

Out of State Residential Treatment Centers

Reporting Period July 2018

Top 3 Diagnosis:

--Distruptive mood dysregulation disorder (F3481): 45 children 34.9% of total --Unspecified mood [affective] disorder (F39): 15 children 11.6% of total --Major Depressive Disorder (F332): 9 children 7.0% of total

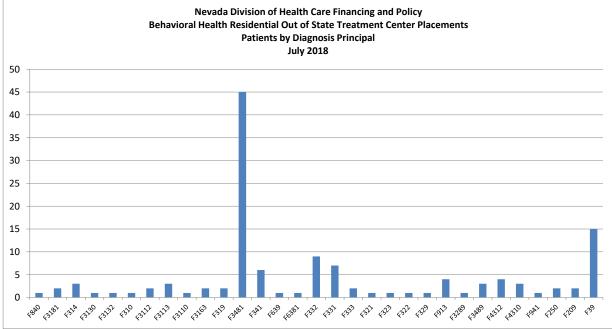
Patient Count:

- --A total of 129 children were in Out-of-State RTC placement during the month of July
- --The average monthly OOS patient count for the previous 11 months is 180; 28.3% reduction in July

Net Payment:

- --DHCFP paid \$1,409,297.89 for Out-of-State RTC placements in July
- --The average monthly OOS spend for the previous 11 months is \$1,831,591; 23.1% reduction in July

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



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.

11	Diagnosis Code Principal	Diagnosis Principal
I	F840	Autistic disorder
I	F3181	Bipolar II disorder
I	F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature
I	F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec
ı	F3132	Bipolar disorder, current episode depressed, moderate
I	F310	Bipolar disorder, current episode hypomanic
	F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate
I	F3113	Bipolar disorder, current episode manic w/o psychotic features, severe
I	F3110	Bipolar disorder, current episode manic w/o psychotic features, unspec
	F3163	Bipolar disorder, current episode mixed, severe, w/o psychotic features
	F319	Bipolar disorder, unspecified
I	F3481	Disruptive mood dysregulation disorder
	F341	Dysthymic disorder
	F639	Impulse disorder, unspecified
I	F6381	Intermittent explosive disorder
I	F332	Major depressive disorder, recurrent severe without psychotic features
	F331	Major depressive disorder, recurrent, moderate
	F333	Major depressive disorder, recurrent, severe with psychotic symptoms
I	F321	Major depressive disorder, single episode, moderate
I	F323	Major depressive disorder, single episode, severe w psychotic features
I	F322	Major depressive disorder, single episode, severe w/o psychotic features
I	F329	Major depressive disorder, single episode, unspecified
I	F913	Oppositional defiant disorder
I	F3289	Other specified depressive episodes
I	F3489	Other specified persistent mood disorders
I	F4312	Post-traumatic stress disorder, chronic
I	F4310	Post-traumatic stress disorder, unspecified
I	F941	Reactive attachment disorder of childhood
	F250	Schizoaffective disorder, bipolar type
	F209	Schizophrenia, unspecified
	F39	Unspecified mood [affective] disorder
re.		

