**Restricted Recipient Program**

This program was created by the state to help you organize your medical care.

While in this program:

- You will not lose any of your health benefits.
- Your benefits will not be denied, reduced or terminated.
- All of your health care needs must be coordinated by a primary care provider.
- You will be in the program for 24 or 36 months of eligibility.
- Your medical bills will be reviewed after your restriction period. If you use other providers without getting a referral from your primary care provider, you may have to pay the medical bills and you will remain in the program for an additional 36 months of eligibility.

**Why am I in this program?**

You have been placed in this program because of the reasons listed in the Notice of Agency Action letter that you received in the mail.

**What do I need to do now?**

- Choose a primary care provider, hospital and pharmacy.
- Mail us the Provider Selection form within 30 days. Tell us which primary care provider, hospital and pharmacy you want to use. The Provider Selection form is included with this packet.

**Choosing a primary care provider**

- You must choose a primary care provider.
- Your primary care provider must be a family practice, internal medicine or general practice doctor, a nurse practitioner or a physician assistant.
- Your primary care provider must be located within 40 miles of your home.
- Your primary care provider must approve all visits to other doctors or medical providers, including certain behavioral services such as a psychiatrist, clinical nurse specialist, or methadone clinic.
- If you need to go to the hospital, you will have to go to the hospital that your primary care provider uses.

**Choosing a hospital**

You must choose the hospital that your primary care provider uses.

**Choosing a pharmacy**

You must choose one pharmacy where you want to get all of your prescriptions.

**What if I don’t send in the Provider Selection form?**

If you do not return the completed Provider Selection form to us within 30 days, we will choose a primary care provider, hospital, pharmacy and other providers for you. You will get a letter telling you which primary care provider, hospital and pharmacy to use. You will not be able to change providers for 90 days.
What happens if I go to a primary care provider, hospital or pharmacy that is different than my primary providers?

If you go to a doctor, nurse practitioner, physician assistant, hospital or pharmacy that is different than your primary providers, you may end up paying the bill. If you want to go to any provider that is different than the ones you chose:

- You must have your primary care provider write a referral before you go to the other provider.
- Your primary care provider must send the referral to the Restricted Recipient Program within 90 days after you go to the other provider.

If you take your prescription to a pharmacy different than the pharmacy you chose, the system will not accept the charges. It will tell the pharmacist that you have to use a specific pharmacy.

What if I need to see a specialist?

If you need to see a specialist, including certain behavioral health specialists such as a psychiatrist, clinical nurse specialist or a methadone clinic, you must:

- Have your primary care provider write a referral before you see the specialist. The referral must tell us which specialist you are going to see. This way you will get the medical care you need and you won’t have to pay the bill. If you see a specialist without getting a written referral from your primary care provider, you may have to pay the bill.
- Your primary care provider must send the referral to the Restricted Recipient Program within 90 days after you go to the specialist.

What if I need to go to an emergency room or to an urgent care center?

If you need to go to the emergency room or urgent care, you have to use your designated hospital’s emergency room or your designated clinic’s urgent care center.

Hospital emergency rooms and urgent care centers should be used only for emergencies and not for routine care that you can get from your primary care provider during regular office hours.

If you have a life-threatening emergency, call 911 or go to the closest hospital.

Will I ever need to change my primary care provider or pharmacy?

You may need to change your primary care provider or pharmacy if:

- Your current providers are unable to provide services.
- You move more than 40 miles away from your chosen providers.
- You and your providers agree that a change would be in your best interest.
- The Restricted Recipient Program finds that one of your providers cannot manage your health care needs.

After you have been on restriction for 90 days, you are allowed two changes per year for reasons other than above.

How do I change providers?

If you need to change providers:

- Call (651) 431-2648 or (800) 657-3674 right away
- Ask for a Change of Provider form
- Mail your Change of Provider form to:
  Restricted Recipient Program
  Minnesota Department of Human Services
  PO Box 64982
  St. Paul, MN 55164-0982
- Or fax it to (651) 431-7475

Provider changes must be approved. You must make the request in writing; requests cannot be taken over the telephone.

Do not go to a different primary care provider, hospital or pharmacy until your changes have been approved.

What if I enroll in a health plan?

If you enroll in a health plan, you will stay in the Restricted Recipient Program for 24 or 36 months. You may need to choose different providers but a primary care provider will still have to coordinate your health care needs.

If you leave a health plan and return to fee-for-service, you will stay in the restricted program.
What if my Medical Assistance (MA) or MinnesotaCare coverage ends and I re-enroll after a few months?

If you were in the Restricted Recipient Program when your coverage ended, you will stay in the restricted program when your coverage starts again. If you get retroactive coverage, the program will only pay for services you got during that time if you used providers that you were restricted to. If you went to wrong providers, you will not be reimbursed for payments you made to them.

If you were in the restricted program for four months before losing your coverage, you will be in the restricted program for 20 months after your coverage begins again. That will give you a total of 24 months in the program.

What are my appeal rights?
Your appeal rights are explained in the Notice of Agency Action that was mailed to you.

What are my civil rights?
As a Minnesota Health Care Programs (MHCP) enrollee, you are protected against unfair treatment. If you feel that you have been treated unfairly because of race, color, national origin, religion, age, gender, marital status or disability you may file a complaint. Send your complaint to:

Minnesota Department of Human Rights
190 E Fifth Street
St. Paul, MN 55101

Questions?
If you have more questions about the Restricted Recipient Program, you may call

(651) 431-2648 or (800) 657-3674.

If you are asked to leave a message, please leave your full name, phone number with area code, your ID number (PMI) and your question. A staff member will return your call as soon as possible.

A note about your MHCP identification number (PMI).
You may be asked to provide your MHCP identification number. Your MHCP identification number is the same number as your PMI number. MHCP stands for Minnesota Health Care Programs and can refer to MA or MinnesotaCare.