



**Nevada Department of
Health and Human Services**

**DIVISION OF HEALTH CARE
FINANCING AND POLICY**

Out of State Residential Treatment Centers

Reporting Period January 2019

**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
 January 2019**

Top 3 Diagnosis:

--Disruptive mood dysregulation disorder (F3481): 41 children 39.4% of total
 --Enc for MH services for perpetrator of other abuse (Z6982): 8 children 7.7% of total
 --Bipolar disorder, unspecified (F319): 5 children 4.8% of total

Patient Count:

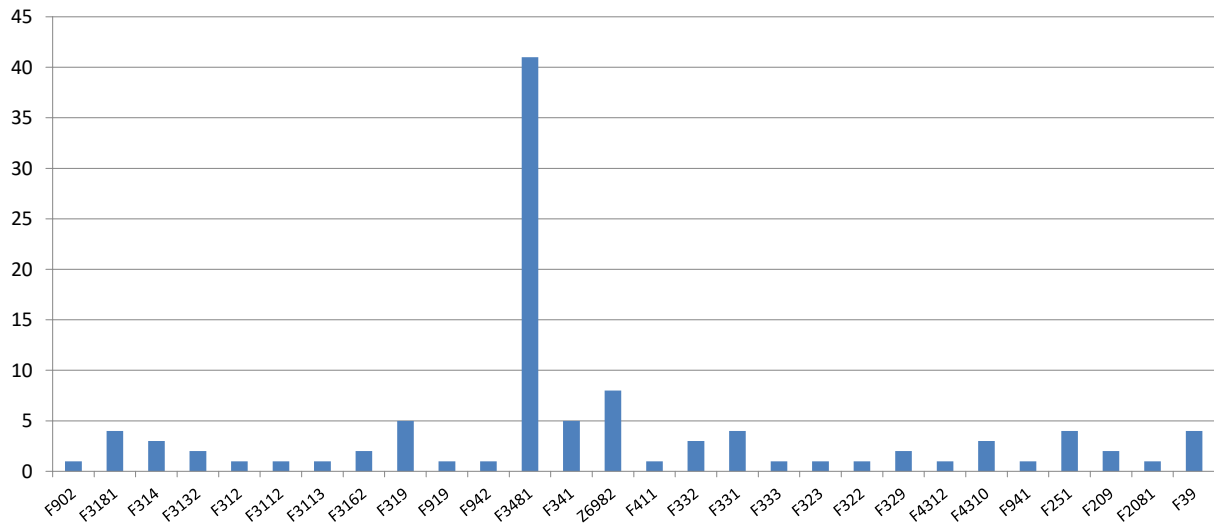
--A total of 104 children were in Out-of-State RTC placement during the month of January
 --The average monthly OOS patient count for the previous 11 months is 136; 23.5% reduction in January

Net Payment:

--DHCFP paid \$1,114,633.14 for Out-of-State RTC placements in January
 --The average monthly OOS spend for the previous 11 months is \$1,390,748; 19.9% reduction in January

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
 January 2019**



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.

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Diagnosis Code Principal	Diagnosis Principal
F902	Attention-deficit hyperactivity disorder, combined type
F3181	Bipolar II disorder
F314	Bipolar disorder, current episode depressed, severe, w/o psychotic feature
F3132	Bipolar disorder, current episode depressed, moderate
F312	Bipolar disorder, current episode manic severe with psychotic features
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate
F3113	Bipolar disorder, current episode manic w/o psychotic features, severe
F3162	Bipolar disorder, current episode mixed, moderate
F319	Bipolar disorder, unspecified
F919	Conduct disorder, unspecified
F942	Disinhibited attachment disorder of childhood
F3481	Disruptive mood dysregulation disorder
F341	Dysthymic disorder
Z6982	Encounter for mental health services for perpetrator of other abuse
F411	Generalized anxiety disorder
F332	Major depressive disorder, recurrent severe without psychotic features
F331	Major depressive disorder, recurrent, moderate
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F323	Major depressive disorder, single episode, severe w psychotic features
F322	Major depressive disorder, single episode, severe w/o psychotic features
F329	Major depressive disorder, single episode, unspecified
F4312	Post-traumatic stress disorder, chronic
F4310	Post-traumatic stress disorder, unspecified
F941	Reactive attachment disorder of childhood
F251	Schizoaffective disorder, depressive type
F209	Schizophrenia, unspecified
F2081	Schizophreniform disorder
F39	Unspecified mood [affective] disorder

