

PROVIDER INITIATED NOTICE (PIN)

A Legal Requirement per Grier Consent Decree



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Grier Consent Decree

The Grier Consent Decree is a legal mandate that affects the notice and appeal rights of TennCareSM enrollees and places certain obligations and responsibilities on Providers and/or Managed Care Organizations (MCOs).

<http://www.tn.gov/tenncare/legal.shtml>

(Link to Grier)

Grier Provider Initiated Notice (PIN)?

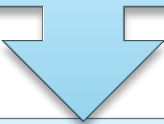
A Provider Initiated Notice (PIN) is notification of a provider initiated action which reduces, terminates or suspends any inpatient psychiatric or residential service, any service being provided to treat a patient's chronic condition across a continuum of services when the next appropriate level of medical service is not immediately available; or home health services.

For any provider initiated adverse action, an enrollee is entitled to a two business day advance notice, counted from the date of the Grier Letter, of their appeal rights in accordance with TennCare Rules.

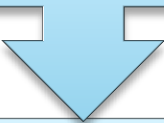
PINs are only required for enrollees whose services are being paid for by TennCare Medicaid Amerigroup Community Care, UnitedHealthcare, and BlueCare Tennessee. Providers are not required to submit a PIN if the enrollees' stay is authorized/reimbursed under Medicare, Commercial, or any other payor other than TennCare Medicaid.

Liquidated Damages associated with contract requirements per Contractor Risk Agreement

Failure to comply with the notice requirements, TennCare rules and regulations, and all court orders and consent decrees governing appeal procedures, as they become effective.



\$500 per occurrence in addition to \$500 per calendar day for each calendar day required notices are late or deficient or for each calendar day beyond the required time frame that the appeal is unanswered in each and every aspect and/or each day the appeal is not handled according to the provisions set forth and required by TennCare.



In Accordance with our contract requirements, MCO's can pass on the Liquidated damages to their providers.

When is PIN required?

At least two business days in advance of the proposed adverse action in instances of any provider-initiated delay, suspension, reduction or discharge/termination of the following services:

- * Any behavioral health service for a severely and persistently mentally ill adult or any severely emotionally disturbed child
- * Any inpatient or residential service including psychiatric and substance abuse
- * Any service provided to treat an enrollee's chronic condition across a continuum of services when the next appropriate level of medical service is not immediately available
- * Home Health Services

****If a service is not available for an enrollee at the time of discharge, then the enrollee must remain at the higher level of care until such time the service is available**

Adverse Actions that Require PIN

- ▶ **Delays** – You cannot see an enrollee within the TennCare timeframe for initial sessions (Delay)
- ▶ **Reductions** – The enrollee has made progress in his or her treatment and the provider decides the enrollee does not need to see a physician as frequently (Reduction)
- ▶ **Suspensions** – Temporary break in the enrollees treatment
- ▶ **Discharge/Terminations** – A provider can choose to stop the care anytime they feel there is no longer any medical necessity to continuing the care the enrollee is getting

What is included in the PIN?

- ▶ An explanation of the individualized decision, which explains circumstances unique to this enrollee and why this enrollee's care cannot be approved.
- ▶ A summary of the discharge plan or transitional care plan including aftercare appointments that meet access and availability standards. Discharge plan should include complete provider name, address and phone number, along with date and time of appointment.
- ▶ A waiver form and a copy of the completed PIN letter, delivered to the enrollee by the provider.

Grier Process (PIN) Steps

Step One:

Provider initiates interruption of services.

Step Two:

Provider completes provider initiated notice.

Step Three:

Provider submits PIN to MCO two business days prior to proposed adverse action.

Step Four:

MCO processes PIN.

Step Five:

Provider issues Grier Letter to enrollee.

Step One: Provider initiates interruption of services

The provider initiates an interruption of an enrollee's current service at which time all necessary information should be submitted to MCO via a PIN.

This form serves as notification that a Grier letter must be generated by MCO and sent to the enrollee

Provider Initiated Notice - Adverse Action

Electronic Form

Provider Name: _____ **Date of Request (mm/dd/yy): *** _____ (* - Click on drop-down box)

Address: _____ **City:** _____, **TN Zip Code:** _____

Telephone: () _____ **Provider Grier Fax: ()** _____

Contact Name: _____ **Telephone: ()** _____ **Ext.** _____

Attending Physician/Treating Practitioner - Name/Credential: _____

Enrollee Name: _____ **MCO/BHO: *** _____ **CRG/TPG:** ☐ N/A

SSN: _____ **Enrollee DOB (mm/dd/yy): *** _____

Street Address: _____, * # _____, **City:** _____, **State:** _____ **Zip Code:** _____

Telephone: () _____

Admission Date (mm/dd/yy): * _____ **- OR - Referral Date: *** _____

Discharging Level of Care:

<input type="checkbox"/> Inpatient psych/dual	<input type="checkbox"/> Supervised Residential	<input type="checkbox"/> CTT <input type="checkbox"/> CCFT <input type="checkbox"/> PACT
<input type="checkbox"/> Inpatient Detox	<input type="checkbox"/> PHP/Psych	<input type="checkbox"/> Case Management
<input type="checkbox"/> Inpatient Rehab	<input type="checkbox"/> PHP/A&D	<input type="checkbox"/> Medication Management
<input type="checkbox"/> Subacute	<input type="checkbox"/> IOP/Psych	<input type="checkbox"/> Outpatient Therapy
<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> IOP/A&D	<input type="checkbox"/> Other Outpatient:

Date of Anticipated Adverse Action(mm/dd/yy): * _____

Request For¹ ☐ Delay ☐ Suspension ☐ Reduction ☐ Discharge/Termination

☐ AMA (● **STOP HERE**. No further information is needed. Go to last [staff name/credential] field.)

