

Recipient Restriction Program

The Recipient Restriction Program (RRP) is a medical review and administrative mechanism whereby selected Medicaid recipients with a demonstrated pattern of abusing or misusing the Medicaid program may be restricted to one or more health care provider. The objectives of the RRP include reducing the cost and inappropriate utilization of health care by identifying Medicaid recipients exhibiting abusive or fraudulent behavior; providing Medicaid recipients with coordinated medical services, thus improving the quality of their care; and utilizing local district and community providers to provide specific specialty and case management services. Individuals who are in the RRP program are eligible for enrollment in Health Homes, and the Health Home care manager must work with managed care plans on care coordination.

As part of the 2011 Medicaid Redesign Team (MRT) initiative, effective August 1, 2011, individuals currently enrolled in the RRP are now required to enroll in a Medicaid managed care plan. This population had previously been excluded from Medicaid managed care. Individuals in receipt of Medicaid fee-for-service and are currently in a restriction program imposed by the Office of the Medicaid Inspector General (OMIG) will be given 30 days to choose a plan. If a plan is not chosen, they will be auto assigned to a Medicaid managed care plan. Individuals currently in the restriction program will continue to be restricted once they enroll in a health plan. The health plan will be responsible for managing all health care services covered in the Medicaid managed care program. This is achieved through increased coordination of medical services that control the number of providers the enrollee may select for care and the referrals to services, medications, and equipment, Enrollees in the RRP are ensured access to medically necessary quality health care, and unnecessary costs to the Medicaid program are prevented. If the member is restricted due to carved out services, he/she will remain in the restriction program while enrolled in the plan. Restriction identification and procedures will remain the same.

Upon enrollment in a Medicaid managed care plan, members may be required to select or be assigned to new participating providers within the managed care plans provider network in order to access benefit package services. Providers who are currently treating restricted recipients under the Medicaid fee-for-service program, are encouraged to discuss with their patients how to choose a plan to best meet their medical needs. If the patient wishes to continue to maintain a relationship with a provider, he/she must choose a Medicaid managed care plan that the provider participates with. Individuals enrolled in the RRP may enroll in Health Homes as long as the individual meets the Health Home eligibility requirements. Going forward, the managed care plan will assume the responsibility for restriction of pharmacy and other benefit package services and OMIG RRP will continue to administer the restriction of plan carved out services.

This program has two major objectives:

1. To provide recipients with coordinated medical services which in turn improve the quality of their care; and
2. To reduce the cost of health care through the elimination of inappropriate utilization behavior by Medicaid recipients.

There are medical and non-medical reasons for a recipient to be placed into the restriction program.

Recipient Restriction Program Policy For Health Home Care Managers

The medical reasons include the receipt of health care services or supplies that are:

- duplicative,
- excessive,
- contraindicated, or
- conflicting.

The non-medical reasons include:

- forged prescriptions or fiscal orders,
- the possession of multiple Medicaid cards,
- card loaning and/or sharing, and
- the selling of drugs or other supplies obtained from Medicaid.

It is important to remember that the primary care provider, whether a physician or clinic, is responsible for the provision of most health care services for the patient. A referral will be needed from these primary care providers for any non-emergency medical services rendered by similar providers, including the ordering of transportation. If a patient does not identify oneself as a restricted recipient, you will receive notification when you access eMedNY or other eligibility verification checks.

The primary care provider's Medicaid identification (ID) number must accompany all referrals to allow for appropriate eligibility review and claims submission. Claims submitted for a restricted recipient will be denied if the primary care provider's ID number is not included in the claim.

If you have any questions regarding the submission of claims for the RRP, please contact CSC Provider Services at (800) 343-9000.