

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



December 4, 2017

### **Hospital Providers FAQ for Restricted Recipient Program**

As Blue Plus continues to look for additional ways to better 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 emergency room administrators 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 has created a Frequently Asked Question list below to help assist hospital staff 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)).

#### **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 attempts to reduce 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 primary care provider (PCP) using claims data to identify patterns of consistent utilization. Designated hospital selections are 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 the member's location.

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

#### **How does a provider confirm which hospital the member is restricted to?**

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

#### **What should providers do after a Restricted Recipient member has been evaluated and/or treated at their hospital?**

Contact or send the ER visit notes to the member's designated primary care provider. This can be confirmed in MN- ITS.

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**What should providers do if the patient comes to the emergency room that is not the person's designated facility?**

All patients are to be provided a medical screening examination when a request is made for examination or treatment for an emergency medical condition as required by the Emergency Medical Treatment & Labor Act (EMTALA). When the patient's condition allows, consultation – including possible transfer to the designated facility for treatment, should occur. Transfer to the designated facility must also follow the rules set forth in EMTALA.

**Additional information**

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