HEALTH TRACKS
Early, Periodic, Screening, Diagnostic and Treatment (EPSDT)
The goal of EPSDT is early detection, prevention, and treatment of problems for ALL children and youth enrolled in Medicaid.
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 21\textsuperscript{st} birthday.

North Dakota enrollment as of March 2020 – 40,455 children.
IS EPSDT DIFFERENT FROM MEDICAID?

Yes, through EPSDT, each state’s Medicaid plan must provide to any EPSDT recipient *any medically necessary health care service*, even if the service is not available under the State’s plan to the rest of the Medicaid population.
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.
PERIODIC SCREEN

The Health Tracks (periodic) screen is a comprehensive check-up. It is not necessarily a well-child checkup, because the doctor can do a comprehensive checkup sometimes when a child is ill. However, a comprehensive checkup is usually done at the time a well-child checkup is scheduled.
PERIODIC SCREEN

In order for a comprehensive checkup to be counted as a Health Tracks(periodic) screening, the checkup must include all of the components outlined for in Health Tracks screening (i.e. mental health, hearing, dental, developmental, laboratory screenings). If only some components are included, it should be considered an inter-periodic screen.
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.
# PERIODIC SCREENING SCHEDULE:

## Recommendations for Preventive Pediatric Health Care

![Bright Futures/American Academy of Pediatrics logo]

These recommendations represent a consensus of the American Academy of Pediatrics (AAP) and represent the latest science. This report continues to emphasize the critical importance of continuity of care. Concerns that comprehensively address the child’s health have the best chance to produce a healthy child. The report is a collaborative effort by the AAP, the American Academy of Family Physicians, and the American Academy of Nurse Practitioners. Recommendations for Preventive Pediatric Health Care are updated annually. The recommendations in this statement do not indicate an exclusive course of treatment as a standard of medical care. Variations, taking into account individual circumstances, that are appropriate and that may be necessary in the child’s best interest, are the responsibility of the health care provider.

## Table of Recommendations

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0-1 mo</th>
<th>1-6 mo</th>
<th>6-12 mo</th>
<th>1-2 years</th>
<th>2-3 years</th>
<th>3-5 years</th>
<th>5-10 years</th>
<th>10-13 years</th>
<th>13-18 years</th>
<th>18-21 years</th>
</tr>
</thead>
</table>

**NOTES:**

- **<** = To be performed
- **=** = Risk assessment to be performed with appropriate action as needed, if positive
- **<** = Recognize when a service may be provided

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*American Academy of Pediatrics*
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
INTER-PERIODIC VISITS

Any care that occurs outside the periodic screening schedule. (Includes partial screenings.)
NORMAL SCREENING RESULTS

If the screening is normal, the PCP or Public Health Unit should:

- Assist the family in scheduling the next Health Tracks screening
- Ensure that bi-annual dental exams occur (by 1 year of age)
ABNORMAL SCREENING RESULTS

- Develop a treatment plan
- Provide treatment, if appropriate
- Refer to a provider for further evaluation or treatment, if necessary
- Assist the family in scheduling the next Health Tracks screening
- Ensure that bi-annual dental exams occur (at age 1 year of age)
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
North Dakota
Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
Federal Fiscal Year 2019

W15-CH - Well-Child Visits In The First 15 Months Of Life

- 5.8% for 0 Well-Child Visits
- 5.5% for 1 Well-Child Visit
- 7.4% for 2 Well-Child Visits
- 9.5% for 3 Well-Child Visits
- 9.4% for 4 Well-Child Visits
- 14.0% for 5 Well-Child Visits
- 63.2% for 6 or Greater Well-Child Visits

*Percentage of children who had the number of well-child visits with a PCP
(Median of 47 States)

In the Child Core Set, state performance is measured as the percentage of children who received six or more visits by 15 months.
W34-CH - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP)

