



**Nevada Department of  
Health and Human Services**

**DIVISION OF HEALTH CARE  
FINANCING AND POLICY**

# **Out of State Residential Treatment Centers**

**Reporting Period April 2018**

**Nevada Division of Health Care Financing and Policy (DHCFP)**  
**Medicaid Fee for Service -Behavioral Health**  
**Out-of-State (OOS) Residential Treatment Center (RTC) Placements for Children**  
**April 2018**

**Top 3 Diagnosis:**

--Disruptive mood dysregulation disorder (F3481):	57 children	35.8% of total
--Unspecified mood [affective] disorder (F39):	14 children	8.8% of total
--Major Depressive Disorder (F332):	10 children	6.3% of total

**Patient Count:**

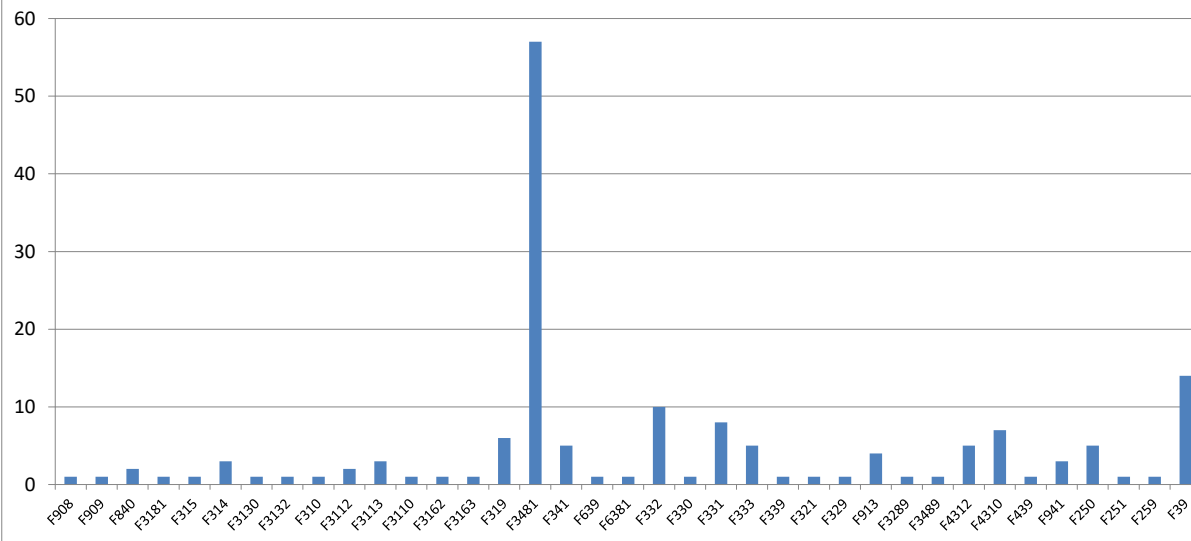
--A total of 159 children were in Out-of-State RTC placement during the month of April  
 --The average monthly OOS patient count for the previous 11 months is 195; 19.5% reduction in April

**Net Payment:**

--DHCFP paid \$1,392,437.34 for Out-of-State RTC placements in April  
 --The average monthly OOS spend for the previous 11 months is \$1,967,642; 29.2% reduction in April

For additional information, contact the BH Program Specialist at: BehavioralHealth@DHCFP.nv.gov

**Nevada Division of Health Care Financing and Policy**  
**Behavioral Health Residential Out of State Treatment Center Placements**  
**Patients by Diagnosis Principal**  
**April 2018**



The report indicates the number of out-of-state Fee for Service RTC patients.

Patients appear on this report only if the billing and/or servicing provider indicated a principle diagnosis on the submitted claim form.

Diagnosis information may or may not appear on claim forms for patients with long-term medical conditions (e.g., diabetes).

Patient counts are based upon when the service occurred and not when the service was paid.

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.

