**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