

HEALTH TRACKS

Early, Periodic, Screening,
Diagnostic and Treatment
Program (EPSDT)

WHAT IS EPSDT OR HEALTH TRACKS?

The federally mandated health care benefit package, administered in partnership with each state, for essentially ALL Medicaid enrolled children, ages birth through 20 years.



EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found.

WHO IS ELIGIBLE?

Any child who is Medicaid-enrolled is eligible for
EPSDT benefits up until their 21st birthday.

North Dakota enrollment as of March 2020 – 40,455 children.

EPSDT/HEALTH TRACKS SCREENING

Health Tracks requires Medicaid providers to assess a child's health needs through initial and periodic examinations, and to assure that any health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.



SCREENINGS

Screenings are completed by the PCP (Primary Care Provider) or Local Public Health Unit.

PERIODIC SCREENING SCHEDULE:

- Newborn
- 3 to 5 days
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year thru age 20

North Dakota follows Bright Futures for screening recommendations.

COMPONENTS OF A SCREENING

- Health History
- Unclothed “head to toe” physical examination
- Identification of all medical conditions and needs
- Immunizations according to the Advisory Committee on Immunization Practices (ACIP) schedule
- Age-appropriate laboratory tests
- Health education including anticipatory guidance
- Developmental assessment
- Nutritional assessment
- Mental/Behavioral Health screening
- Vision and Hearing screening
- Oral inspection: send child to a dentist twice per year, starting no later than 1 year of age
- Treatment and referrals for any necessary services

MEDICALLY NECESSARY

As defined by the State:

includes only medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment; consistent with the recipient's diagnosis or symptoms; appropriate according to generally accepted standards of medical practice; not provided only as a convenience to the recipient or provider; not investigational, experimental, or unproven; clinically appropriate in terms of scope, duration, intensity, and site; and provided at the most appropriate level of service that is safe and effective.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Under the North Dakota Medicaid program, as a condition of reimbursement, certain covered services and equipment requires prior approval via a service authorization submission. Service authorization reviews are conducted to evaluate the authorization and additional supporting documentation for medical necessity, appropriateness, location of service, cost- effectiveness, and compliance with the Department's DMEPOS manual policy coverage criteria, prior to delivery of service.

To ensure federal funding requirements are met, certain items are reviewed before delivery to a Medicaid member. These items are reviewed for appropriateness based on the member's medical need. In determining medical appropriateness of an item, the Department of Human Service's Utilization Management Team applies six criteria when granting prior approval.

The equipment must:

- Be medically necessary; and
- Be appropriate and effective to the medical needs of the member; and
- Be timely, considering the nature and present state of the member's medical condition; and
- Be furnished by a DMEPOS provider with appropriate credentials; and
- Be the least expensive appropriate alternative health service available; and
- Represent an effective and appropriate use of program funds.

For an example: hearing aids for members under 21 years old requires the following coverage criteria to be met and supports the member' medical necessity when submitting a service authorization request.

1. Audiogram must be performed by an Audiologist or licensed hearing aid dispenser.
2. Hearing aid coverage criteria the member must have hearing loss of 40 dB or greater at frequencies 500, 1000, and 2000 Hz (Avg. of 40 dB) in the ear with best hearing acuity.

COVERAGE DOES NOT INCLUDE:

- Experimental treatments
- Services or items not generally accepted as effective
- Services for the caregiver's convenience
- Services provided in a different country

