



**Nevada Department of  
Health and Human Services**

**DIVISION OF HEALTH CARE  
FINANCING AND POLICY**

# **Out of State Residential Treatment Centers**

**Reporting Period May 2020**

DHHS Office of Analytics  
Nevada Medicaid

**Nevada DHHS Office of Analytics  
Nevada Medicaid Fee for Service -Behavioral Health  
Out-of-State (OOS) Residential Treatment Center (RTC) Placements for Children  
May 2020**

**Top 3 Diagnosis:**

--Disruptive mood dysregulation disorder (F3481):	42 children	35.0% of total
--Major depressive disorder, single episode, severe w/o psychotic features (F332):	14 children	11.7% of total
--Post-traumatic stress disorder, unspecified (F4310):	12 children	10.0% of total

**Patient Count:**

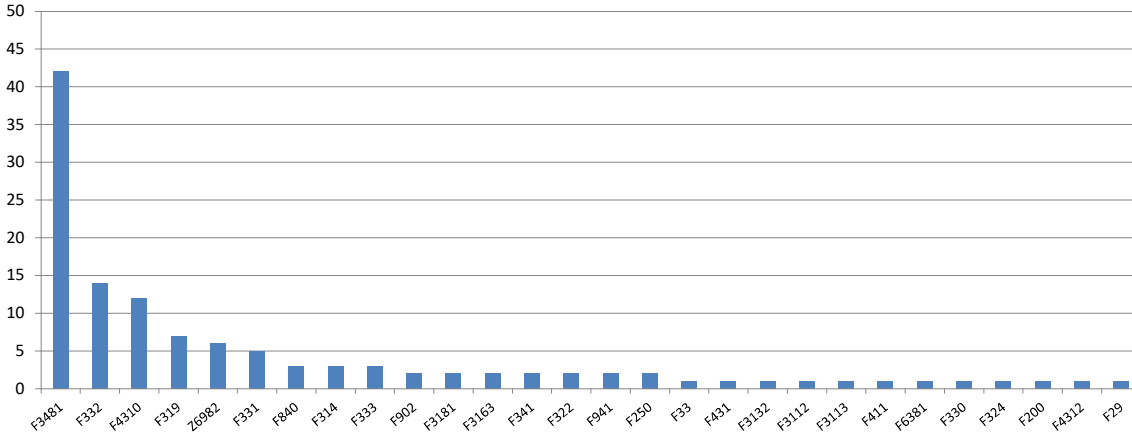
--A total of 117 children were in Out-of-State RTC placement during the month of May 2020.  
--The average monthly OOS patient count for the previous 11 months is 121; 4.1% decrease compared to last month's report.

**Net Payment:**

--DHCFP paid \$1,293,642.35 for Out-of-State RTC placements in May 2020.  
--The average monthly OOS spend for the previous 11 months is \$1,340,266.61; a 3.5% decrease compared to last month's report.

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

**Nevada DHHS Office of Analytics - Nevada Medicaid  
Behavioral Health Residential Out of State Treatment Center Placements  
Patients by Diagnosis Principal  
May 2020**



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.

Diagnosis Code Principal	Diagnosis Principal
F200	Paranoid schizophrenia
F250	Schizoaffective disorder, bipolar type
F29	Unspecified psychosis not due to substance or known physio condition
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate
F3113	Bipolar disorder, current episode manic w/o psychotic features, severe
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disorder, current episode depressed, severe, w/o psychotic feature
F3163	Bipolar disorder, current episode mixed, severe, w/o psychotic features
F3181	Bipolar II disorder
F319	Bipolar disorder, unspecified
F322	Major depressive disorder, single episode, severe w/o psychotic features
F324	Major depressive disorder, single episode, in partial remission
F33	(Non-Billable Dx) Major depressive disorder recurrent
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate
F332	Major depressive disorder, recurrent severe without psychotic features
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F341	Dysthymic disorder
F3481	Disruptive mood dysregulation disorder
F411	Generalized anxiety disorder
F431	(Non-Billable Dx) Post-traumatic stress disorder
F4310	Post-traumatic stress disorder, unspecified
F4312	Post-traumatic stress disorder, chronic
F6381	Intermittent explosive disorder
F840	Autistic disorder
F902	Attention-deficit hyperactivity disorder, combined type
F941	Reactive attachment disorder of childhood
Z6982	Encounter for mental health services for perpetrator of other abuse

