

Referral Guidelines

These rules apply to Minnesota Health Care Programs (MHCP) enrollees with a restriction, including the following products:

- Medica Choice CareSM PMAP
- Medica Choice CareSM MSC+
- Medica AccessAbility Solution[®] (SNBC)
- Medica MinnesotaCare

Frequently asked questions

What is the Restricted Recipient Program?

The Restricted Recipient Program identifies cases where enrollees have abused or misused health services or prescription drugs. The program follows the standards set in Minnesota Rules. This program is universal between all MHCPs and will continue even if the recipient changes health plans. All restricted recipients have designated providers who must offer all services, including a primary care clinic, hospital (including emergency room), and pharmacy. The designated primary care provider manages referrals to any other providers.

What do I need to do if I'm a designated primary care provider?

We'll let you know if you're a designated primary care provider (PCP). In addition to providing services to enrollees, you're responsible for managing the patient's care. If you decide the patient needs services beyond what you can provide, please send a Restricted Recipient Program referral to us (see Restricted Recipient Referral Request Form). Without this referral, the patient will be denied transportation to this provider, claim payment, and medication.

What do I need to do if I'm not a designated provider?

Before providing services, check MN-ITS to find out if your patient is a restricted recipient. Services will only be covered if referred or ordered by the designated primary care provider. See the Medica Restricted Recipient Guidelines to see if your service will need a referral.

Before providing services, check MN-ITS to find out if your patients are in the Restricted Recipient Program. MN-ITS will list all providers the restricted recipient can see.

Always ask to see a photo ID to confirm the recipient's identity.

Important resources

For referral questions or information, contact the Medica Minnesota Restricted Recipient Program at:

- **1 (888) 906-0970**

For a paper copy of the Restricted Recipient Program Referral Form:

- Go to **Medica.com/ProviderTools** > Referral Process > Restricted Recipient Program Referral Request Form
- Fax the form to **(952) 992-3117**

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

- **1 (888) 906-0970**

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

- **1 (888) 906-0970**
- Or send an email to **RestrictedRecipient@Medica.com**

Check out the Medica Provider Administrative Manual on **Medica.com**.



Designated PCP

The designated PCP must send in a referral before a restricted recipient gets services from a provider that isn't one of the enrollee's designated providers. All restricted enrollees have a designated:



PCP



Clinic



Hospital



Pharmacy

Referrals needed

Restricted recipients will need a Restricted Recipient Referral for the services listed below.

- All specialty care services, including providers at the designated primary care clinic
- Hospital services not provided in the designated hospital
Note: Only one referral is necessary for all services during an inpatient stay.
- Emergency department services provided by another hospital, except for services that meet the definition of "emergency in the Rule:
"Emergency" means a condition including labor and delivery that if not immediately diagnosed and treated could cause a person serious physical or mental disability, severe pain, or death.
- 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

Referrals not needed

Restricted recipients may directly access the services listed in the column below without needing a Restricted Recipient Referral.

- 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 an optometrist and one pair of eye glasses as medically necessary
- Services performed by an audiologist and hearing aids
- Behavioral health therapists, counselors, or psychologists
- Routine dental services, except for services by oral surgeons
- PCA and Assessment PCA services
- PT/OT, speech therapy, or 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

Prior authorization is needed for all non-network services.

It may also be needed for certain services provided by network providers. The most current Medica Prior Authorization list can be found on [Medica.com](https://www.medicawisconsin.com) at Providers > Policies and Guidelines > UM Policies and Prior Authorization > Prior Authorization.