



October 6, 2014

To the Behavioral Health and Wellness Council

From Lesley Dickson, MD, State Legislative Representative, NPA

I wish to make some brief public comments on the issues being covered by this Council and today's agenda. I am happy to see reimbursement is on the agenda as this is one of the prime issues in solving many of the problems of the mental health community and those patients with serious mental illness.

1. Outpatient services are seriously lacking in Nevada, both in the North and the South. In preparing these comments I sought input from my colleagues and received several comments. While we are all very encouraged by the numbers of individuals now enrolled in Medicaid and other health insurance plans, it is my understanding that this has resulted in patients previously receiving their outpatient care from the southern and northern state facilities being referred into the community, namely the private sector. Unfortunately, the services are just not there in the amount necessary for their care. It has been discussed many times that there are too few psychiatrists and other providers in Nevada. One of the primary reasons is the very low reimbursement rates. One colleague reported to me that one managed Medicaid program is downcoding and paying 40% less than the other managed Medicaid plan and FFS Medicaid for medication management visits and now they are denying evaluations by insisting on prior authorization, apparently a new requirement. This doctor is now owed at least \$10,000, has stopped accepting new HPN Medicaid patients and plans to start discharging 201 HPN Medicaid patients into the community. Meanwhile, the other Managed Medicaid program has dropped reimbursement rates to 80% of Fee for Service Medicaid which has never been very good itself. While there are a few private psychiatrists who see the various Medicaid patients, most are struggling to maintain a viable business model with such rates and one can expect they will go the route most have done and quit seeing patients with insurance altogether or limit their practice to the better paying insurance plans.

2. The emergency rooms are also struggling to provide psychiatric services. We now have several psychiatrists who will go to some of the hospital emergency rooms and evaluate patients who are there on Legal Holds. The advantage of a psychiatrist is that not only can patients be evaluated; they can be started on medications, referred to an outpatient program and removed from the Legal 2000 if appropriate. But, at least one Managed Medicaid program refuses to pay for this ideal treatment, even though the psychiatrists are willing to be on their provider lists, preferring to send their non-psychiatric staff.

3. Psychiatric hospitals are also struggling, particularly Rawson-Neal because the salaries are not competitive either locally or nationally. Presently two thirds of the psychiatry positions are vacant with the patient care being provided by overworked staff psychiatrists, temporary locum tenens doctors and contract psychiatrists who work on an hourly basis. Lack of a stable treatment team is hardly ideal for patients since there is little personal knowledge of the patient's history and community resources, both of which enable ideal psychiatric treatment. Due to the low, non-competitive salaries, Rawson-Neal cannot compete on the national market since most psychiatrists looking for positions are in high demand and frequently able to make choices between jobs with salaries that allow for repayment of medical school debt and support young families. Indeed, one of our senior residents has told me that he probably would not consider working for the State system due to the salary. Locally, the VA salaries and benefits surpass the State's and there has been some movement in that direction. We can only expect that to worsen as the increased funds being put into the VA system will encourage more relocation to VA's throughout the country, including Reno and Las Vegas.

I appreciate the opportunity to express these concerns to the members of the Council and I hope they will be considered as you move forward with your recommendations.

Lesley Dickson, MD