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

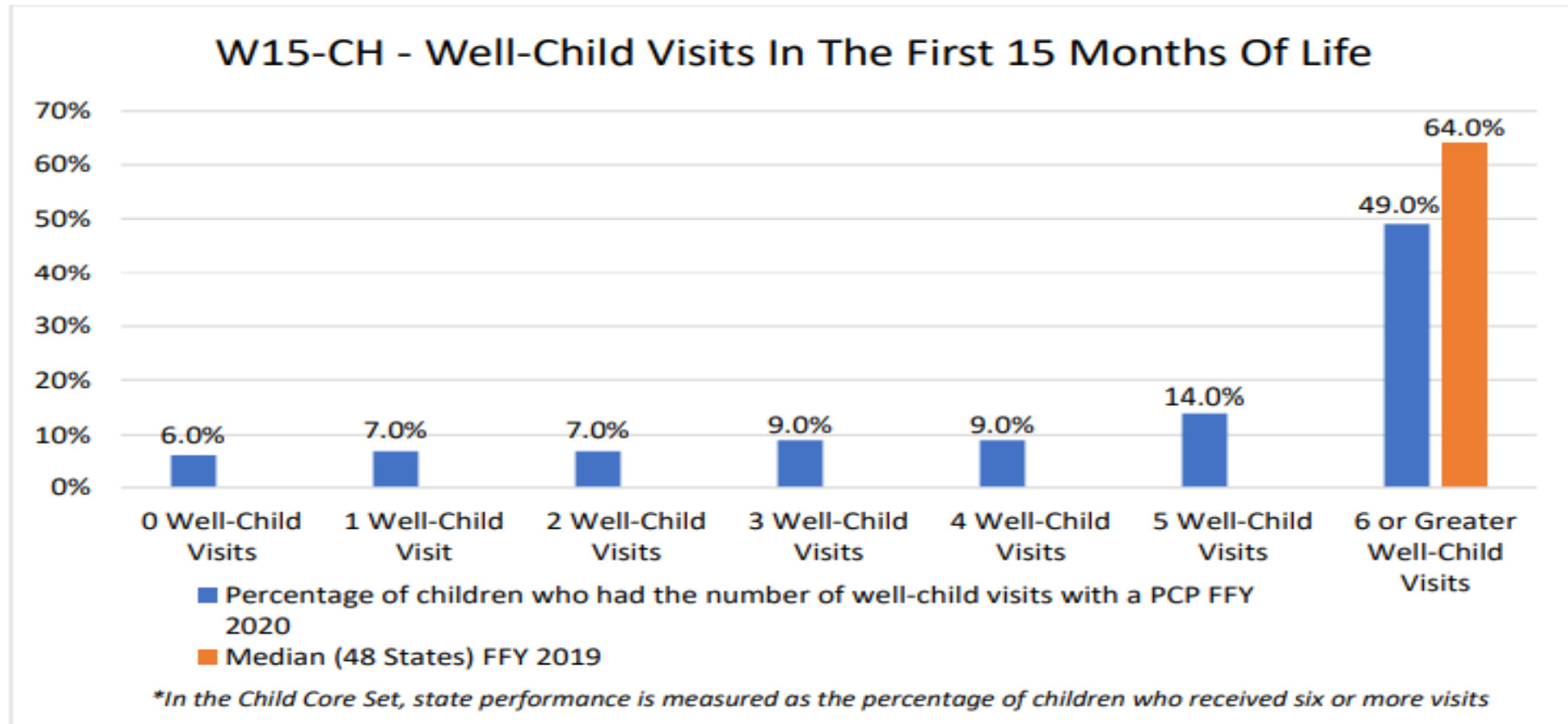


State Code	Fiscal Year								
ND	2020	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS.							
1a. Total Individuals Eligible for EPSDT	CN:	58,405	3,289	7,462	10,486	12,037	13,222	8,321	3,588
	MN:	449	76	105	41	37	57	61	72
	Total:	58,854	3,365	7,567	10,527	12,074	13,279	8,382	3,660
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	54,096	2,606	6,955	9,722	11,287	12,480	7,817	3,229
	MN:	288	29	76	29	18	29	46	61
	Total:	54,384	2,635	7,031	9,751	11,305	12,509	7,863	3,290
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	2,456	34	168	330	653	764	465	42
	MN:	0	0	0	0	0	0	0	0
	Total:	2,456	34	168	330	653	764	465	42
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	555,025	18,291	72,932	101,701	119,230	133,060	83,079	26,732
	MN:	2,525	100	608	310	173	269	430	635
	Total:	557,550	18,391	73,540	102,011	119,403	133,329	83,509	27,367
3b. Average Period of Eligibility	CN:	0.86	0.58	0.87	0.87	0.88	0.89	0.89	0.69
	MN:	0.73	0.29	0.67	0.89	0.80	0.77	0.78	0.87
	Total:	0.85	0.58	0.87	0.87	0.88	0.89	0.89	0.69
4. Expected Number of Screenings per Eligible	CN:		4.06	2.18	0.87	0.88	0.89	0.89	0.69
	MN:		2.03	1.68	0.89	0.80	0.77	0.78	0.87
	Total:		4.06	2.18	0.87	0.88	0.89	0.89	0.69
5. Expected Number of Screenings	CN:	64,425	10,580	15,162	8,458	9,933	11,107	6,957	2,228
	MN:	338	59	128	26	14	22	36	53
	Total:	64,763	10,639	15,290	8,484	9,947	11,129	6,993	2,281
6. Total Screens Received	CN:	33,681	8,983	9,420	4,591	3,654	4,566	2,198	269
	MN:	155	33	68	26	6	3	13	6
	Total:	33,836	9,016	9,488	4,617	3,660	4,569	2,211	275
7. SCREENING RATIO	CN:	0.52	0.85	0.62	0.54	0.37	0.41	0.32	0.12
	MN:	0.46	0.56	0.53	1.00	0.43	0.14	0.36	0.11
	Total:	0.52	0.85	0.62	0.54	0.37	0.41	0.32	0.12
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	48,244	2,606	6,955	8,458	9,933	11,107	6,957	2,228
	MN:	256	29	76	26	14	22	36	53
	Total:	48,500	2,635	7,031	8,484	9,947	11,129	6,993	2,281
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	20,203	2,337	4,349	3,989	3,335	4,031	1,948	214
	MN:	94	8	38	20	6	3	13	6
	Total:	20,297	2,345	4,387	4,009	3,341	4,034	1,961	220

