7	$10	$6,702	14386	67532
ADMIN PNEUMOCOCCAL VACCINE	2	220	$0	$0	$0	$18	10900	183900
ADMIN INFLUENZA VIRUS VAC	13	520	$0	$0	$5	$110	3900	2104
HOCM 350-399MG/ML IODINE,1ML	7	209	$0	$5	$0	$1,010	2886	10097900
HOT OR COLD PACKS THERAPY	122	2918	$5	$2	$653	$4,634	2292	610
0762 (E0762 - TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES)	250	2303	$160	$153	$40,112	$352,320	821	778
COMPLETE CBC AUTOMATED	301	2362	$6	$11	$1,698	$25,094	685	1378
762	88	622	$233	$167	$20,531	$104,024	607	407
RX CERTIFIED EHR	116	786	$0	$0	$1	$9	578	1271
ECG MONIT/REPRT UP TO 48 HRS	47	308	$73	$63	$3,423	$19,394	555	467

Sample

Description	Total Px 2010	Total Px 2012	Avg Paid 2010	Avg Paid 2012	Sum Paid 2010	Sum Paid 2012	Increase Freq Percent	Increase Cost Percent
DRUGS UNCLASSIFIED INJECTION	98	616	$0	$0	$2	$0	529	0
INJECTION, BUPIVICAINE HYDRO	62	292	$1	$0	$71	$38	371	0
FILGRASTIM 480 MCG INJECTION	68	283	$577	$395	$39,228	$111,729	316	185
ELEC STIM OTHER THAN WOUND	1307	4742	$9	$7	$11,161	$33,017	263	196
MEASURE BLOOD OXYGEN LEVEL	732	2534	$1	$0	$462	$136	246	0
INFLUENZA A/B AG EIA	82	258	$18	$15	$1,469	$3,953	215	169
IRRIG DRUG DELIVERY DEVICE	156	465	$9	$6	$1,428	$2,684	198	88
LOCM 200-299MG/ML IODINE,1ML	69	201	$5	$0	$317	$86	191	0
WHIRLPOOL THERAPY	129	337	$8	$11	$1,040	$3,838	161	269
X-RAY EXAM L-S SPINE BENDING	152	373	$43	$38	$6,589	$14,202	145	116
DAPTOMYCIN INJECTION	195	475	$520	$209	$101,442	$99,301	144	0
3 CC STERILE SYRINGE&NEEDLE	98	216	$0	$0	$0	$0	120	0
0259 (G0259 : Injection procedure for sacroiliac joint; arthrograpy)	1892	4170	$6	$10	$12,009	$42,059	120	250
SET RADIATION THERAPY FIELD	177	371	$45	$115	$7,882	$42,566	110	440
INSULIN INJECTION	237	480	$0	$15	$98	$7,023	103	7060

Sample

Savings Summary State of Nevada PEBP

Date: 1/1/2013 - 12/31/2013

Savings

Category	Goal Type	# Goals Met	Average Cost	Savings
Healthy Lifestyle	Long Term	31	$7,441.50	$230,686.50
	Short Term	123	$7,441.50	$915,304.50
		154		$1,145,991.00
Medication Compliance	Long Term	2	$2,000.00	$4,000.00
	Short Term	2	$2,000.00	$4,000.00
		4		$8,000.00
Risk For Infection	Long Term	30	$8,832.00	$264,960.00
	Short Term	190	$8,832.00	$1,678,080.00
		220		$1,943,040.00
Treatment Compliance	Long Term	1	$2,000.00	$2,000.00
	Short Term	8	$2,000.00	$16,000.00
		9		$18,000.00
		387		**$3,115,031.00**

Sample

Cost estimates source:
Average medical cost of infection:
http://www.infectioncontroltoday.com/articles/2011/02/making-the-business-case-for-infection-prevention.aspx

Average cost of noncompliance:
http://alignmap.com/noncompliance-fact-fiction/costs/

