HEALTH TRACKS

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

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The goal of EPSDT is early detection, prevention, and treatment of problems for ALL children and youth enrolled in Medicaid.

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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.

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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.

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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.

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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.**

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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.

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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.

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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.

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SCREENINGS

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

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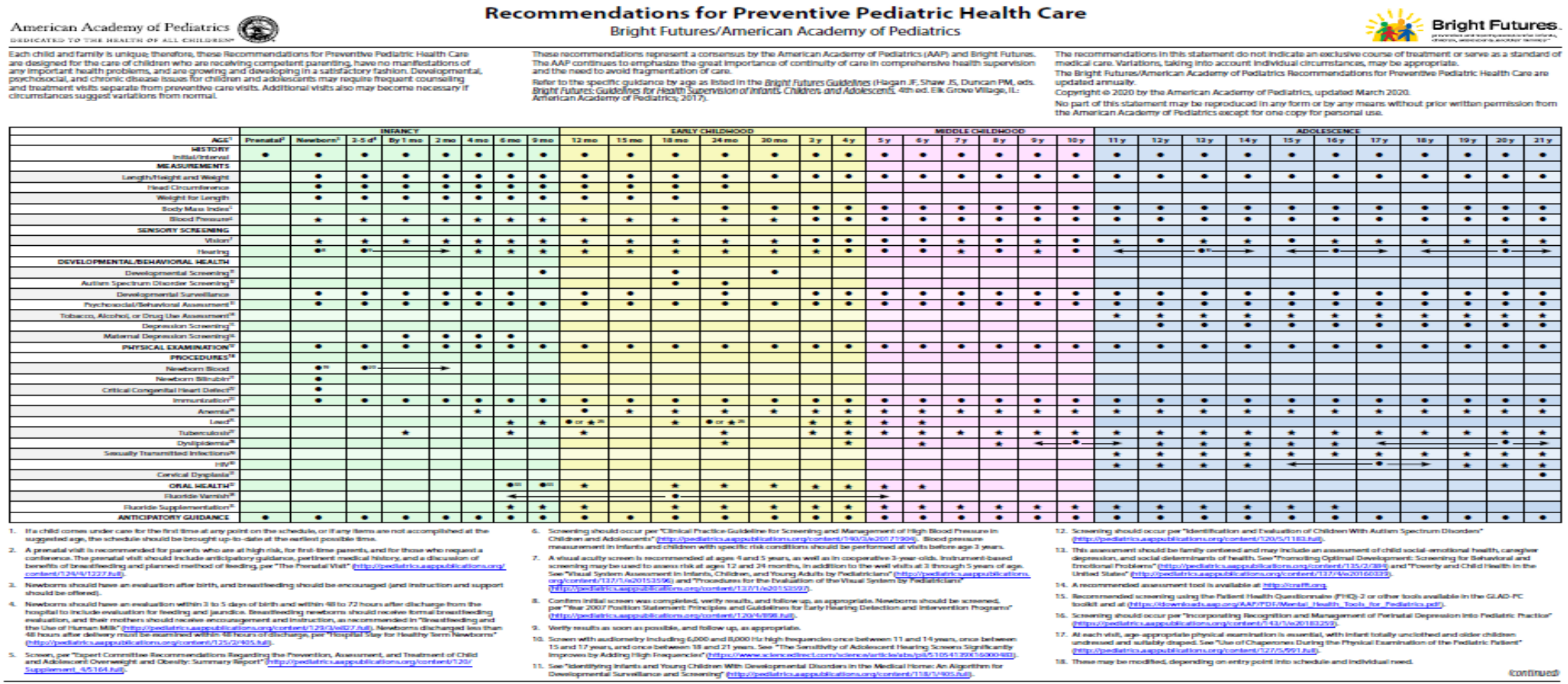
PERIODIC SCREENING SCHEDULE:

- 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:



