The Restricted Recipient Program has changed for State Public Programs members (59xxx, 05xxx, and 07xxx groups, PMAP, MNCare, GAMC, MSHO, SNB, branded as Medica ChoiceCare, Medica MinnesotaCare, Dual Solution, and AccessAbility Solution). Under this program, members are restricted to one designated doctor, one pharmacy, and one hospital unless there is a referral from the designated primary care physician (PCP). The program is designed to assure appropriate use of medical services, including access to prescription medication.

However, PCP referral will no longer be required for most behavioral health services. The designated PCP will only need to issue referrals for services which include the potential for a prescription, specifically psychiatrists, clinical nurse specialists with prescriptive authority, methadone programs, and inpatient hospital stays at other than the member's designated hospital.

For any services involving the potential for a prescription that do not have a referral in place, including those that have been authorized by UBH, the claims will be denied. When applicable, providers or the member must be in contact with the primary care physician to request that a referral is submitted for behavioral health services. We recommend that providers check the Department of Human Services MN-ITS site to verify eligibility and to determine whether a member is a restricted recipient. Designated PCPs and other referrals can also be viewed on MN-ITS.

As noted in a recent letter, UBH will no longer require prior authorization for routine outpatient care for Medica members who have a Medica five (5) digit group/policy number. In addition, certain ARMHS and CTSS services were no longer require authorization when billed by contracted programs. The letter outlined billing codes effected by this change. If you have additional questions, please contact your Network Management team at 1-877-614-0484.