

Russell Silver Syndrome Program Enrollment Form

Children's Special Health Services North Dakota Department of Health

Child's Name: _____

Parent's Name: _____
Mother Father

Address: _____
Street or PO Box City State Zip

Telephone Number: _____
Home Mom Work Dad Work Cell

Child's Birthdate: _____

1. The family is required to provide a **current medical report** from their child's physician that documents the *diagnosis of Russell Silver Syndrome* and the *plan of care recommended to treat the condition*. The report should be mailed to: Children's Special Health Services Division, North Dakota Department of Health, 600 E. Boulevard Ave., Department 301, Bismarck, ND 58505-0200.

2. The family's **health insurance**, when obtainable, is required to be the primary payer of services. Provide a copy of your insurance card (both sides) or fill in the information below. Please check whether your child is currently eligible for Medicaid or has no health insurance coverage.

Insurance _____
Name of Company Company Address Policy Number

Child is currently eligible for Medicaid Yes No

Child currently has no health insurance coverage Yes No

3. An **authorization to disclose information** is requested. This form authorizes disclosure and information exchange for eligibility determination, claims payment, treatment planning and care coordination activities needed to administer the program.

4. **A list of health care providers involved in your child's care is required. This information will be used to notify and enroll in-state and out-of-state providers so they can receive payment for services through the claims processing system used by Children's Special Health Services. Please verify whether your child's providers are enrolled before accessing services through the Russell-Silver Syndrome program.**

Child's primary care provider _____
Name Address

Geneticist _____
Name Address

Pediatric endocrinologist _____
Name Address

Pharmacy _____
Name Address

DME supplier _____
Name Address

Hospital _____
Name Address

WIC program _____
Name Address

Other _____
Name Address

Other _____
Name Address

Other _____
Name Address

Other _____
Name Address

5. **The following policies apply to the Russell-Silver Syndrome program:**

Travel reimbursement:

For travel reimbursement, parent(s) must enroll as a transportation provider themselves or use another enrolled Medicaid transportation provider. A transportation provider application packet can be obtained by calling CSHS at 1-800-755-2714.

In-state reimbursement for travel expenses is at state rates. Rates effective 8/1/2007 are:

Mileage - \$0.45 mile (map miles)

Food - breakfast \$5.00, lunch \$7.50, dinner \$12.50

Lodging - \$55.00/night plus tax (receipt required)

Out-of-state travel requires preauthorization. Call CSHS at 1-800-755-2714 prior to confirming any out-of-state travel arrangements.

Out-of-state meals will be reimbursed at the GSA meal allowance rate, which is based on defined locations and broken down by quarter: 1st quarter 20% of daily rate, 2nd quarter 30% of daily rate, and 3rd quarter 50% of daily rate.

Additional receipts may be required (taxi, airport shuttle, etc.).

Coverage limitations:

Payment for medical food and growth hormone treatment cannot exceed \$50,000 per child per biennium.

Services for Russell-Silver Syndrome are limited to those outlined in chapter 23-41-07 of the North Dakota Century Code related to “growth hormone treatment” and “medical food”. They include:

Growth Hormone Treatment	Medical Food
Drug prescribed by a physician or other licensed practitioner for the long-term treatment of growth failure	Formula that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and is formulated to be consumed or administered under the direction of a physician
Supplies necessary to administer the drug prescribed for the long-term treatment of growth failure	Any medical procedure and supplies necessary for assimilation of the formula
One out-of-state physician visit per year to obtain expert consultation for the management of Russell-Silver Syndrome	
Appropriate in-state physician visits	
Travel expenses associated with physician visits for the child and one parent	

I have read this enrollment form or had it read to me. I understand that the effective date for services is dependent upon receipt by the Children’s Special Health Services state office of all the required information specified in the enrollment form.

Signature of Parent/Guardian/Client if age 18

Date