DHCFP Fiscal Services 1 Summary

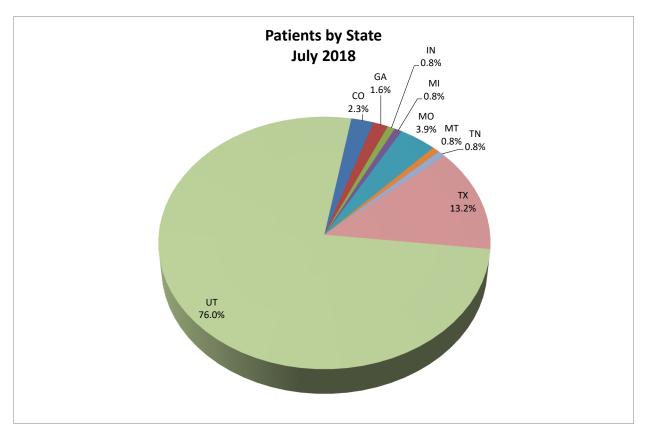
Subsets	161004 OOS RTC Enrollees											
		Patients										
Time Period: Incurred Month	Jul 2018											
Provider State Code	со	GA	IN	MI	МО	MT	TN	TX	UT	Total		
Diagnosis Principal	Diagnosis Code Principal											
Autistic disorder	F840	0	0	0	0	0	1	0	0	0	1	
Bipolar II disorder	F3181	0	0	0	0	0	0	0	0	2	2	
Bipolar disord, current episode depressed, severe, w/o psychotic feature	F314	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	1	1	
Bipolar disorder, current episode depressed, moderate	F3132	0	0	0	0	0	0	0	0	1	1	
Bipolar disorder, current episode hypomanic	F310	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	2	2	
Bipolar disorder, current episode manic w/o psychotic features, severe	F3113	0	1	0	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	1	1	
Bipolar disorder, current episode mixed, severe, w/o psychotic features	F3163	0	0	0	0	1	0	0	0	1	2	
Bipolar disorder, unspecified	F319	0	0	0	0	0	0	0	0	2	2	
Disruptive mood dysregulation disorder	F3481	0	0	0	0	2	0	0	16	27	45	
Dysthymic disorder	F341	0	0	0	0	0	0	0	0	6	6	
Impulse disorder, unspecified	F639	0	0	0	0	0	0	0	0	1	1	
Intermittent explosive disorder	F6381	0	0	0	0	0	0	0	0	1	1	
Major depressive disorder, recurrent severe without psychotic features	F332	0	0	0	0	0	0	0	0	9	9	
Major depressive disorder, recurrent, moderate	F331	0	0	0	0	0	0	0	0	7	7	
Major depressive disorder, recurrent, severe with psychotic symptoms	F333	0	0	0	0	0	0	0	0	2	2	
Major depressive disorder, single episode, moderate	F321	0	0	0	0	0	0	0	0	1	1	
Major depressive disorder, single episode, severe w psychotic features	F323	0	0	0	0	0	0	0	0	1	1	
Major depressive disorder, single episode, severe w/o psychotic features	F322	0	0	1	0	0	0	0	0	0	1	
Major depressive disorder, single episode, unspecified	F329	0	0	0	0	0	0	0	0	1	1	
Oppositional defiant disorder	F913	0	1	0	1	0	0	0	0	2	4	
Other specified depressive episodes	F3289	0	0	0	0	0	0	0	0	1	1	
Other specified persistent mood disorders	F3489	3	0	0	0	0	0	0	0	0	3	
Post-traumatic stress disorder, chronic	F4312	0	0	0	0	0	0	0	0	4	4	
Post-traumatic stress disorder, unspecified	F4310	0	0	0	0	0	0	1	0	2	3	
Reactive attachment disorder of childhood	F941	0	0	0	0	1	0	0	0	0	1	
Schizoaffective disorder, bipolar type	F250	0	0	0	0	1	0	0	0	1	2	
Schizophrenia, unspecified	F209	0	0	0	0	0	0	0	0	2		
Unspecified mood [affective] disorder	F39	0	0	0	0	0	0	0	1	14	15	
Total		3	2	1	1	5	1	1	17	98	129	

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)

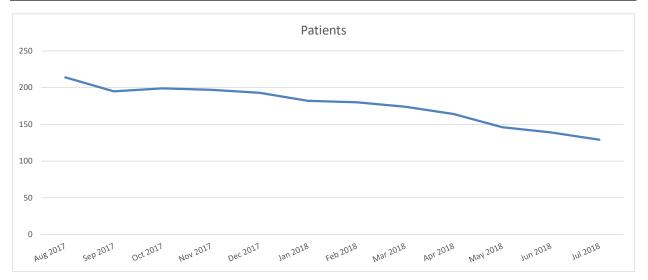
DHCFP Fiscal Services 2 Diag_State



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.

DHCFP Fiscal Services 3 State Graph

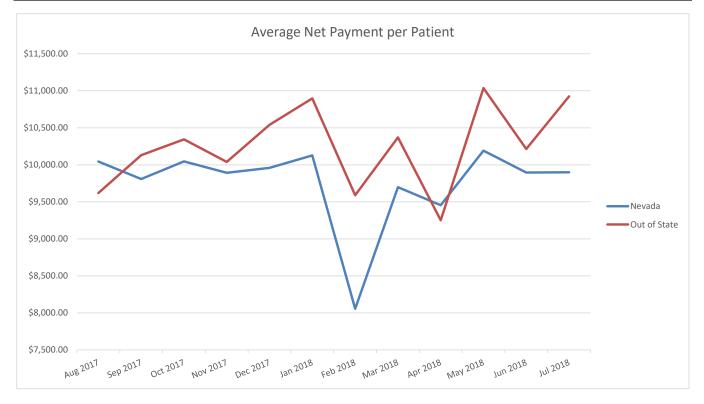
Subsets	161004	161004 OOS RTC Enrollees														
	Patients															
Provider State Code	AL	AR	ΑZ	СО	GA	IN	MI	МО	MT	NM	OR	PA	TN	TX	UT	Total
Time Period: Incurred Month																
Aug 2017	1	3	3	1	5	0	2	7	4	4	0	1	1	29	153	214
Sep 2017	0	2	2	2	5	0	2	8	4	4	0	1	1	27	137	195
Oct 2017	0	2	2	2	5	0	3	7	5	4	0	1	1	29	138	199
Nov 2017	0	2	1	2	5	0	1	9	4	4	0	0	2	30	137	197
Dec 2017	0	2	1	2	3	0	1	8	4	4	0	0	2	25	141	193
Jan 2018	0	3	1	2	2	0	2	7	4	1	0	0	2	26	132	182
Feb 2018	0	3	2	1	3	0	2	6	2	1	0	0	1	23	136	180
Mar 2018	0	3	2	2	3	0	1	6	1	1	0	0	1	20	134	174
Apr 2018	0	2	2	3	3	0	1	7	1	0	0	0	1	17	127	164
May 2018	0	2	1	3	3	1	0	5	1	0	0	0	1	17	112	146
Jun 2018	0	1	1	5	3	1	1	7	1	0	0	0	1	17	101	139
Jul 2018	0	0	0	3	2	1	1	5	1	0	0	0	1	17	98	129



