



**Nevada Department of  
Health and Human Services**

**DIVISION OF HEALTH CARE  
FINANCING AND POLICY**

# **Out of State Residential Treatment Centers**

**Reporting Period April 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  
April 2019**

**Top 3 Diagnosis:**

--Disruptive mood dysregulation disorder (F3481):           43 children   37.7% of total  
--Unspecified mood [affective] disorder (F39):               6 children    5.3% of total  
--Anxiety disorder, unspecified (F419):                    5 children    4.4% of total

**Patient Count:**

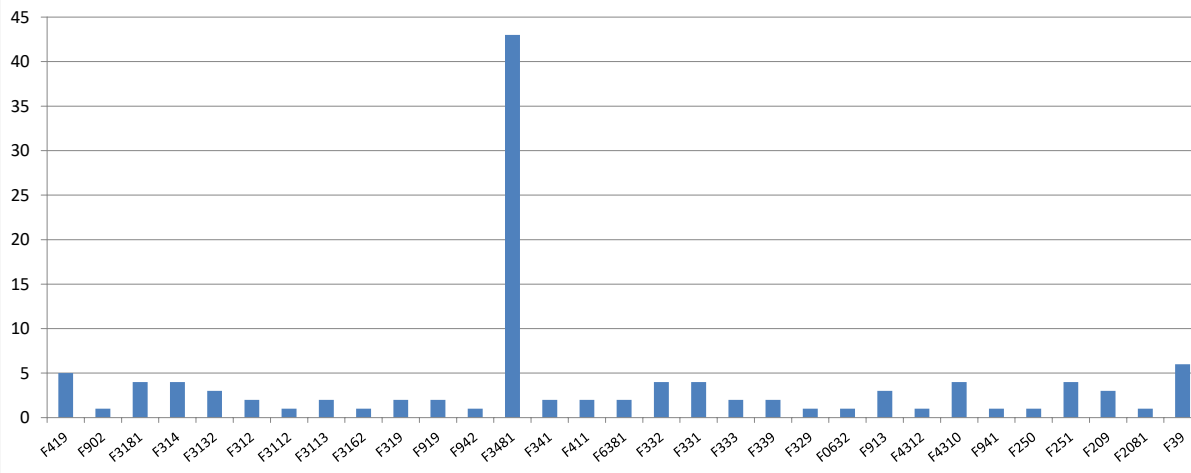
--A total of 114 children were in Out-of-State RTC placement during the month of April  
--The average monthly OOS patient count for the previous 11 months is 120; 5% reduction in April

**Net Payment:**

--DHCFP paid \$1,264,840.00 for Out-of-State RTC placements in April  
--The average monthly OOS spend for the previous 11 months is \$1,260,427; .35% 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 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.

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
F419	Anxiety disorder, unspecified
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
F411	Generalized anxiety disorder
F6381	Intermittent explosive 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
F339	Major depressive disorder, recurrent, unspecified
F329	Major depressive disorder, single episode, unspecified
F0632	Mood disorder D/T known physio condition w major depressive-like episode
F913	Oppositional defiant disorder
F4312	Post-traumatic stress disorder, chronic
F4310	Post-traumatic stress disorder, unspecified
F941	Reactive attachment disorder of childhood
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type
F209	Schizophrenia, unspecified
F2081	Schizophreniform disorder
F39	Unspecified mood [affective] disorder

