



## **STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE**

### **Instructions for Reporting Tennessee Health Carrier Grievance Register**

Tennessee Code Ann. § 56-61-105(e)(2)(A) requires each health carrier to submit to the Commissioner of the Tennessee Department of Commerce and Insurance an annual report documenting all grievances received by a health carrier during a calendar year pursuant to the Tennessee Health Carrier Grievance and External Review Procedure Act (the "Act"). For each type of health benefit plan offered by the health carrier, the report must include:

1. The number of covered lives that fall under the Act's protections;
2. The total number of grievances received;
3. The number of grievances for which a covered person and healthcare provider requested a second level voluntary grievance review;
4. The number of grievances resolved at each level and their resolution; and
5. A synopsis of actions being taken to correct problems identified.

Please submit the report and any questions to [Ins.Policy.Analysis@tn.gov](mailto:Ins.Policy.Analysis@tn.gov).



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**INSURANCE DIVISION – POLICY ANALYSIS SECTION**

500 James Robertson Parkway, Tenth Floor  
Nashville, Tennessee 37243  
Phone: (615) 741-2825  
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**Tennessee Health Carrier Grievance Register Report**

Name of Company: \_\_\_\_\_

NAIC Number: \_\_\_\_\_ Reporting Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**GRIEVANCES RECEIVED ON INDIVIDUAL PLANS**

|       | Covered<br>Lives |  | 1st Level<br>Upheld | 1st Level<br>Overturned | Total |  | 2nd Level<br>Upheld | 2nd Level<br>Overturned | Total |  | External Review<br>Upheld | External Review<br>Overturned | Total |
|-------|------------------|--|---------------------|-------------------------|-------|--|---------------------|-------------------------|-------|--|---------------------------|-------------------------------|-------|
|       |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| PPO   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| POS   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| EPO   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| HSA   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| HDHP  |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| FFS   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| HMO   |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |
| Total |                  |  |                     |                         |       |  |                     |                         |       |  |                           |                               |       |

### **GRIEVANCES RECEIVED ON SMALL GROUP PLANS (2 – 50 employees)**

[illegible]

Synopsis of actions being taken to correct problems identified:

[illegible]

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_