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9]	———	———	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	◄——	———	———	●[9]	——►	◄——	●	——►	◄——	●	——►
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[10]								●			●		●																		
Autism Spectrum Disorder Screening[11]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[12]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[13]																						★	★	★	★	★	★	★	★	★	★
Depression Screening[14]																							●	●	●	●	●	●	●	●	●
Maternal Depression Screening[15]				●	●	●	●																								
PHYSICAL EXAMINATION[16]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[17]																															
Newborn Blood		●[18]	●[19]	——►																											
Newborn Bilirubin[20]		●																													
Critical Congenital Heart Defect[21]		●																													
Immunization[22]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[23]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[24]							★	★	● or ★[25]		★	● or ★[25]		★	★	★	★														
Tuberculosis[26]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[27]												★			★		★		★	◄——	●[28]	——►	★	★	★	★	★	◄——	——►	★	★
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	◄——	●[28]	——►	★	★	★
Cervical Dysplasia[31]																															●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★														
Fluoride Varnish[34]							◄——	——►	———	———	●	———	———	———	——►																
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16300480).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at (https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf).
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant fully unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ◄—— ● ——► = range during which a service may be provided

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

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INTER-PERIODIC VISITS

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

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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)

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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)

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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

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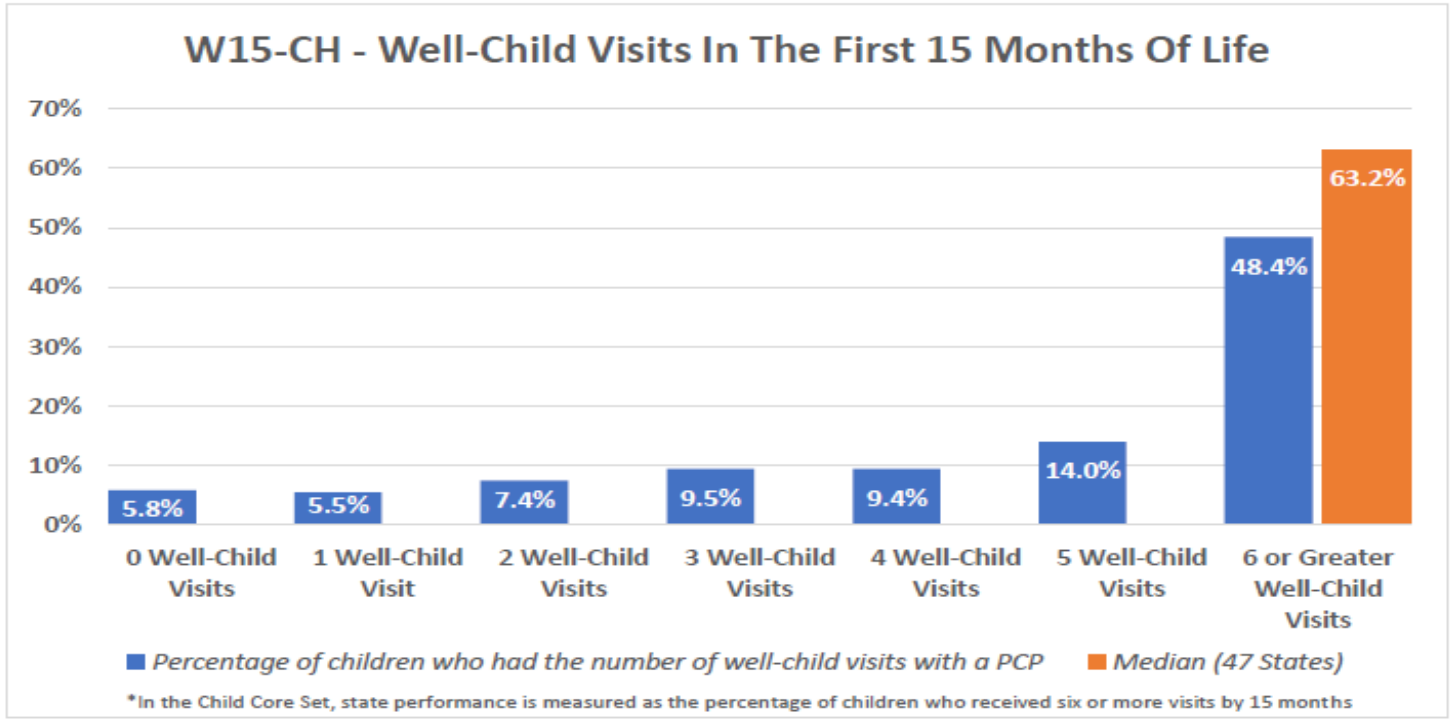
North Dakota
Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
Federal Fiscal Year 2019



