

## DIVISION OF TENNCARE

# REQUEST FOR COST-EFFECTIVE ALTERNATIVE (CEA)

This form is for use by a TennCare Managed Care Contractor (MCC) seeking to provide a cost-effective alternative service to a TennCare enrollee. Note that prior approval from TennCare is required only if the cost-effective alternative service in question is not on the list of pre-approved services in Policy BEN 08-001. (See <https://www.tn.gov/content/dam/tn/tennicare/documents2/ben08001.pdf>.)

MCC INFORMATION		
MCC requesting the CEA:		MCC contact person regarding this request:
Telephone:	Email:	
ENROLLEE INFORMATION		
Name of Enrollee for whom the CEA is being requested:		
Date of birth:	SSN (last 4 digits):	
CEA INFORMATION		
1a. What service is being requested as a cost-effective alternative? <i>Please be specific. The brand name of a particular program (e.g. "New Horizons in Care") alone would not be a sufficient response to this question.</i>		
1b. On what date are you requesting that provision of the CEA begin?		
1c. For how long are you requesting the CEA (up to 12 months)? What is the projected end date?		
2a. Is the service being requested as an alternative to a TennCare-covered service? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, then please proceed to Question 3a.		
2b. If 2a is yes, what is the covered service to which the CEA is an alternative?		
2c. If 2a is yes, why is the proposed CEA preferable to the covered service for this enrollee?		
2d. If 2a is yes, please attach documentation that the proposed CEA is cost-effective in comparison to the TennCare-covered service it would replace.		
If 2a is yes and you have responded to 2b, 2c, and 2d, please sign, date, and submit the form according to the instructions below. If 2a is no, proceed to 3a.		
3a. Is the requested service a preventive service that would avoid the development of conditions likely to require more costly treatment in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3b. If 3a is yes, what are the conditions that would require more costly treatment in the future?		
3c. If 3a is yes, how will the proposed CEA be effective in avoiding these conditions for this enrollee?		

By signing this document, I hereby certify that the proposed CEA is medically appropriate for this enrollee and is, to the best of my knowledge, cost-effective in comparison to the TennCare-covered service(s) it would replace.

Signature\_\_\_\_\_

Date\_\_\_\_\_

DETERMINATION REGARDING CEA – TO BE COMPLETED BY TENNCARE	
Name of TennCare reviewer [print name]:	Signature of TennCare reviewer:
The requested service is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
If approved, the duration of approval is:	
<input type="checkbox"/> One time only <input type="checkbox"/> Time-limited duration (up to 12 months), expiring on_____	

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### NOTES

TennCare approves the use of CEAs that are cost-effective compared to covered services OR that help avoid the development of conditions likely to require more costly treatment in the future. Therefore, if the responses to questions 2a and 3a are both no, then the service does not qualify as a CEA.

In addition to the information provided on this form, another consideration in TennCare's decision is whether the CEA includes components that are TennCare-covered services.

### SUBMISSION INSTRUCTIONS

Once complete, this form and any associated documentation should be submitted to the Office of the Chief Medical Officer at the Division of TennCare via one of the following:

- Secure file share or message, using normal MCC protocols
- Secure email, which must consist of each of the following—
  - Creating a pdf version of the completed form (including attachments) and password-protecting the file.
  - Attaching the pdf to an email addressed to [Jona.Bandyopadhyay@tn.gov](mailto:Jona.Bandyopadhyay@tn.gov). No protected health information (such as an enrollee's name, Social Security Number, and/or date of birth) should appear in the subject line of the email. The subject line must include the phrase [secure email] as it appears, including brackets.
  - Sending a second email—also addressed to [Jona.Bandyopadhyay@tn.gov](mailto:Jona.Bandyopadhyay@tn.gov)—that contains the password of the completed form and that follows the same subject line protocol.
  - Sending these items only from an official MCC email address—not a personal account—to maximize security and protection of the sensitive information included.
- Mail (addressed to Division of TennCare, Office of the Chief Medical Officer, 310 Great Circle Road, 4 West, Nashville, TN 37243)

In order to ensure that TennCare has the opportunity to adequately consider all CEA requests, MCCs should submit their requests at least two weeks prior to the desired date of service delivery.

Questions about the CEA request process may be directed to Jona Bandyopadhyay, Deputy Chief Medical Officer for the Division of TennCare.