Diagnosis Code Principal	Diagnosis Principal
F908	Attention-deficit hyperactivity disorder, other type
F909	Attention-deficit hyperactivity disorder, unspecified type
F840	Autistic disorder
F3181	Bipolar II disorder
F315	Bipolar disorder, current episode depressed, severe, w psychotic features
F314	Bipolar disorder, current episode depressed, severe, w/o psychotic feature
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec
F3132	Bipolar disorder, current episode depressed, moderate
F310	Bipolar disorder, current episode hypomanic
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate
F3113	Bipolar disorder, current episode manic w/o psychotic features, severe
F3110	Bipolar disorder, current episode manic w/o psychotic features, unspec
F3162	Bipolar disorder, current episode mixed, moderate
F3163	Bipolar disorder, current episode mixed, severe, w/o psychotic features
F319	Bipolar disorder, unspecified
F3481	Disruptive mood dysregulation disorder
F341	Dysthymic disorder
F639	Impulse disorder, unspecified
F6381	Intermittent explosive disorder
F332	Major depressive disorder, recurrent severe without psychotic features
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F339	Major depressive disorder, recurrent, unspecified
F321	Major depressive disorder, single episode, moderate
F329	Major depressive disorder, single episode, unspecified
F913	Oppositional defiant disorder
F3289	Other specified depressive episodes
F3489	Other specified persistent mood disorders
F4312	Post-traumatic stress disorder, chronic
F4310	Post-traumatic stress disorder, unspecified
F439	Reaction to severe stress, unspecified
F941	Reactive attachment disorder of childhood
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F259	Schizoaffective disorder, unspecified
F39	Unspecified mood [affective] disorder

**Nevada Division of Health Care Financing and Policy**  
**Medicaid Fee for Service - Behavioral Health**  
**Out-of-State Residential Treatment Center Placements for Children**

