May 7, 2018

Submit the following via mail, fax or email to InsPolicy.Analysis@tn.gov or Mary.Freeman@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 fee 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 Comp UR in the State of Tennessee, you must contact the Bureau of Workers Comp for additional requirements.

2. A valid URAC or NCQA certificate does not exempt your company from submitting the policy and procedures 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
Due July 1, 2018

UTILIZATION REVIEW AGENTS ANNUAL CERTIFICATION FORM

DATE ____/____/____

UTILIZATION REVIEW AGENT—Name ________________________________________________________________
d/b/a name _____________________________________________________________________________________
Street Address _____________________________________________________________________________
City _________________________________________ State _________ Zip Code________________________________
Telephone (_____)______-__________Email ______________________________________________________________

CONTACT PERSON
Name __________________________________________Title ________________________________________________
Street Address _______________________________________________________________________________________
City _________________________________________ State _________ Zip Code________________________________
Telephone (_____)______-__________Email ______________________________________________________________
Website ____________________________________________________________________________________________

I have attached description of the appeal and determination procedures for utilization review determinations 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 TCA §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.) Note: Utilization review agents who have received accreditation from URAC or NCQA are exempt from
payment of the fee upon filing proof of accreditation. If your accreditation does not continue through June 30, 2019, 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 TCA § 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 Bank
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 Bank
ABA: 064107091
Acct# 90733502000
Please put company name and UR certification in the addenda lines available-