10. PARTICIPANT RATIO	CN:	0.42	0.90	0.63	0.47	0.34	0.36	0.28	0.10
	MN:	0.37	0.28	0.50	0.77	0.43	0.14	0.36	0.11
	Total:	0.42	0.89	0.62	0.47	0.34	0.36	0.28	0.10
11. Total Eligibles Referred for Corrective Treatment	CN:	20,194	2,342	4,361	3,994	3,336	4,034	1,948	179
	MN:	94	8	38	20	6	3	13	6
	Total:	20,288	2,350	4,399	4,014	3,342	4,037	1,961	185
12a. Total Eligibles Receiving Any Dental Services	CN:	16,511	17	754	3,139	4,779	4,827	2,576	419
	MN:	89	0	10	10	9	13	23	24
	Total:	16,600	17	764	3,149	4,788	4,840	2,599	443
12b. Total Eligibles Receiving Preventive Dental Services	CN:	14,740	5	519	2,824	4,447	4,448	2,187	310
	MN:	76	0	7	10	7	11	19	22
	Total:	14,816	5	526	2,834	4,454	4,459	2,206	332
12c. Total Eligibles Receiving Dental Treatment Services	CN:	6,887	5	62	1,031	2,149	1,984	1,416	240
	MN:	35	0	0	1	2	6	11	15
	Total:	6,922	5	62	1,032	2,151	1,990	1,427	255
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	2,293				1,330	963		
	MN:	3				1	2		
	Total:	2,296				1,331	965		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	15,451	15	749	3,067	4,427	4,458	2,388	347
	MN:	85	0	10	10	8	12	21	24
	Total:	15,536	15	759	3,077	4,435	4,470	2,409	371
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	3,191	47	1,161	823	451	436	197	76
	MN:	14	0	7	5	1	1	0	0
	Total:	3,205	47	1,168	828	452	437	197	76
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	17,149	51	1,613	3,416	4,727	4,695	2,305	342
	MN:	88	0	14	15	7	11	19	22
	Total:	17,237	51	1,627	3,431	4,734	4,706	2,324	364
13. Total Eligibles Enrolled in Managed Care	CN:	47,634	2,467	5,824	8,465	10,116	10,982	6,691	3,089
	MN:	103	10	22	18	7	14	22	10
	Total:	47,737	2,477	5,846	8,483	10,123	10,996	6,713	3,099
14a. Total Number of Screening Blood Lead Tests	CN:	1,549	9	967	573				
	MN:	11	0	9	2				
	Total:	1,560	9	976	575				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		within certain diagnoses codes (Method I)	Enter X for Method I		Enter X for Method II		Enter X for Method III		
			X	HEDIS (Method II)		Combination Methodology (Method III)			