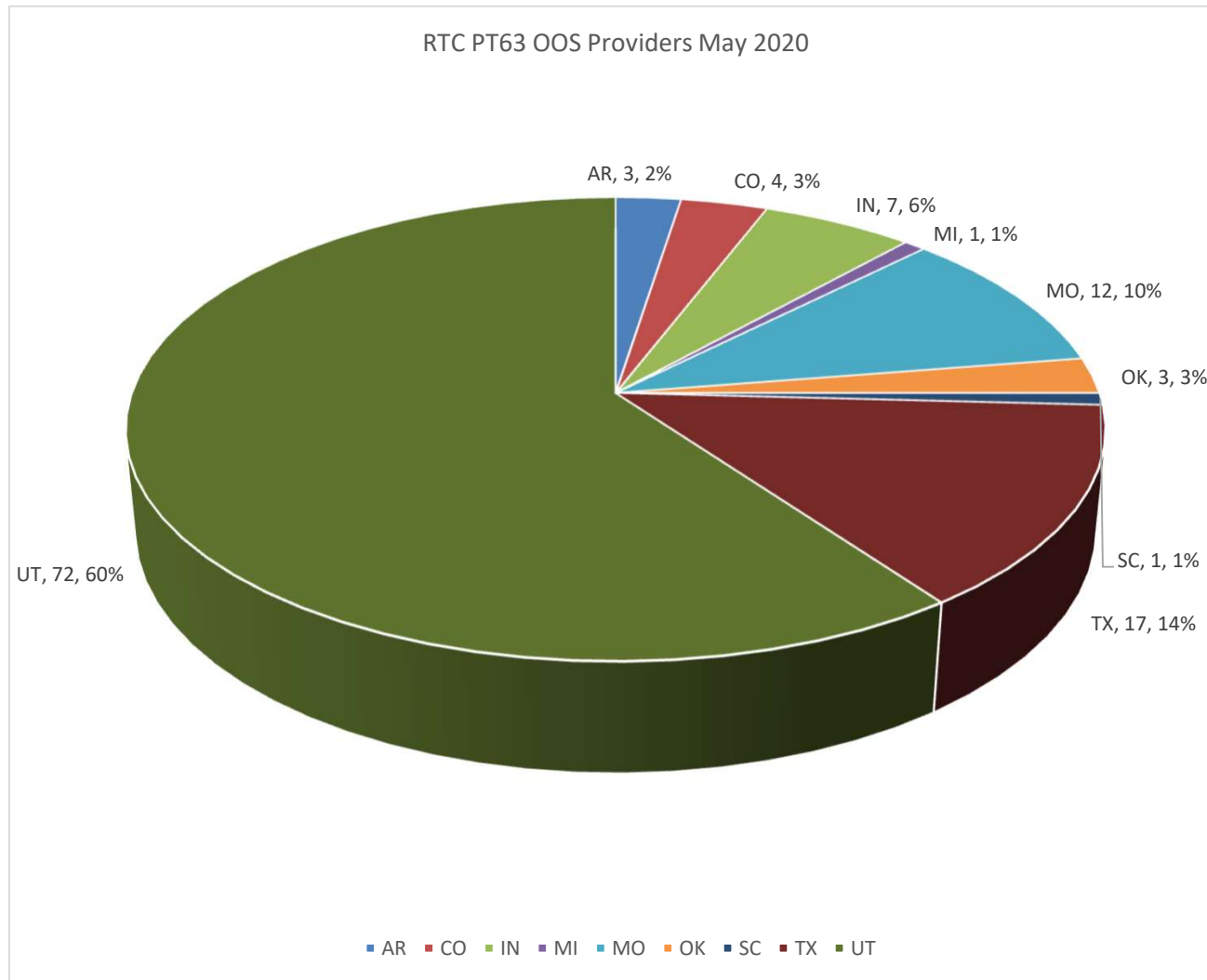
Department of Health and Human Services  
Office of Analytics

**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

Time Period: Incurred Month		Patients											Total	Percent
		May 2020												
Diagnosis Principal	Diagnosis Code Principal	AR	CO	IN	MI	MO	OK	SC	TX	UT				
Disruptive mood dysregulation disorder	F3481		1		2		6			14	19	42	34.7%	
Major depressive disorder, recurrent severe without psychotic features	F332			1	1		4				8	14	11.6%	
Post-traumatic stress disorder, unspecified	F4310					1	1				10	12	9.9%	
Bipolar disorder, unspecified	F319				1			1			5	7	5.8%	
Encounter for mental health services for perpetrator of other abuse	Z6982										6	6	5.0%	
Major depressive disorder, recurrent, moderate	F331		1	1				1			2	5	4.1%	
Autistic disorder	F840									1	2	3	2.5%	
Bipolar disord, current episode depressed, severe, w/o psychotic feature	F314										3	3	2.5%	
Major depressive disorder, recurrent, severe with psychotic symptoms	F333										3	3	2.5%	
Attention-deficit hyperactivity disorder, combined type	F902			1				1				2	1.7%	
Bipolar II disorder	F3181										2	2	1.7%	
Bipolar disorder, current episode mixed, severe, w/o psychotic features	F3163										2	2	1.7%	
Dysthymic disorder	F341										2	2	1.7%	
Major depressive disorder, single episode, severe w/o psychotic features	F322										2	2	1.7%	
Reactive attachment disorder of childhood	F941		1								1	2	1.7%	
Schizoaffective disorder, bipolar type	F250						1				1	2	1.7%	
(Non-Billable Dx) Major depressive disorder recurrent	F33										1	1	0.8%	
(Non-Billable Dx) Post-traumatic stress disorder	F431				1							1	0.8%	
Bipolar disorder, current episode depressed, moderate	F3132										1	1	0.8%	
Bipolar disorder, current episode manic w/o psychotic features, moderate	F3112										1	1	0.8%	
Bipolar disorder, current episode manic w/o psychotic features, severe	F3113										1	1	0.8%	
Generalized anxiety disorder	F411									1		1	0.8%	
Intermittent explosive disorder	F6381						1					1	0.8%	
Major depressive disorder, recurrent, mild	F330			1								1	0.8%	
Major depressive disorder, single episode, in partial remission	F324								1			1	0.8%	
Paranoid schizophrenia	F200				1							1	0.8%	
Post-traumatic stress disorder, chronic	F4312				1							1	0.8%	
Unspecified psychosis not due to substance or known physio condition	F29									1		1	0.8%	
<b>Aggregate(Diagnosis Principal)</b>			<b>3</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>1</b>	<b>17</b>	<b>72</b>	<b>121</b>	<b>100%</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.

