



HEALTH CARE SERVICE UTILIZATION REVIEW ACT APPLICATION

Submit the following by July 1 via mail, fax or email to Inspolicy.Analysis@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 the fee is paid, proof of compliance with all parts of T.C.A. § 56-6-705 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' Compensation Utilization Review in the State of Tennessee, you must contact the Bureau of Workers' Compensation for additional requirements.
2. A valid URAC or NCQA certificate does not exempt your company from submitting the policy and procedures required to be compliant with T.C.A. § 56-6-705(a)(2), (8) and (10).

If you need further assistance please contact:

Mary Freeman, MBA Actuarial & Compliance Analyst 2
Policy Analysis Section
Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, Tennessee 37243
Phone: 615-532-2205
Email: Mary.Freeman@tn.gov

Policy Analysis Section • Davy Crockett Tower – 10th Floor
500 James Robertson Parkway • Nashville, TN 37243
Tel: 615-741-2825 • Fax: 615-741-0648 • tn.gov/commerce/insurance-division

This form is due by July 1 of each year.

HEALTH CARE SERVICE UTILIZATION REVIEW ACT ANNUAL CERTIFICATION FORM

DATE ____/____/____

UTILIZATION REVIEW AGENT

Name _____

D/B/A Name _____

Street Address _____

City _____ State _____ Zip Code _____

Toll-free telephone (____) _____ - _____ Email _____

Normal business hours _____

CONTACT PERSON

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Contact telephone number: (____) _____ - _____ Email _____

Business website _____

I certify that I have attached the description of the appeal and determination procedures for utilization review 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 T.C.A § 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.); or provided a valid accreditation from URAC or NCQA. If your accreditation does not continue through June 30 of the following year, your certification to Tennessee ends on the date your accreditation ends.

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 T.C.A § 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 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 UR Certification on lines available

ACH payment (next day posting)

Bank: First Tennessee National Bank Association

Account Type: Demand/Checking

ABA: **064107091**

Acct# **90733502000**

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

