



UCare Restricted Recipient Program Announcement

IMPORTANT NOTICE: PLEASE CHECK MN-ITS PRIOR TO PROVIDING SERVICES TO DETERMINE RESTRICTION STATUS. MN-ITS WILL LIST THE DESIGNATED PRIMARY CARE PROVIDER, PRIMARY CARE CLINIC, HOSPITAL, AND PHARMACY.

Effective July 1, 2010:

- Emergency department services provided to a UCare member enrolled in UCare's Restricted Recipient Program will be paid if services are provided in response to an emergency as defined by MN Rule 9505.0175 (*a condition, including labor and delivery, that if not immediately diagnosed and treated could cause a person serious physical or mental disability, continuation of severe pain, or death*). All claims for emergency department services will be reviewed to determine appropriate level of care (*reviewed for medical necessity*).
- Specialty care and urgent care services will require a referral from the member's designated primary care provider.
- A referral does not satisfy prior authorization requirements for services and procedures listed in UCare's prior authorization grid located in our Provider Manual, **Chapter 5: Prior Authorization and Notification** (<http://www.ucare.org/providers/Pages/ProviderManual.aspx#ch5>).

The designated primary care provider must submit a referral to UCare Clinical Services before the member receives services. Retrospective referrals will be considered on a case-by-case basis (i.e. urgent care). Primary care providers must use the UCare Restricted Recipient Referral Form found in our web site at <http://www.ucare.org/providers/Pages/Forms.aspx>. The Minnesota Restricted Recipient Program (MRRP) medical referral form (DHS-2978) found in the Minnesota Health Care Programs (MHCP) Provider Manual will be accepted; however, please make sure to fax that form directly to UCare Clinical Services for our members.

Important Resources:

- **UCare Contact Information**
 - ❖ UCare Restricted Recipient Program phone number: **612-676-3397** or **1-877-447-4384** (toll free).
 - ❖ UCare Restricted Recipient Program intake fax for referrals: **612-884-2316**.
 - ❖ UCare Restricted Recipient Program e-mail: RestrictedRecipient@ucare.org. – *DO NOT SEND PROTECTED HEALTH INFORMATION (PHI) UNLESS YOUR E-MAIL IS ENCRYPTED.*
 - ❖ Or mail to:
UCare Clinical Services
c/o Restricted Recipient Program
P.O. Box 52
Minneapolis, MN 55440
- **MHCP Provider Manual: Health Care Programs and Services**
 - ❖ [Minnesota Restricted Recipient Program \(MRRP\)](#)