**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

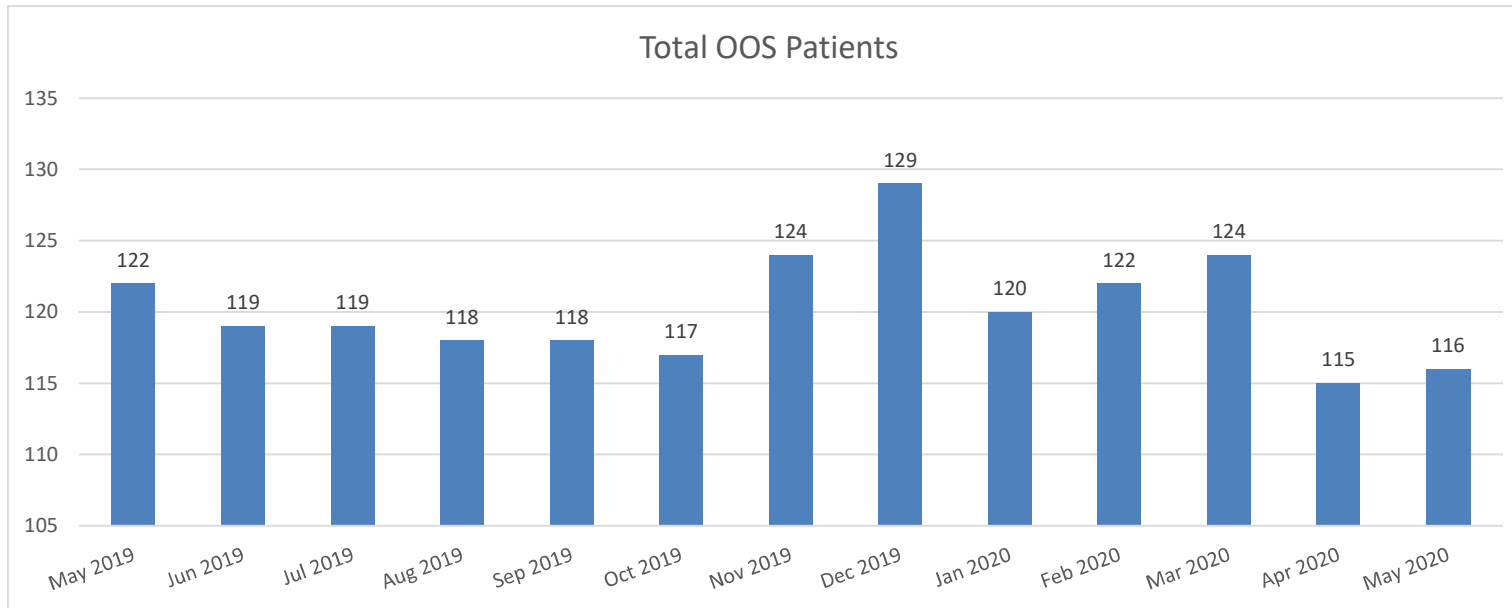


Patents May 2020									
AR	CO	IN	MI	MO	OK	SC	TX	UT	Total
3	4	7	1	12	3	1	17	72	117

