



**Nevada Department of
Health and Human Services**

**DIVISION OF HEALTH CARE
FINANCING AND POLICY**

Out of State Residential Treatment Centers

Reporting Period January 2020

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

Top 3 Diagnosis:

--Disruptive mood dysregulation disorder (F3481):	49 children	41.2% of total
--Post-traumatic stress disorder, unspecified (F4310):	15 children	12.6% of total
--Major depressive disorder, single episode, severe w/o psychotic features (F332):	12 children	10.9% of total

Patient Count:

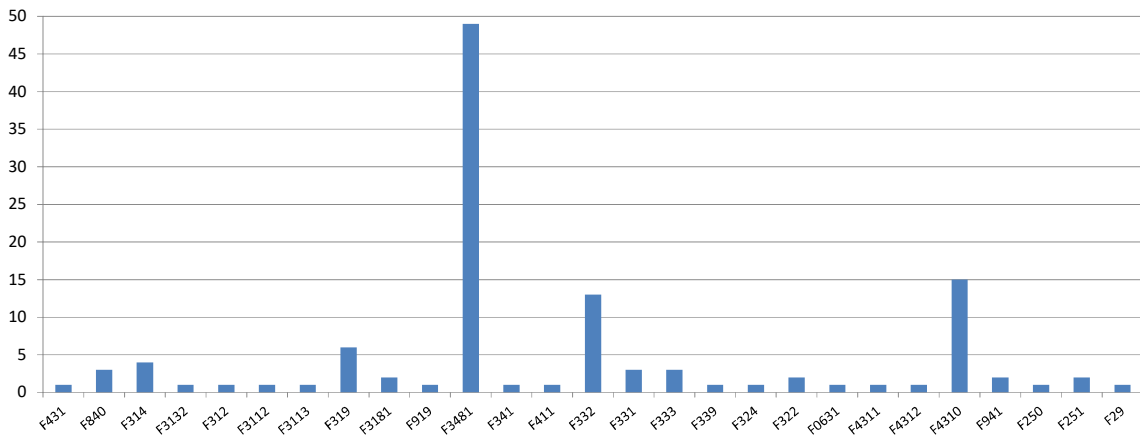
--A total of 119 children were in Out-of-State RTC placement during the month of January 2020.
 --The average monthly OOS patient count for the previous 11 months is 120; 5% reduction in January 2020.

Net Payment:

--DHCFP paid \$1,354,067.82 for Out-of-State RTC placements in January 2020.
 --The average monthly OOS spend for the previous 11 months is \$1,316,969.04; a 2.74% increase in January 2020.

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
January 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.

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
F0631	Mood disorder due to known physiological condition w depressive features
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive 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
F312	Bipolar disorder, current episode manic severe with psychotic features
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature
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
F331	Major depressive disorder, recurrent, moderate
F332	Major depressive disorder, recurrent severe without psychotic features
F333	Major depressive disorder, recurrent, severe with psychotic symptoms
F339	Major depressive disorder, recurrent, unspecified
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
F4311	Post-traumatic stress disorder, acute
F4312	Post-traumatic stress disorder, chronic
F840	Autistic disorder
F919	Conduct disorder, unspecified
F941	Reactive attachment disorder of childhood