- North Dakota children ages 3 to 6: 53.2%
- Median (48 States): 69.3%
Children’s Health Care Quality Measures for Medicaid and Children’s Health Insurance Program:
http://www.nd.gov/dhs/services/medicalserv/medicaid/data.html
Service authorizations may be submitted by the physician, clinic, dental office, or hospital for a variety of services. Examples are:

- Durable Medical Equipment
- Dental Services
- Eyeglasses
- Physical Therapy, Occupational Therapy, and Speech Therapy
- Psychiatric Evaluations, Therapy, and Testing
- General Medical Services (Genetic Testing)
- Out of State Visits
Service Authorizations may be returned or denied for missing information such as:

- Member ID Number
- Provider NPI
- Missing or Invalid Service/Procedure Code
- Missing or Invalid Diagnosis Code
- Missing or Incomplete Documentation
- Quadrant, Tooth Number, or Tooth Surface Information (Dental Only)
- Form completed incorrectly
Out of state authorizations must be submitted by the in state referring physician by using SFN form 769 and submitted to The Department prior to the visit taking place.
Contact information for questions regarding service authorization:
Call Center: 1-877-328-7098
Behavioral Health: 701-328-7068
Dental: 701-328-4825
Durable Medical Equipment: 701-328-2764
Non-Emergency Transportation: 701-328-4312
Optometry: 701-328-4825
Out of State Services: 701-328-2159
Service Limits: 701-328-4825
Email: dhsserviceauth@nd.gov
All Service Authorization forms can be found at www.nd.gov/eforms.

Provider Entry Instructions for DME can be found at: http://www.nd.gov/dhs/info/mmis/docs/mmis-dme-service-authorization-entry-qrg.pdf

Provider Manuals and Policy information can be found at: http://www.nd.gov/dhs/services/medicaid/provider-all.html
Thank you.
NORTH DAKOTA MEDICAID DURABLE MEDICAL EQUIPMENT AND SUPPLIES
The North Dakota Legislature enacted legislation, which permits direct payment to providers for medically necessary services provided to medical assistance recipients. This legislation is contained in Title 75 Article 02, Chapter 02 of the North Dakota Administrative Code. This law conforms to Title XIX of the Federal Social Security Act, Section 1901, to enable each state to furnish:

- Medical assistance on behalf of families with dependent children, aged, blind or disabled individuals, whose income and resources are insufficient to meet the cost of necessary medical services; and

- Rehabilitation and other services to help such families and individuals to attain or retain the capability of independence or self-care.

This program is referred to as Medicaid, or Title XIX. Funding is provided by a combination of state and federal dollars.
North Dakota Medicaid follows Medicare’s coverage requirements for some items. A Medicare manual is available from the Durable Medical Equipment Regional Carrier (DMERC) website. North Dakota Medicaid considers Medicare, Region D DMERC medical review policies as the minimum DMEOPS (Durable Medical Equipment Prosthetics and Supplies) industry standard. This manual covers criteria for items, which are either in addition to Medicare requirements or are items Medicare does not cover.

North Dakota Medicaid coverage determinations are a combination of Medicare, Region D DMERC policies; Centers for Medicare and Medicaid Services (CMS) National Coverage Decisions and the Department designated medical review decisions. DMEPOS providers are required to follow specific North Dakota Medicaid policy or applicable Medicare policy when a North Dakota Medicaid policy does not exist.
WHAT IS NORTH DAKOTA MEDICAID DME ROLE IN EPSDT?
The Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) is a comprehensive approach to health care for Medicaid members under age 21.

- EPSDT is designed to prevent, identify, and then treat health problems before they become disabling.

- Children with needs identified during a screening, may receive any medically necessary DMEPOS item/items described in the North Dakota DME manual.

