



Hennepin Health



The Restricted Recipient Program at Hennepin Health

What is the Restricted Recipient Program?

This program was created by the State of Minnesota to help you organize your medical care. This program will help you get the health care you need.

While in this program:

- You will not lose any of your health benefits.
- Your benefits will not be denied, reduced or terminated.
- All your health care needs will be coordinated by a primary care provider.
- You will be in the program for either 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.
- If you leave our health plan your care will be followed by the health plan (or the state) that you join.
- You must complete your time. If you don't have health coverage during your restricted time, you will start from where you left off when you come back.

Why am I in this program?

You have been placed in this program because of the reasons listed in the "Initial notice of placement in the Restricted Recipient Program" or the "Notice for the re-enrollment in the Hennepin Health Restricted Recipient Program" letter.

What do I need to do now?

Choose a primary care provider, a hospital and a pharmacy. If you do not choose a primary care provider one will be chosen for you. You will need to go to this provider for all your health care needs. If you need to go to someone else, you will need to get a referral from your primary care provider.

Choose a primary care provider

You must choose a primary care provider. If you do not choose, one will be chosen for you.

- 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 health services such as a psychiatrist, clinical nurse specialist or a methadone clinic.
- If you need to go to the hospital you will have to go to the hospital that your primary care provider uses.

Choose a hospital

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

Choose a pharmacy

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

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

If you don't return the completed Provider Selection form to us within 30 days, you will have to use the primary care provider we have chosen for you. You will not be able to change providers for 90 days after your restriction begins.

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 different from your assigned primary care providers you may end up paying the bill.

To go to other providers, 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 at Hennepin Health within 90 days after you go to the other provider.

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

What if I need to see a specialist?

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.

Your primary care provider must send the referral to the Restricted Recipient Program at Hennepin Health 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?

You should always use your designated hospital's emergency room or your designated clinic's urgent care center. Hospital emergency rooms and urgent care centers should only be used for emergencies and not for routine care you can get from your primary care provider.

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

What if I 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 interests.
- The Restricted Recipient Program at Hennepin Health finds that one of your providers cannot manage your health care needs.

After you have been on the Restricted Recipient Program at Hennepin Health for 90 days you are allowed two changes per year for reasons other than the above.

How do I change providers?

- Call us at 612-596-1036 (TTY 711 or 800-627-3529) and ask for the Restricted Recipient Program.
- Ask for a Change of Provider form.
- Follow the instructions on the Change of Provider form.

What if I change health plans or leave Hennepin Health?

If you change health plans, you will complete your restriction period with the new health plan. Depending upon which health plan you choose, you may need to pick new providers. A primary care provider will still need to coordinate your health care needs.

If you leave a managed care health plan and return to Minnesota Health Care Plan (MHCP) fee-for-service, you will stay on the Restricted Recipient Program until you have completed either 24 or 36 months.

What if my Hennepin Health 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 Recipient 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 you were restricted to. If you went to any other provider, you will not be reimbursed for payments you made to them.

For example: If you were in the Restricted Recipient Program for 4 months before losing your coverage, you will be in the Restricted Recipient Program for 20 months after your coverage begins, no matter which health plan you go to.

Questions?

If you have more questions about the Restricted Recipient Program at Hennepin Health, call us at 612-596-1036 (TTY 711 or 800-627-3529) and ask to speak to someone from the Restricted Recipient Program. We will answer your questions immediately or research them and get back to you.

Hennepin Health Toll Free
1-800-647-0550 TTY 1-800-627-3529

Attention. If you need free help interpreting this document, call the above number.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

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