HSG

North Dakota Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report

Human Services Committee Meeting

06/30/2022

Context

- In response to the mandate laid out in North Dakota's House Bill 1012, the North Dakota Department of Human Service (DHS) has embarked on creating a report with regards to the State's implementation of Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- This report, produced by an independent third-party consultant, Helgerson Solutions Group, aims to answer the questions that were set out in Bill 1012 and furthermore clarify for all stakeholders in North Dakota the intent, implementation, and constraints of the EPSDT benefit and its associated reporting mechanisms.

Section 1: Context

Understanding Medicaid, CHIP, and the EPSDT Benefit

Context: Understanding Medicaid

- Medicaid is a Federal-State partnership that provides health insurance coverage to 71.4 million Americans. Half of Medicaid enrollees are children aged 0-18.
- An additional 6.61 million children are enrolled in CHIP, the Children's Health Insurance Program. This program provides low-cost coverage to children in families that earn too much money to quality for Medicaid but not enough to purchase commercial insurance.
- Research shows that children enrolled in Medicaid during their developmental stages become healthier adults, attain greater levels of academic achievement, and have greater economic success in adulthood compared to children facing similar circumstances who do not enroll.
- The Federal government provides oversight of the program through the Centers for Medicare and Medicaid Services (CMS), while the State provides direct administration of the program. Financing is also a Federal-State partnership, with the Federal government paying 50% of administrative costs, and between 50-80% of benefit costs.

Context: North Dakota's Medicaid Program

- In FY 2021, there were 121,523 unique North Dakota residents enrolled in the Medicaid program, representing 16% of the total population.
- Broken down by racial groups, 67% of Medicaid recipients are White, 20% are American Indian, 10% are Black, 2% are Asian/Pacific Islander, and less than 1% identified as Other.
- Children aged 0-18 comprise 46% of the members on Medicaid (Ages 0-5=18%; Ages 6-18=28%)

Context: the EPSDT Benefit

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit outlines the requirement that states provide comprehensive services and furnish all coverable, appropriate, and medically necessary services needed to correct or ameliorate health conditions.
- EPSDT is a key tool in the prevention toolbox available to our nation. Early screening and monitoring of young children enables caregivers and health providers to identify health and/or developmental issues as soon as possible and begin care planning to ensure the best possible outcome for individuals. Conceptually, one should think about this program as caring for children in three important steps :

Context: the EPSDT Benefit

- Screening should occur on a standard, age-appropriate basis. Many states, including North Dakota, rely on the Bright Futures periodicity schedule, which outlines which screenings should be administered at each age level. The Bright Futures schedule represents consensus by the American Academy of Pediatrics (AAP) and is updated annually as needed.
- Diagnostic services may be needed after a screening is performed. Many of the screening tools used today provide initial understanding of a potential issue to the provider completing the screening. These tools typically do not produce a binary result, but rather give the provider a sense of where the child may be on a range or continuum. The provider then uses their clinical judgment, using other information about the child, caregiver, situation, etc. to determine whether additional diagnostic services are needed or whether surveillance is the best course of action. Diagnostic services include a wide range in services and often necessitate a referral to a specialist (i.e. developmental pediatrician) to better assess the child.
- Treatment is only applied once a screening or diagnostic assessment has been completed and shows the need for intervention. Under EPSDT, the state Medicaid program is required to provide treatment for any physical and mental illness or condition discovered by the screening or diagnostic procedures outlined above

Context: the EPSDT Benefit

State Medicaid agencies are required to:

- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
- Report EPSDT performance information annually via Form CMS-416

Section 2: Children's Services in ND

Analysis & Data Findings

Analysis Area 1: Requirement for ND Medicaid Program to inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations

- A series of system-generated letters provides multiple touchpoints for eligible residents to remain informed about the program. In addition, Health Tracks Coordinators initiate contact following screenings to ensure families are aware of referrals for other services.
- From October 2020 to September 2021, nearly 240,000 outreach letters went out to eligible Members.
  - The most frequent communication relates to the dental benefit, with more than 8,300 such reminders sent each month.
  - Nearly 1,000 new enrollee letters are sent monthly, along with approximately 5,600 past due screening reminders.
  - Over the course of the year analyzed, 7,537 Member PCPs received reminders of upcoming screening due dates.
- All told, nearly 20,000 EPSDT-related communications go out to eligible Members and their providers each month.