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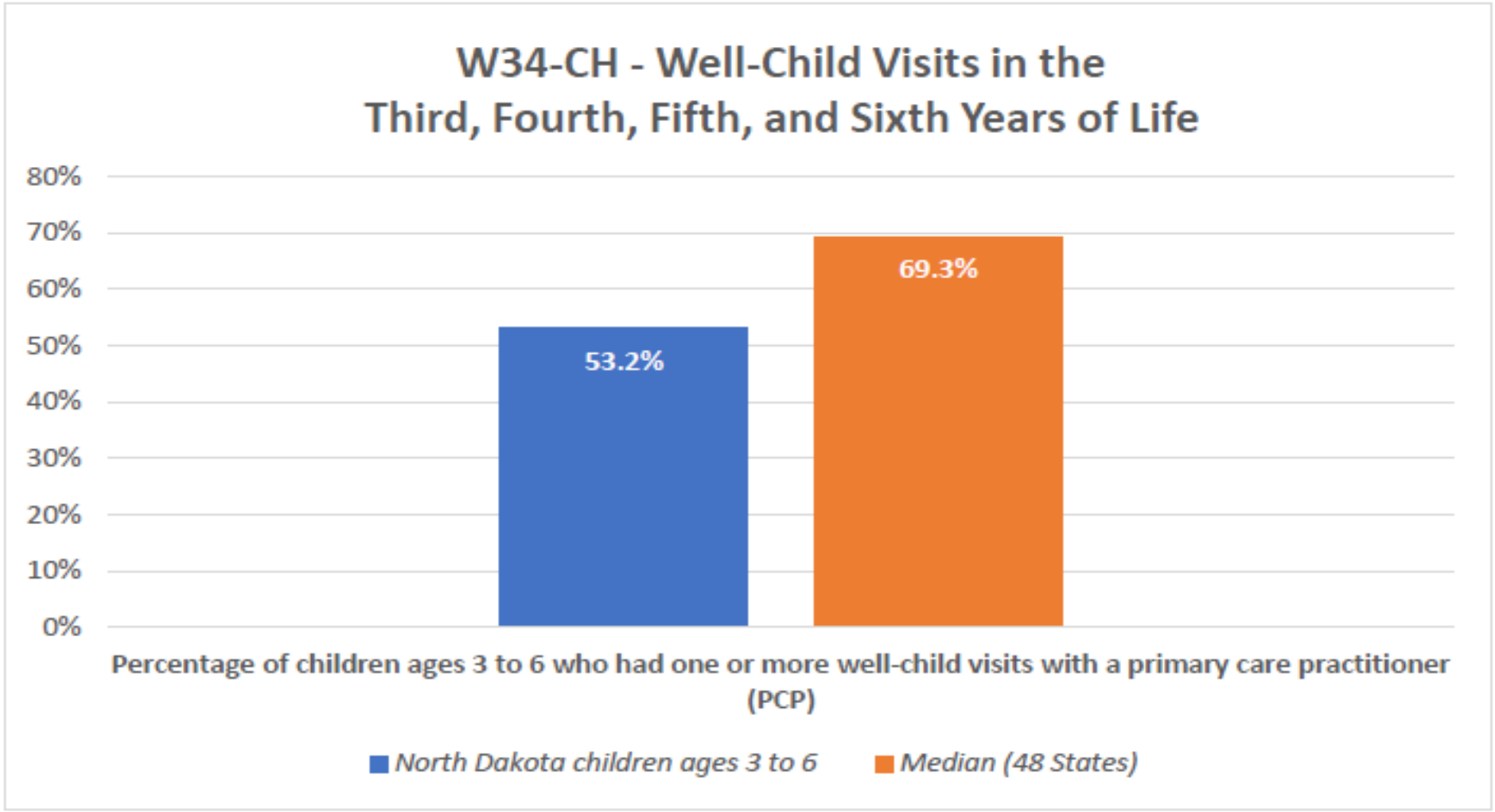