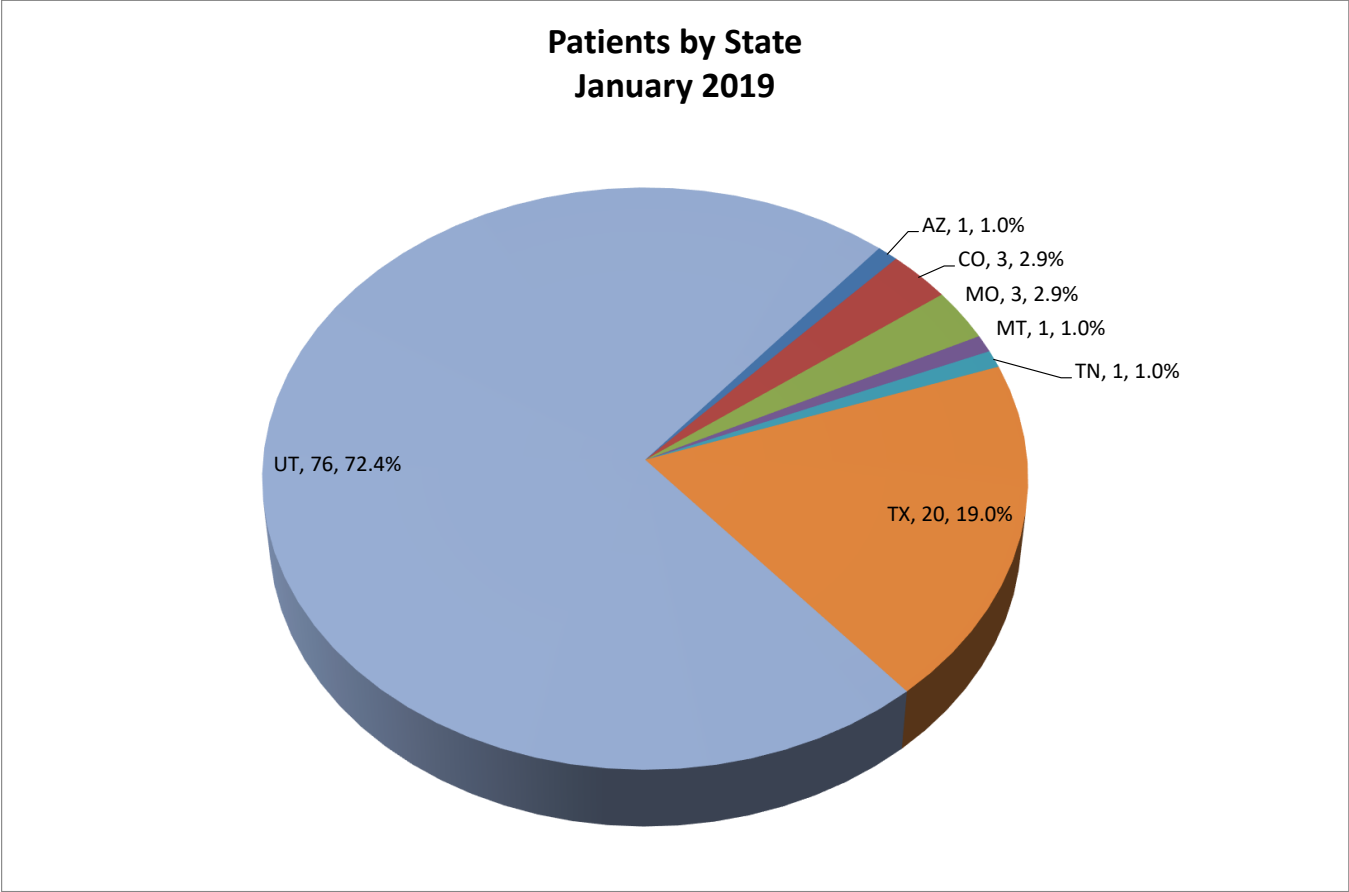
Nevada Division of Health Care Financing and Policy
Medicaid Fee for Service - Behavioral Health
Out-of-State Residential Treatment Center Placements for Children

