**CPESN-MN Local Network Application**

Date:

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| --- | --- | --- |
| Primary Contact Name for Application: | Applicant Phone Number:  Applicant Email: | |
| Pharmacy/Business Name: | Pharmacy Phone Number: | |
| Primary Pharmacy Address, City, Zip Code: | Application is for:   Single Pharmacy  Multiple Pharmacies  (Information for additional pharmacy sites can be completed on page 2) | |
| Primary Pharmacy NPI#: | Primary Pharmacy NABP#: | |
| Primary Pharmacy PIC: | Pharmacy Software System: | |
| Additional Platforms Utilized for patient care activities:  (Free text, please list platform and a brief description of patient care service) | | |
| Care Plan Submission Status:  We are currently generating pharmacist eCare Plans. | | |
|  We can be ready to generate eCare Plans within 3 months. | |  We will need help selecting an eCare Plan platform. |

**Current MTM Provider Enrollment Status** in Minnesota Health Plans or Specific Patient Care Programs:

If not enrolled, please still submit names and NPIs of pharmacists that will be providing patient care services

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| --- | --- | --- |
| Pharmacist Name: | Pharmacist NPI: | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |

\*Pharmacist (Type 1) NPI can be obtained through: <https://nppes.cms.hhs.gov/IAWeb/login.do> *(National Plan and Provider Enumeration System)*

**Additional Enhanced Services Provided at Pharmacy:**

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|  Comprehensive Medication Reviews (CMR) |  Medication Reconciliation |  Personal Medication Record |  Immunizations |
|  Med Sync Program |  Adherence Packaging |  Home Delivery |  Disease State Management (what?) |
|  DME Billing |  Collection of Vital Signs |  Medication Injections |  Medication Disposal |
|  Health Coaching |  Point of Care Testing |  Syringe Service |  Multi-Lingual Staff (what languages?) |
|  Other Services (what?): | | | |

**Additional Page Multiple Pharmacy Enrollment**

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| **Second** Pharmacy Name: | | Pharmacy Phone Number: | | |
| Pharmacy Address, City, Zip Code: | | Pharmacy PIC: | | |
| Pharmacy NPI#: | | Primary Pharmacy NAPB#: | | |
| Additional Platforms Utilized for patient care activities:  Same as Primary Pharmacy  (Free text, please list platform and a brief description of patient care service) | | | | |
| Care Plan Submission Status:  We are currently generating pharmacist eCare Plans. | | | | |
|  We can be ready to generate eCare Plans within 3 months. | | |  We will need help selecting an eCare Plan platform. | |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |

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| --- | --- | --- | --- | --- |
| **Third** Pharmacy Name: | | Pharmacy Phone Number: | | |
| Pharmacy Address, City, Zip Code: | | Pharmacy PIC: | | |
| Pharmacy NPI#: | | Primary Pharmacy NAPB#: | | |
| Additional Platforms Utilized for patient care activities:  Same as Primary Pharmacy  (Free text, please list platform and a brief description of patient care service) | | | | |
| Care Plan Submission Status:  We are currently generating pharmacist eCare Plans. | | | | |
|  We can be ready to generate eCare Plans within 3 months. | | |  We will need help selecting an eCare Plan platform. | |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |
| Pharmacist Name: | Pharmacist NPI: | | | Payer/Program:  DHS/Medicaid  HealthPartners   Blue Cross MN  Other: |

Send Application and $100 Membership Fee to: CPESN-MN LLC

c/o Goodrich Pharmacy

601 Jacob Lane

Anoka, MN 55303