

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCUP3047 (previously UP100347)			Lead Department: Health Services	
Policy/Procedure Title: Tuberculosis Related Treatment			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 07/31/2000		Next Review Date: 05/08/2025 Last Review Date: 05/08/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> EXECUTIVE	
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	
	<input type="checkbox"/> CEO		<input type="checkbox"/> FINANCE	
	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> QUAC	
			<input type="checkbox"/> DEPARTMENT	
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 05/08/2024	

I. RELATED POLICIES:

- A. MCQG1005 - Adult Preventive Health Guidelines
- B. MCQG1015 – Pediatric Preventive Health Guidelines

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. DOT: Directly Observed Therapy or the Direct Observation of the ingestion of prescribed anti-Tuberculosis medications by tuberculosis (TB) infected persons. DOT includes:
 - 1. Delivering of prescribed medications
 - 2. Assisting with the means to ingest prescribed medications
 - 3. Observing the ingestion of prescribed medications
 - 4. Monitoring for signs of non-adherence or adverse side effects
 - 5. Documenting that prescribed medications have been ingested and
- B. Reporting compliance and/or other problems
- C. Tuberculosis (TB) related treatment means all outpatient services necessary for the medical management and follow-up of TB infection and/or active disease. This may include medical therapy, Targeted Case Management (as defined in Title 22, CCR, Section 51276) and DOT when provided by a provider meeting the qualifications (as defined in section 51276.)

IV. ATTACHMENTS:

- A. TB Screening Guidelines (Flowcharts)

V. PURPOSE:

To define the roles of Partnership HealthPlan of California (Partnership) in providing TB Control and DOT for Medi-Cal beneficiaries.

VI. POLICY / PROCEDURE:

- A. Program Guidelines:
 - 1. Partnership covers the screening, diagnosis, and follow-up care related to tuberculosis.
 - a. Effective January 1, 2022 with the implementation of Medi-Cal Rx, the pharmacy benefit is carved-out to Medi-Cal Fee-For-Service as described in All Plan Letter (APL) 22-012 *Revised*

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and all medications (Rx and OTC) which are provided by a pharmacy must be billed to the State Medi-Cal/ DHCS contracted pharmacy administrator instead of Partnership. This includes medications used for the treatment of tuberculosis.

2. Partnership will reference the current guidelines from the Center for Disease Control and Prevention (CDC), and the American Thoracic Society (ATS). For TB screening, Partnership network providers will use guidelines from the American Academy of Pediatrics (AAP) for persons age 0-20 years and from the United States Preventative Services Taskforce (USPSTF) for adults age 21 or over. The California Department of Public Health (CDPH) TB Risk Assessment Tools should be used to identify adult and pediatric patients at risk for TB.
 3. Partnership network providers use laboratories that conform to Title 17, CCR, Section 2505 and CDC and ATS requirements.
 4. Partnership Providers shall report all cases of confirmed or suspected active tuberculosis (TB) to the local county health department (LHD) within one day of identification in accordance with Title 17, CCR, Section 2500.
- B. Directly Observed Therapy (DOT)
1. Partnership Providers shall refer members with active tuberculosis (TB) to the local health department for DOT if the member has any of the following risk categories:
 - a. Member with demonstrated multiple drug resistance (MDR TB)
 - b. Member whose treatment has failed or who has relapsed after completing a prior regimen
 - c. Member is a child or adolescent
 - d. Member has demonstrated failed adherence/failure to keep appointments
 2. Members in the following categories shall be referred if, in the opinion of the providers, the member is at risk for non-adherence:
 - a. Substance users
 - b. Members with mental illness
 - c. Elderly members
 - d. Child and adolescent members
 - e. Members with unmet housing needs
 - f. Members with complex medical needs (e.g. end-stage renal disease, diabetes mellitus)
 - g. Members with language and/or cultural barriers
 - h. Members who have demonstrated any other reason to suspect non-adherence
 3. In addition, Partnership Providers are expected to follow any local county health department regulations and instructions regarding the treatment of identified or suspected cases of active tuberculosis not covered by the above language.
 4. Since DOT services are provided outside of Partnership's contract with the California Department of Health Care Services (DHCS), a Partnership Referral Authorization Form (RAF) is NOT required and services will be reimbursed directly by the State of California.
 5. The Local Health Department TB Control Program for DOT shall inform the HealthPlan of any changes to policy or of providers failing to refer members needing services.
 6. Partnership maintains Memoranda of Understanding (MOUs) with each county it serves to ensure joint case management and care coordination with LHD TB Control Programs. Partnership provides all medically necessary covered services to members with TB on DOT.

VII. REFERENCES:

- A. Center for Disease Control (CDC) guidelines <https://www.cdc.gov/tb>
- B. American Thoracic Society (ATS) guidelines <https://www.thoracic.org/statements/tuberculosis-pneumonia.php>
- C. American Academy of Pediatrics (AAP) guidelines

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- D. United States Preventative Services Taskforce (USPSTF) guidelines
- E. Medi-Cal Provider Manual/ Guidelines: Tuberculosis Program ([tuber](#))
- F. Title 17, California Code of Regulations (CCR) [Section 2500](#)
- G. Title 17, California Code of Regulations (CCR) [Section 2505](#)
- H. Title 22, California Code of Regulations (CCR) [Section 51276](#)
- I. DHCS All Plan Letter ([APL](#)) [22-012 Revised](#) – Governor’s Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx (12/30/2022)
- J. DHCS All Plan Letter ([APL](#)) [23-029](#) Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities (10/11/2023)
 - 1. [Local Health Department Memorandum of Understanding template](#) (DHCS Contract Attachment F)
- K. California Department of Public Health (CDPH) [TB Risk Assessment Tools](#)
- L. California Tuberculosis Controllers Association (CTCA), Latent Tuberculosis Infection Guidance for Preventing Tuberculosis in California, available at: <https://ctca.org/guidelines/guidelines-latent-tuberculosis-infection-guideline/>

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

09/19/01; 10/16/02; 10/20/04; 10/19/05, 10/18/06; 10/17/07; 10/15/08, 01/20/10; 01/18/12; 05/20/15; 04/20/16; 04/19/17; *06/13/18; 05/08/19; 05/13/20; 05/12/21; 05/11/22; 04/12/23; 05/08/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.