**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

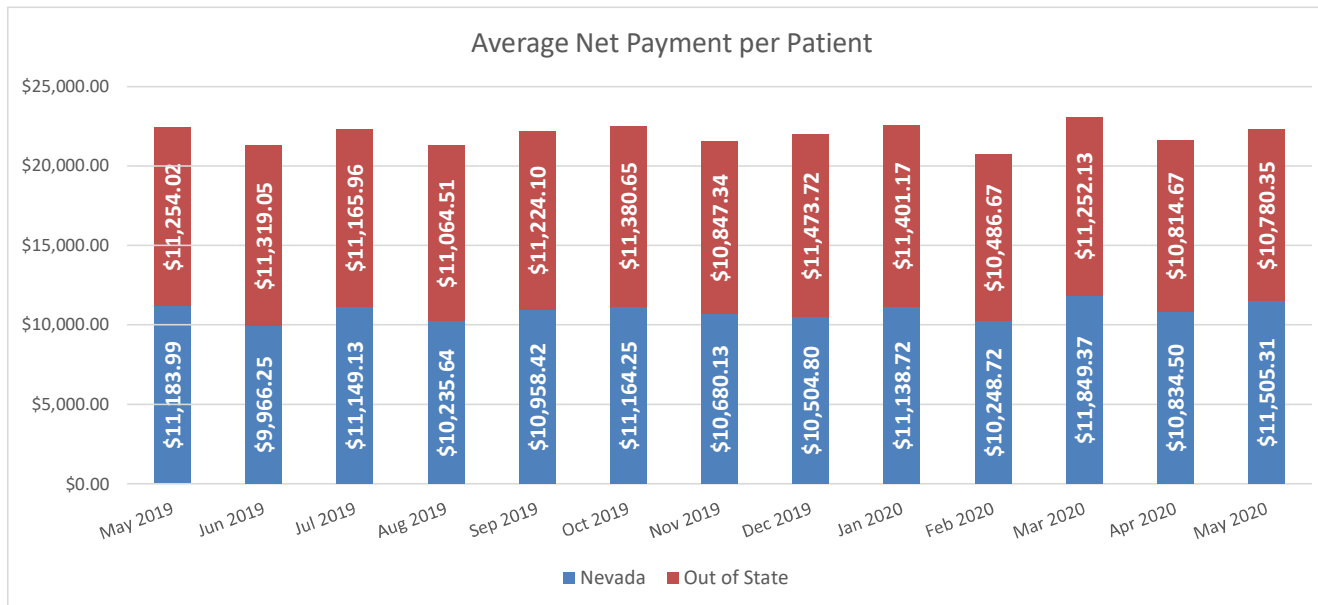
Provider State Code	May 2020													
	Patients													
	AR	AZ	CO	GA	IN	MI	MO	MT	OK	SC	TN	TX	UT	Total
<b>Time Period: Incurred Month</b>														
May 2019		1	1	2		1	4	1			1	23	88	<b>122</b>
Jun 2019			1	2	1	1	6	1			1	21	85	<b>119</b>
Jul 2019			1	2	1	2	6	1			1	22	83	<b>119</b>
Aug 2019			1	2	1	3	6	1				23	81	<b>118</b>
Sep 2019			3	2	2	3	8					23	77	<b>118</b>
Oct 2019			5	1	3	3	10					22	73	<b>117</b>
Nov 2019			5	1	3	2	12					19	82	<b>124</b>
Dec 2019			4	1	3	1	14			1		21	84	<b>129</b>
Jan 2020	1		4	1	3	2	13			1		18	77	<b>120</b>
Feb 2020	1		4		6	2	15		1	1		21	71	<b>122</b>
Mar 2020	1		5		6	1	14		2	1		21	73	<b>124</b>
Apr 2020	1		3		7	1	13		2	1		15	72	<b>115</b>
May 2020	3		4		7	1	13		2			12	74	<b>116</b>

121  
4.13%



Nevada 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
<b>Time Period: Incurred Month</b>								
May 2019	138	3,611	\$1,543,390.08	\$11,183.99	119	3,371	\$1,339,228.76	\$11,254.02
Jun 2019	150	3,472	\$1,494,936.84	\$9,966.25	118	3,326	\$1,335,647.60	\$11,319.05
Jul 2019	146	3,820	\$1,627,773.56	\$11,149.13	118	3,260	\$1,317,583.12	\$11,165.96
Aug 2019	124	2,978	\$1,269,218.96	\$10,235.64	117	3,161	\$1,294,547.16	\$11,064.51
Sep 2019	106	2,768	\$1,161,592.00	\$10,958.42	117	3,239	\$1,313,219.60	\$11,224.10
Oct 2019	124	3,293	\$1,384,366.44	\$11,164.25	124	3,538	\$1,411,200.36	\$11,380.65
Nov 2019	132	3,366	\$1,409,776.92	\$10,680.13	128	3,476	\$1,388,459.80	\$10,847.34
Dec 2019	123	3,072	\$1,292,090.96	\$10,504.80	121	3,483	\$1,388,319.86	\$11,473.72
Jan 2020	114	3,011	\$1,269,813.84	\$11,138.72	123	3,480	\$1,402,343.78	\$11,401.17
Feb 2020	125	3,035	\$1,281,090.56	\$10,248.72	125	3,253	\$1,310,833.82	\$10,486.67
Mar 2020	130	3,644	\$1,540,418.24	\$11,849.37	117	3,337	\$1,316,499.58	\$11,252.13
Apr 2020	129	3,348	\$1,397,650.64	\$10,834.50	117	3,259	\$1,265,315.84	\$10,814.67
May 2020	126	3,498	\$1,449,668.72	\$11,505.31	120	3,306	\$1,293,642.35	\$10,780.35



