

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management		SUBJECT (Document Title) Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA	
Effective Date 12/01/1995	Date of Last Review 10/28/2024	Date of Last Revision 06/17/2024	Dept. Approval Date 10/28/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid (Anthem) identifies members in need of Tuberculosis (TB) services and delivers those services to appropriate members. The latest TB diagnostic and treatment guidelines recommended by the American Thoracic Society (ATS) and the Centers for Disease Control and Prevention (CDC) are used.

Anthem Medicaid will coordinate with the local health department in the provision of Directly Observed Therapy (DOT) and will provide all medically necessary covered services to the member with TB.

DEFINITIONS:

Directly Observed Therapy - A treatment method in which patients are under direct observation when they take their medication or receive their treatment. In the case of TB, the ingestion of prescribed anti-tuberculosis medication by infected persons.

PROCEDURE:

A. Screening for TB Infection

i. Members 0-21:

- a) Assessment for risk factors for developing TB and Tuberculin skin testing is conducted in accordance with the current ATS/CDC guidelines, which are endorsed by the American Academy of Pediatrics (AAP) and is part of the initial assessment of the member by the Primary Care Provider (PCP).

ii. Adults:

- a) An assessment of risks for developing TB is performed as part of the initial health assessment performed by the PCP. TB testing is offered to all

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management	SUBJECT (Document Title) Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA
--	---

individuals at increased risk of TB unless they have documentation of prior positive test results or TB disease. Individuals identified at high risk for TB are identified based on CDC guidelines.

The Mantoux skin test is the only acceptable screening test. Trained personnel read the skin test results and record the results in the member's medical record. The Mantoux skin test is not administered if the member has had a previously documented positive skin test. When a positive skin test is noted other medical follow-up is required.

B. Provider Education and Case Reporting

The requirement and need for TB screening is included in the Preventive Health Guidelines that are distributed annually to Providers. Other sources of Provider education include the Anthem Medicaid Provider Operations Manual, as well as information provided by Anthem's Clinical Quality Compliance Administrator (CQCA) during their medical record review and audit against Department Health Care Services (DHCS) standards. Community Resource Coordinators (CRCs) in collaboration with the local health department may offer additional educational opportunities to the Providers in the community regarding the reporting and care management of members at risk for TB.

i. Reporting

- a) When necessary, providers are instructed by the Anthem Medicaid Medical Director or designee in the prompt reporting of all suspected or known case of TB to the local health department within one working day of identification in accordance with California Code of Regulations, Title 17, Section 2500.
- b) The Anthem Medicaid Medical Director or designee will direct contracted providers to use contracted, state licensed laboratories. TB treatment plans are submitted to the local health department on a quarterly basis until treatment is completed, in accordance with the Health and Safety Code section 121362.
- c) Member assessment for potential barriers to adherence to treatment occurs in collaboration with the local health department, including reports of actual or suspected non-adherence to the tuberculin management plan.

C. Assessment, Identification and Referral of Members in need of DOT

The Provider assesses all members at initiation and throughout the course of treatment for potential non-compliance. All members needing DOT are referred to the local health department.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management	SUBJECT (Document Title) Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA
--	---

Anthem will assess the risk of treatment resistance or non-compliance with drug therapy for each member who requires placement on anti-tuberculosis drug therapy. The following groups are at risk for treatment resistance or non-compliance for the treatment of TB.

- i. **Members at risk for treatment resistance:**
 - a) Members with demonstrated drug resistance to either Isoniazid or Rifampin,
 - b) Members on intermittent therapy,
 - c) Members whose treatment has failed or who have relapsed after completing a prior regimen or who demonstrate slow sputum conversion or clinical improvement,
 - d) Elderly, Children and Adolescents,
 - e) Members who have demonstrated non-compliance (both in treatment and failure to keep office appointments).
- ii. **Members with the following characteristics are at risk for non-compliance**
 - a) History of alcohol or drug abuse (substance users)
 - b) Members with unmet housing needs
 - c) Incarceration in a correctional facility
 - d) Members with mental illness (i.e., Major psychiatric, memory, or cognitive disorder)
 - e) Poor or non-acceptance of TB diagnosis
 - f) Adverse reaction to TB medications
 - g) Too ill for self-management
 - h) Language and/or cultural barriers

Anthem will refer members with active TB and who have treatment resistance or non-compliance issues to the TB control officer of the local health department (LHD) for DOT.

If a provider finds that a member is at risk for treatment resistance or noncompliance with treatment, Anthem will refer the member to the LHD for DOT.

D. Case Management

Anthem Medicaid will provide all medically necessary covered services to the member with TB on DOT and shall ensure joint case management and coordination of care with the local health department TB Control Officer and provider.

The provider, in collaboration with the Anthem Medicaid Case Manager or designee and the local health department, identifies and address barriers to patient compliance with self-administered treatment. To improve adherence, fixed dose combination drug preparations are available for patients on self-administered therapy and are encouraged

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management	SUBJECT (Document Title) Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA
--	---

for treatment of adults. The Anthem Medicaid Case Manager or designee promptly notifies the local health department of any change in the designated provider for members with confirmed or suspected TB as well as members disenrolled from the Plan.

The PCP is also responsible for obtaining the TB Control Officer or designee's approval prior to hospital transfer or discharge of any patient with known or suspected TB.

