

Medical and Pharmacy Services Coordinated Services Program (CSP) Referral and Specialist Request Form North Dakota Medicaid Expansion



Blue Cross Blue Shield of North Dakota (BCBSND) will utilize a Coordinated Services Program (CSP) in collaboration with the North Dakota Department of Health and Human Services (DHHS). The program may apply to Medicaid Expansion Members who are using emergency department medical and/or pharmacy-related services at a frequency or amount that may not be medically appropriate and necessary, to ensure these Members receive services that match their medical needs. BCBSND may receive referrals for Members in Medicaid Expansion who may need placement in the Coordinated Services Program (CSP). The program may require a Member to receive medical and/or pharmacy-related services from a designated medical and/or pharmacy provider.

If a member is approved for CSP and needs to see a specialist, the specialist referral section of this form needs to be submitted.

Return completed form by:

- Mail: BCBSND
PO Box 1570
Fargo, ND 58107-1570
- Fax: 701-277-2209

A typed form is preferred. If not, be sure to print clearly.

Member Information		
Last Name	First Name	MI
Phone	Date of Birth	
Address		
City	State	ZIP
Member ID Number (if known)	Pharmacy ID Number (if known)	
Currently Active in a CSP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
If yes, date active in CSP, PCP name and pharmacy name (if known)		
If Other, explain		

Referral Reason(s) for a CSP

Check the appropriate reason(s) for the referral and provide details in the next section.

	Member is using several pharmacies to obtain prescriptions
	Member is using several prescribers to obtain prescriptions
	Member is going to the emergency room repeatedly for services that could be treated on a non-emergent basis
	Member has several prescriptions for the same type of a controlled substance
	Member was previously enrolled in a traditional Medicaid FFS CSP
	DHHS received information regarding an investigation of the Member by a government agency, such as law enforcement or another government-funded program
Other – please explain	

Provide Additional Details (if known)

Emergency Room Location(s) and Date(s) of Service

Prescription Drug Request(s), Quantity and Date(s) of Service

Details for Member Review Request for Placement in a CSP

Please explain below and attach additional pages as needed.

Referral to Specialist - Assigned Provider ONLY

Provider Name

Specialty

Facility/Organization

Phone

Fax

Please explain reason for referral

Requestor Information

Requested by:

- Health Care Provider Pharmacist Caseworker or County Eligible Worker
 Emergency Department DHHS Other

Requestor Name

Submission Date of Request

Facility or Organization

NPI (optional)

Phone

Fax

Signature

Date

The CSP is administered by BCBSND in collaboration with the ND DHHS per the requirements of 42 C.F.R.§431.54.