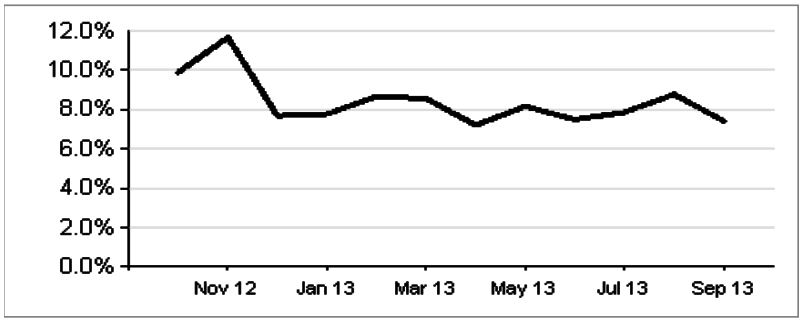
Healthy Lifestyle:
http://www.servicefoods.com/our-health-experts/other-articles/the-enormous-cost-of-not-living-a-healthy-lifestyle

Service Snapshot State of NV PEBP

Inpatient Utilization Statistics

Last 12 Months	Benchmark
Average LOS	3.93
Admits per 1000	56.66
Days per 1000	222.46

Denial Rate



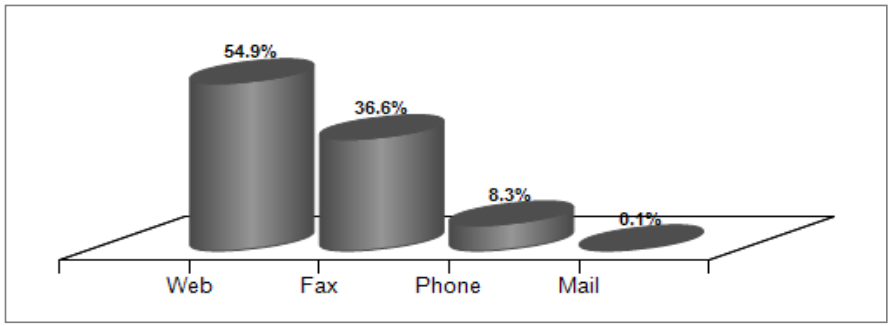
Top 3 Denial Reasons

Denial Reason	[#] Services	% Services
Not medically necessary	3,579	43.2%
Administrative Denial	2,471	29.8%
Benefit Exhausted	2,242	27.0%

Top 10 Submitting Providers

Provider	[#] New Cases
HOSPITAL CENTER	5,569
MEDICAL UNIV HOSP AUTH	4,823
CENTER HOSPITAL	2,089
REG MED CTR	1,745
MED CENTER	1,741
HEALTHCARE SYSTEM	1,354
REGIONAL HEALTHCARE	1,174
REGIONAL MEDICAL CEN	1,168
HOSPITAL SYSTEM	1,167
STATE FACILITY	1,161

