



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
DAVY CROCKETT TOWER  
NASHVILLE, TENNESSEE 37243**

**TITLE 56: INSURANCE  
CHAPTER 61: TENNESSEE HEALTH CARRIER GRIEVANCE AND EXTERNAL  
REVIEW PROCEDURE ACT  
PART 120 APPROVAL OF INDEPENDENT REVIEW ORGANIZATIONS  
PART 121 MINIMUM QUALIFICATIONS FOR INDEPENDENT REVIEW  
ORGANIZATIONS**

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**Part 120. External Review Organizations - Application for Approval**

1. Name of External Review Organization: \_\_\_\_\_

\_\_\_\_\_

DBA: \_\_\_\_\_

Type of Applicant (check one):

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Limited Liability \_\_\_\_\_

Other (Describe) \_\_\_\_\_

FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Business Address: \_\_\_\_\_

Street (Do Not Use P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_

3. Mailing Address (If Different from Business Address): \_\_\_\_\_

Street (Do Not Use P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Contact Information To Be Used on the Department's Website of Approved External Review Organizations:

Contact Person: \_\_\_\_\_

Business Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Street (Do Not Use P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Agent for Service of Process in Tennessee Department of Insurance:

Name: \_\_\_\_\_

Street (Do Not Use P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. For Each External Review Program supply the following information:

- a. The name, address, telephone number and hours of operation for the external review program.
- b. The organization and governing structure of the external review program.
- c. The number of reviews in Tennessee for which an external review is conducted by each external review program for the current year.
- d. Number of reviews in Tennessee for which an external review was conducted for the previous calendar year for each external review program.
- e. A copy of your most recent certificate from American Accreditation Healthcare Commission (URAC) Standards for Independent Review Organizations, if applicable.
- f. Written policies and procedures for protection of confidential information according to applicable State and federal laws for each external review program.
- g. Biographical information for organization officers and directors. Biographical affidavit in the form attached shall be stamped "confidential" by the external review organization. The Biographical affidavit form may be located at the following link (form 11):  
  
[http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
- h. A list of all contracted reviewers, the physician's license number of each reviewer and his or her contact information and area of clinical expertise.
- i. All information required in 7 below.

7. Minimum Qualifications for External Review Organizations (ERO):

- a. To be approved to conduct external reviews, an external review organization shall have and maintain written policies and procedures that govern all aspects of both the standard external review process and the expedited external review process set forth in the Act that include, at a minimum:
  - i. A quality assurance mechanism that ensures that:
    - A. External reviews are conducted within the specified timeframes and required notices are provided in a timely manner;
    - B. Selection of qualified and impartial clinical reviewers to conduct external reviews on behalf of the ERO and suitable matching of reviewers to specific cases and that the external review organization employs or contracts with an adequate number of clinical reviewers to meet this objective;

- C. For adverse determinations involving experimental or investigational treatments, in assigning clinical reviewers, the external review organization selects physicians or other health care professionals who, through clinical experience in the past 3 years, are experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment;
  - D. The health carrier, the covered person, and the covered person's authorized representative shall not choose or control the choice of the physicians or other health care professionals to be selected to conduct the external review;
  - E. Confidentiality of medical and treatment records and clinical review criteria; and
  - F. Any person employed by or under contract with the external review organization adheres to the requirements of the Act;
- ii. A toll-free telephone service operating on a 24 hours/day, 7 days/week basis that accepts, receives, and records information related to external reviews and provides appropriate instructions; and
  - iii. An agreement to maintain and provide to the Commissioner the information set out in § 56-61-123 of the Act.
- b. All clinical reviewers assigned by an independent review organization to conduct external reviews shall be physicians or other appropriate health care providers who meet the following minimum qualifications:
    - i. Be an expert in the treatment of the covered person's medical condition that is the subject of the external review;
    - ii. Be knowledgeable about the recommended health care service or treatment through recent or current actual clinical experience treating patients with the same or similar medical condition as the covered person;
    - iii. Hold a non-restricted license in a state of the United States and, for physicians, a current certification by a recognized American medical specialty board in the area or areas appropriate to the subject of the external review; and

- iii. Have no history of disciplinary actions or sanctions, including loss of staff privileges or participation restrictions, that have been taken or are pending by any hospital, governmental agency or unit, or regulatory body that raise a substantial question as to the clinical reviewer's physical, mental, or professional competence or moral character.
- c. In addition to the requirements set forth in subsection (a), an external review organization may not own or control, be a subsidiary of, or in any way be owned or controlled by, or exercise control with, a health benefit plan, a national, State, or local trade association of health benefit plans, or a national, State, or local trade association of health care providers.
- d. Conflicts of interest are prohibited. In addition to the requirements set forth in 7a, 7b and 7c of this Section, to be approved pursuant to the Act to conduct an external review of a specified case, neither the external review organization selected to conduct the external review nor any clinical reviewer assigned by the ERO to conduct the external review may have a material professional, familial or financial conflict of interest with any of the following:
  - i. The health carrier that is the subject of the external review;
  - ii. The covered person whose treatment is the subject of the external review or the covered person's authorized representative;
  - iii. Any officer, director or management employee of the health carrier that is the subject of the external review;
  - iv. The health care provider, the health care provider's medical group or independent practice association recommending the health care service or treatment that is the subject of the external review;
  - v. The facility at which the recommended health care service or treatment would be provided; or
  - vi. The developer or manufacturer of the principal drug, device, procedure, or other therapy being recommended for the covered person whose treatment is the subject of the external review.
- e. An independent review organization shall be unbiased. An ERO shall establish and maintain written procedures to ensure that it is unbiased in addition to any other procedures required under the Act.



8. Enclose a check or money order made payable to the Tennessee Department of Commerce and Insurance, or submit the funds electronically using the instructions below:

Accredited entity fee of \$500.00.

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 National Bank Association

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 External Review Org

**ACH payment** (next day posting)

Bank: First Tennessee National Bank Association

Account Type: Demand/Checking

ABA: **064107091**

Acct# **90733502000**

Put company name and External Review Org

9. Affirmation (to be signed by an officer or director of the external review organization only):

I, \_\_\_\_\_ do hereby certify that  
(Typed name, title)

\_\_\_\_\_  
(External Review Organization)

complies with the URAC Independent Review Organization Standards of the American Accreditation Healthcare Commission or another Tennessee approved nationally recognized private accrediting entity and that

\_\_\_\_\_  
(External Review Organization)

has submitted evidence of accreditation by URAC for Independent Review or by another Tennessee approved nationally recognized private accrediting entity for External Review Organization accreditation, and that the persons responsible for the conduct of

\_\_\_\_\_  
(External Review Organization)

are competent, trustworthy, and possess good reputations, and have appropriate experience, training or education and do hereby affirm that all of the information presented in this application is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please send completed application, all Biographical Affidavit(s) and other information required:

**Tennessee Department of Commerce and Insurance**



**Attn: Policy Analysis Section  
500 James Robertson Parkway  
Nashville, TN 37243  
(615) 532-2205**

Or

Send by electronic mail to:

[Mary.Freeman@tn.gov](mailto:Mary.Freeman@tn.gov)