



Minnesota Restricted Recipient Program (MRRP)

The Minnesota Restricted Recipient Program is authorized by federal regulations and was developed to improve safety and the quality of care, and to reduce costs for Minnesota Health Care Program (MHCP) recipients who have misused or abused MHCP services. Restricted Recipients are required to receive health services only from their designated providers.

Definition of Abuse of Services

Abuse is defined as the use of health services which results in unnecessary costs to the program or in reimbursements for services that are not medically necessary. Some of the practices that are deemed to be abuse are: obtaining duplicate or comparable services for the same health condition from a multiple number of providers (such as pharmacies and physicians); furnishing false information to a provider in connection with health services previously rendered to the recipient; altering or forging prescriptions; using health services that are potentially harmful to the recipient; and repeatedly obtaining emergency room health services for non-emergency care.

What Restriction Means

- Restricted to designated providers. Recipients are restricted to receiving their health care from one primary care provider, the primary care provider's clinic, one hospital the clinic is affiliated with, and one pharmacy. The recipients may be restricted to other providers as well at the discretion of MRRP. For example, if it is found that a recipient was misusing dental services, the recipient would be restricted to a single dentist.
- Period of restriction. The period of the restriction is twenty-four (24) months or thirty-six (36) months of eligibility.
- Coordination of care. MRRP improves medical care and is cost effective.
- Choice of providers. The recipient is notified of their placement in the MRRP. They are given a 30-day period to either appeal or choose providers. When they do not choose providers or appeal, MRRP staff assign the providers. The designated providers must be located in the recipient's local trade area.
- Referrals. Restricted recipients may see specialists only with a referral from their designated primary care provider.
- Universal restriction. The MRRP is universally enforced between the Minnesota Department of Human Services (DHS) and the Managed Care Organizations (MCOs). DHS and the MCOs use the same criteria and procedures for restriction. If a recipient moves between health plans, between a health plan and fee-for-service, or between fee-for-service and a health plan, the restriction stays in place.

Being a Primary Care Provider

- Providers are notified. After a MHCP recipient has been placed in the Minnesota Restricted Recipient Program, the primary care provider is notified that he or she has been selected to be the recipient's provider. Recipients are given the opportunity to choose their providers. If a recipient does not select providers, the MRRP staff must assign providers. Assigned providers are often chosen because the recipient has received services from this provider in the past and the recipient has an established relationship with the clinic and provider.
- Coordination of care. The medical needs of the restricted recipient are coordinated by the primary care provider. All referrals to specialists must be generated by the primary care provider only. By doing so, the primary delegates those medical cares to the specialist. Referrals generated by other providers will not be covered or paid.
- Referrals to specialists. If the restricted recipient requires a specialist, the recipient's primary care provider must send a referral to the MRRP. Please note that primary care providers are not required to give referrals if they believe the referral is not medically necessary. Referrals must be received by the MRRP within 90 days of the date of service. Primary care providers may be asked by the recipient or another provider to generate a retroactive referral. Primaries may do so if the referral is deemed to be medically necessary and falls within the 90-day limit.
- Dismissals. A small percentage of restricted recipients can be challenging to work with and despite all that a health care provider does, there are times the physician/patient relationship breaks down. If this breakdown in the physician/patient relationship occurs, the primary care provider may dismiss the recipient from his or her care. If the primary needs to dismiss a restricted recipient, a letter must be sent to the recipient and the MRRP staff at DHS or the appropriate health plan must be notified. The recipient will be required to find a new provider.

Tools

- The referral form is on the DHS website at: <https://edocs.dhs.state.mn.us>. Form number DHS-2978, Medical Referral for Minnesota Restricted Recipient Program.
- MN-ITS. The restriction status of all recipients and their designated providers is available on DHS'

eligibility verification system, MN-ITS. The MN-ITS website is: <https://mn-its.dhs.state.mn.us>.

- Prescription Monitoring Program (PMP). Primary care providers are encouraged to check the PMP prior to prescribing controlled substances. <http://pmp.pharmacy.state.mn.us/>.

Frequently Asked Questions

1. What information can MN-ITS provide to care providers?
MN-ITS shows the current restriction status of recipients and lists their designated providers. If your clinic is not the designated primary care clinic, do not see this recipient unless you have a referral to do so. DHS will not reimburse non-designated providers for services rendered to restricted recipients without a referral.
2. What if I am not available and the recipient needs to be seen?
Provisions have been made to cover times when you are not available as long as the recipient sees another primary care provider in your clinic.
3. What is the length of time for which referrals have to be written?
Referrals can be for the period of time the primary care provider deems to be medically necessary. They can be written for one visit, for the length of the restriction, or any period of time within the restriction. The number of visits a recipient can have may be specified or left open-ended.
4. Do primaries have to re-write the specialists' prescriptions?
No. Designated pharmacies monitor the recipient's prescriptions. If a recipient is fee-for-service, prescriptions can be written by specialists as long as there is a referral in place. In order to prevent duplication of prescriptions and unintended drug to drug interactions, communications between the primary and specialists are encouraged.
5. Can providers make referrals to MRRP for when they think a recipient is abusing health care services?
Yes, approximately 40% of the MRRP cases come from referrals. To make a referral, call our hotline at 651-431-2648 or 1-800-657-3674.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntwavv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးဝဲဝဲန့ၢ်လိာ် တီလံာ်မိတခါအံၤန့ၢ်,သံက့ၢ်ဘဉ်ပုၤဂ့ၢ်မိအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂປທີ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LBI (8-16)

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For accessible formats of this information or assistance with additional equal access to human services, write to dhs.mrrp@state.mn.us, call 651-431-2648, toll-free 800-657-3674, or use your preferred relay service.