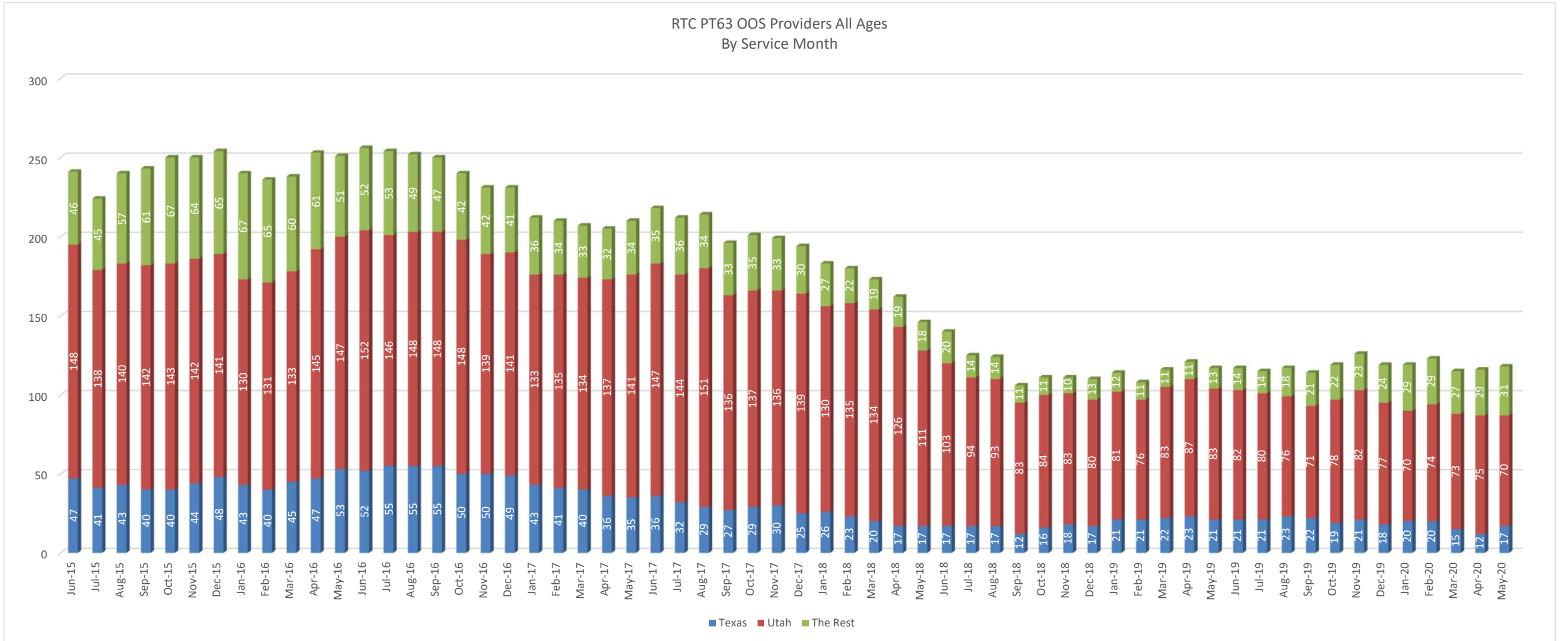
The report indicates the number of in-state and out-of-state fee for service RTC patients. Patient counts are based upon when the service occurred and not when the service was paid.

**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

Time Period: Incurred Month			May 2020				
			Patients				
Age Group Medstat			Ages 5-9	Ages 10-14	Ages 15-17	Ages 18-19	Total
Provider NPI Code	Provider Name	Provider State Code					
1205095569	LAKELAND HOSPITAL ACQUISITION	MO	1	4	7		12
1245324755	RTC RESOURCE ACQUISITION CORPORATION	IN		3	4		7
1356511372	DETROIT BEHAVIORAL INSTITUTE, LLC	MI		1			1
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	CO		2	1		3
1447380423	PINEY RIDGE TREATMENT CENTER, LLC	AR		1			1
1528116746	HAVENWOOD ACADEMY INC	UT			4		4
1558499103	TURNING POINT FAMILY CARE, INC.	UT		6	8		14
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		4	6		10
1609843523	UHS OF PROVO CANYON INC.	UT	1	12	22		35
1649380593	COPPER HILLS YOUTH CENTER	UT		4	5		9
1720085178	ROLLING HILLS HOSPITAL, LLC	OK			3		3
1760482939	NEURO INSTITUTE OF AUSTIN, L.P.	TX	3	10	4		17
1801900238	MOUNT ST VINCENT HOME INC	CO		1			1
1831114735	NEW HOPE CAROLINAS INC	SC				1	1
1952482036	HABILITATION CENTER, LLC	AR					0
<b>Aggregate(Provider NPI Code)</b>			<b>5</b>	<b>48</b>	<b>66</b>	<b>1</b>	<b>118</b>