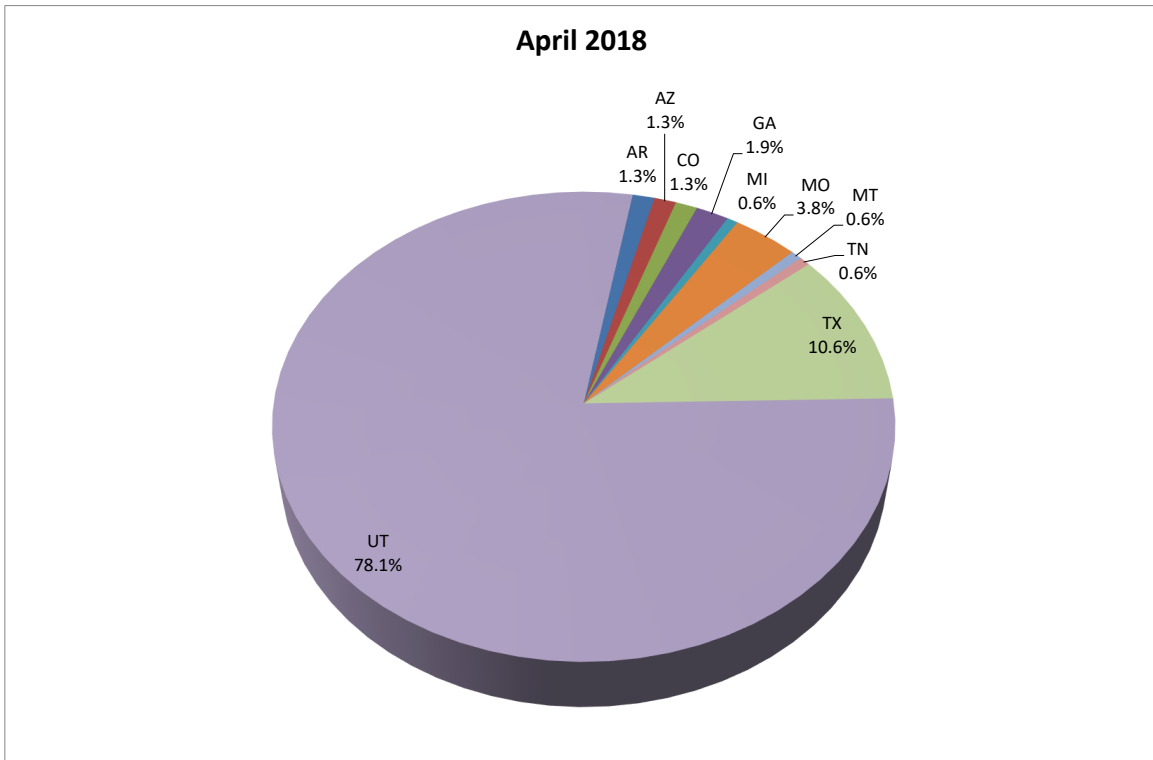
Subsets		161004 OOS RTC Enrollees										
		Patients										
		Apr 2018										
		AR	AZ	CO	GA	MI	MO	MT	TN	TX	UT	Total
Time Period: Incurred Month	Provider State Code											
Diagnosis Principal	Diagnosis Code Principal											
Attention-deficit hyperactivity disorder, other type	F908	0	0	1	0	0	0	0	0	0	0	1
Attention-deficit hyperactivity disorder, unspecified type	F909	0	0	0	0	0	0	0	0	0	1	1
Autistic disorder	F840	0	0	0	0	0	0	1	0	1	0	2
Bipolar II disorder	F3181	0	0	0	0	0	0	0	0	0	1	1
Bipolar disord, current episode depressed, severe, w psychotic features	F315	0	0	0	0	0	0	0	0	0	1	1
Bipolar disord, current episode depressed, severe, w/o psychotic feature	F314	0	0	0	0	0	0	0	0	0	3	3
Bipolar disorder, current episode depressed, mild or moderate, unspec	F3130	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, current episode depressed, moderate	F3132	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, current episode hypomanic	F310	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, current episode manic w/o psychotic features, moderate	F3112	0	0	0	0	0	0	0	0	0	2	2
Bipolar disorder, current episode manic w/o psychotic features, severe	F3113	0	0	0	1	0	0	0	0	0	2	3
Bipolar disorder, current episode manic w/o psychotic features, unspec	F3110	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, current episode mixed, moderate	F3162	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, current episode mixed, severe, w/o psychotic features	F3163	0	0	0	0	0	0	0	0	0	1	1
Bipolar disorder, unspecified	F319	0	0	0	0	0	0	0	0	0	6	6
Disruptive mood dysregulation disorder	F3481	1	0	0	0	0	4	0	0	15	37	57
Dysthymic disorder	F341	0	0	0	0	0	0	0	0	0	5	5
Impulse disorder, unspecified	F639	0	0	0	0	0	0	0	0	0	1	1
Intermittent explosive disorder	F6381	0	0	0	0	0	0	0	0	0	1	1
Major depressive disorder, recurrent severe without psychotic features	F332	0	0	0	1	0	0	0	0	0	9	10
Major depressive disorder, recurrent, mild	F330	0	0	0	0	0	0	0	0	0	1	1
Major depressive disorder, recurrent, moderate	F331	0	0	0	0	0	0	0	0	0	8	8
Major depressive disorder, recurrent, severe with psychotic symptoms	F333	0	0	0	0	0	0	0	0	0	5	5
Major depressive disorder, recurrent, unspecified	F339	0	0	0	0	0	0	0	0	0	1	1
Major depressive disorder, single episode, moderate	F321	0	0	0	0	0	0	0	0	0	1	1
Major depressive disorder, single episode, unspecified	F329	0	0	0	0	0	0	0	0	0	1	1
Oppositional defiant disorder	F913	0	0	0	1	1	0	0	0	0	2	4
Other specified depressive episodes	F3289	0	0	0	0	0	0	0	0	0	1	1
Other specified persistent mood disorders	F3489	0	0	1	0	0	0	0	0	0	0	1
Post-traumatic stress disorder, chronic	F4312	0	0	0	0	0	0	0	0	0	5	5
Post-traumatic stress disorder, unspecified	F4310	0	1	0	0	0	0	0	1	0	5	7
Reaction to severe stress, unspecified	F439	1	0	0	0	0	0	0	0	0	0	1
Reactive attachment disorder of childhood	F941	0	1	0	0	0	1	0	0	0	1	3
Schizoaffective disorder, bipolar type	F250	0	0	0	0	0	0	0	0	0	5	5
Schizoaffective disorder, depressive type	F251	0	0	0	0	0	0	0	0	0	1	1
Schizoaffective disorder, unspecified	F259	0	0	0	0	0	1	0	0	0	0	1
Unspecified mood [affective] disorder	F39	0	0	0	0	0	0	0	0	1	13	14
<b>Total</b>		<b>2</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>17</b>	<b>125</b>	<b>160</b>