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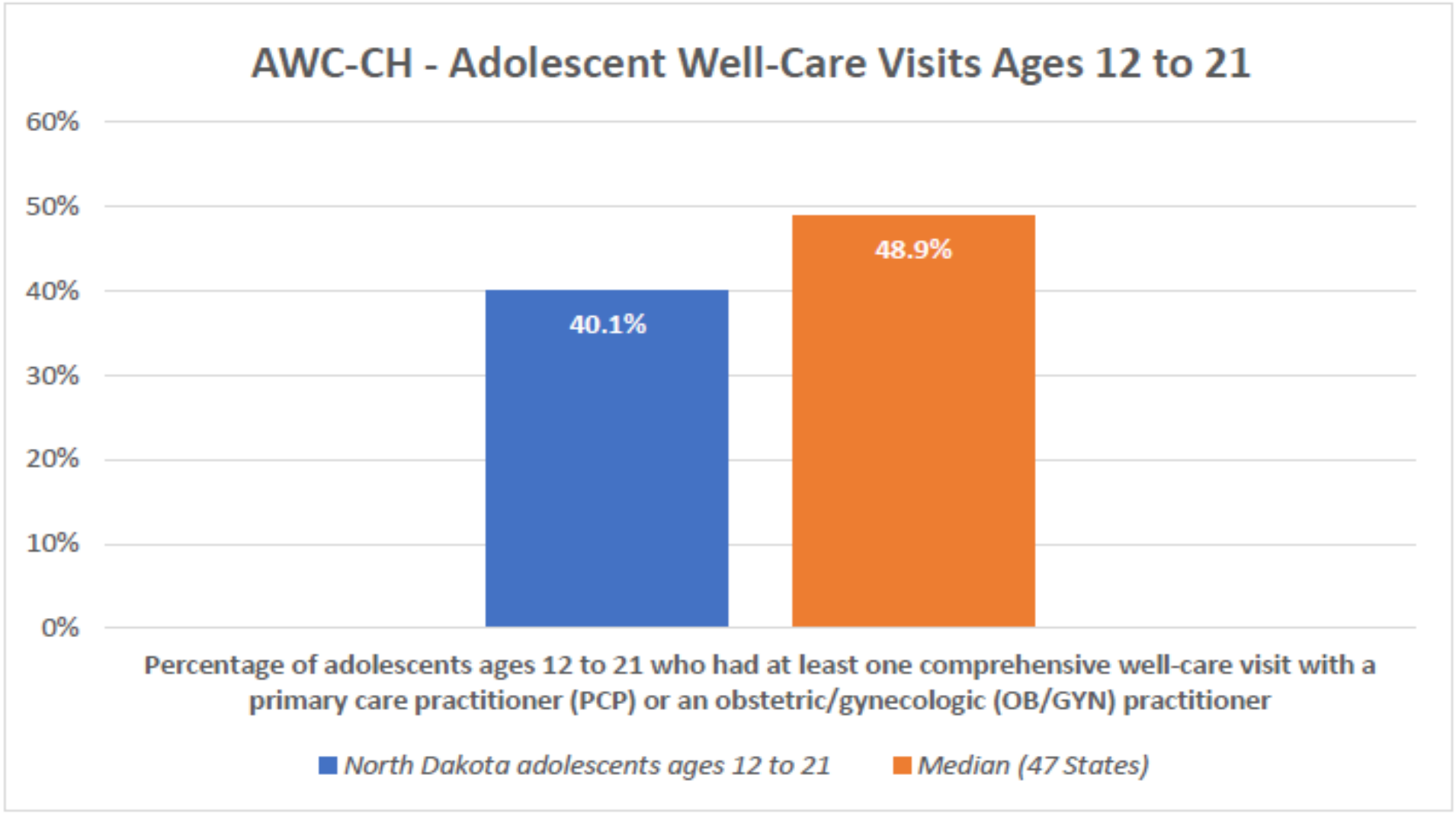

Children's Health Care Quality Measures for Medicaid and Children's Health Insurance Program:
http://www.nd.gov/dhs/services/medicalserv/medicaid/data.html

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JODI HULM

JMHULM@ND.GOV

701-328-2323

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Welcome!!