Subsets		161004 OOS RTC Enrollees							
		Patients							
		Jan 2019							
Time Period: Incurred Month	Provider State Code	AZ	CO	MO	MT	TN	TX	UT	Total
Diagnosis Principal	Diagnosis Code Principal								
Attention-deficit hyperactivity disorder, combined type	F902							1	1
Bipolar II disorder	F3181							4	4
Bipolar disorder, current episode depressed, severe, w/o psychotic feature	F314							3	3
Bipolar disorder, current episode depressed, moderate	F3132							2	2
Bipolar disorder, current episode manic severe with psychotic features	F312							1	1
Bipolar disorder, current episode manic w/o psychotic features, moderate	F3112							1	1
Bipolar disorder, current episode manic w/o psychotic features, severe	F3113							1	1
Bipolar disorder, current episode mixed, moderate	F3162							2	2
Bipolar disorder, unspecified	F319							5	5
Conduct disorder, unspecified	F919							1	1
Disinhibited attachment disorder of childhood	F942				1				1
Disruptive mood dysregulation disorder	F3481		3	2			19	17	41
Dysthymic disorder	F341							5	5
Encounter for mental health services for perpetrator of other abuse	Z6982							8	8
Generalized anxiety disorder	F411							1	1
Major depressive disorder, recurrent severe without psychotic features	F332							3	3
Major depressive disorder, recurrent, moderate	F331							4	4
Major depressive disorder, recurrent, severe with psychotic symptoms	F333							1	1
Major depressive disorder, single episode, severe w psychotic features	F323							1	1
Major depressive disorder, single episode, severe w/o psychotic features	F322							1	1
Major depressive disorder, single episode, unspecified	F329						1	1	2
Post-traumatic stress disorder, chronic	F4312							1	1
Post-traumatic stress disorder, unspecified	F4310	1						2	3
Reactive attachment disorder of childhood	F941			1					1
Schizoaffective disorder, depressive type	F251					1		3	4
Schizophrenia, unspecified	F209							2	2
Schizophreniform disorder	F2081							1	1
Unspecified mood [affective] disorder	F39							4	4
	Total	1	3	3	1	1	20	76	105

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The DHCFFP data warehouse is comprised of claims data submitted by over 28,000 Medicaid providers from within Nevada and across the country. While DHCFFP 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 DHCFFP 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)