The report indicates the number of out-of-state Fee for Service RTC patients. Patients appear on this report only if the billing and/or servicing provider indicated a principle diagnosis on the submitted claim form. Diagnosis information may or may not appear on claim forms for patients with long-term medical conditions (e.g., diabetes). Patient counts are based upon when the service occurred and not when the service was paid.

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.

Total Patient Count may contain duplications (i.e. patients may have more than one primary diagnosis within the timeframe specified)

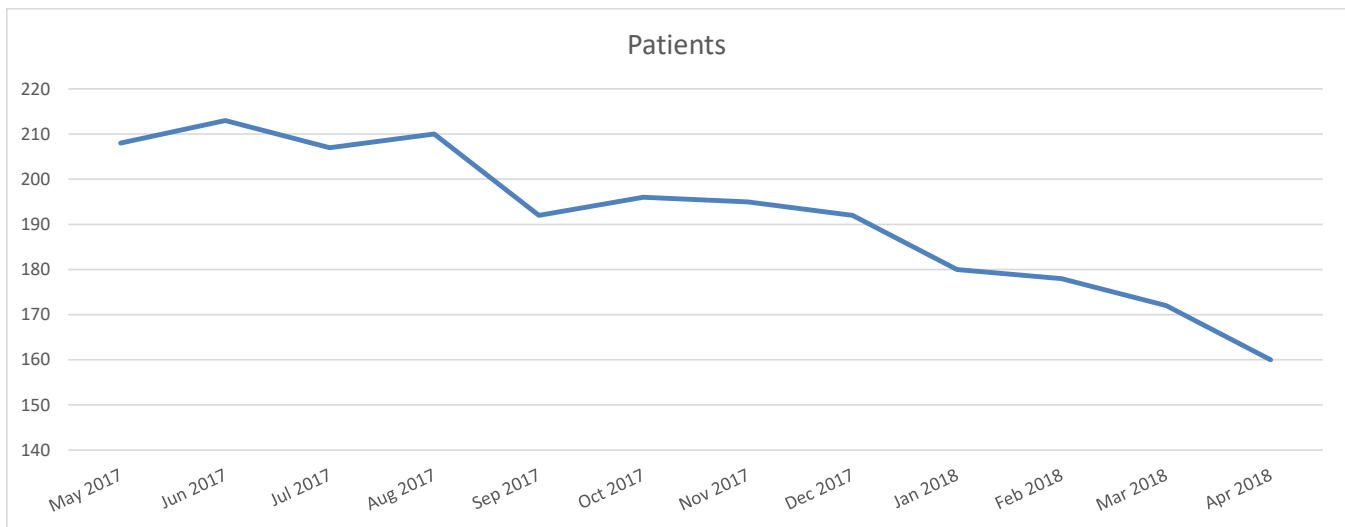
**Nevada Division of Health Care Financing and Policy**  
**Medicaid Fee for Service - Behavioral Health**  
**Out-of-State Residential Treatment Center Placements for Children**



