

## Commerce & NETWORK ADEQUACY AND SUFFICIENCY REVIEW REQUEST FORM

Pursuant to Tenn. Code Ann. § 56-7-2356(h)

## **ENROLLEE INFORMATION**

First Name	Last Name			
Phone	E-mail			
MANAGED HEALTH INSURANCE ISSUER INFO	DRMATION			
Name of Health Insurance Issuer	NAIC Company Code (if known)			
Group Number	Name of Network			
BASIS FOR NETWORK ADEQUACY AND SUFFICIE (Check all that apply)	ENCY REVIEW			
Inadequate number of acute care hospitals within Inadequate number of primary care providers with Inadequate number of specialists and subspecialist Comprehensive listing of network providers not av Referral not expedited as required or referral retrosuser does not have a process for monitoring suff Inadequate quality assurance standards to identify Inadequate system for coordinating specialty care	in 30 miles or 30 minutes travel time. sts within a reasonable distance or travel time. ailable. actively denied without adequate cause. ficiency of network.  y, evaluate, and remedy lack of access to care.			
<ul> <li>☐ Inadequate number of contracted providers praction</li> <li>☐ Other violation of statute, rule, or Department police</li> </ul>	cing at in-network facilities.			

IN2079 (1/2024) RDA 1172

Please provide a narrative description of the basis of your Request to Review.						

Submit completed form by mail, email or fax using the contact information below:

## **Mailing Address:**

Department of Commerce and Insurance Consumer Insurance Services 500 James Robertson Parkway, 10th Floor Nashville, TN 37243-0574

Email Address: CIS.Complaints@tn.gov

Fax: 1-615-532-7389

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