- All applicable service authorization requirements apply.
APNEA MONITOR
ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSIS
AFO AND KAFO, CUSTOM:
BATH/SHOOWER CHAIR OR TUB
STOOL/BENCH
BILIRUBIN LIGHTS
BLOOD GLUCOSE MONITORS:
BREAST PUMP
CANE/CRUTCHES
CERVICAL TRACTION HOME DEVICES
CHEST WALL OSCILLATING DEVICE (AIRWAY VEST SYSTEM)
COMMODES/CHAIRS
CONTINUOUS PASSIVE MOTION EXERCISE (CPM)
CONTINUOUS POSITIVE AIRWAY DEVICE (CPAP)
CRANIAL REMOLDING ORTHOSIS
ENTERAL NUTRITION
EXTERNAL BREAST PROSTHESIS
EXTERNAL INSULIN PUMP
EXTERNAL FUSION PUMP
EYE PROSTHESIS
FACIAL PROSTHESIS
COVERED EQUIPMENT AND SUPPLIES

HEARING AIDS AND BATTERIES
HOSPITAL BEDS
INCONTINENCE GARMENTS
NEBULIZERS
INCONTINENCE GARMENTS (ADULT & YOUTH)
NEBULIZERS:
OSTEOSTIMULATORS
OSTOMY SUPPLIES:
OXYGEN EQUIPMENT
PARENTERAL NUTRITION
PATIENT LIFTS
PNEUMATIC PRESSURE DEVICES
POWER OPERATED VEHICLE
PRESSURE REDUCING SUPPORT SERVICES
PROSTHETIC DEVICES
PULSE OXIMETER/SUPPLIES
RESPIRATORY ASSIST DEVICES (BIPAP
SADD LIGHTS
SEAT LIFT MECHANISM
SPEECH GENERATING DEVICE
STANDING FRAME
SUCTION PUMPS
SURGICAL DRESSINGS
THERAPEUTIC SHOES/ INSERTS
TLSO/LSO
TRACH CARE KITS
TRANSCUTANEOUS ELECTRICAL NERVE STIMULATORS (TENS)
UROLOGICAL SUPPLIES:
WALKERS/GAIT TRAINERS
WHEELCHAIR -- MANUAL
WHEELCHAIR -- OPTIONS/ACCESSORIES
WHEELCHAIR -- POWERED BASE
WHEELCHAIR -- SEATING
WOUND THERAPY DEVICES OSTEOGENIC
EXAMPLES OF ITEMS THAT ARE NOT CONSIDERED DME

Jiggler’s Facial Massager

Enclosed Bed
HOW TO RECEIVE A DME ITEM

First Step

Second Step
Contact Information

Tammy Holm

701-328-2764

tamholm@nd.gov
ND MEDICAID
OUT OF STATE SERVICES
CRITERIA FOR OUT OF STATE SERVICES

- Medically Necessary Care
- Not available from an In-state provider
- Out of State Provider is an enrolled ND Medicaid provider
Medically Necessary (as defined by ND Administrative Code 75-02-02) – includes only medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment; consistent with the patient’s diagnosis or symptoms; appropriate according to generally accepted standards of medical practice; not provided only as a convenience to the patient 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.
OUT OF STATE CARE

- **Out-of-state care** (as defined by ND Administrative Code 75-02-02) means care or services furnished by any individual, entity or facility, pursuant to a provider agreement with the department, at a site located more than fifty statute miles from the nearest ND border.
  - Services received outside of the United States are not covered
OUT OF STATE SERVICES

- All Out of state medical services require prior authorization requested by a ND provider
  - Exceptions:
    - If the out of state service is provided within 50 miles of a ND border by an enrolled ND Medicaid provider
    - If medically emergent the referring provider/facility has 48 hours after the transfer to submit the request for out of state services

- Out State Services are based on North Dakota Administrative Code 75-02-02-13 and 75-2-02-13.1 and 42 Code of Federal Regulations 440.230(d)
FOR AN OUT OF STATE SERVICE

- The member's ND primary care provider or specialty provider must submit a written request (SFN 769) to ND Medicaid prior to the out of state appointment. The written request must include:
  - medical documentation to support the need for out-of-state services
  - if there is the same specialty available in ND as the one being requested out of state, a written opinion from the in-state specialist, following a current (within 3 months) examination, which substantiates the medical need for out-of-state care
  - physician/specialty and facility being referred to, and
  - assurance that the service is not available in North Dakota