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**Medicaid Fee for Service - Behavioral Health**  
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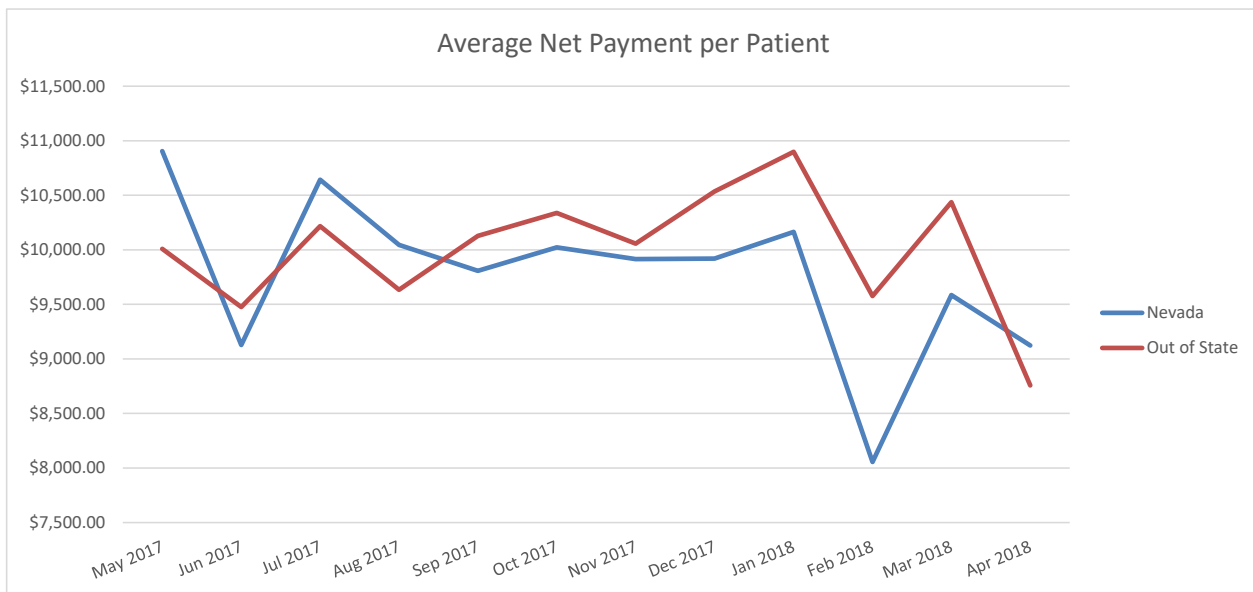
Subsets	161004 OOS RTC Enrollees															
	Patients															
Provider State Code	AL	AR	AZ	CO	GA	IL	MI	MO	MT	NM	OR	PA	TN	TX	UT	Total
Time Period: Incurred Month																
May 2017	1	4	3	2	2	0	3	7	5	2	2	0	1	35	141	208
Jun 2017	1	2	3	4	3	0	3	7	5	2	2	0	2	36	143	213
Jul 2017	1	1	3	3	3	0	3	6	5	4	2	1	2	32	141	207
Aug 2017	1	3	3	1	3	0	2	7	4	4	0	1	1	29	151	210
Sep 2017	0	2	2	2	3	0	2	8	4	4	0	1	1	27	136	192
Oct 2017	0	2	2	2	3	0	3	7	5	4	0	1	1	29	137	196
Nov 2017	0	2	1	2	3	0	1	9	5	4	0	0	2	30	136	195
Dec 2017	0	2	1	2	2	0	1	8	5	4	0	0	2	25	140	192
Jan 2018	0	3	1	2	1	0	2	7	4	1	0	0	2	26	131	180
Feb 2018	0	3	2	1	2	0	2	6	2	1	0	0	1	23	135	178
Mar 2018	0	3	2	1	3	0	1	6	1	1	0	0	1	20	133	172
Apr 2018	0	2	2	2	3	0	1	6	1	0	0	0	1	17	125	160



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**Out-of-State Residential Treatment Center Placements for Children**

