



DATE: December 6, 2019

TO: Dr. Lisa Durette, Chair
Commission on Behavioral Health

FROM: Tiffany Lewis, Rates and Cost Containment Manager
Fiscal Services

RE: Updated Fee Schedule and Schedule of Discounts for Inpatient and Outpatient Behavioral Health Services and Related Supplies for Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS).

Updated Schedule of Discounts for Outpatient Behavioral Health Services and Related Supplies for the Department of Public and Behavioral Health, Rural Clinics (RC).

PURPOSE

The State of Nevada, Division of Public and Behavioral Health (DPBH), is requesting the Commission on Behavioral Health to approve the updated cost-based fee schedule for Inpatient services and sliding fee schedules for Inpatient and Outpatient Behavioral Health services and related supplies pursuant to NAC 433.404. The sliding fee schedule will indicate a payment tier for patients based on their income.

The Department of Public and Behavioral Health provides Inpatient Behavioral Health Services in two of Nevada's Urban counties. There are two Inpatient Hospitals on the SNAMHS campus in Las Vegas, NV and two on the NNAMHS campus in Reno, NV.

Outpatient Behavioral Health services are provided in two of Nevada's Urban counties and in 12 of Nevada's rural and frontier counties. SNAMHS has five behavioral health clinics serving the community and rural southern Nevada. There are three urban clinics serving the Las Vegas Valley and two rural clinics serving Nevada's southern rural areas. There is one urban clinic at NNAMHS. RC provides a full array of Outpatient Behavioral Health services for adults and children in 16 clinics in 12 counties across Rural Nevada.

Inpatient services include:

- Acute Psychiatric
- Acute Crisis Stabilization
- Acute Medical Stabilization
- Forensic Psychiatric

Outpatient services include (some services may not be available at all locations):

- Outpatient Counseling
- Intensive Service
- Assisted Outpatient Treatment (AOT)
- Pre-commitment Evaluations for Individuals Involved in the Criminal Justice System
- Service Coordination
- Rehabilitative Mental Health (RMH) services
- Peer Support services
- Residential Support
- Medication Clinic
- Mobile Crisis Response Team
- Mental Health Court Forensic Assessment and Triage Team (FASTT)
- Mobile Outreach Safety Team (MOST)
- Juvenile Justice Assessment and Screening Triage Team (JJASTT)

HISTORY

DPBH Inpatient and Outpatient Behavioral Health Services receives funding from the following sources to provide mandated and optional services:

- Cost Based reimbursement through a Certified Public Expenditure contract with the Division of Health Care Financing and Policy for Medicaid Fee for Service eligible clients.
- Insurance Payers, both Public and Private
- Grant Funding for Select Programs

STAFF REVIEW

Attached are the updated fee schedule and schedule of discounts for Inpatient, Outpatient and related supplies provided by agency staff. The list is inclusive of all services and supplies purchased by the program in the most recent operating years. The fee schedule indicates Current Procedural Terminology (CPT) and Service codes, suggested fee to be billed to private insurance, and suggested fee to be billed to clients indicating the need to private pay for care. Outpatient fee schedules are updated annually. Inpatient fee schedules and the schedule of discounts for Inpatient and Outpatient services have not been updated since 2014.

Facilities and clinics maintain a schedule of discounts, to determine a patient's ability to pay for services and supplies received in an Inpatient or Outpatient setting, based on an income verification process.

The schedule of discounts will indicate a payment tier for patients based on their income. Income between 200%-300% of the Federal Poverty Level will be tiered as outlined in the attached document.

DPBH currently uses a cost analysis methodology to determine the Cost Based Rate for each service. This analysis includes review of items such as salaries of staff, administrative costs, supply costs, and service utilization numbers. The analysis then yields the average cost per service.

Due to the length of time since the last Inpatient fee schedule and schedule of discount updates in 2014, and the significant increase in costs and resulting fee calculations, it is recommended to start the new rates paid by private pay clients at 50% of the fee schedule with the intention of gradually increasing fees in subsequent years.

STAFF RECOMMENDATIONS

Due to the significant increase in costs since fees were last adjusted, an increase by a maximum of 50% of adjusted cost is recommended for private pay clients. Fully Insured clients who do not qualify for the sliding fee schedule will pay their patient responsibility as determined by their Insurance Carrier. Rates will be updated on an annual basis after reconciliation of the Cost Allocation Plan.