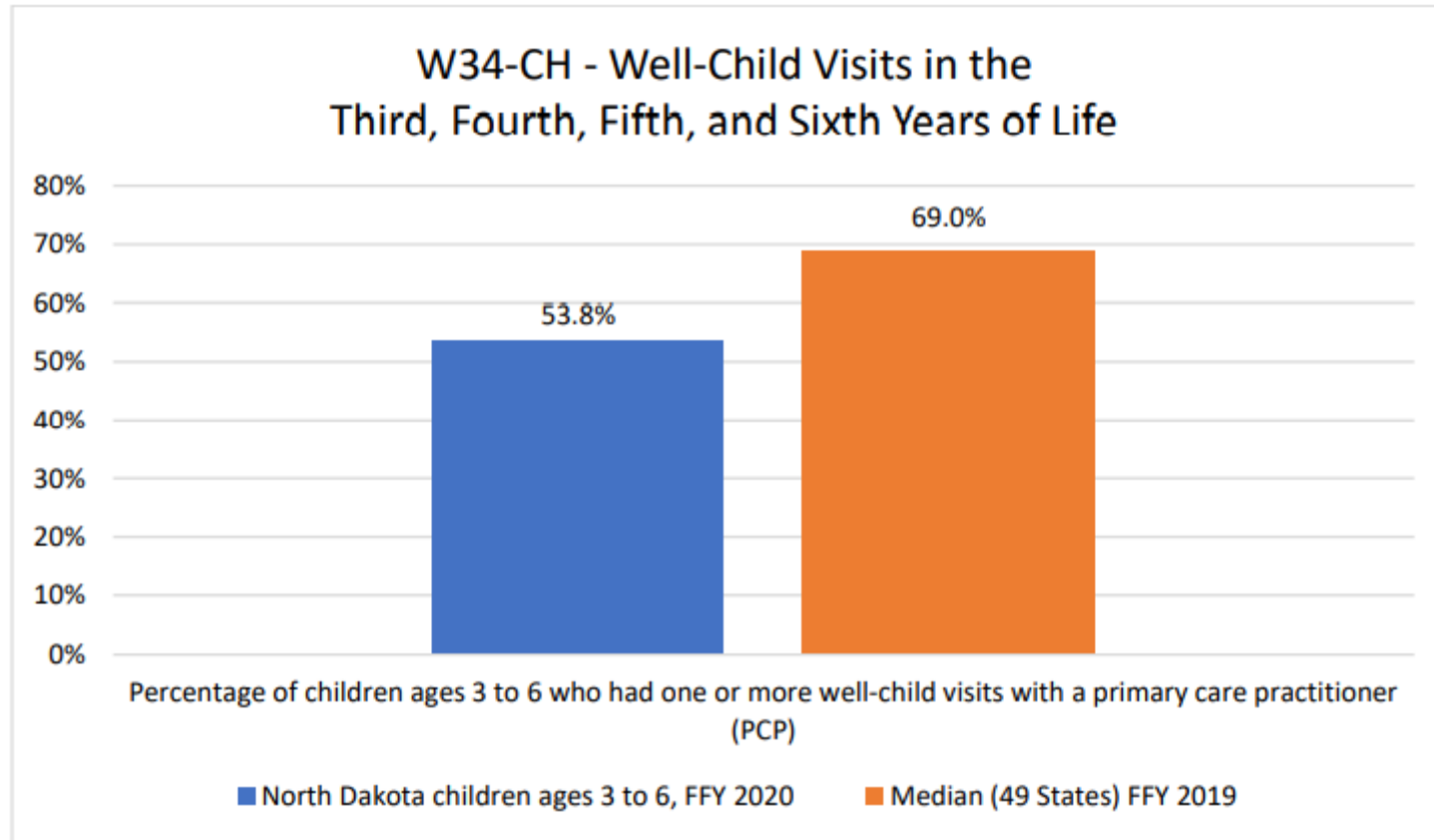
Note: "CN"=Categorically Needy, "MN"= Medically Needy