Subsets	NV RTC Patients				Out of State RTC Patients			
	Patients	Service Count Paid	Net Payment	Net Pay Per Pat	Patients	Service Count Paid	Net Payment	Net Pay Per Pat
<b>Time Period: Incurred Month</b>								
May 2017	107	2,794	\$1,166,810.38	\$10,904.77	208	5,918	\$2,081,996.71	\$10,009.60
Jun 2017	103	2,354	\$940,165.16	\$9,127.82	213	5,830	\$2,018,466.06	\$9,476.37
Jul 2017	84	2,149	\$893,926.48	\$10,641.98	206	5,997	\$2,104,617.08	\$10,216.59
Aug 2017	93	2,237	\$934,145.93	\$10,044.58	210	5,830	\$2,022,925.39	\$9,632.98
Sep 2017	94	2,216	\$921,952.06	\$9,808.00	192	5,566	\$1,944,527.57	\$10,127.75
Oct 2017	106	2,513	\$1,062,492.81	\$10,023.52	196	5,680	\$2,026,293.25	\$10,338.23
Nov 2017	101	2,380	\$1,001,326.18	\$9,914.12	195	5,455	\$1,961,081.97	\$10,056.83
Dec 2017	110	2,613	\$1,091,253.98	\$9,920.49	192	5,571	\$2,022,565.40	\$10,534.19
Jan 2018	108	2,627	\$1,097,677.51	\$10,163.68	180	5,306	\$1,961,737.28	\$10,898.54
Feb 2018	97	1,957	\$781,402.00	\$8,055.69	178	4,642	\$1,704,647.14	\$9,576.67
Mar 2018	105	2,515	\$1,006,421.00	\$9,584.96	172	5,372	\$1,795,198.90	\$10,437.20
Apr 2018	113	2,547	\$1,030,912.00	\$9,123.12	159	4,391	\$1,392,437.34	\$8,757.47



The report indicates the number of in-state and out-of-state fee for service RTC patients.

Patient counts are based upon when the service occurred and not when the service was paid.

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**Nevada Division of Health Care Financing and Policy**  
**Medicaid Fee for Service - Behavioral Health**  
**Out-of-State Residential Treatment Center Placements for Children**

Subsets			161004 OOS RTC Enrollees				
Time Period: Incurred Month			Apr 2018				
Age Group Medstat			Patients				
Provider NPI Code	Provider Name	Provider State Code	Ages 5-9	Ages 10-14	Ages 15-17	Ages 18-19	Total
1447380423	PINEY RIDGE CENTER	AR		1	1		2
1356358519	MINGUS MOUNTAIN ACADEMY	AZ		2			2
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	CO			2		2
1679543672	COASTAL HARBOR TREATMENT CENTER	GA	1	1	1		3
1356511372	CAPSTONE ACADEMY	MI		1			1
1205095569	LAKELAND BEHAVIORAL HEALTH SYSTEM	MO	1	4	1		6
1306981238	ACADIA MONTANA	MT		1			1
1215956446	HERMITAGE HALL	TN			1		1
1760482939	TEXAS NEUROREHAB CENTER	TX	3	11	3		17
1073069340	CARE YOUTH CORPORATION	UT		1	1		2
1437604329	SEQUEL YOUTH SERVICES OF RED ROCK CANYON	UT		6	7		13
1528116746	HAVENWOOD ACADEMY INC	UT		1	1		2
1558499103	TURNING POINT FAMILY CARE INC	UT		3	8	4	15
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		9	12	3	24
1609843523	PROVO CANYON SCHOOL	UT	3	20	22		45
1649380593	COPPER HILLS YOUTH CENTER	UT		11	13		24
		<b>Total</b>	<b>8</b>	<b>72</b>	<b>73</b>	<b>7</b>	<b>160</b>

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<u>Dimension/Measure</u>	<u>Definition</u>
161004 OOS RTC Enrollees	Custom built subset that combines <b>Provider Type Claim NV Code = 63</b> (Residential Treatment Center), and <b>Provider State Code &lt;&gt; NV</b> ; excludes voided claims
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Net Pay Per Pat	The average net amount paid, per patient, 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.
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 State Code	The current state abbreviation for the provider of service.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Service Count Paid	The sum of the units paid across professional and facility claims.