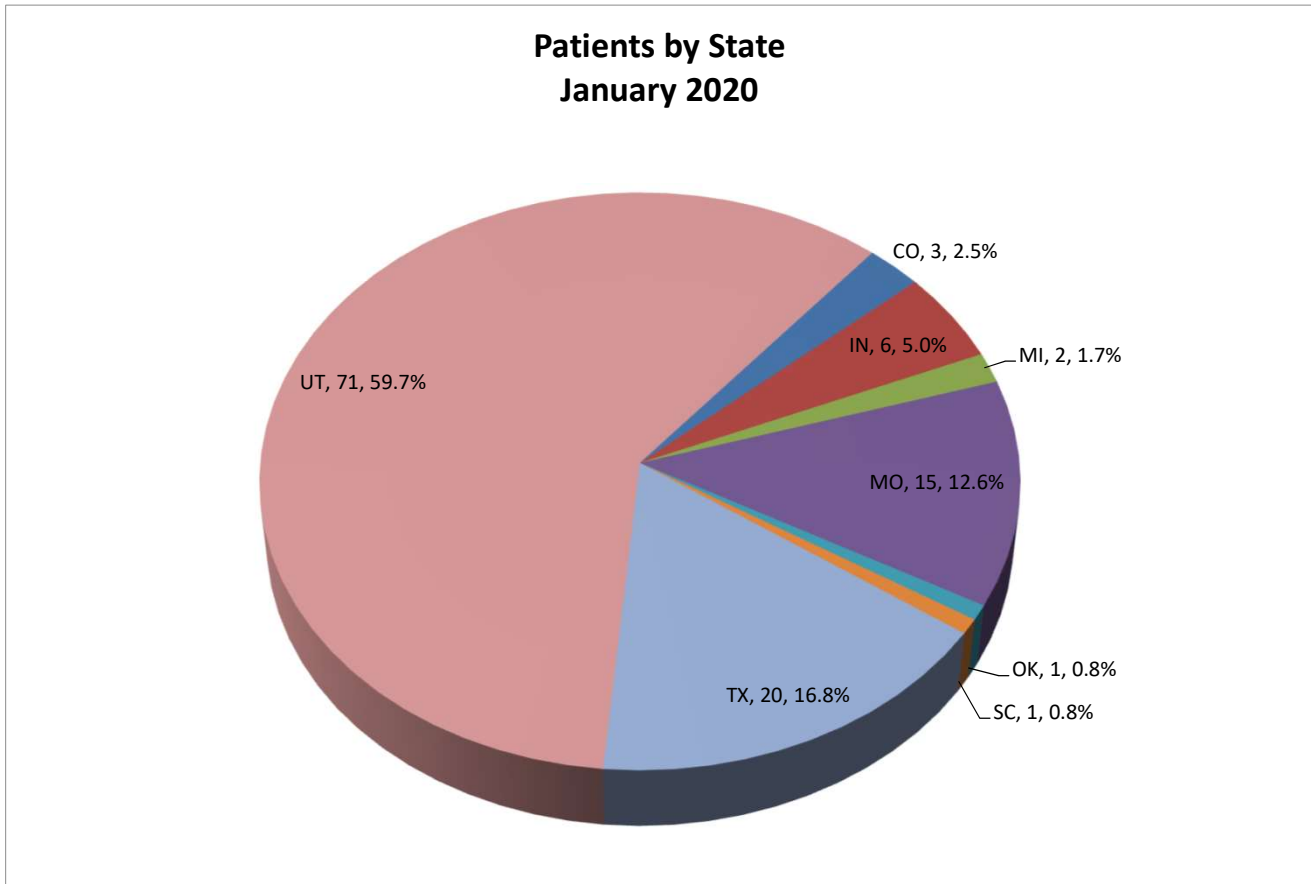
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Nevada Medicaid Fee for Service - Behavioral Health
Out-of-State Residential Treatment Center Placements for Children

Subsets		161004 OOS RTC Enrollees											
		Patients											
		Jan 2020											
Time Period: Incurred Month	Diagnosis Principal	Diagnosis Code Principal	CO	IN	MI	MO	OK	SC	TX	UT	Total	Percent	
	(Non-Billable Dx) Post-traumatic stress disorder	F431		1							1	0.8%	
	Autistic disorder	F840								1	2	3	2.5%
	Bipolar disord, current episode depressed, severe, w/o psychotic feature	F314									4	4	3.4%
	Bipolar disorder, current episode depressed, moderate	F3132									1	1	0.8%
	Bipolar disorder, current episode manic severe with psychotic features	F312									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%
	Bipolar disorder, unspecified	F319		1							5	6	5.0%
	Bipolar II disorder	F3181									2	2	1.7%
	Conduct disorder, unspecified	F919				1						1	0.8%
	Disruptive mood dysregulation disorder	F3481	1	3			9			18	18	49	41.2%
	Dysthymic disorder	F341									1	1	0.8%
	Generalized anxiety disorder	F411								1		1	0.8%
	Major depressive disorder, recurrent severe without psychotic features	F332				3					10	13	10.9%
	Major depressive disorder, recurrent, moderate	F331									3	3	2.5%
	Major depressive disorder, recurrent, severe with psychotic symptoms	F333									3	3	2.5%
	Major depressive disorder, recurrent, unspecified	F339									1	1	0.8%
	Major depressive disorder, single episode, in partial remission	F324						1				1	0.8%
	Major depressive disorder, single episode, severe w/o psychotic features	F322									2	2	1.7%
	Mood disorder due to known physiological condition w depressive features	F0631				1						1	0.8%
	Post-traumatic stress disorder, acute	F4311	1									1	0.8%
	Post-traumatic stress disorder, chronic	F4312		1								1	0.8%
	Post-traumatic stress disorder, unspecified	F4310			1	1	1				12	15	12.6%
	Reactive attachment disorder of childhood	F941									2	2	1.7%
	Schizoaffective disorder, bipolar type	F250				1						1	0.8%
	Schizoaffective disorder, depressive type	F251									2	2	1.7%
	Unspecified psychosis not due to substance or known physio condition	F29	1									1	0.8%
Aggregate(Diagnosis Principal)			3	6	2	15	1	1	20	71	119	100%	

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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.