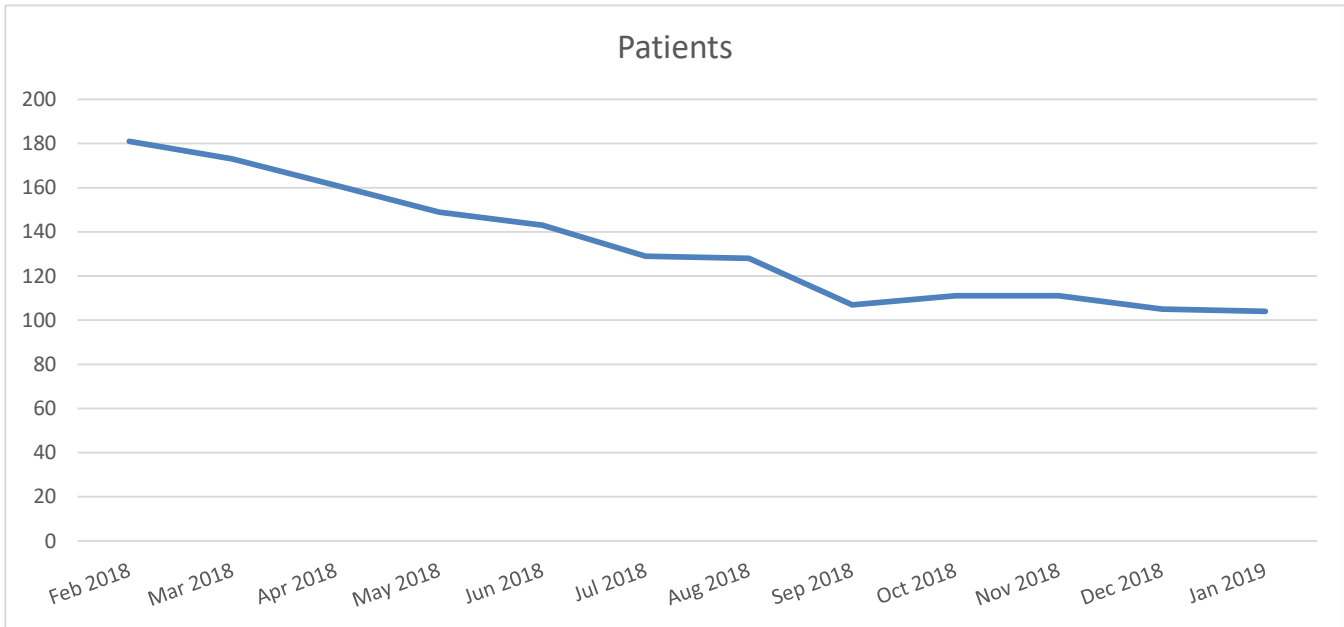
Nevada Division of Health Care Financing and Policy
Medicaid Fee for Service - Behavioral Health
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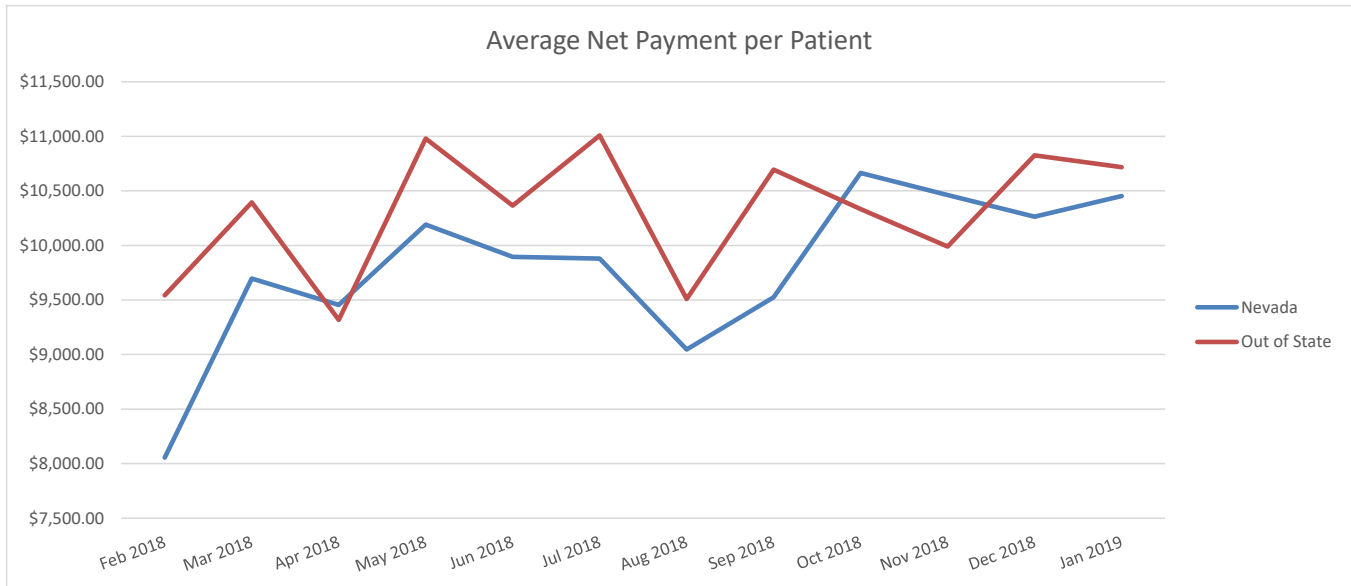
Subsets	161004 OOS RTC Enrollees												
	Patients												
Provider State Code	AR	AZ	CO	GA	IN	MI	MO	MT	NM	TN	TX	UT	Total
Time Period: Incurred Month													
Feb 2018	3	2	1	3		2	6	2	2	1	23	136	181
Mar 2018	2	2	2	3		1	6	1	1	1	20	134	173
Apr 2018	1	2	3	3		1	7	1		1	17	125	161
May 2018	2	2	3	3	1		6	1		1	17	113	149
Jun 2018	1	1	5	3	1	1	7	1		1	17	105	143
Jul 2018			3	2	1	1	5	1		1	17	98	129
Aug 2018			5	2	1	1	3	1		1	17	97	128
Sep 2018			5	2	1	1	2				13	83	107
Oct 2018			4	3	1	1	2				16	84	111
Nov 2018			5	2	1		2				18	83	111
Dec 2018			5				3	1		1	17	78	105
Jan 2019		1	3				3	1		1	20	75	104



