



Policy: GG.1128
Title: **Tuberculosis Services**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 01/01/2009

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This Policy defines the responsibility of CalOptima Health and its Health Networks in the provision of Tuberculosis (TB) Services to a Member.

II. POLICY

- A. CalOptima Health or a Health Network shall provide TB Services for a Member, including TB screening, diagnosis, treatment for latent and active TB, case management, and follow-up care, in accordance with the most recent guidelines of the American Thoracic Society (ATS) and the Centers for Disease Control and Prevention (CDC).
- B. A Member may receive TB Services from Orange County Health Care Agency/Pulmonary Disease Services (HCA/PDS), including TB screening, diagnosis, treatment for latent TB, case management, and follow-up care, subject to Medical Necessity and appropriate authorization requirements as described in Section III.D of this Policy and the Public Health Care Contract between CalOptima Health and HCA/PDS.
- C. CalOptima Health or a Health Network shall report known or suspected cases of active TB to HCA/PDS within one (1) working day after identification, as outlined in Title 17, California Code of Regulations, Section 2500.
- D. CalOptima Health and a Health Network shall work collaboratively with the HCA/PDS TB Control Officer to ensure case management and coordination of care for a Member with TB that is not duplicative and in accordance with CalOptima Health Policy EE.1144: Memorandum of Understanding (MOU) Requirements for CalOptima Health and Third-Party Entities
- E. A Provider shall ensure a Member with TB adheres to treatment and follow-up appointments.
- F. CalOptima Health or a Health Network shall assess the risk of non-compliance for the treatment of TB for a Member placed on anti-tuberculosis therapy.
- G. If a Provider identifies a Member with one (1) or more risk factors at risk for non-compliance for the treatment of TB, CalOptima Health or the Health Network shall refer the Member to the HCA/PDS TB Control Officer for Directly Observed Therapy (DOT).

- H. A Provider shall report to HCA/PDS case management when a Member ceases treatment for TB disease including when a Member fails to keep an appointment, relocates without transferring care, loses eligibility, or discontinues care.
- I. CalOptima Health and a Health Network shall continue to provide Covered Services to a Member for conditions unrelated to DOT provided by HCA/PDS.
- J. If a Member receives TB services from HCA/PDS, as described in Section II.A of this Policy, CalOptima Health or a Health Network shall reimburse HCA/PDS, in accordance with Section III.G of this Policy.

III. PROCEDURE

- A. CalOptima Health and a Health Network shall assess a Medi-Cal Member's risk for development of TB as part of the Initial Health Assessment (IHA) in accordance with CalOptima Health Policy GG.1613: Initial Health Assessment.
- B. CalOptima Health and a Health Network shall refer a Member to HCA/PDS and for case management based on a completed assessment obtained in an acute care setting indicating the possibility of active TB.
- C. Tuberculosis Services
 - 1. CalOptima Health and a Health Network shall provide TB testing to a Member and offer TB testing for a Member at increased risk of TB, unless the Member has documentation of prior positive test results or TB disease.
 - 2. CalOptima Health and a Health Network shall provide treatment to a Member with latent TB infection, in accordance with the guidelines of the ATS and CDC.
 - 3. If a Member has active TB disease or is suspected of having active TB disease, the Provider shall report the active TB case to HCA/PDS within one (1) business day, in the format specified by HCA/PDS. A CalOptima Health Provider shall:
 - a. Request HCA/PDS clinical consultation, as needed, for a Member with active or suspected active TB, which includes, but is not limited to, treatment and medical management recommendations for a Member with multidrug-resistant or extensively drug-resistant TB;
 - b. Refer a Member referred to HCA/PDS for TB treatment for case management;
 - c. Provide episodic case management for the Member during the treatment course;
 - d. Utilize a laboratory that conforms to the provisions of Title 17, California Code of Regulations, Section 2505, and ATS and CDC guidelines;
 - e. Coordinate with HCA regarding the Member's TB progress if the Member is under HCA/PDS' care;
 - f. Submit an updated treatment plan to HCA/PDS at least monthly, or more frequently if determined by the HCA/PDS TB Control Officer, until the Member completes treatment;
 - g. Report any adverse reactions to medications and changes in medication orders to the HCA;

- h. Report to HCA/PDS if the Member does not respond to treatment for consideration of DOT (i.e., persistent positive smear, failure to demonstrate radiographic improvement); and
- i. Notify HCA/PDS if a Member is lost to follow-up, loses Medi-Cal eligibility, changes his or her Provider, or moves out of the CalOptima Health Service Area before completing treatment.