- A request for Out of State Services is needed even if the member has primary health care coverage/insurance
WHEN TO SUBMIT A REQUEST FOR OUT OF STATE SERVICES

- Members/family members are asked to speak to their ND providers regarding a request for out of state services at least 1-2 months in advance when possible.
- Providers are asked to submit the request for Out of State Services 1-2 months prior to date of service, whenever possible.
- It may take up to 2-3 weeks to process a request for out of state services.
EMERGENCY OUT OF STATE SERVICES

- If a member is transferred out of state due to an emergency the ND facility that transferred the member must submit the out of state request along with the emergency visit medical reports within 48 hours. The request must indicate if air or ground ambulance was used to transfer the member.
  - If transferred on a Friday night, the request can be submitted on Monday
WHO IS NOTIFIED OF THE OUT OF STATE DETERMINATION?

- When a determination is made on a request for out-of-state services a copy of the letter is faxed to:
  - the requesting ND provider
  - the requested out-of-state provider/facility
  - the member’s county social service office/Human Service Zone
    - The county is faxed a copy of the determination letter as they are the ones to assist the member with travel/meals/lodging
  - the member is mailed a copy of the letter
In August 2020, the Out of State fax line received 310 faxes
- 105 requests were approved (53%)
- 57 requests were returned (28%)
- 20 requests were denied (10%)
- 14 requests were pended (6%)
- 5 requests had a combined response (3%) – some services were approved, denied and/or pended
- 56 of the faxes were Utilization Review (out of state hospitalization)
- 51 where reports and updates
- 22 Miscellaneous faxes (not for out of state services, duplicates, incomplete faxes)
REASONS FOR A RETURNED REQUEST
AUGUST 2020

- Supporting Medical documentation was missing – 28%
- SFN 769 (request form) was missing or incomplete -19%
- The request was previously processed – 10%
- Request was made to a provider within 50 miles of the border (authorization not needed) - 9%
- Member is not eligible – 9%
- The out of state facility is not enrolled with ND Medicaid – 7%
- The request was a retro request – 5%
- Other (illegible, total pages not received) – 13%
LENGTH OF TIME FROM RECEIVING A REQUEST TO THE TIME A DETERMINATION LETTER IS SENT OUT

Mar. 2020: Information not collected prior to March 2020

Apr. 2020: .6, or less than 1 day

May 2020: 1.15 days

June 2020: .90, or less than 1 day

July 2020: .75 or less than 1 day

Aug. 2020: .92, or less than 1 day
Non-Emergency Medical Transportation
The North Dakota Medicaid Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments, lodging and meals.

All NEMT services (travel, meals and lodging) are authorized and arranged by the Human Service Zone or Tribal office in the member’s county of residence.

To be eligible for transportation services, members must have no other means of transportation available and are only transported to medical services covered under the ND Medicaid program.
Meals and lodging are allowed only when medical services or travel arrangements require a member to stay overnight.

Transportation expenses may be authorized for one parent or guardian to travel with a child who is under the age of eighteen years of age. No additional travel expenses may be authorized for another driver, attendant or parent unless the referring practitioner, in conjunction with, DHS determines that person’s presence is necessary for the physical or medical needs of the child.

Out of state medical appointments must be prior authorized by the DHS Medical Services Division prior to making travel arrangements.
Enrolled Brokers & Lodging Providers in Minnesota

Brokers
• University Of Minnesota Medical Center
• Mayo

Provider
• Best Western St. Paul

A broker has contracts with multiple travel, lodging and meal entities. When contacted by the Human Service Zone or Tribal Office they make the necessary reservations.

A provider is a travel, lodging or meal entity that is enrolled with North Dakota Medicaid. They are directly contacted by Human Service Zone or Tribal Office to make reservations.