



COORDINATED SERVICES PROGRAM

THE COORDINATED SERVICES PROGRAM (CSP)

The CSP is utilized by ND Medicaid to:

- Improve the continuity and quality of medical care for members;
- Improve utilization patterns to control Medicaid expenditures; and
- Provide education on the proper access of services at the appropriate level.

CANDIDATES FOR CSP

ND Medicaid uses parameters to determine if a member may be a candidate for CSP. These parameters include, but are not limited to:

- Use of multiple providers and clinics;
- Early prescription refills and usage of multiple pharmacy providers;
- Use of emergency room services for other than emergent care and/or;
- Prescription use that is excessive or potentially threatening to the health of the member indicated by:
 - Multiple prescribing providers;
 - Use of multiple controlled drugs;
 - Overlapping prescriptions with counterproductive therapeutic value

PROGRAM REQUIREMENTS

Members that are referred to the CSP must choose a primary care provider (CSP Provider) by selecting one (1) family practice, general practice, nurse practitioner or internal medicine provider of their choice. CSP members are also restricted to one (1) pharmacy of their choice to manage their prescription needs. Based on the usage of dental services, the member may also be restricted to one (1) dentist of their choice.

Members who select a Provider from Indian Health Services (IHS) to manage their care are encouraged to use the same IHS facility pharmacy for prescriptions.

The member's selection of CSP Providers is subject to approval by ND Medicaid.

Members who were in a lock-in program from another state will be placed in the CSP Program when their eligibility is transferred and approved by ND Medicaid.

There are different ways in which a review of services can be initiated by the Program Integrity Unit (PIU) staff.

Some of the most common ways the Service Utilization Review Section (SURS) collects CSP referrals and/or reviews (not limited to just the following):

1. PIU 6 month member audit of medical and pharmacy services.
 - Once the information is analyzed by staff it is given to the Fraud & Abuse Administrator.
 - The Fraud & Abuse Administrator will review and forward on to the ND Medicaid medical consultant and pharmacist (or two other medical professionals) for their consideration regarding placement into the CSP program.
 - The reasons for placement must be documented including all information used to make that decision.
 - If both medical professionals and the Fraud & Abuse Administrator recommend placement, a SURS analyst will then place the member on the CSP.
2. Outside ND Medicaid a referral from a physician, pharmacist, nurse, etc., reporting the possible misuse of services.
 - If the complaint of misuse appears to show an element for further review the following can occur:
 - A warning letter may be sent
 - A dataprobe may be used to review service utilization of member and/or the PDMP (Prescription Drug Monitoring Program) may be used to look at general utilization of prescription services outside of just Medicaid.
 - Once the information is analyzed and documented by the analyst it is given to the Fraud & Abuse Administrator.
 - The Fraud & Abuse Administrator will review and forward on to the ND Medicaid medical consultant and pharmacist (or two other medical professionals) for their consideration regarding placement into the CSP.
 - The reasons for placement must be documented including information used to make that decision.

- If both medical professionals and the Fraud & Abuse Administrator recommend placement, the SURS analyst will then put the member on the CSP.
3. Inside ND Medicaid a referral from the general staff requesting a review of a member's utilization of services.
- If the complaint of misuse appears to show an element for further review the following can occur:
 - A warning letter may be sent
 - A dataprobe may be used to review service utilization of member and/or the PDMP (Prescription Drug Monitoring Program) may be used to look at general utilization of prescription services outside of just Medicaid.
 - Once the information is analyzed and documented by the analyst it is given to the Fraud & Abuse Administrator.
 - The Fraud & Abuse Administrator will review and forward on to the ND Medicaid medical consultant and pharmacist (or two other medical professionals) for their consideration regarding placement into the CSP.
 - The reasons for placement must be documented including information used to make that decision.
 - If both medical professionals and the Fraud & Abuse Administrator recommend placement, the SURS analyst will then put the member on the CSP.
4. Inside ND Medicaid a recommendation from the physician or pharmacist on staff to immediately place a member on the CSP program.
- If the physician or pharmacist on staff requests a member to be immediately placed on the CSP program they must document the reason why they are requesting the placement and they must include what type of information gathering and/or tools were used to make their immediate referral.
 - The Fraud & Abuse Administrator will review the immediate referral and pull any extra information they may need to make a decision on whether or not to enter the member onto the CSP.
 - The reasons for placement must be documented including information used to make that decision.
 - The SURS analyst will then put the member on the CSP.

NOTE: Medical professionals can make the recommendations or immediate referrals for members to be added into CSP but the final decision remains within the PIU (separation of duties).