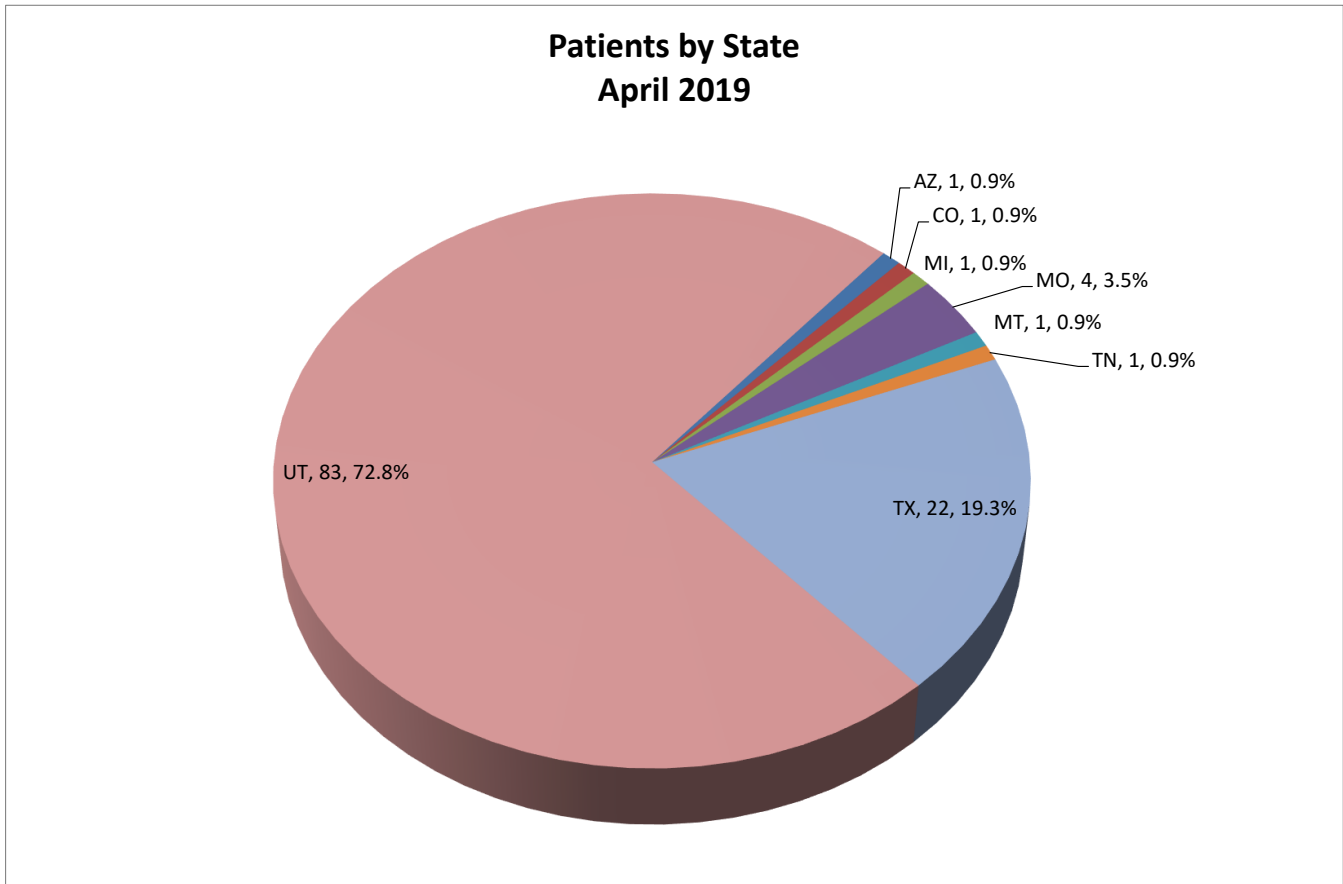
**Nevada Division of Health Care Financing and Policy**  
**Medicaid Fee for Service - Behavioral Health**  
**Out-of-State Residential Treatment Center Placements for Children**

Subsets		161004 OOS RTC Enrollees								
		Patients								
		Apr 2019								
Time Period: Incurred Month	Provider State Code	AZ	CO	MI	MO	MT	TN	TX	UT	Total
Diagnosis Principal	Diagnosis Code Principal									
Anxiety disorder, unspecified	F419								5	5
Attention-deficit hyperactivity disorder, combined type	F902								1	1
Bipolar II disorder	F3181								4	4
Bipolar disord, current episode depressed, severe, w/o psychotic feature	F314								4	4
Bipolar disorder, current episode depressed, moderate	F3132								3	3
Bipolar disorder, current episode manic severe with psychotic features	F312								2	2
Bipolar disorder, current episode manic w/o psychotic features, moderate	F3112								1	1
Bipolar disorder, current episode manic w/o psychotic features, severe	F3113								2	2
Bipolar disorder, current episode mixed, moderate	F3162								1	1
Bipolar disorder, unspecified	F319								2	2
Conduct disorder, unspecified	F919			1					1	2
Disinhibited attachment disorder of childhood	F942					1				1
Disruptive mood dysregulation disorder	F3481		1		4			20	18	43
Dysthymic disorder	F341								2	2
Generalized anxiety disorder	F411							1	1	2
Intermittent explosive disorder	F6381								2	2
Major depressive disorder, recurrent severe without psychotic features	F332								4	4
Major depressive disorder, recurrent, moderate	F331								4	4
Major depressive disorder, recurrent, severe with psychotic symptoms	F333								2	2
Major depressive disorder, recurrent, unspecified	F339								2	2
Major depressive disorder, single episode, unspecified	F329							1		1
Mood disorder D/T known physio condition w major depressive-like episode	F0632								1	1
Oppositional defiant disorder	F913								3	3
Post-traumatic stress disorder, chronic	F4312								1	1
Post-traumatic stress disorder, unspecified	F4310		1						3	4
Reactive attachment disorder of childhood	F941								1	1
Schizoaffective disorder, bipolar type	F250								1	1
Schizoaffective disorder, depressive type	F251						1		3	4
Schizophrenia, unspecified	F209								3	3
Schizophreniform disorder	F2081								1	1
Unspecified mood [affective] disorder	F39								6	6
<b>Aggregate(Diagnosis Principal)</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>22</b>	<b>83</b>	<b>114</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 and may not be a complete and comprehensive health record.