Analysis Area 2: Number of Children Provided Child Health Screening Service

- **Service patterns were explored by geography (HSZ) and age group, focusing on two key metrics:**
  - *Screening Ratio*: Indicates the extent to which EPSDT eligible members received the number of initial and periodic screening services required by the state's periodicity schedule, prorated by the proportion of the year for which they were EPSDT eligible.
  - *Participant Ratio*: Indicates the proportion of eligible members who received *any* initial and periodic screening services during the year.
- **The statewide Screening Ratio for North Dakota EPSDT services was .545 for the period from October 2020 to September 2021, which represents federal fiscal year (FFY) 2021.**
- **Ratios were highest among younger age groups (.86 for infants), and lowest among eligible members ages 19-20 (.12).**
- **The state's Screening Ratio has not yet bounced back to the pre-COVID-19 level of .59 in FFY 2019, but some progress was evident relative to FFY2020.**

Table 1. Continuously Eligible Members and Screening Ratios by HSZ and Age Group — Eligible Members — Screening Ratio

HSZ	0 Years of Age		1–2 Years of Age		3–5 Years of Age		6–9 Years of Age		10–14 Years of Age		15–18 Years of Age		19–20 Years of Age		Total	
Cass	533	.87	1,651	.76	2,276	.66	2,503	.49	2,718	.54	1,731	.46	574	.22	11,986	.64
Ward	239	.97	640	.66	861	.68	1,063	.48	1,098	.59	716	.39	226	.13	4,843	.63
Grand Forks	219	.92	598	.73	849	.75	979	.43	1,088	.48	712	.38	214	.13	4,659	.61
Burleigh	260	.91	737	.69	1,044	.60	1,114	.43	1,215	.53	820	.38	296	.10	5,486	.59
Buffalo Bridges	81	.73	232	.70	351	.55	408	.40	435	.51	310	.40	107	.17	1,924	.57
Roughrider North	161	.91	480	.64	632	.54	666	.39	660	.43	441	.33	146	.11	3,186	.56
Out of State	131	.89	520	.65	665	.53	658	.38	653	.37	348	.24	134	.09	3,109	.54
Three Rivers	156	.86	447	.61	668	.58	807	.34	920	.40	627	.36	193	.08	3,818	.51
Agassiz Valley	25	.63	73	.61	102	.61	114	.39	159	.41	97	.36	42	.06	612	.49
South Country	40	.81	124	.60	196	.44	270	.32	320	.49	229	.31	65	.08	1,244	.48
Mountain Lakes	233	.85	692	.49	1,044	.49	1,357	.33	1,632	.46	1,190	.37	360	.09	6,508	.47
Eastern Plains	13	.90	38	.52	69	.40	88	.22	82	.51	70	.42	26	.14	386	.46
North Star	172	.81	411	.57	525	.46	640	.27	639	.27	416	.20	143	.07	2,946	.46
Southwest Dakota	17	.79	39	.47	68	.49	78	.26	64	.35	54	.38	10	—	330	.46
Northern Prairie	40	.76	101	.51	182	.57	225	.28	296	.38	192	.27	65	.08	1,101	.45
Missing	4	—	13	.40	9	—	4	—	4	—	3	—	3	—	40	.44
Northern Valley	53	.90	187	.50	245	.36	324	.29	339	.38	244	.35	80	.08	1,472	.44
RSR	62	.83	157	.48	245	.47	356	.29	414	.35	279	.30	81	.07	1,594	.43
Central Prairie	26	.73	75	.51	134	.42	130	.26	178	.29	111	.16	22	.06	676	.39
Mountrail- McKenzie	103	.74	278	.46	354	.36	437	.29	500	.24	319	.21	103	.08	2,094	.39
Dakota Central	42	.58	114	.53	198	.44	236	.21	234	.29	208	.19	50	.03	1,082	.36
N. Dakota	2,610	.86	7,607	.64	10,717	.58	12,457	.39	13,648	.46	9,117	.36	2,940	.12	59,096	.54

Table 2. Continuously Eligible Members and Participant Ratios by HSZ and Age Group