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.

DHCFP Fiscal Services 4 Patient Trend

Subsets		NV R	TC Patients			Out of Sta	ate 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								
Aug 2017	93	2,237	\$934,145.93	\$10,044.58	214	5,933	\$2,058,660.39	\$9,619.91
Sep 2017	94	2,216	\$921,952.06	\$9,808.00	195	5,656	\$1,975,577.57	\$10,131.17
Oct 2017	105	2,494	\$1,054,873.81	\$10,046.42	199	5,773	\$2,058,378.25	\$10,343.61
Nov 2017	100	2,350	\$989,296.18	\$9,892.96	197	5,501	\$1,977,631.97	\$10,038.74
Dec 2017	109	2,582	\$1,085,538.06	\$9,959.06	193	5,602	\$2,034,128.40	\$10,539.53
Jan 2018	108	2,627	\$1,093,669.16	\$10,126.57	182	5,368	\$1,983,437.28	\$10,898.01
Feb 2018	97	1,957	\$781,402.00	\$8,055.69	180	4,705	\$1,726,239.14	\$9,590.22
Mar 2018	106	2,573	\$1,027,939.00	\$9,697.54	174	5,413	\$1,804,439.47	\$10,370.34
Apr 2018	115	2,729	\$1,087,304.00	\$9,454.82	163	4,740	\$1,507,975.09	\$9,251.38
May 2018	120	3,062	\$1,223,017.00	\$10,191.81	146	4,407	\$1,611,348.40	\$11,036.63
Jun 2018	106	2,617	\$1,049,032.00	\$9,896.53	138	3,797	\$1,409,689.77	\$10,215.14
Jul 2018	99	2,446	\$979,956.00	\$9,898.55	129	3,856	\$1,409,297.89	\$10,924.79



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.

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 and may not be a complete and comprehensive health record.

DHCFP Fiscal Services 5 Financial

Subsets		161004 OOS RTC Enrollees								
Time Period: Incurred	d Month	Jul 2018								
		Patients								
Age Group		Ages 5-9	Ages 10-14	Ages 15-17	Ages 18-19	Total				
Provider NPI Code	Provider Name	Provider								
		State Code								
1073069340	CARE YOUTH CORPORATION	UT			1		1			
1205095569	LAKELAND BEHAVIORAL HEALTH SYSTEM	МО	1	4			5			
1215956446	HERMITAGE HALL	TN			1		1			
1245324755	RTC RESOURCE ACQUISITION CORPORATION	IN		1			1			
1306981238	ACADIA MONTANA	MT		1			1			
1356511372	CAPSTONE ACADEMY	MI		1			1			
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	со		2	1		3			
1437604329	SEQUEL YOUTH SERVICES OF RED ROCK CANYON	UT		4	1		5			
1528116746	HAVENWOOD ACADEMY INC	UT		1	1		2			
1558499103	TURNING POINT FAMILY CARE INC	UT		4	7	4	15			
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		5	12	3	20			
1609843523	PROVO CANYON SCHOOL	UT	1	18	17		36			
1649380593	COPPER HILLS YOUTH CENTER	UT		8	11		19			
1679543672	COASTAL HARBOR TREATMENT CENTER	GA	1	1			2			
1760482939	TEXAS NEUROREHAB CENTER	TX	3	10	4		17			
		Total	6	60	56	7	129			

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.

DHCFP Fiscal Services 6 Age_Prov

Dimension/Measure	<u>Definition</u>
	Custom built subset that combines Provider Type Claim NV Code = 63 (Residential Treatment Center), and Provider State Code <> NV ; excludes voided
161004 OOS RTC Enrollees	claims
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
	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,
Net Pay Per Pat	copayment, coinsurance, and deductible amounts have been subtracted.
	The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance,
Net Payment	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.

DHCFP Fiscal Services 7 Definitions