*Patient counts are unduplicated in each age group.*

**RTC OOS Provider by Service Month - 5 Year Rolling**



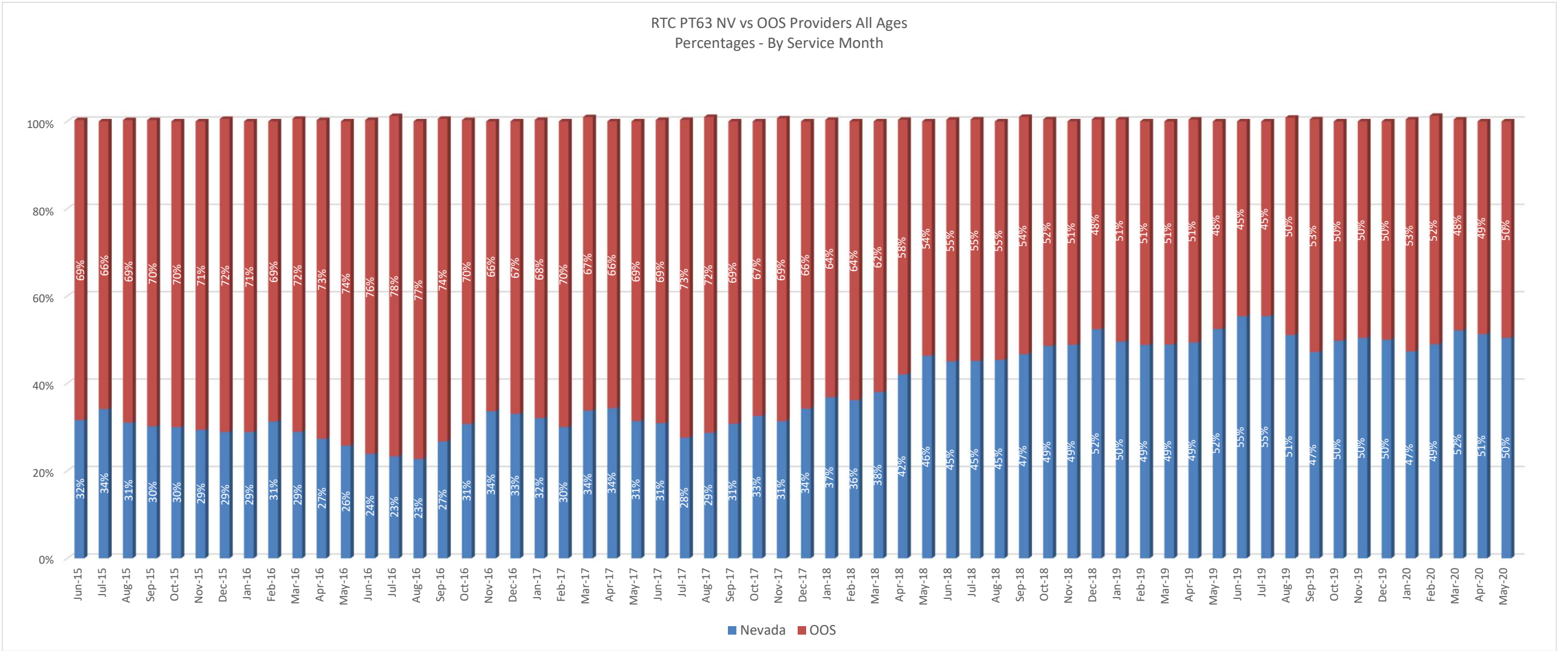


Department of Health and Human Services  
Office of Analytics

**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

Incurred With Runoff Month	All Ages			
	Texas	Utah	The Rest	All States
Jun-15	47	148	46	239
Jul-15	41	138	45	224
Aug-15	43	140	57	239
Sep-15	40	142	61	242
Oct-15	40	143	67	250
Nov-15	44	142	64	250
Dec-15	48	141	65	253
Jan-16	43	130	67	239
Feb-16	40	131	65	235
Mar-16	45	133	60	238
Apr-16	47	145	61	251
May-16	53	147	51	251
Jun-16	52	152	52	256
Jul-16	55	146	53	254
Aug-16	55	148	49	252
Sep-16	55	148	47	249
Oct-16	50	148	42	240
Nov-16	50	139	42	231
Dec-16	49	141	41	229
Jan-17	43	133	36	211
Feb-17	41	135	34	210
Mar-17	40	134	33	207
Apr-17	36	137	32	205
May-17	35	141	34	210
Jun-17	36	147	35	218
Jul-17	32	144	36	211
Aug-17	29	151	34	214
Sep-17	27	136	33	196
Oct-17	29	137	35	201
Nov-17	30	136	33	199
Dec-17	25	139	30	194
Jan-18	26	130	27	183
Feb-18	23	135	22	180
Mar-18	20	134	19	173
Apr-18	17	126	19	161
May-18	17	111	18	146
Jun-18	17	103	20	139
Jul-18	17	94	14	125
Aug-18	17	93	14	124
Sep-18	12	83	11	106
Oct-18	16	84	11	111
Nov-18	18	83	10	111
Dec-18	17	80	13	110
Jan-19	21	81	12	114
Feb-19	21	76	11	108
Mar-19	22	83	11	116
Apr-19	23	87	11	121
May-19	21	83	13	116
Jun-19	21	82	14	116
Jul-19	21	80	14	115
Aug-19	23	76	18	116
Sep-19	22	71	21	114
Oct-19	19	78	22	119
Nov-19	21	82	23	124
Dec-19	18	77	24	119
Jan-20	20	70	29	119
Feb-20	20	74	29	123
Mar-20	15	73	27	115
Apr-20	12	75	29	116
May-20	17	70	31	118