☐ Transfer to same LOC: Facility Name _____ for * _____ (● **STOP HERE**)

If **Delay or Suspension**, service will be available (mm/dd/yy): * _____ Time: * _____

Explain action being taken to remedy access problem: _____

If **Reduction**, state how often will the consumer be seen: _____

For **ANY Adverse Action**, provide reasons for the proposed action—based on specific facts that are personal to the Enrollee—as to why the Enrollee no longer meets medical necessity criteria:

AND, please list the specific clinical documentation used to support your decision (include dates of service): _____

☐ DRAFT discharge summary attached – OR ☐ Discharge plan as follows: _____

Recommended Level of Care:

☐ Inpt Rehab ☐ PHP/Psych ☐ CTT ☐ CCFT ☐ PACT

¹ A written notice shall be given to an enrollee of any provider-initiated reduction, termination or suspension of: Any behavioral health service for a priority enrollee; any inpatient psychiatric 24 hour or residential service; Any service being provided to treat a patient's chronic condition across a continuum of services when the next appropriate level of medical service is not immediately available. When required, written notice must be provided to an enrollee at least two (2) business days in advance of the proposed action.

Step Two:

Provider completes provider initiated notice

Provider completes the PIN to include, but not limited to, the following:

1. Provider name in its entirety. Please do not use abbreviations for provider names. (Include National Provider Identifier (NPI) and Tax ID Number).
2. Discharge level of care must be documented on the PIN. This is the level of care the enrollee currently is receiving.
3. Documentation of the level of care the enrollee is being transitioned to, complete with aftercare appointments for such services. Members should be involved in discharge planning and appointment times; locations and contact information should be clearly documented and communicated to the enrollee.
4. The clinical reason used to support the medical necessity of the adverse action. (Include dates of service for the documents reviewed; e.g., MD Note 01/01/2015).

Step Three:

Provider submits PIN to MCO two business days prior to proposed adverse action.

Provider submits PIN to MCO. For any provider initiated Adverse Action, this form must be submitted to MCO within two business days prior to the proposed adverse action.

How to Count PIN Days

When a PIN form is received by the MCO, the Member notice of discharge is returned to provider and the provider gives the notice to the member within 24 hours. Two BUSINESS DAYS are provided to the member as notice of discharge days (Grier days).

Examples:

- If the PIN is received on a Monday before 5 p.m., then Monday and Tuesday will be the Grier days. The PIN discharge date will be Wednesday.
- If a PIN comes in on a Thursday before 5 p.m., then Thursday and Friday will be the Grier days. The PIN discharge day will be Saturday (A member can be discharged on a Saturday but Saturday will not count as a Grier day).
- If a PIN comes in on Friday before 5 p.m., then Friday and Monday will be the Grier days. The PIN discharge date will be Tuesday.

Holidays do not count as a Grier day.

***Grier days are calculated from the date the PIN is received, not the date of anticipated adverse action. Think of Grier days from Midnight to Midnight.**

Step Four: MCO processes PIN

Once MCO receives the PIN from the provider, the PIN is processed as follows:

1. MCO reviews the PIN for completeness. If information is missing, the PIN is considered invalid and the provider is contacted to request a corrected PIN.
2. The completed PIN is utilized by the MCO to generate the Grier letter.
3. MCO returns the Grier letter and waiver to the provider and mails to the enrollee.

Step Five: Provider issues Grier Letter to Enrollee

The provider delivers the Grier letter to the enrollee at which time the enrollee may choose one of the following:

1. To waive the right to advance notice, the enrollee is required to complete the waiver form prior to discharge. It is the provider's responsibility to ensure this waiver form is completed and returned to MCO.
2. Accept the two day notice outlined in the Grier letter. If so, the enrollee is discharged in accordance with the timeframes outlined in the Grier letter.
3. Refuse the two day notice and invoke his/her right to file an appeal.

How to submit a request for PIN

Log on to our provider website and download a copy of PIN Request form:

Amerigroup

<http://providers.amerigroup.com>

Fax to 1-877-579-6674

Secure Email to:

tn1pin@amerigroupcorp.com



UnitedHealthcare

<http://www.uhccommunityplan.com/health-professionals.html>

Fax: 1-888-291-2615

Secure Email to: TNPINS@uhc.com



BlueCross BlueShield

<http://www.bcbst.com/blueaccess/>

Fax: 800-859-2922

