The Minnesota Restricted Recipient Program (RRP) is authorized by Federal regulations and was developed to improve safety, coordination, and quality of care and to reduce costs for Minnesota Health Care Programs (MHCP) recipients, including PrimeWest Health members, who have misused or abused MHCP services. Restricted recipients are required to receive health services only from designated providers. There are currently about 100 PrimeWest Health members enrolled in the RRP.

Definition of Abuse of Services
“Abuse of services” is defined as the use of health services that result in unnecessary cost to the program or in reimbursements for services that are not medically necessary. Some of the practices that are deemed to be an abuse of services are: obtaining duplicate or comparable services for the same health condition from multiple providers (such as pharmacies and physicians), furnishing false information to a provider in connection with health services previously rendered to the recipient that were billed to PrimeWest Health, altering or falsifying 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
- **Restriction 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. Recipients may be further restricted to other providers at the discretion of the RRP. For example, if it is found that a recipient was misusing dental services, the recipient would also be restricted to a single dentist.
- **Period of restriction:** The initial period of restriction is 24 months. If the recipient continues to misuse services during the initial 24 months, the recipient will be restricted for another 36 months of eligibility.
- **Designation of providers:** Recipients are notified of their placement in the RRP. They are given 30 days to either Appeal or choose providers. If they do not Appeal or choose providers, RRP staff assigns the providers, often based on an existing relationship between the recipient and the provider and/or clinic. Designated providers must be located in the recipient’s local trade area and no more than 30 miles from the recipient’s residence.
- **Referrals:** Restricted recipients must have a referral from their designated primary care provider to see another health care provider or specialist.
- **Universal restriction:** The RRP is universally enforced between the Minnesota Department of Human Services (DHS) and Managed Care Organizations (MCOs), such as PrimeWest Health. 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 (FFS), or between FFS and a health plan, the restriction stays in place.

The Role of a Primary Care Provider
- **Coordination of care.** The medical needs of a restricted recipient are coordinated by the primary care provider. This means all referrals to other health care providers or specialists must be generated by the primary care provider only.
- **Referrals to specialists.** If a restricted recipient requires a specialist, the recipient’s primary care provider must send a referral to PrimeWest Health RRP staff. **Primary care providers are not required to give referrals if they believe the referral is not medically necessary.** Referrals must be received by PrimeWest Health RRP staff 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. Primary care providers may do so if the referral is deemed to be medically necessary and falls within the 90-day limit. Referrals generated by providers other than the designated primary care provider are not covered.
• **Dismissals.** A small percentage of restricted recipients can be challenging to work with, and despite all efforts by a health care provider, there are times when 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/her care. If the primary care provider needs to dismiss a restricted recipient, a letter must be sent to the recipient and RRP staff at PrimeWest Health. The recipient will be required to designate a new provider.

**Tools**

- **PrimeWest Health website.** General information about the RRP can be found on the PrimeWest Health website at [www.primewest.org/restricted-recipient-program](http://www.primewest.org/restricted-recipient-program). The Restricted Recipient Program (RRP) Referral Form, which is used by primary care providers to refer a restricted recipient to another provider, is also at this location.

- **Minnesota Information Transfer System (MN-ITS).** The restriction status of all recipients and information on their designated providers is available on DHS’ eligibility verification system, MN-ITS, at [https://mn-its.dhs.state.mn.us](https://mn-its.dhs.state.mn.us).

- **Prescription Monitoring Program (PMP).** Primary care providers are encouraged to check the PMP at [http://pmp.pharmacy.state.mn.us](http://pmp.pharmacy.state.mn.us) before prescribing controlled substances.

**Frequently Asked Questions**

1. **What information can MN-ITS provide to health care providers?**
   MN-ITS shows the current restriction status of recipients and specifies their designated providers. You may not provide services to a restricted recipient if your clinic is not the designated primary care clinic unless you have a referral from the primary care provider to do so. PrimeWest Health will not reimburse non-designated providers for services rendered to restricted recipients without a referral.

2. **How do I know if I am a recipient’s designated provider?**
   Whether designated by the recipient or assigned by the RRP, primary care providers, hospitals, and pharmacies are notified that they have been selected as a restricted recipient’s provider.

3. **As a recipient’s designated provider, what happens if I am not available and the recipient needs to be seen?**
   PrimeWest Health RRP staff will confirm your availability. If you are out of the office, RRP staff will authorize the restricted recipient to be seen as a walk-in patient at the designated clinic. If you are in the office but unable to see the restricted recipient, you can write a referral for the recipient to be seen by another provider at his/her designated clinic.

4. **What is the length of time for which referrals can be written?**
   Referrals can be written for the period of time the primary care provider deems the referral to be medically necessary. They can be written for one visit, for the length of the restriction, or for any period of time within the restriction. The number of visits a recipient can have may be specified or left open.

5. **Do primary care providers have to rewrite specialists’ prescriptions?**
   No. Prescriptions can be written by specialists as long as there is a referral in place and the referral form indicates the specialist is allowed to prescribe medications. To prevent duplication of prescriptions and unintended drug-to-drug interactions, communication between the primary care provider and specialists is encouraged.

6. **Can providers make referrals to the RRP if they think a recipient is abusing health care services?**
   Yes. Approximately 40 percent of RRP cases come from referrals.

To make a referral, call PrimeWest Health Provider Contact Center at **1-866-431-0802** (toll free).