ND Department of Human Services – Medical Services

September 2020

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- 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

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- 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

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- 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.

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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

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- 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/medicalserv/medicaid/provider-all.html

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Thank you.

NORTH DAKOTA MEDICAID DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Purpose of the Medicaid Program

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.

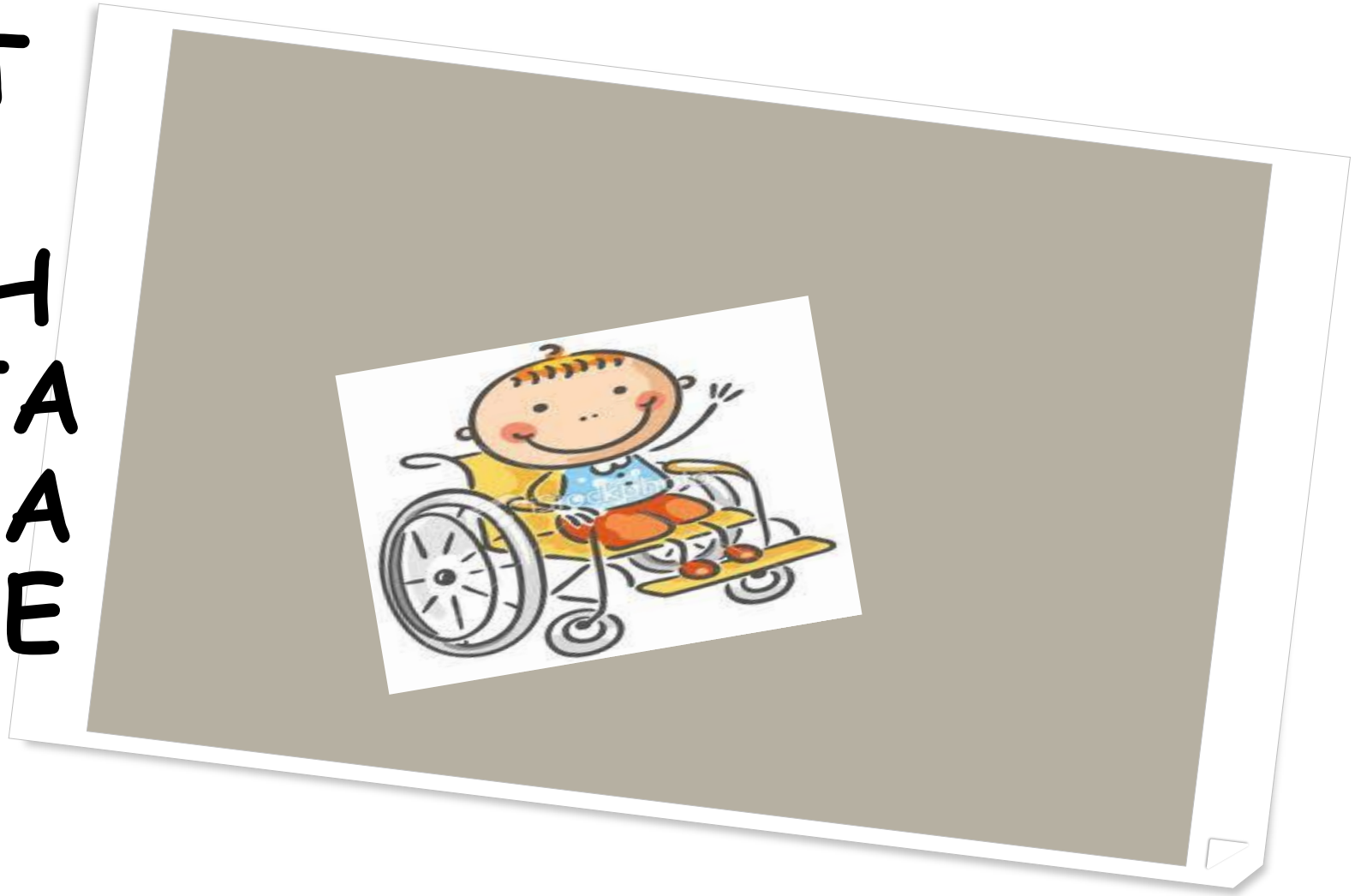
This program is referred to as Medicaid, or Title XIX. Funding is provided by a combination of state and federal dollars.