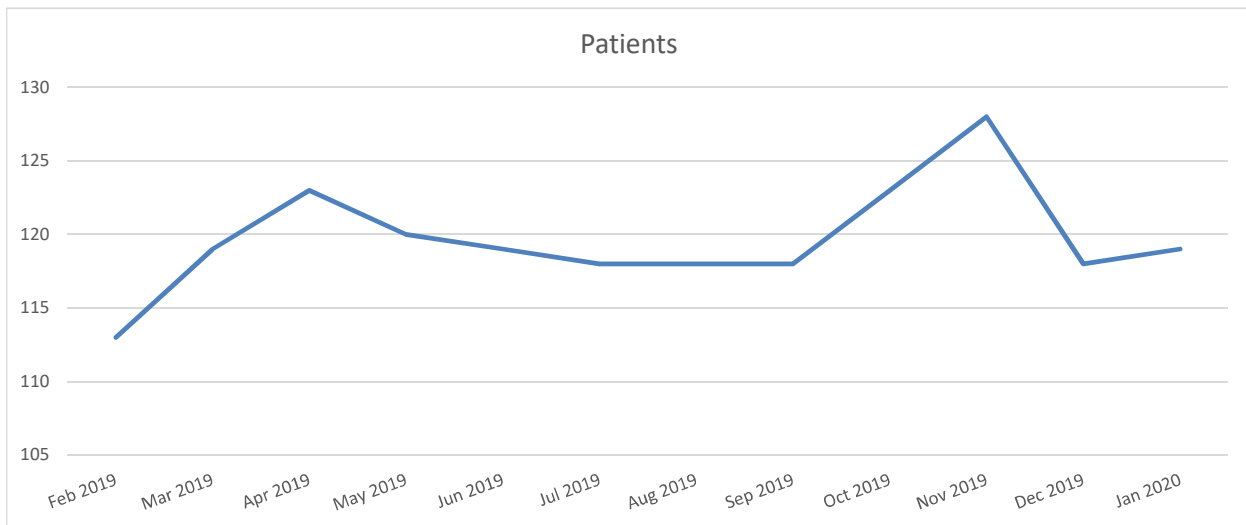
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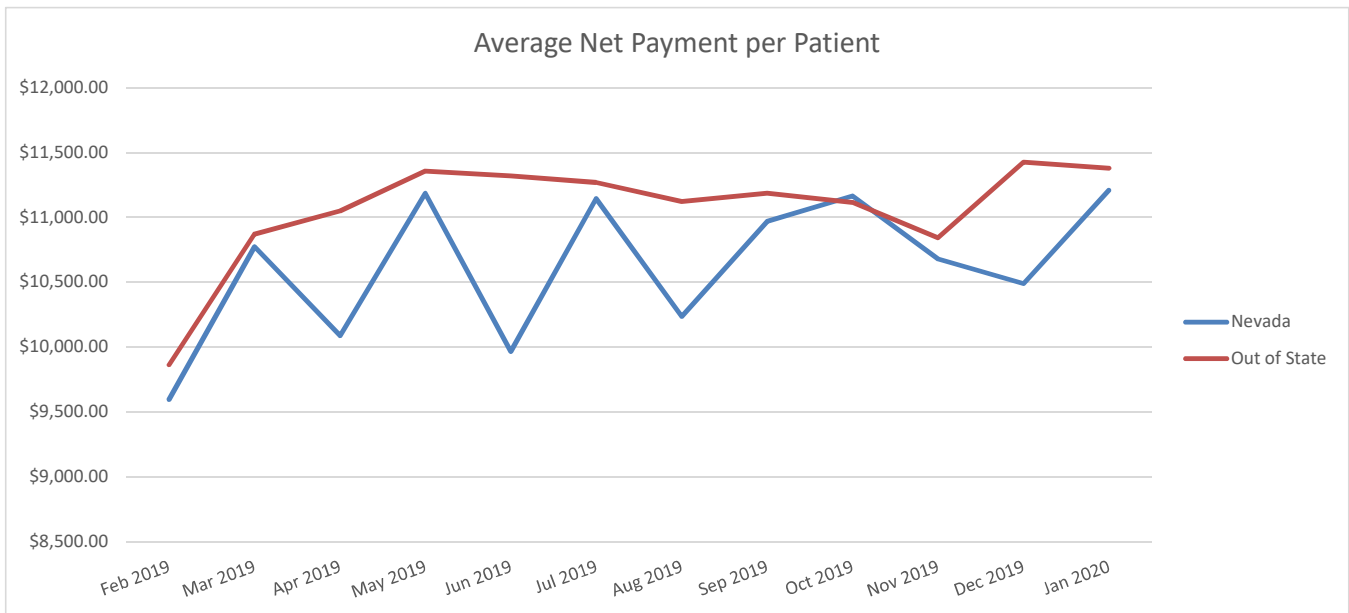
Subsets	January 2020												
	Patients												Total
	AZ	CO	GA	IN	MI	MO	MT	OK	SC	TN	TX	UT	
Time Period: Incurred Month													
Feb 2019	1	1	3			4	1			1	22	80	113
Mar 2019	1	1	2		1	4	1			1	23	85	119
Apr 2019	1	1	2		1	4	1			1	24	88	123
May 2019		1	2	1	1	6	1			1	22	85	120
Jun 2019		1	2	1	2	6	1			1	22	83	119
Jul 2019		1	2	1	3	6	1				23	81	118
Aug 2019		3	2	2	3	8					23	77	118
Sep 2019		5	1	3	3	10					22	74	118
Oct 2019		4	1	3	2	12					19	82	123
Nov 2019		3	1	3	1	14			1		21	84	128
Dec 2019		3	1	3	2	13			1		18	77	118
Jan 2020		3		6	2	15		1	1		20	71	119