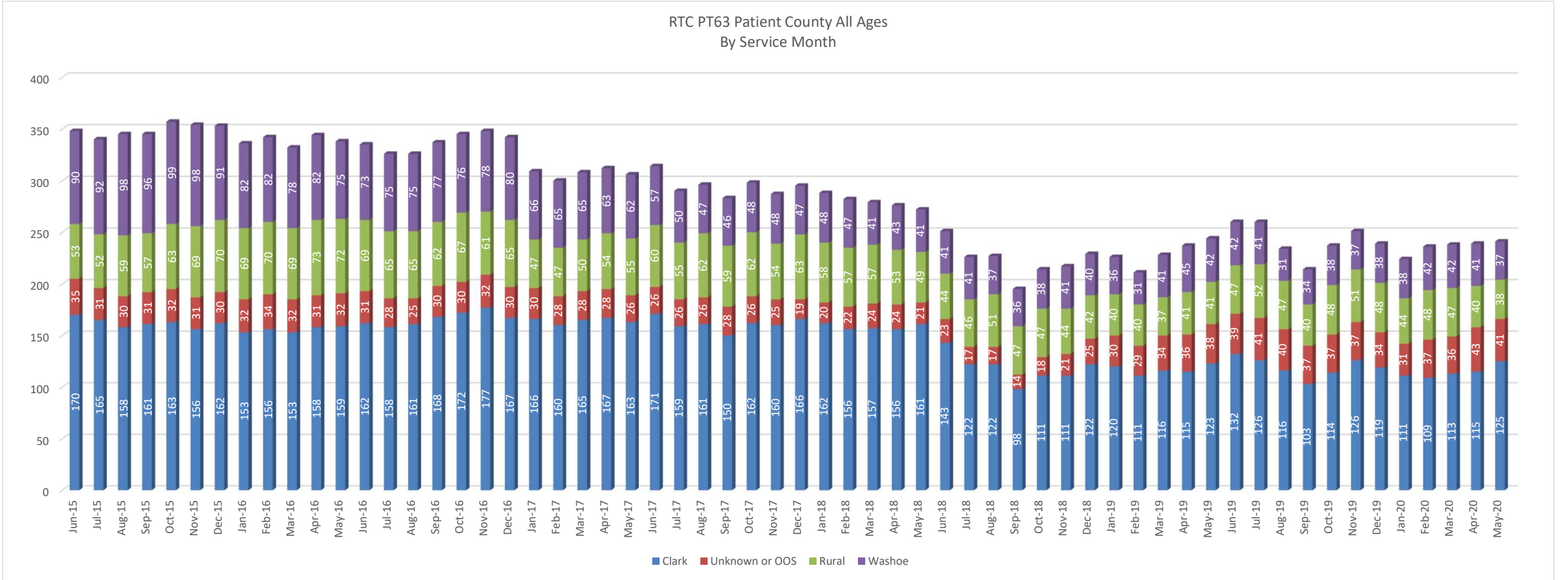
**RTC: NV versus OOS Providers by Service Month - 5 Year Rolling Percentages**