NORTH DAKOTA'S CHILD CORE SET: CHILDREN'S HEALTH CARE QUALITY MEASURES FOR MEDICAID



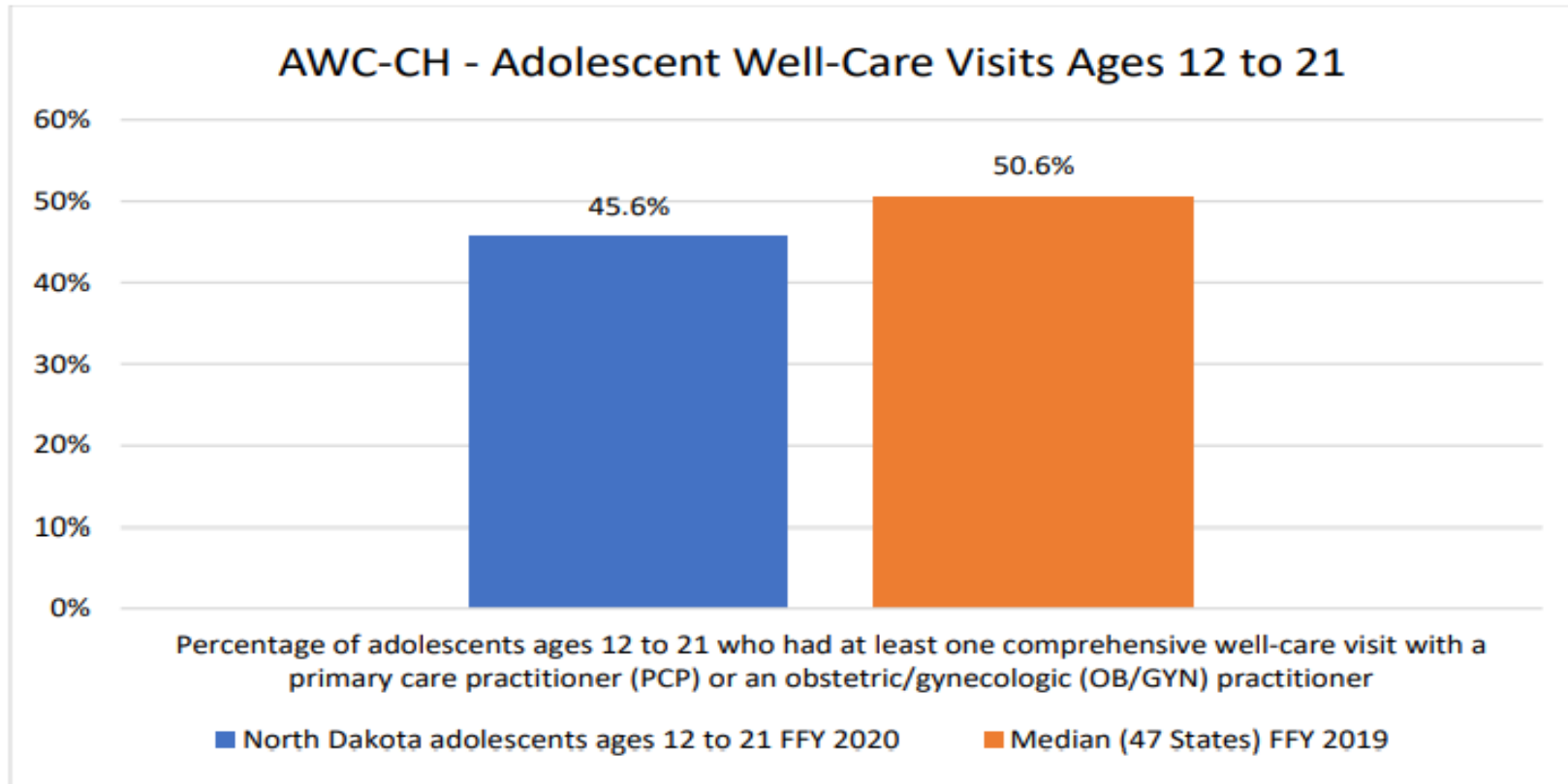
FFY 2019 rate - 48.4%

NORTH DAKOTA'S CHILD CORE SET: CHILDREN'S HEALTH CARE QUALITY MEASURES FOR MEDICAID



FFY 2019 rate – 53.2%

NORTH DAKOTA'S CHILD CORE SET: CHILDREN'S HEALTH CARE QUALITY MEASURES FOR MEDICAID



FFY 2019 rate
– 40.1%

Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/data.html>



Human Services

HB 1012 – EPSDT STUDY

- EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT PROGRAM. During the 2021-22 interim, the department of human services shall conduct a study of the early and periodic screening, diagnostic, and treatment program and prepare a report. The department of human services may contract with a consultant to assist in the study and the preparation of the report. The report shall include data on the number, ages, and geographic locations of children receiving screening, diagnostic, and treatment services; the capacity of the program to ensure all children who require screening, diagnostic, and treatment services are identified and receive services; data on the disposition of referrals of children who are screened and eligible for diagnostic and treatment services, including how many receive services and how many do not receive those services by county; an assessment of the program's efforts to provide comprehensive screening and treatment for children as required by federal law; an assessment of the deficits of the program's efforts to provide comprehensive screening and treatment as required by federal law; recommendations to ensure or expand services so that all eligible children are adequately served by the program; and additional data needed to assess the program accountability and efficiency. Before October 1, 2022, the department of human services shall provide the report to the legislative management.

HB 1012 – EPSDT STUDY

- Department is still working out the details around having an independent entity help conduct the study.
- The study will be submitted to legislative management in the summer of 2022.

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