

PROVIDER QUICK POINTS

PROVIDER INFORMATION



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Professional Providers FAQ for Restricted Recipient Program

As Blue Plus continues to look for additional ways to serve our members, the Blue Plus Restricted Recipient Program (RRP) Department would like to make a collaborative effort to assist with the management of this population.

Recently the RRP Department contacted a random sample of clinics/providers across all of Minnesota. They were asked a series of questions on the challenges and strategies used to manage RRP recipients. The RRP Department discovered that there are some gaps in the understanding about the Restricted Recipient Program. In response, Blue Plus created a Frequently Asked Question list below to help assist providers with the management of current and future RRP patients.

What is the Minnesota Restricted Recipient Program (RRP)?

The Minnesota Restricted Recipient Program (MRRP) is authorized by Federal regulation and was developed to improve the 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 (primary care clinic, primary care provider, pharmacy and emergency room (ER)).

Note: Because these members are restricted, all care received outside of their Primary Care Clinic (PCC) requires a referral from their designated PCC except for the following services:

- Durable Medical Equipment (DME)
- Home Care
- Personal Care Assistant (PCA)
- Ambulance
- Substance Abuse
- Mental Health (Medication Management by Psychiatrists must be coordinated through the member's assigned Case Manager)
- Obstetrics (OB/GYN)
- Routine Eye Exam and Hardware
- Chiropractic Services

What is Blue Plus' goal?

The goal of Blue Plus' RRP Department is to assist members in moving towards a primary care model of managed care. The RRP promotes continuity of care and reduces abuse of opioids and/or medical services including non-emergent visits to the ER which typically results in better health outcomes.

How are providers chosen for Blue Plus restricted recipients?

A member has 30 days after they are notified that they have been placed in the RRP to choose a provider within 30 miles of their home.

If they do not choose one, Blue Plus makes every effort to select the member's PCP using claims data to identify patterns of consistent utilization. Designated hospital selection is based on care system and/or geographic location. If Blue Plus Clinicians are unable to identify a PCP from claims data, providers are selected for the member based on member's location.

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The member can change providers after 90 days of being in the RRP.

What should providers do if they are the designated provider and will be out of the clinic for 1 or more days?

Designated providers should write a referral for another provider within their clinic to evaluate only or to evaluate and treat the member. Evaluate and treat authorizes another provider within the designated provider to write a prescription for the RRP member.

Use the online referral form, located at www.bluecrossmn.com. Providers section then Forms & Publications for Health Care Providers > Categories Dropdown> forms- Clinical Operations> Managed Care Referrals.

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications>

What is the responsibility of a designated provider or clinic in the management of an RRP member?

Evaluate and treat as you would any patient and use the referral form to refer to a specialist as needed.

How do providers confirm which clinic the member is restricted to?

Log in to DHS MN-ITS. Each clinic should have a log in username and password. If you do not have access, please contact DHS MHCP Call Center at **(651) 431-2700**.

Can clinics identify that a patient is in a restricted recipient program?

Yes. Flagging a patient's medical record is beneficial as a reminder to check MN-ITS at the time of check-in to ensure they are using their designated clinic.

What if the patient needs to see a specialist?

Use the online referral form, located at www.bluecrossmn.com. For Providers section then Forms & Publications for Health Care Providers > Categories Dropdown> forms- Clinical Operations> Managed Care Referrals.

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What if I refer to a specialist and the specialist also writes a referral?

A referral from a specialist will NOT be accepted. Only the designated PCP written referrals are allowed.

If the specialist determines the patient needs to be referred to another provider, the specialist or patient should contact the member's PCP. The designated PCP will need to write the subsequent referral if you agree it is needed.

What if a member is assigned to a provider who no longer works in the clinic or works at a different location?

The clinic is responsible to call **(651) 662-5062** as soon as possible to notify Blue Plus. The provider will be changed to a different provider within the clinic.

What should providers do if the patient goes to a non-designated provider, clinic or emergency room?

The designated PCP should talk with the patient about the benefits of receiving care from their designated providers/facilities. Designated PCPs may also find it beneficial in the overall care and coordination of treatment of the patient to obtain documentation of care provided to the patient by another provider or in an emergency room.

Additional information

If you have further questions, concerns or would be interested in having a Blue Plus clinician visit your clinic for additional education, please contact the RRP Department at **(651) 662-5062** between 8 a.m. and 4:30 p.m.