



**September 15, 2022**

**SUBJECT**

Non-designated provider referrals for the Restricted Recipient Program

**PROVIDERS AFFECTED**

Providers treating members on the Restricted Recipient Program

**KEY POINTS**

- Referrals to a non-designated provider that are received more than 90 days from the date of service will not be reimbursed.
- If the referral is received from the designated provider less than 90 days from the date of service, an authorization will be entered in the care management system.

**BACKGROUND**

In 2022 there has been a change in the referral process to non-designated providers for the Restricted Recipient Program. Referrals to a non-designated provider that are received more than 90 days from the date of service will not be reimbursed.

If a member wants to see a non-designated provider, they must get a referral from their restricted recipient provider (designated provider). If the referral is received from the designated provider less than 90 days from the date of service, we will enter an authorization in the care management system. The non-designated provider claim will be paid.

If the claim is received before the designated provider referral is submitted to Hennepin Health, it will be denied and a DTR issued. Once the designated provider referral is received and an authorization entered, the claim will be reprocessed and paid if the referral is received by Hennepin Health less than 90 days from the date of service with the non-designated provider.

For referrals that come in after 90 days from the date of service, no approval or denial is entered. The referral will be documented in the members case; calls will be made to both the designated provider and the non-designated provider informing them that the non-designated provider service will not be paid as the referral did not meet the 90-day cut off.

**RESOURCES**

- Hennepin Health Member Services: 612-596-1036 (select 2)
- [Hennepin Health Provider Manual - Section 12: Restricted Recipient Program](#)