Review Submission Method



Operational Intelligence

Operational Activity State of NV PEBP

1/1/2013 - 12/31/2013

Service Category	Service Type Name	# New Cases	# New RQST	# CNCNT RQST	# COMP RQST	# New SVC	# SVC PROCD	# SVC APRVD	# SVC Denied	# SVC Partially Denied	% Denied	# SVC Rejected	# SVC Voided	# SVC Pended	# Cases Pended- (Cumulative)
Inpatient	CSA Residential Treatment	1,334	1,757	423	1,599	1,787	1,749	1,604	21	0	1.2%	0	124	2	2
	Inpatient	29,213	29,256	38	25,295	31,675	31,753	23,123	2,170	1	6.8%	11	6,425	107	107
	Category Total	**30,547**	**31,013**	**461**	**26,894**	**33,462**	**33,502**	**24,727**	**2,191**	**1**	**6.5%**	**11**	**6,549**	**109**	**109**
Outpatient	DME	3,580	3,794	122	3,578	7,994	8,229	5,753	1,017	1	12.4%	4	1,454	52	49
	Home Health	199	232	31	171	371	393	218	57	14	18.1%	0	104	0	0
	Hospice	1,351	1,420	61	1,359	3,885	4,105	3,558	295	0	7.2%	0	252	13	13
	ICF/MR LOC	531	531	1	0	0	0	0	0	0		0	0	0	0
	Medical Services	153	185	32	149	232	220	180	16	0	7.3%	0	24	12	12
	Mental Health Counseling	7,235	7,419	162	6,851	14,404	14,506	10,062	2,678	0	18.5%	0	1,766	57	57
	Organ Transplant	77	79	0	72	189	201	149	24	0	11.9%	2	26	0	0
	Surgical Justification	785	810	3	609	1,019	1,030	580	79	0	7.7%	0	371	8	8
	Therapies (PT, OT, ST)	6,133	7,311	1,117	6,001	22,696	22,817	14,817	684	2,443	13.7%	19	4,853	23	23
	Category Total	**20,044**	**21,781**	**1,529**	**18,790**	**50,790**	**51,501**	**35,317**	**4,850**	**2,458**	**14.2%**	**25**	**8,850**	**165**	**162**
Total		**50,591**	**52,794**	**1,990**	**45,684**	**84,252**	**85,003**	**60,044**	**7,041**	**2,459**	**11.2%**	**36**	**15,399**	**274**	**271**

Operational Productivity

Report Description

Counts of New, Open, and Completed Cases by service Type

Report Field	Field Description
Service Type	The type or kind of service a case is submitted for. Example, DME, Inpatient …etc
Service Category	Medical category for the service type. Permitted values: Inpatient, Outpatient and Waiver.
# New Cases	The total number of cases submitted within The Reporting Timeframe. Date parameter uses Case Submit Date.
# New RQST	The total number of reviews submitted within The Reporting Timeframe. Date parameter uses Request Submit Date.
# CNCNT RQST	The total number of concurrent requests submitted within The Reporting Timeframe. Date parameter uses Request Submit Date.
# COMP RQST	Total number of reviews that have request procedures approved or denied within The Reporting Timeframe. Date parameter uses Procedure Certified Date.
# New Services	Total number of request procedures submitted within The Reporting Timeframe. Date parameter uses Procedure Submit Date.
# Services Processed	Total number of request procedures approved, denied, rejected and voided within The Reporting Timeframe. Date parameter uses Procedure Certified Date.
Services Approved	Total number of request procedures certified as approved within The Reporting Timeframe. Date parameter uses Procedure Certified Date.
Services Denied	Total number of request procedures certified as denied within The Reporting Timeframe. Date parameter uses Procedure Certified Date.
Services Partially Denied	Total number of request procedures that are certified as approved where the # units requested is greater than the # units approved within The Reporting Timeframe.
% Denied	((# Services Denied + # Services Partially Denied)/ # Services Processed)*100%
Services Rejected	Total number of rejected request procedures within The Reporting Timeframe. Date parameter uses Procedure Submit Date.
Services Voided	Total number of voided request procedures within The Reporting Timeframe. Date parameter uses Procedure Submit Date.
Services Pended	Total number of pended request procedures within The Reporting Timeframe. Date parameter uses Procedure Submit Date.
Cases Pended	Total count of unique cases pended within The Reporting Timeframe. Includes retrospective reviews.

Report Parameter	Parameter Description
Select Plan	Health Plan for this contract (Type: Required)
Requesting Provider Name	Can be used to filter the report for specific service requesting provider (Type: Optional)
Service Type	The type or kind of service a case is submitted for. Example: DME, Inpatient …etc (Type: Required)
Auth Reason	Reason authorization decision was based. Example, Not Medically Necessary, Non-Covered Service…etc (Type: Required)
Request Type	Type of review. Example, concurrent, retro...etc (Type: Required)
Start Date & End Date	The Reporting Timeframe - Date parameter of from and thru dates.