DME GENERAL COVERAGE PRINCIPLES

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?



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.

COVERED EQUIPMENT AND SUPPLIES

APNEA MONITOR

ANKLE-FOOT/KNEE-ANKLE-FOOT ORTHOSIS

AFO AND KAFO, CUSTOM:

BATH/SHOWER 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:

OSTEOGENIC BONE STIMULATOR

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

COVERED EQUIPMENT AND SUPPLIES

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

| Tripp Trap Chair

TheraTogs™ ULTRA Full Body System

| Hi-Lo Activity Chair

Special Tomato® Soft-Touch® Floor Sitter

Pea Pod Sensory chair

| Peanut Ball

P-Postural Positioning Chair

Keeraroo Chair

ARK's Z-VIBE SENSORY INTEGRATION

Upsee Walking Harness

Firefly Splashy Chair

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

- **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 a 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 (with-in 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

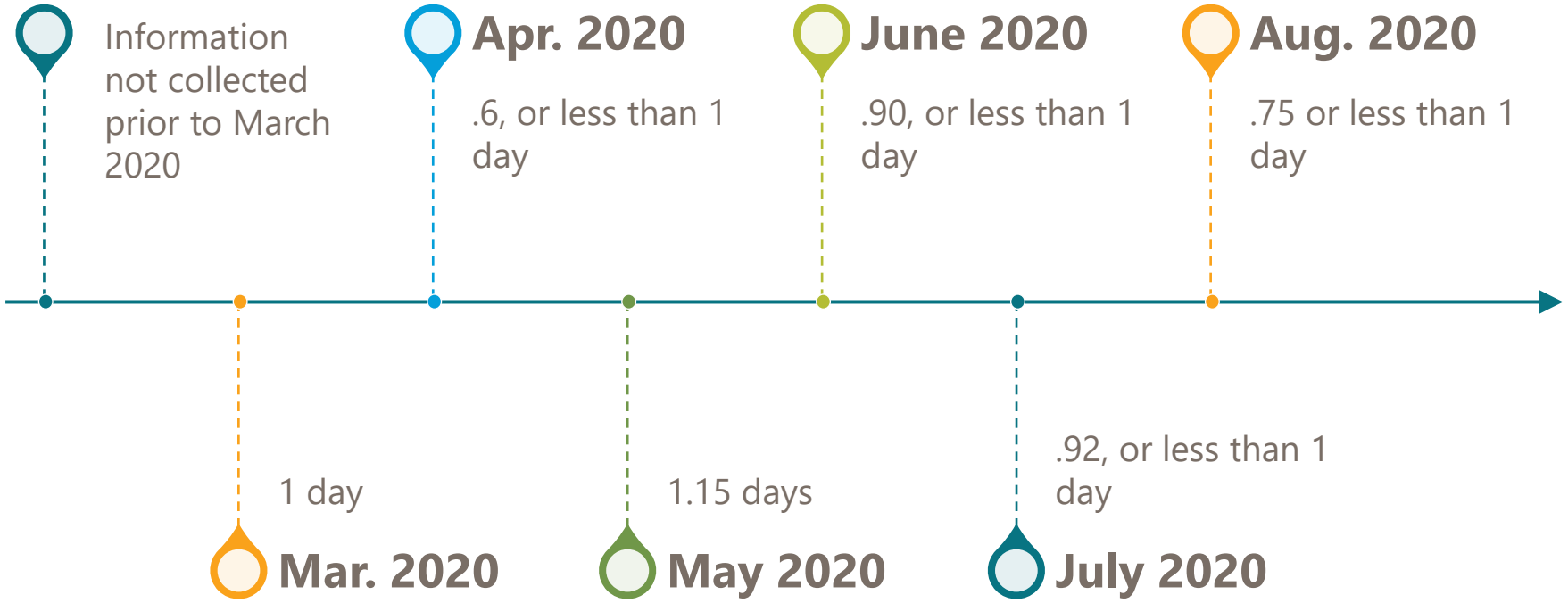
VOLUME OF OUT OF STATE REQUESTS

- 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



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.