

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

Fax: 1-615-532-7389