Operational Intelligence

Timeliness By Service Type NV PEBP

Service Category	*Service Type*	*# Cases*	*# Cases Denied*	*# Cases Approved*	*Average TAT**
Inpatient		**20,027**	**1,822**	**18,205**	
	CSA Residential Treatment	1,541	19	1,522	0.95
	Inpatient	18,486	1,803	16,683	0.98
Outpatient		**39,550**	**4,643**	**34,907**	
	DME	6,446	976	5,470	1.20
	Home Health	263	50	213	0.70
	Hospice	3,617	285	3,332	1.10
	Medical Services	189	16	173	0.89
	Mental Health Counseling	11,446	2,667	8,779	0.95
	Organ Transplant	173	24	149	1.50
	Surgical Justification	587	71	516	0.80
	Therapies (PT, OT, ST)	16,829	554	16,275	0.78
Totals		**59,577**	**6,465**	**53,112**	**0.94**

TIMELINESS BY SERVICE TYPE	
Report Description	
Summarizes case processing turnaround time by service type	
Report Field	**Field Description**
Service Type	The type or kind of service a case is submitted for. Example, DME, Inpatient …etc
Service Category	Medical category for the service type. Permitted values: Inpatient, Outpatient and Waiver.
# Cases	Total number of procedures certified within the reporting timeframe
# Cases Denied	Total number of procedures certified as denied
# Cases Approved	Total number of procedures certified as approved
Average TAT	Total Turnaround Time/ Total number of procedures submitted within the reporting timeframe.
Report Parameter	**Parameter Description**
Select Plan	Health Plan for this contract (Type: Required)
Date From & Date Thru	Date procedure was submitted (Type: Required).

Savings Summary - Utilization Management State of NV PEBP

1/1/2013 - 12/31/2013

Saving Type	Number of Cases	# Denied Days/Units	Savings
Inpatient Days Denied	2,191	2,792	$2,104,260
Outpatient Units Denied	2,781	101,156	$4,866,497
Inpatient Days Agreed Reductions	1	1	$900
Outpatient Agreed Reductions	884	57,506	$1,767,145
Total Medical Management Impact	**5,857**	**161,455**	**$8,738,803**

Utilization Management
Utilization by Diagnosis State of NV PEBP

1/1/2013 - 12/31/2013

Ranking	Diagnosis	Diagnosis Description	Total Cases	Total Requests	Total Services
1	799.9	Other Unknown And Unspecified Cause Of Morbidity Or Mortality	8,518	8,656	8,674
2	486	Pneumonia Organism Unspecified	576	578	586
3	786.50	Unspecified Chest Pain	417	424	427
4	789.00	Abdominal Pain Unspecified Site	383	387	395
5	780.60	Fever Unspecified	342	349	352
6	311	Depressive Disorder Not Elsewhere Classified	339	378	384
7	428.0	Congestive Heart Failure Unspecified	309	313	318
8	296.90	Unspecified Episodic Mood Disorder	284	330	336
9	780.97	Altered Mental Status	266	275	277
10	518.81	Acute Respiratory Failure	258	259	263
11	599.0	Urinary Tract Infection Site Not Specified	256	264	266
12	995.91	Sepsis	255	261	262
13	780.39	Other Convulsions	249	256	275
14	276.51	Dehydration	234	239	240
15	786.05	Shortness Of Breath	233	238	239
16	577.0	Acute Pancreatitis	224	228	234
17	584.9	Acute Kidney Failure Unspecified	194	198	199
18	496	Chronic Airway Obstruction Not Elsewhere Classified	187	191	193
19	682.9	Cellulitis And Abscess Of Unspecified Sites	184	188	188
20	786.09	Respiratory Abnormality Other	175	177	179
21	298.9	Unspecified Psychosis	171	178	178
22	491.21	Obstructive Chronic Bronchitis With (Acute) Exacerbation	167	171	171
23	434.91	Cerebral Artery Occlusion Unspecified With Cerebral Infarction	164	169	170
24	578.9	Hemorrhage Of Gastrointestinal Tract Unspecified	159	161	162
25	313.81	Oppositional Defiant Disorder	155	200	201
			14,699	**15,068**	**15,169**