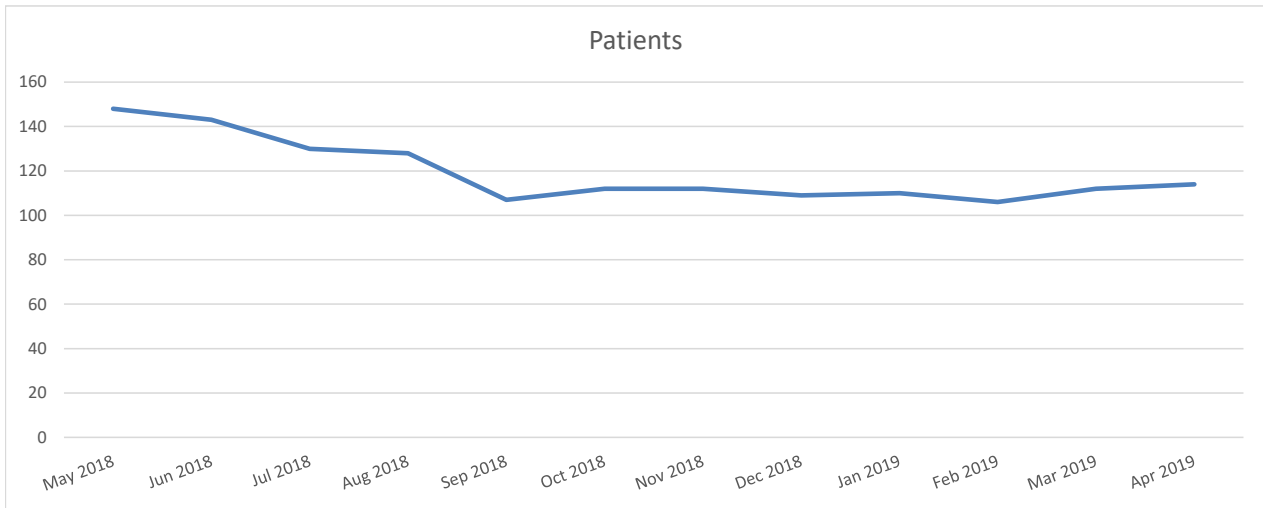
Nevada Division of Health Care Financing and Policy  
Medicaid Fee for Service - Behavioral Health  
Out-of-State Residential Treatment Center Placements for Children



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.

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

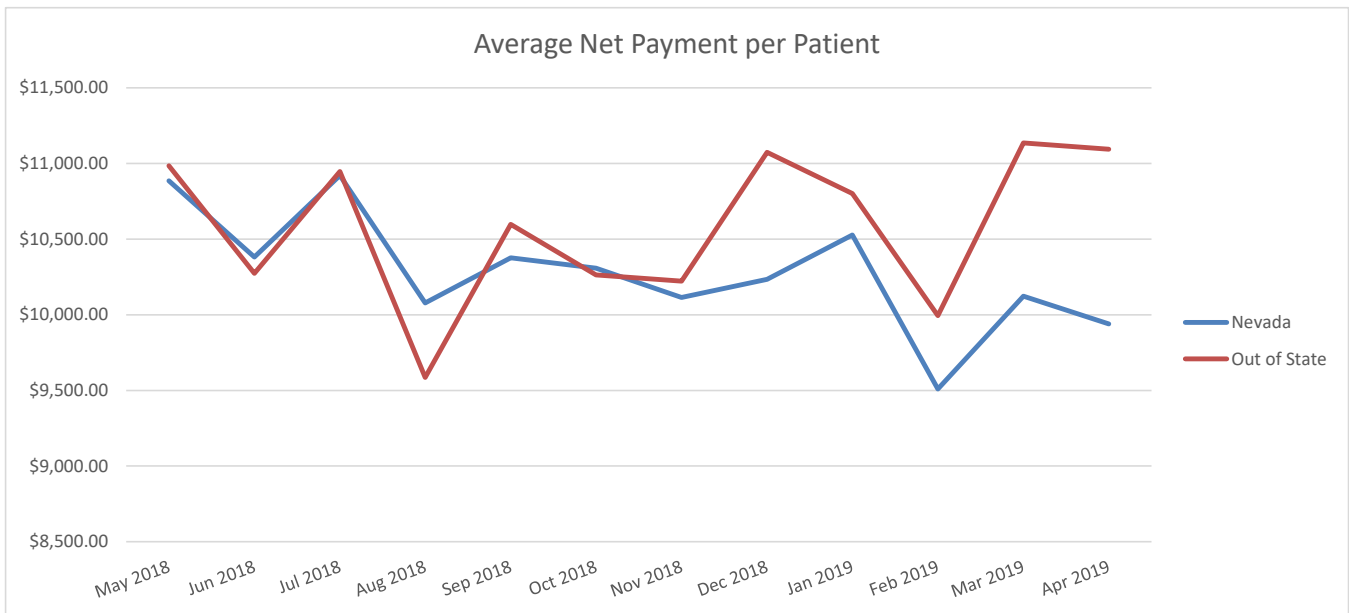
Subsets	161004 OOS RTC Enrollees													
	Patients													
	AR	AZ	CO	GA	IN	MI	MO	MT	NM	OR	TN	TX	UT	Total
<b>Provider State Code</b>														
<b>Time Period: Incurred Month</b>														
May 2018	2	2	3	3	1		6	1			1	17	112	<b>148</b>
Jun 2018	1	1	5	3	1	1	7	1			1	17	105	<b>143</b>
Jul 2018			3	2	1	1	5	1			1	17	99	<b>130</b>
Aug 2018			5	2	1	1	3	1			1	17	97	<b>128</b>
Sep 2018			5	2	1	1	2					12	84	<b>107</b>
Oct 2018			4	3	1	1	2					16	85	<b>112</b>
Nov 2018			5	2	1		2					18	84	<b>112</b>
Dec 2018			5				3	1			1	17	82	<b>109</b>
Jan 2019		1	3				3	1			1	21	80	<b>110</b>
Feb 2019		1	1				1	1			1	22	79	<b>106</b>
Mar 2019		1	1			1	4	1			1	23	80	<b>112</b>
Apr 2019		1	1			1	4	1			1	22	83	<b>114</b>