Eligible Members | Participant Ratio

HSZ	0 Years of Age		1–2 Years of Age		3–5 Years of Age		6–9 Years of Age		10–14 Years of Age		15–18 Years of Age		19–20 Years of Age		Total	
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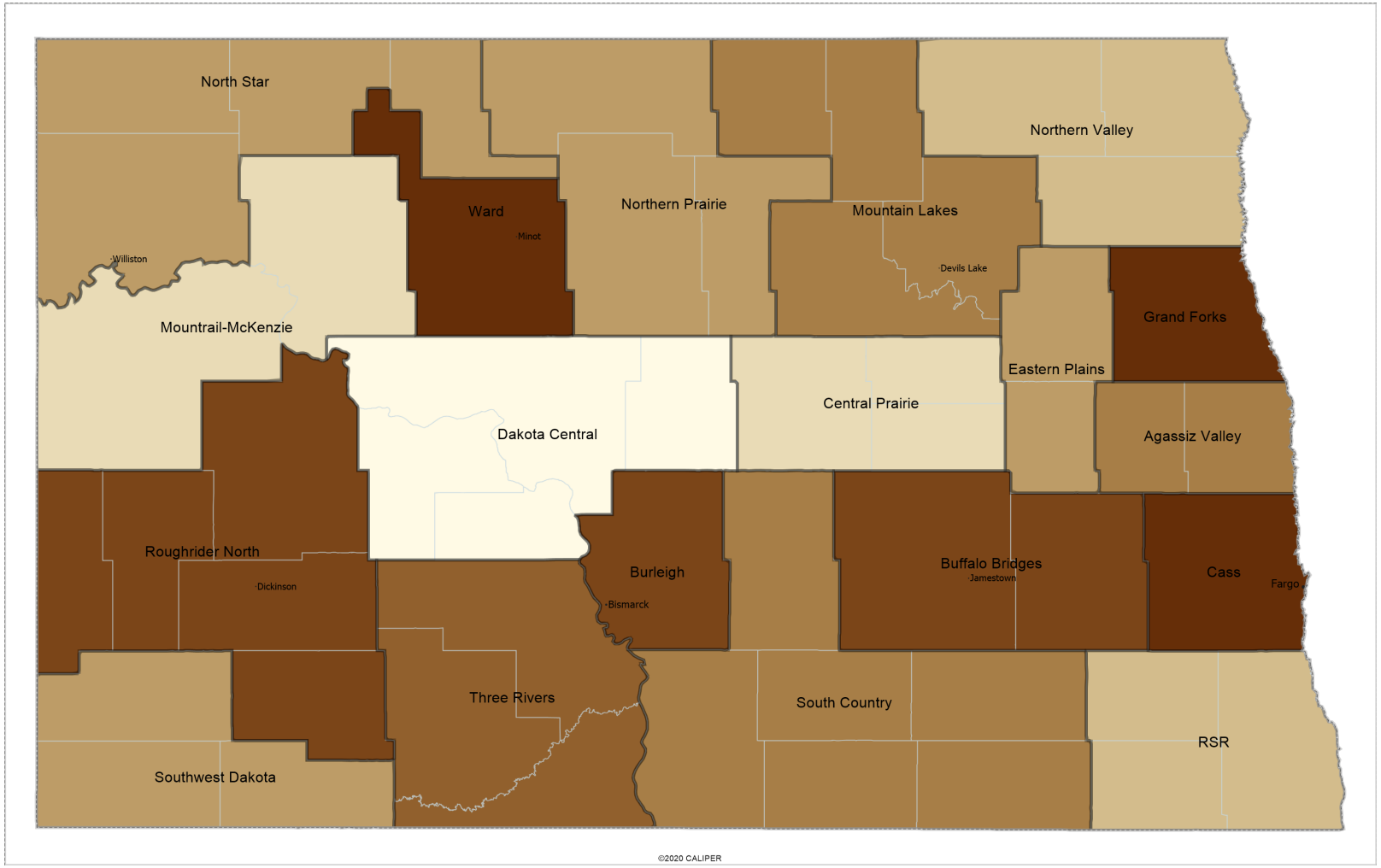
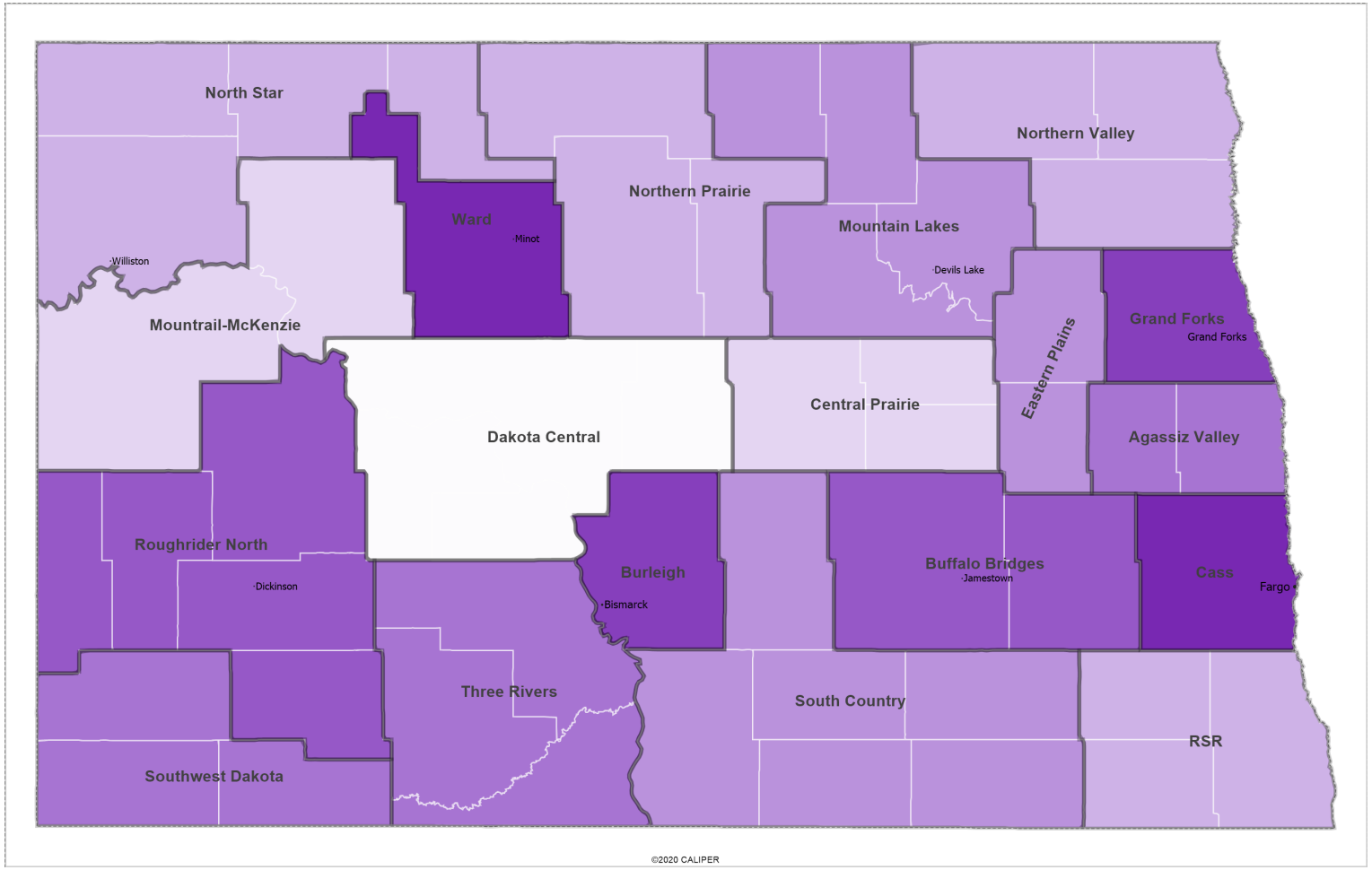
Screening Ratio by HSZ



