



STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Tennessee Health Carrier Grievance Reporting Register Instructions:

According to Tennessee Code Ann. 56-61-105, (e) (2) (A), A health carrier shall submit to the commissioner, at least annually, a report to document grievances in the format specified by the commissioner.

(B) The report shall include for each type of health benefit plan offered by the health carrier:

- (i) The number of covered lives that fall under this chapter's protections;
- (ii) The total number of grievances;
- (iii) The number of grievances for which a covered person and healthcare provider requested a second level voluntary grievance review pursuant to § 56-61-108;
- (iv) The number of grievances resolved at each level, if applicable, and their resolution; and
- (v) A synopsis of actions being taken to correct problems identified.

The form must be submitted to the Department by October 1st of the year following the reporting year.

Please submit the report via email to Inspolicy.Analysis@tn.gov.

If you have any questions please contact:

Mary Freeman, Policy Analyst
Policy Analysis Section
Phone: 615-532-2205
Email: Mary.Freeman@tn.gov



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

500 James Robertson Parkway, Fourth Floor
 Nashville, TN 37243-1130

Phone: (615) 741-2825

Fax: (615) 741-0648

Tennessee Health Carrier Grievance Reporting Register

DATE ____/____/____

Name of Company: _____

NAIC Number: _____ Reporting Year: _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ - _____ Email _____

INDIVIDUAL

	Covered	Grievances							External Review		
		1st Level			2nd Level				External Review		
		Lives	Upheld	Overtured	Total	Upheld	Overtured	Total	Upheld	Overtured	Total
PPO											
POS											
EPO											
HSA											
HDHP											
FFS											
HMO											
Total											

SMALL GROUP (2 – 50 employees)

	Covered	Lives	Grievances						External Review			
			1st Level			2nd Level			External Review			
			Upheld	Overtured	Total	Upheld	Overtured	Total	Upheld	Overtured	Total	
PPO												
POS												
EPO												
HSA												
HDHP												
FFS												
HMO												
Total												

LARGE GROUP (> 50 employees)

	Covered	Lives	Grievances						External Review			
			1st Level			2nd Level			External Review			
			Upheld	Overtured	Total	Upheld	Overtured	Total	Upheld	Overtured	Total	
PPO												
POS												
EPO												
HSA												
HDHP												
FFS												
HMO												
Total												

Synopsis of actions being taken to correct problems identified:

Print Name _____ Title _____

Signature _____