E. TB Memorandum of Understandings (MOUs)

TB Memorandums of Understanding (MOU) are developed specific to each contracted county to detail the responsibilities of both the County Health Department and Anthem Medicaid. MOUs are binding, contractual agreements between Anthem and third parties to coordinate and facilitate the provision of medically necessary services to members where members are served by third parties.

Anthem will coordinate with third-party entities and county programs to ensure that members receive all medically necessary services even if those services are not the financial responsibility of Anthem. In circumstances where Anthem is coordinating care and not financially responsible for the care, Anthem must negotiate in good faith and execute an MOU with the LHD for the Tuberculosis Direct Observed Therapy (DOT) program to ensure care coordination, data sharing, and non-duplicative services for members. Anthem will ensure that parties to the MOU are included in the development of the MOU.

Anthem will have an MOU in place to ensure joint case management and care coordination with the LHD TB control officer. The Regional Provider Relations Teams serve as the liaison to coordinate activities with the County Health Department. He/she meets with the TB Control Officer or designee as necessary to review operational issues and to mutually resolve issues that may arise.

- i. **The TB MOUs include the following topics:**
 - a) Liaison/Operations
 - b) Reporting and Data Collection
 - c) Case management
 - d) Treatment Plans
 - e) Direct Observation Therapy (DOT)
 - f) Continuity and Coordination of Care
 - g) Contact Investigation
 - h) Health Education
 - i) Quality Improvement
 - j) Monitoring and Conflict Resolution

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management	<u>SUBJECT (Document Title)</u> Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA
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REFERENCES:

- ATS/CDC, and Infectious Diseases Society of America (June 2003). *Treatment of Tuberculosis*. Center for Disease Control, retrieved May 25, 2023 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>.
- ATS/CDC Statement Committee on Latent Tuberculosis Infection Membership List (June 2000). *Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection*. Center for Disease Control, retrieved May 25, 2023 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4906a1.htm>.
- California Code of Regulations, Title 17, Section 2500
- Central Valley/Bay Area, Sacramento, Stanislaus, Tulare, and Tri County: Kings, Madera, Fresno contract Exhibit A, Attachment 10, Section F
- Central Valley/Bay Area, Sacramento, Stanislaus, Tulare, and Tri County: Kings, Madera, Fresno contract Exhibit A, Attachment 11, Section 16
- Health and Safety Code section 121362
- Memorandum of Understanding, Fresno County Community Health Department and Anthem Blue Cross SSB, State Sponsored Business and Affiliates, Section 2.1.8 Tuberculosis Direct Observation Therapy (DOT), March 2007.
- Pediatric Tuberculosis Collaborative Group (2004). Policy Statement Endorsement: *Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents*. American Academy of Pediatrics (AAP), retrieved May 25, 2023 from http://pediatrics.aappublications.org/content/114/Supplement_4/1175.full.pdf+html?sid=9469e1a1-5197-4718-a5bd-4695444cdd08.

RESPONSIBLE DEPARTMENTS:

Primary Department:

Case Management (CM)

Secondary Department(s):

None

EXCEPTIONS:

None

**Government Business Division
Policies and Procedures**

Section (Primary Department) Case Management	SUBJECT (Document Title) Tuberculosis Services - Provision Through Providers and Directly Observed Therapy (DOT) - CA
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REVISION HISTORY:

Review Date	Changes
10/28/24	<ul style="list-style-type: none"> • Annual Review – no changes
06/17/24	<ul style="list-style-type: none"> • Off-Cycle Review • Removed UM as a secondary department
10/26/23	<ul style="list-style-type: none"> • Annual Review—no changes
05/31/23	<ul style="list-style-type: none"> • Off Cycle Review • Updated throughout policy to reflect contract language • Updated Procedure section • Revised wording on how Anthem will assess risk of treatment resistance/non-compliance for members in need of DOT (section C, i, ii) • Updated MOU section (E) to reflect contract • Updated References section
11/10/22	<ul style="list-style-type: none"> • Annual Review • Alphabetized Reference section • Updated Responsible Departments section
12/16/21	<ul style="list-style-type: none"> • Annual Review • Updated References
11/11/20	<ul style="list-style-type: none"> • Annual Review • Updated References
10/30/19	<ul style="list-style-type: none"> • Annual Review, no changes • Update to new template
11/06/18	<ul style="list-style-type: none"> • Annual Review, no changes
11/30/17	<ul style="list-style-type: none"> • Annual Review, no changes
12/30/16	<ul style="list-style-type: none"> • Annual Review, no changes
01/08/16	<ul style="list-style-type: none"> • Changed Community Resource Coordinator to Regional Provider Relations Teams
01/28/15	<ul style="list-style-type: none"> • Annual Review, no changes

**Government Business Division
Policies and Procedures**

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12/09/13	<ul style="list-style-type: none"> • Updated plan name throughout document from Anthem Blue Cross Medicaid to Anthem Medicaid (Anthem) as per a Compliance directive. • Updated titles of various positions within Anthem to current titles. • Removed QM from responsible depts. • Minor grammar and format changes.
12/03/12	<ul style="list-style-type: none"> • Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. • Expanded DEFINITION section to include definition of DOT • Expanded acronyms used throughout policy • Changed reference from Care Management to Medical Management • Reworded first paragraph under Case Management section to match contract language. • Updated references • Added revision history to policy