

Minnesota Restricted Recipient Program

Medica's Minnesota Health Care Programs Enrollees

The information in this document applies for Minnesota Health Care Programs (MHCP) enrollees with a restriction, including the following products: Medica Choice CareSM, Medica MinnesotaCare, and Medica AccessAbility SolutionSM.

Check MN-ITS prior to providing services to determine if your patients are in the Restricted Recipient Program. MN-ITS will list the restricted recipient's designated providers.

Always verify the identity of restricted recipients by checking a photo ID.

Frequently Asked Questions

What is the restricted recipient program?

The Restricted Recipient Program is a universal state guided program that identifies cases of abuse/misuse of health services or prescription drugs by enrollees. The program follows the standards set in Minnesota Rules. This program is universal between all MHCP and will continue regardless of whether the recipient changes health plans. All restricted recipients have designated providers that must provide all services, including a primary care provider, clinic, hospital (including emergency room), and pharmacy. The designated primary care provider manages referrals to non-designated providers.

What do I need to do if I am a designated primary care provider (PCP)?

Medica will notify you if you are a designated primary care provider. In addition to providing services to enrollees, as the designated PCP you are responsible for managing care for the patient. If you determine the patient needs services beyond what you can provide, please send a Restricted Recipient Program referral to Medica (see Restricted Recipient Referral Request Form). Without this referral, the patient will be denied transportation to this provider, claim payment, and medications.

What do I need to do if I am not a designated provider?

Check MN-ITS prior to providing services to determine if your patient is a restricted recipient. If the enrollee is restricted and you or your organization is not listed on MN-ITS as the designated primary care provider, then services will only be covered if referred or ordered by the designated primary care provider and a Restricted Recipient Referral Form is submitted to Medica and approved. See the Medica Restricted Recipient Guidelines to determine whether your service will need a referral.

Important Resources:

For questions or information on referrals, contact:

- Restricted Recipient Program hotline: 1-888-906-0970
- For a paper copy of the Restricted Recipient Program Referral Form go to medica.com/providertools > Referral Processes>Restricted Recipient Program Referral Request Form
- The fax number for referrals is 952-992-3117

To talk to a nurse about a patient on the Restricted Recipient Program, contact:

- Restricted Recipient Program hotline: 1-888-906-0970

To request a patient be investigated for placement into the Minnesota Restricted Recipient Program, contact:

- Restricted Recipient Program hotline: 1-888-906-0970 or
- Send an email to restrictedrecipient@medica.com

Additional information on the Restricted Recipient Program and referrals can be found on medica.com in the Medica Provider Administrative Manual.

Restricted Recipient Program Referral Guidelines for MHCP Enrollees

Check MN-ITS prior to providing services to determine if your patients are in the restricted recipient program. MN-ITS will list the restricted recipient’s designated providers. Always verify the identity of restricted recipients by checking a photo ID.

<p>Referrals Required from Designated PCP</p> <p>The designated PCP must submit a referral before a restricted recipient receives services from a provider that is not one of the enrollees’ designated providers. All restricted enrollees will have a designated:</p> <ul style="list-style-type: none"> ▪ Primary Care Provider (PCP) ▪ Clinic ▪ Hospital ▪ Pharmacy 	<p>No Referrals from Designated PCP</p> <p>Restricted recipients may directly access the services listed in the column below without needing a Restricted Recipient Referral.</p>
<ul style="list-style-type: none"> ▪ All Specialty care services, including providers at the designated primary care clinic ▪ Hospital services not provided in the designated hospital <i>Note: Only one referral necessary for all services during an inpatient stay.</i> ▪ Emergency department services provided by a non-designated hospital, except for services that meet the definition of “Emergency” in the Rule: <i>“Emergency” means a condition including labor and delivery that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of severe pain, or death.</i> ▪ Behavioral health services provided by a psychiatrist, clinical nurse specialists, or any mental health provider ordering medications. ▪ Vision care provided by an ophthalmologist. ▪ Methadone clinic ▪ Suboxone prescriber ▪ Pain clinic providers, including anesthesiologists ▪ Urgent care 	<ul style="list-style-type: none"> ▪ Partners (family practice/internal medicine) of the designated primary care provider at the same clinic/practice location ▪ Emergency services at the designated hospital; this includes physician services ▪ Long term care facilities ▪ Annual routine eye exam by optometrist and one pair of glasses ▪ Services performed by an audiologist and hearing aids ▪ Behavioral health therapists or counselors, psychologists ▪ Routine dental services, except for services by oral surgeons. <i>Note: Prescriptions written by dentists require special handling.</i> • PCA and Assessment for PCA services • PT/OT, speech therapy, respiratory therapy • Home care services • Radiology, imaging services (X-ray, CT, MRI, ultrasound, etc.) • DME and supplies • Laboratory services • Chiropractor • Dietician • Rule 25 Assessment

Prior authorization is required for all non-network services by physicians/providers. Prior authorization may also be required for certain services provided by network providers. The most current Medica Prior Authorization list can be found on medica.com at Providers > Policies and Guidelines > UM Policies and Prior Authorization > Prior Authorization