Participant Ratio by HSZ



LEGEND

County

HSZs

[Part. Ratio]

- 0.30 and below
- 0.30 to 0.36
- 0.36 to 0.37
- 0.37 to 0.40
- 0.40 to 0.44
- 0.44 to 0.47
- 0.47 to 0.50
- 0.50 and above

0 10 20

Miles

Analysis Area 3: Arranging for corrective treatment as determined by child health screenings

- The best information we can gather at a population-level is based on referral data included in CMS Form 416. These data show that across all HSZs and age groups, a nearly identical number of members who received an initial or periodic screen during FFY 2021 (24,537) also had a paid, unpaid, or denied claim for a visit or service that occurred within 90 days from the date of screening (24,549).

- Specific to out-of-state service requests, out of nearly 5,000 documents received related to out-of-state service during calendar year 2021, approximately 3,000 were first-time service requests. Among those requests, 13% were denied (N=388), and 23% were returned (N=685). For the vast majority of these requests, turnaround time for the decision was within one business day.

Analysis Area 4: Report EPSDT performance information annually via Form CMS-416

- It is observed that the North Dakota Medicaid program is in compliance with submitting the CMS form 416, which is the Federal performance information mechanism for the EPSDT program.
- HSG would like to note that the CMS Form 416 is not under the purview of the North Dakota Medicaid Program or North Dakota DHS. Shortcomings of this reporting form–of which HSG notes several below–are not the responsibility nor within the sphere of control of DHS. DHS is, however, bound to using this reporting mechanism, even if the mechanism is imperfect or less-than-satisfactory to North Dakota stakeholders.
- It is the view of HSG that the CMS Form 416 is in fact an imperfect view of the coordination and service provision being provided by DHS to the residents of North Dakota. Due to the narrow definitions used and the format of data reporting, the 416 form does not illustrate the entire picture of children's services in North Dakota.

Analysis Area 5: "Other necessary health care services" provision of EPSDT

- With regard to the provision of Other Necessary Health Services, a review of the clinical process flow in ND and the associated claims processing (followed by a detailed review of claims data and access patterns) showed that North Dakota's Medicaid program is designed and operated to assure that children have access to, and providers are paid for, medically necessary services including required specialty care.
- Most traditional medical and behavioral health services are covered by North Dakota in its Medicaid state plan. Other needed services flagged by providers are covered when deemed medically necessary.
- The process for assuring medical necessity, based on a review by HSG, appears to be very consistent with industry standard rules used by both commercial payers and other state Medicaid programs.

Section 3: Recommendations for Improvement

Recommendations for Improvement

- After reviewing the data that DHS shared directly with HSG and many conversations with DHS senior and program staff, HSG has a few recommendations for ND DHS as it relates to children's services programs. These recommendations are for all stakeholders to contemplate—not just solely DHS.

Recommendations for Improvement

- **1) Rebranding EPSDT-related services away from "program" language to "benefit" language**
  - As discussed in section one, EPSDT represents a series of services that children are entitled to, not a bricks-and-mortar "program." HSG is recommending a full revision of all digital and printed materials to remove this misnomer, in order to help patients and families best understand the benefits they are entitled to.
  - In several places publicly (i.e. internet sites, brochures, literature) on ND publications, EPSDT services are referred to as a "program." While at the national level, one may conceive of EPSDT as a "program," it is beneficial to refrain from using the word "program" when advertising or discussing EPSDT, as individuals and families may think of "programs" in a bricks-and-mortar type of fashion, and wonder why they aren't getting access to a "program," when in reality, the screening process provided by their provider is, in fact, "the program."

Recommendations for Improvement

- **2) Understanding the limits of CMS Form 416 & Developing North Dakota-specific measurement tools**
  - ND DHS will be required to continue to submit CMS Form 416 with regards to the EPSDT program, for the foreseeable future to remain in compliance with CMS. There is some discussion at the national level about updating this form, but HSG suggests that ND not wait for CMS to move on this item.
  - However, as discussed in section two, this CMS Form is grossly unable to answer detailed questions that key stakeholders may have about the program. HSG recommends that ND DHS develop, in coordination with key stakeholders, a list of key questions that we wish to answer about the implementation of EPSDT across the state and work with the data experts housed at ND DHS to develop a reporting plan that would more paint a more wholistic picture of the program's impact.
  - HSG must compliment this recommendation to ND DHS and outside stakeholders with the reminder that additional data work (development of new measurement sets, retrieving and cleaning data, and analysis work) is not a cost-neutral endeavor. Proper resources should be allocated to do this important work.

THANK YOU

HSG

COURAGEOUSLY CREATIVE