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Medicaid Fee for Service - Behavioral Health
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
Time Period: Incurred Month								
Feb 2018	97	1,957	\$781,402.00	\$8,055.69	181	4,707	\$1,727,154.36	\$9,542.29
Mar 2018	106	2,573	\$1,027,939.00	\$9,697.54	173	5,385	\$1,798,130.90	\$10,393.82
Apr 2018	115	2,729	\$1,087,304.00	\$9,454.82	160	4,698	\$1,490,872.55	\$9,317.95
May 2018	120	3,062	\$1,223,017.00	\$10,191.81	149	4,505	\$1,635,865.40	\$10,978.96
Jun 2018	106	2,617	\$1,049,032.00	\$9,896.53	142	3,963	\$1,472,018.19	\$10,366.33
Jul 2018	99	2,441	\$978,101.00	\$9,879.81	129	3,883	\$1,420,056.89	\$11,008.19
Aug 2018	95	2,179	\$859,432.00	\$9,046.65	128	3,297	\$1,217,060.89	\$9,508.29
Sep 2018	88	2,108	\$838,273.00	\$9,525.83	107	3,092	\$1,144,287.53	\$10,694.28
Oct 2018	112	2,782	\$1,194,418.72	\$10,664.45	111	3,043	\$1,147,118.99	\$10,334.41
Nov 2018	110	2,694	\$1,150,780.80	\$10,461.64	111	2,942	\$1,108,963.17	\$9,990.66
Dec 2018	123	2,950	\$1,262,381.40	\$10,263.26	105	2,936	\$1,136,699.97	\$10,825.71
Jan 2019	111	2,722	\$1,160,368.44	\$10,453.77	104	2,798	\$1,114,633.14	\$10,717.63



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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Subsets Time Period: Incurred Month Age Group			161004 OOS RTC Enrollees			
			Jan 2019			
			Patients			
			Ages 5-9	Ages 10-14	Ages 15-17	Total
Provider NPI Code	Provider Name	Provider State Code				
1205095569	LAKELAND HOSPITAL ACQUISITION	MO	1	2		3
1306981238	ACADIA MONTANA	MT	1			1
1356358519	MINGUS MOUNTAIN ACADEMY	AZ			1	1
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	CO			3	3
1558499103	TURNING POINT FAMILY CARE INC	UT		7	7	14
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		3	6	9
1598998619	THE VILLAGE	TN			1	1
1609843523	PROVO CANYON SCHOOL	UT		16	14	30
1649380593	COPPER HILLS YOUTH CENTER	UT		8	14	22
1760482939	TEXAS NEUROREHAB CENTER	TX	5	12	3	20
		Total	7	48	49	104

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<u>Dimension/Measure</u>	<u>Definition</u>
161004 OOS RTC Enrollees	Custom built subset that combines Provider Type Claim NV Code = 63 (Residential Treatment Center), and Provider State Code <> NV ; 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.