- A notice detailing the areas of concern, program requirements and appeal rights is sent to the member informing him/her of the CSP placement.
- The member's eligibility worker in the county social service office receives notification from the SURS Analyst to initiate CSP requirements, along with a copy of the notice sent to the member, and a Provider Selection Form (SFN 558) to be signed by the member.
 - Within 10 days of receipt of the CSP notice, the member must arrange an appointment with the county eligibility worker to complete CSP forms and select a provider(s).
 - The provider selection process must be completed within 30 days of the member's notice of placement in the CSP. If the selection process is not completed within 30 days, the member is placed on "Medically Necessary Services" which means that the use of medical services will be reviewed to make sure they are medically necessary.
 - The CSP member will also receive a brochure that provides additional tips for positive healthcare outcomes.

The member has 30 days from the date of the CSP notice to request an appeal. The appeal must be in writing to: Appeals Supervisor, 600 E Boulevard Ave, Dept. 325, Bismarck, ND 58505-0250. If the appeal request is received within 10 days from the date of the CSP notice, the implementation of the CSP will be delayed until an appeal decision is reached. For appeals received later than 10 days from the date of the notice, the member will be placed into the CSP, pending the results of the appeal.

If a member becomes ineligible for ND Medicaid during the CSP period, CSP status resumes at the time Medicaid eligibility is re-established.

PHARMACY TRANSACTIONS

The only claims payable for a CSP patient are those prescribed by the primary CSP physician or billed by the primary CSP pharmacy. Other claims will be denied. The only exceptions are prescriptions written by a referred physician or in cases of emergency or after-hours clinic visits. In these situations the pharmacist may resubmit the claim using the NCPDP emergency override indicator. Contact your software vendor since pharmacy systems may vary as to how this value is recorded on the claim.

Prescriptions not ordered by the CSP/referred prescriber or dispensed by the CSP pharmacy will be monitored by the S/URS unit after payment if the emergency override indicator is used.

Referral

If the prescription is not from the CSP prescriber or a referred prescriber, the pharmacist must contact the CSP physician to verify the referral and authorize continued dispensing. It is inappropriate to simply change the prescribing physician to the CSP physician if there is no referral. The CSP physician should be advised to send a copy of the CSP referral to the state office. When a referral is verified, the pharmacist may override the denial using the emergency override indicator, and dispense up to a 30-day supply.

Emergency Room or After-hours Clinic

If a pharmacist determines that a medical emergency requires immediate dispensing of the drug, then the pharmacist may resubmit the claim using the emergency override indicator. The department will allow **a four day supply** for most prescriptions from a prescriber for a CSP member who was seen at an emergency room or an after-hours clinic. Also, ND Medicaid will allow a single course of therapy for antibiotics and single unit-of-use products, such as inhalers will be allowed with larger days supply from a prescriber for a CSP member who was seen at an emergency room or an after-hours clinic. Any additional supply must be authorized by the CSP prescriber.

REMOVAL FROM THE CSP

A member can request consideration for removal from the CSP after 18 months in the program. The request for medical review must be in writing and explain the reasons for requesting removal from the program and include any supporting documentation.

CHANGING CSP PROVIDER

A CSP member may request a change in provider(s) by contacting the county eligibility worker. The request must be in writing and contain reasons for the requested change(s) along with applicable supportive documentation. The county worker submits the request to the SURS staff for evaluation by the ND Medicaid medical review team. The member is notified of the decision in writing with a copy to the county eligibility worker.

SERVICES OBTAINED FROM A NON-DESIGNATED PROVIDER

ND Medicaid will not pay for services obtained from a non-designated provider, services obtained without a referral from the member's CSP provider, or visits to the emergency room that are determined to not be emergent. The CSP member is responsible for the costs incurred for services that do not follow these criteria.

TREATMENT BY A SPECIALIST

Only the member's CSP provider can authorize a referral to a specialist. Referrals must be medically necessary, and received prior to date of service. ND Medicaid will not approve retroactive referrals. Once authorized, the specialist may order medically necessary tests and treatment. If additional specialists are needed, the CSP provider must initiate the referral.

If a CSP provider is going to be absent from practice for an extended period of time, the CSP provider should refer the member to another provider to access necessary urgent or emergent care. The member should wait for the return of his/her CSP provider for services that are considered routine care.

The CSP Referral (SFN 231) form is available by calling the Surveillance and Utilization Review Section at 1-800-755-2604 or 701-328-2334. A clinic's referral form is an acceptable referral provided the form contains the name of the CSP provider, the referred provider, the name of the member being referred, the duration of the referral and a dated signature of the CSP provider.

The referral form can be mailed or faxed to the following locations:

- Mail - Department of Human Services, Medical Services Division, 600 East Boulevard, Department 325, Attn: CSP Referrals, Bismarck, ND 58505-0250; or
- Fax to 701-328-1544.

If the CSP referral is urgent please contact the Surveillance and Utilization Review Section at 1-701-328-2334, 1-701-646-4559 or 701-328-1626.