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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 2019	114	2,534	\$1,093,888.00	\$9,595.51	113	2,796	\$1,114,516.44	\$9,862.98
Mar 2019	118	2,954	\$1,271,248.84	\$10,773.30	119	3,296	\$1,293,616.58	\$10,870.73
Apr 2019	133	3,153	\$1,341,575.20	\$10,087.03	123	3,354	\$1,358,909.00	\$11,048.04
May 2019	138	3,611	\$1,543,390.08	\$11,183.99	119	3,371	\$1,351,473.76	\$11,356.92
Jun 2019	150	3,472	\$1,494,936.84	\$9,966.25	118	3,326	\$1,335,647.60	\$11,319.05
Jul 2019	145	3,791	\$1,616,144.56	\$11,145.82	118	3,260	\$1,329,828.12	\$11,269.73
Aug 2019	124	2,978	\$1,269,218.96	\$10,235.64	117	3,161	\$1,301,262.16	\$11,121.90
Sep 2019	107	2,798	\$1,173,622.00	\$10,968.43	118	3,269	\$1,319,934.60	\$11,185.89
Oct 2019	124	3,293	\$1,384,366.44	\$11,164.25	123	3,482	\$1,367,170.36	\$11,115.21
Nov 2019	132	3,366	\$1,409,776.92	\$10,680.13	126	3,416	\$1,366,109.80	\$10,842.14
Dec 2019	122	3,041	\$1,279,659.96	\$10,489.02	118	3,393	\$1,348,190.98	\$11,425.35
Jan 2020	113	3,003	\$1,266,605.84	\$11,208.90	119	3,363	\$1,354,067.82	\$11,378.72



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 Medstat			161004 OOS RTC Enrollees				
			January 2020				
			Patients				
			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	2	6	7		15
1245324755	RTC RESOURCE ACQUISITION CORPORATION	IN		2	2		4
1356511372	DETROIT BEHAVIORAL INSTITUTE, LLC	MI		1	1		2
1376689042	SOUTHERN PEAKS REGIONAL TREATMENT CENTER	CO			3		3
1528116746	HAVENWOOD ACADEMY INC	UT		2	2		4
1558499103	TURNING POINT FAMILY CARE, INC.	UT		4	5		9
1598772618	BENCHMARK BEHAVIORAL HEALTH SYSTEMS INC	UT		1	6		7
1609843523	PROVO CANYON SCHOOL	UT	2	17	17		36
1649380593	COPPER HILLS YOUTH CENTER	UT		5	10		15
1720085178	ROLLING HILLS HOSPITAL, LLC	OK			1		1
1740373323	OPTIONS TREATMENT CENTER ACQUISITION CORPORATION	IN			2		2
1760482939	TEXAS NEUROREHAB CENTER	TX	1	15	4		20
1831114735	NEW HOPE CAROLINAS INC	SC				1	1
Aggregate(Provider NPI Code)			5	53	60	1	119

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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.
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).	