

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, made 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 Committee ("URAC") or the National Committee for Quality Assurance ("NCQA") in accordance with Tennessee Code Annotated § 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 completes 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 in compliance with T.C.A. § 56-6-705(a)(2), (4), (9), and (11).

If you need further assistance, please contact:

Mary Freeman, MBA Actuarial & Compliance Analyst 2 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

IN-1414 (Rev. 02-2023) RDA 1695

This form is due by July 1 of each year.

HEALTH CARE SERVICE UTILIZATION REVIEW ACT ANNUAL CERTIFICATION FORM DATE ____/___ UTILIZATION REVIEW AGENT D/B/A Name____ City State Zip Code Normal business hours CONTACT PERSON ______Title _______ Street Address City _____State ____Zip Code_____ I certify that I have attached the description of the appeal and determination procedures for utilization review in accordance with Tennessee Code Annotated § 56-6-704(b)(1)(C), OR proof of accreditation by the Utilization Review Accreditation Committee ("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); (4), (9) and (11). Print Name______Title___ I hereby certify to the Commissioner that I am in compliance with T.C.A § 56-6-705.

Submit this form along with a fee of \$1,000 (make check payable to the Tennessee Department of Commerce and Insurance.), or provide 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).

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STATE of TENNESSEE: DEPARTMENT COMMERCE and INSURANCE

Please contact Mary Freeman for Wire Transfer (EFT) or ACH payment instructions.

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Phone: 615-532-2205

Email: Mary.Freeman@tn.gov

Please note, wire transfers will be delivered the same day by 3:30PM CST, while ACH payments will be posted the following day.

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