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.

**Nevada Division of Health Care Financing and Policy**  
**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 2018	129	3,300	\$1,404,296.84	\$10,886.02	148	4,476	\$1,625,715.40	\$10,984.56
Jun 2018	116	2,825	\$1,204,336.00	\$10,382.21	142	3,927	\$1,458,895.22	\$10,273.91
Jul 2018	110	2,734	\$1,201,273.24	\$10,920.67	130	3,862	\$1,423,066.89	\$10,946.67
Aug 2018	106	2,440	\$1,068,388.16	\$10,079.13	128	3,297	\$1,226,972.49	\$9,585.72
Sep 2018	94	2,288	\$975,375.40	\$10,376.33	107	3,073	\$1,133,921.23	\$10,597.39
Oct 2018	109	2,689	\$1,123,582.48	\$10,308.10	112	3,073	\$1,149,428.99	\$10,262.76
Nov 2018	107	2,604	\$1,082,229.60	\$10,114.30	112	2,999	\$1,144,905.17	\$10,222.37
Dec 2018	122	2,932	\$1,248,671.16	\$10,235.01	109	3,120	\$1,207,084.97	\$11,074.17
Jan 2019	120	2,934	\$1,263,242.60	\$10,527.02	110	3,011	\$1,188,080.33	\$10,800.73
Feb 2019	112	2,478	\$1,065,028.40	\$9,509.18	106	2,657	\$1,059,425.44	\$9,994.58
Mar 2019	114	2,713	\$1,153,959.08	\$10,122.45	112	3,117	\$1,247,198.08	\$11,135.70
Apr 2019	128	3,024	\$1,272,228.80	\$9,939.29	114	3,094	\$1,264,840.00	\$11,095.09



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.

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

Subsets Time Period: Incurred Month  Age Group Medstat			161004 OOS RTC Enrollees			
			Apr 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	2	2		4
1306981238	KIDS BEHAVIORAL HEALTH OF MONTANA, INC.	MT	1			1
1356358519	MINGUS MOUNTAIN ACADEMY	AZ			1	1
1356511372	CAPSTONE ACADEMY	MI		1		1
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	CO			1	1
1437604329	SEQUEL YOUTH SERVICES OF RED ROCK CANYON	UT		3	5	8
1558499103	TURNING POINT FAMILY CARE INC	UT		5	6	11
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		1	10	11
1598998619	THE VILLAGE	TN			1	1
1609843523	PROVO CANYON SCHOOL	UT	1	15	14	30
1649380593	COPPER HILLS YOUTH CENTER	UT		11	12	23
1760482939	TEXAS NEUROREHAB CENTER	TX	4	13	5	22
<b>Aggregate(Provider NPI Code)</b>			<b>8</b>	<b>51</b>	<b>55</b>	<b>114</b>

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.

<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.