Top 25 Inpatient Diagnosis Codes

Report Description

List of most common primary diagnoses

Report Field	Field Description
Ranking	Ranking for most common primary diagnoses.
Code	ICD 9 code of most common primary diagnoses.
Diagnosis Description	Long description of most common primary diagnoses.
Total Cases	The total number of cases submitted within The Reporting Timeframe for the most common primary diagnoses.
Total Requests	Total count of requests for cases submitted within The Reporting Timeframe for the most common primary diagnoses.
Total Services	Total number of procedures for cases submitted within The Reporting Timeframe for the most common primary diagnoses.

Report Parameter	Parameter Description
Select Plan	Health Plan for this contract (Type: Required)
Date From	The Reporting Timeframe - Date parameter of from and thru dates.(Type: Required).
Service Category	Medical category (Type: Required). Permitted values: Inpatient, Outpatient

Utilization Management
Utilization by Procedure State of NV PEBP
1/1/2013 - 12/31/2013

Ranking	Procedure	Procedure Description	Total Cases	Total Requests	Total Services
1	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	3,124	3,824	4,354
2	90834	Psychotherapy, 45 minutes with patient and/or family member	2,662	2,692	2,899
3	97001	Physical therapy evaluation	2,651	2,730	2,818
4	H2000	Comprehensive multidisciplinary evaluation Not payable by Medicare	2,517	2,527	2,559
5	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	1,720	2,242	2,542
6	90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	2,148	2,169	2,539
7	90837	Psychotherapy, 60 minutes with patient and/or family member	1,766	1,784	2,077
8	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	1,444	1,753	1,946
9	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	942	1,209	1,364
10	K0108	Wheelchair component or accessory, not otherwise specified Carrier judgment	684	690	1,282
11	H2017	Psychosocial rehabilitation services, per 15 minutes Not payable by Medicare	593	614	1,219
12	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	791	1,029	1,215
13	S9126	Hospice care, in the home, per diemNot payable by Medicare	1,161	1,200	1,202
14	S9125	Respite care, in the home, per diemNot payable by Medicare	1,143	1,179	1,184
15	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)Not payable by Medicare	1,135	1,169	1,172
16	B9998	NOC for enteral supplies Special coverage instructions apply	779	785	1,131
17	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	760	942	1,032
18	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	641	786	923
19	97002	Physical therapy re-evaluation	666	798	863
20	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	641	775	847
21	90846	Family psychotherapy (without the patient present)	671	678	829
22	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	639	752	816
23	97003	Occupational therapy evaluation	576	597	613
24	E1399	Durable medical equipment, miscellaneous Carrier judgment	315	316	589
25	90832	Psychotherapy, 30 minutes with patient and/or family member	441	443	517
			30,610	**33,683**	**38,532**

Top 25 Outpatient Procedure Codes

Report Description

List of most common procedures

Report Field	Field Description
Ranking	Ranking for most common services.
Code	Procedure code of most common services.
Procedure Desc	Long description of most common services.
Total Cases	Total count of cases submitted within The Reporting Timeframe for the most common services.
Total Requests	Total count of requests for cases submitted within The Reporting Timeframe for the most common services.
Total Services	Total number of procedures for cases submitted within The Reporting Timeframe for the most common services.

Report Parameter	Parameter Description
Select Plan	Health Plan for this contract (Type: Required)
Date From	The Reporting Timeframe - Date parameter of from and thru dates. (Type: Required).
Service Category	Medical category (Type: Required). Permitted values: Inpatient, Outpatient