

# NETWORK ADEQUACY AND SUFFICIENCY REVIEW REQUEST FORM

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

## PROVIDER INFORMATION

First Name

Last Name

Phone

E-mail

Professional Provider or Facility Name

National Provider Identifier (if applicable)

Facility Identification Number (if applicable)

---

## MANAGED HEALTH INSURANCE ISSUER INFORMATION

Name of Health Insurance Issuer

NAIC Company Code (if known)

Group Number

Name of Network

---

## BASIS FOR NETWORK ADEQUACY AND SUFFICIENCY REVIEW

(Check all that apply)

- Inadequate number of acute care hospitals within a reasonable distance or travel time.
- Inadequate number of primary care providers within 30 miles or 30 minutes travel time.
- Inadequate number of specialists and subspecialists within a reasonable distance or travel time.
- Comprehensive listing of network providers not available.
- Referral not expedited as required or referral retroactively denied without adequate cause.
- Issuer does not have a process for monitoring sufficiency of network.
- Inadequate quality assurance standards to identify, evaluate, and remedy lack of access to care.
- Inadequate system for coordinating specialty care for enrollees.
- Inadequate number of contracted providers practicing at in-network facilities.
- Other violation of statute, rule, or Department policy regarding network adequacy.

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](mailto:CIS.Complaints@tn.gov)

Fax: 1-615-532-7389