**Nevada Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children**

Incurred With Runoff Month	All Ages				
	Nevada	OOS	All States	NV %	OOS %
Jun-15	110	239	348	32%	69%
Jul-15	116	224	340	34%	66%
Aug-15	107	239	345	31%	69%
Sep-15	104	242	345	30%	70%
Oct-15	107	250	357	30%	70%
Nov-15	104	250	354	29%	71%
Dec-15	102	253	353	29%	72%
Jan-16	97	239	336	29%	71%
Feb-16	107	235	342	31%	69%
Mar-16	96	238	332	29%	72%
Apr-16	94	251	344	27%	73%
May-16	87	251	338	26%	74%
Jun-16	80	256	335	24%	76%
Jul-16	76	254	326	23%	78%
Aug-16	74	252	326	23%	77%
Sep-16	90	249	337	27%	74%
Oct-16	106	240	345	31%	70%
Nov-16	117	231	348	34%	66%
Dec-16	113	229	342	33%	67%
Jan-17	99	211	309	32%	68%
Feb-17	90	210	300	30%	70%
Mar-17	104	207	308	34%	67%
Apr-17	107	205	312	34%	66%
May-17	96	210	306	31%	69%
Jun-17	97	218	314	31%	69%
Jul-17	80	211	290	28%	73%
Aug-17	85	214	296	29%	72%
Sep-17	87	196	283	31%	69%
Oct-17	97	201	298	33%	67%
Nov-17	90	199	287	31%	69%
Dec-17	101	194	295	34%	66%
Jan-18	106	183	288	37%	64%
Feb-18	102	180	282	36%	64%
Mar-18	106	173	279	38%	62%
Apr-18	116	161	276	42%	58%
May-18	126	146	272	46%	54%
Jun-18	113	139	251	45%	55%
Jul-18	102	125	226	45%	55%
Aug-18	103	124	227	45%	55%
Sep-18	91	106	195	47%	54%
Oct-18	104	111	214	49%	52%
Nov-18	106	111	217	49%	51%
Dec-18	120	110	229	52%	48%
Jan-19	111	114	224	50%	51%
Feb-19	103	108	211	49%	51%
Mar-19	111	116	227	49%	51%
Apr-19	117	121	237	49%	51%
May-19	128	116	244	52%	48%
Jun-19	144	116	260	55%	45%
Jul-19	143	115	258	55%	45%
Aug-19	119	116	233	51%	50%
Sep-19	101	114	214	47%	53%
Oct-19	118	119	237	50%	50%
Nov-19	126	124	250	50%	50%
Dec-19	119	119	238	50%	50%
Jan-20	106	119	224	47%	53%
Feb-20	115	123	235	49%	52%
Mar-20	124	115	238	52%	48%
Apr-20	122	116	238	51%	49%
May-20	120	118	238	50%	50%

**RTC Patient Counties by Service Month - 5 Year Rolling**



Department of Health and Human Services  
Office of Analytics

**Nevada Medicaid Fee for Service - Behavioral Health**

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

PT63 OOS Patients Age Gp  
Incurred With Runoff Month

	All Ages					All Counties
	Clark	Unknown or OOS	Rural	Washoe		
Jun-15	170	35	53	90	348	
Jul-15	165	31	52	92	340	
Aug-15	158	30	59	98	345	
Sep-15	161	31	57	96	345	
Oct-15	163	32	63	99	357	
Nov-15	156	31	69	98	354	
Dec-15	162	30	70	91	353	
Jan-16	153	32	69	82	336	
Feb-16	156	34	70	82	342	
Mar-16	153	32	69	78	332	
Apr-16	158	31	73	82	344	
May-16	159	32	72	75	338	
Jun-16	162	31	69	73	335	
Jul-16	158	28	65	75	326	
Aug-16	161	25	65	75	326	
Sep-16	168	30	62	77	337	
Oct-16	172	30	67	76	345	
Nov-16	177	32	61	78	348	
Dec-16	167	30	65	80	342	
Jan-17	166	30	47	66	309	
Feb-17	160	28	47	65	300	
Mar-17	165	28	50	65	308	
Apr-17	167	28	54	63	312	
May-17	163	26	55	62	306	
Jun-17	171	26	60	57	314	
Jul-17	159	26	55	50	290	
Aug-17	161	26	62	47	296	
Sep-17	150	28	59	46	283	
Oct-17	162	26	62	48	298	
Nov-17	160	25	54	48	287	
Dec-17	166	19	63	47	295	
Jan-18	162	20	58	48	288	
Feb-18	156	22	57	47	282	
Mar-18	157	24	57	41	279	
Apr-18	156	24	53	43	276	
May-18	161	21	49	41	272	
Jun-18	143	23	44	41	251	
Jul-18	122	17	46	41	226	
Aug-18	122	17	51	37	227	
Sep-18	98	14	47	36	195	
Oct-18	111	18	47	38	214	
Nov-18	111	21	44	41	217	
Dec-18	122	25	42	40	229	
Jan-19	120	30	40	36	224	
Feb-19	111	29	40	31	211	
Mar-19	116	34	37	41	227	
Apr-19	115	36	41	45	237	
May-19	123	38	41	42	244	
Jun-19	132	39	47	42	260	
Jul-19	126	41	52	41	258	
Aug-19	116	40	47	31	233	
Sep-19	103	37	40	34	214	
Oct-19	114	37	48	38	237	
Nov-19	126	37	51	37	250	
Dec-19	119	34	48	38	238	
Jan-20	111	31	44	38	224	
Feb-20	109	37	48	42	235	
Mar-20	113	36	47	42	238	
Apr-20	115	43	40	41	238	
May-20	125	41	38	37	238	

<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.
<i>All information is provided in Incurred Mode (by the date of when services were provided). The Nevada Medicaid Fee for Service (FFS) Data Warehouse (DSS) has a three-month block on the most recent months to ensure there is near to 100% processing of all FFS claims. Out-of-State providers have 12 months to submit claims (in-state providers have six months).</i>	
<i>The DHCFP data warehouse is comprised of claims data submitted by over 35,000 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.</i>	
Source: Nevada Medicaid Data Warehouse Decision Support System (DSS) that houses Fee For Service claims information.	