

May 6, 2016

Submit the following via mail, fax or email to InsPolicy.Analysis@tn.gov or Mary.Freeman@tn.gov:

1. Completed one page application filled out in its entirety.
2. Fee of \$1,000.00 paid by 1) Check (make check payable to the Tennessee Department of Commerce and Insurance), 2) Wire Transfer (EFT), 3) ACH. See banking information below. OR proof of accreditation by the Utilization Review Accreditation (URAC) or the National Committee for Quality Assurance (NCQA) in accordance with Tennessee Code Annotated (T.C.A) §56-6-705(b)
3. If valid URAC or NCQA is submitted proof of compliance with T.C.A. §56-6-705(b) is also required.
4. If fee paid proof of compliance with T.C.A. §56-6-705 all parts is required.

Note: Utilization review agents who have received accreditation from URAC or NCQA are exempt from payment of the fee upon filing proof of accreditation.

NOTE:

1. If your company does Workers Comp UR in the State of Tennessee you must contact the Bureau of Workers Comp for additional requirements.
2. A valid URAC or NCQA certificate does not exempt your company from submitting the policy and procedures compliant with T.C.A. §56-6-705(a) (2), (8) and (10).

If you need further assistance please contact:

Mary Freeman, Policy Analyst
Policy Analysis Section
Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, Tennessee 37243
Phone: 615-532-2205
Email: Mary.Freeman@tn.gov



Due July 1, 2016

UTILIZATION REVIEW AGENTS ANNUAL CERTIFICATION FORM

DATE ____/____/____

UTILIZATION REVIEW AGENT—Name _____

d/b/a name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____)____-____ Email _____

Normal Business Hours (CST)/Days _____

CONTACT PERSON

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____)____-____ Email _____

Website _____

I have attached description of the appeal and determination procedures for utilization review determinations in accordance with T.C.A. §56-6-704(b)(1)(c), OR proof of accreditation by the Utilization Review Accreditation (URAC) or the National Committee for Quality Assurance (NCQA) in accordance with T.C.A. §56-6-705(b) and provided proof of compliance with T.C.A. §56-6-705(a)(2); (8) and (10).

Print Name _____ Title _____

Signature _____

I hereby certify to the Commissioner that I am in compliance with TCA § 56-6-705.

Print Name _____ Title _____

Signature _____

Submit this form along with a fee of \$1,000 (make check payable to the Tennessee Department of Commerce and Insurance.) Note: Utilization review agents who have received accreditation from URAC or NCQA are exempt from payment of the fee upon filing proof of accreditation. If your accreditation does not continue through June 30, 2017, your certification to Tennessee ends on that date.

Any material change in the information on this form must be filed with the Commissioner within (30) thirty days of the change in accordance with TCA § 56-6-704(b) (2).



STATE of TENNESSEE: DEPARTMENT COMMERCE and INSURANCE

Banking information: your bank will require when you place the ACH or EFT transaction:

Wire Transfer (EFT) (same day by 3:30 bank closing)

Bank: First Tennessee Bank

Account Name: State of Tennessee Treasury

ABA: **084000026**

Acct# **184503761**

Comment Line# put our Department name: Commerce and Insurance

Comment Line# 2 put company name and UR Certification on lines available

ACH payment (next day posting)

Bank: First Tennessee Bank

ABA: **064107091**

Acct# **90733502000**

Please put company name and UR certification in the addenda lines available-