

Health Tracks

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medicaid benefit designed to get children the health care they need when they need it. North Dakota's EPSDT program is called Health Tracks.

“ *The right care, to the right child, at the right time, in the right setting.* ”

Health Tracks Eligibility

All Medicaid-eligible children under the age of 21 can receive Health Tracks benefits.

Health Tracks Benefits

Health Tracks focuses on screening children regularly to:

- Make sure development is on track
- Diagnose developmental, mental health, or other health conditions
- Provide treatment and follow up for conditions

Medically Necessary Care

Health Tracks eligible recipients are entitled to medically necessary care to correct or ameliorate defects and physical and mental illness and conditions ... whether or not such services are covered under the state Medicaid plan. This includes preventative care, dental, vision, and hearing services.

What is Medically Necessary Care?

Medical or corrective services or supplies needed to treat illness, injury, or impairment:

- Consistent with the recipient's diagnosis or symptoms
- Appropriate according to generally accepted medical practice
- Appropriate in scope, length, intensity, and site of treatment
- Provided at the right level of service that is safe and effective



DISABILITY RIGHTS
NORTH DAKOTA

1-800-472-2670
(701) 328-2950
ND Relay 711 TTY
www.ndpanda.org
panda_intake@nd.gov

Please contact Protection and Advocacy if you need an alternative format

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What is Not Medically Necessary Care?

- Experimental, investigational, or unproven treatments
- Care or supplies provided as a convenience to the recipient or provider

Accessing Medically Necessary Care

1. Make sure your child is receiving care from an enrolled Medical Provider.
2. Tell your provider you are seeking care, treatment, supplies, and/or services as medically necessary under the Health Tracks program.
3. Ask your child's medical provider to write you a letter of medical necessity to support the claim.

Responding to Denials of Benefits

1. Make sure there is a written denial with a factual and legal basis for the denial; the denial should explain the right to appeal and to continue benefits pending the appeal.
2. Ask if there is an option to request a peer-to-peer review by a medical professional with a background relating to the patient's diagnoses.
3. Examine appeal options, including administrative appeal.
4. Be aware of all relevant appeal timelines. Note deadlines and do not miss them or you may lose your right to appeal a denial.

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