



HEALTH CARE SERVICE UTILIZATION REVIEW ACT APPLICATION

Below is an overview of the application process for health care service utilization review agents:

Please satisfy the following requirements annually on or before **July 1** of each calendar year:

1. Complete the application on the page below.
 - a. Include a separate attachment with appeals procedures, as required by Tenn. Code Ann. § 56-6-704.
2. Submit proof of a valid Utilization Review Accreditation Commission (URAC) or National Committee for Quality Assurance (NCQA) accreditation.
3. If the entity is not accredited, please submit a one thousand-dollar (\$1,000) payment to the Tennessee Department of Commerce and Insurance (“Department”).
 - a. Checks can be made payable to the Department.
 - b. Please contact the Department at [\(615\) 741-2241](tel:6157412241) or Ins.Policy.Analysis@tn.gov for EFT or ACH information.

If your company performs Workers’ Compensation Utilization Review in the state of Tennessee, you must contact the Bureau of Workers’ Compensation for additional requirements.

- The Bureau can be reached by phone: [\(615\) 532-4812](tel:6155324812)

Applications may be submitted by mail or email to:

Tennessee Department of Commerce and Insurance
ATTN: Insurance Policy Analysis Section
500 James Robertson Parkway
Nashville, Tennessee 37243
Phone: (615) 741-2241
Email: Ins.Policy.Analysis@tn.gov



This form is due annually on or before July 1 of each calendar year.

DATE: _____

UTILIZATION REVIEW AGENT

Name: _____

dba Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Normal business hours: _____

CONTACT PERSON

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

By signing below, I certify that I attached the description of the **appeal procedures** for utilization review in accordance with the minimum standards of Tenn. Code Ann. § 56-6-705.

I hereby certify to the Commissioner that I am in compliance with Tenn. Code Ann. § 56-6-705.

Print Name: _____ Title: _____

Signature: _____

Any material change in the information on this form must be filed with the Commissioner within thirty (30) days of the change in accordance with Tenn. Code Ann. § 56-6-704.