D. Prior Authorization

- 1. A CalOptima Health Direct Member shall obtain Prior Authorization for inpatient or outpatient treatment for TB in accordance with CalOptima Health Direct Prior Authorization procedures, outlined in CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.
- 2. Except for walk-in services provided by HCA/PDS, a Health Network Member shall obtain Prior Authorization for inpatient or outpatient treatment for TB in accordance with the Health Network's Prior Authorization procedures.
- 3. CalOptima Health or a Health Network shall ensure the Prior Authorization process is consistently applied to medical/surgical, mental health, and substance use disorder services.

E. Contact Investigation

- 1. A CalOptima Health or Health Network Provider shall conduct or refer a Member to HCA/PDS for investigation of all contacts. Contacts include all household and non-household individuals who are at risk of infection due to recent exposure to a newly diagnosed or suspected case of TB.
- 2. The time frame for examination and treatment of contacts shall be consistent with the HCA/PDS Contract and CDC guidelines.

F. Referral to HCA/PDS for Directly Observed Therapy

- 1. CalOptima Health or a Health Network shall assess the risk of treatment resistance or noncompliance with drug therapy for each Member who requires placement on anti-tuberculosis drug therapy. This includes the following groups at risk for treatment resistance or noncompliance:
 - a. Members with demonstrated resistance to Isoniazid and Rifampin;
 - b. Members whose treatment has failed or who have relapsed after completing a prior regimen;
 - c. Substance users;
 - d. Members with mental illness;
 - e. Elderly, Children, and adolescents;
 - f. Members with unmet housing needs;
 - g. Members with language and/or cultural barriers; and

- h. Members who have demonstrated noncompliance by failing to keep office appointments.
- 2. CalOptima Health or a Health Network shall refer a Member considered at risk of non-compliance for the treatment of TB to the HCA/PDS TB Control Officer for DOT.
- 3. A Provider shall assess a Member at the time of initial TB evaluation and at each follow-up visit for indication of need for DOT.
- 4. A Provider shall notify CalOptima Health or a Health Network of a Member's referral to HCA/PDS for DOT through the existing referral process.
- G. CalOptima Health shall process a claim for TB services provided to a Member by HCA/PDS in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.

IV. ATTACHMENT(S)

- A. Confidential Morbidity Report-TB (CDPH 110b) (10/19)

V. REFERENCE(S)

- A. CalOptima Health and Orange County Health Care Agency Public Health Contract
- B. CalOptima Health Contract for Health Care Services
- C. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Policy EE.1144: Memorandum of Understanding (MOU) Requirements for CalOptima Health and Third-Party Entities
- E. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- F. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- G. CalOptima Health Policy GG.1613: Initial Health Assessment
- H. American Thoracic Society (ATS) Tuberculosis, Pneumonia, and Other Pulmonary Infection Guidelines (<https://www.thoracic.org/statements/tuberculosis-pneumonia.php>)
- I. Centers for Disease Control and Prevention (CDC) TB Guidelines (<https://www.cdc.gov/tb/publications/guidelines/treatment.htm>)
- J. Health and Safety Code, § 121363
- K. Infectious Diseases Society of America (IDSA) Practice Guidelines (http://www.idsociety.org/IDSA_Practice_Guidelines/)
- L. Title 17, California Code of Regulations, § 2500 et seq.

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/24/2016	Department of Health Care Services (DHCS)	Approved as Submitted
02/13/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2009	GG.1128	Tuberculosis Services	Medi-Cal
Revised	02/01/2016	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	03/01/2017	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	01/01/2018	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	10/01/2018	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	04/01/2019	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	07/01/2020	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	07/01/2021	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	06/01/2022	GG.1128	Tuberculosis Services	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1128	Tuberculosis Services	Medi-Cal OneCare
Revised	03/01/2023	GG.1128	Tuberculosis Services	Medi-Cal OneCare
Revised	12/01/2024	GG.1128	Tuberculosis Services	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD-Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of Medical Necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare (Duals)</u>: Means reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Pharmacy Benefit Manager (PBM)	The entity that performs certain functions and tasks including, but not limited to, Pharmacy credentialing, contracting, and claims processing in accordance with the terms and conditions of the PBM Services Agreement.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.

Term	Definition
Provider	<p><u>Medi-Cal</u>: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.</p> <p><u>OneCare</u>: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, nonphysician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.</p>
Service Area	For purposes of this policy, the geographical area in which CalOptima Health is authorized to operate. A Service Area may include designated ZIP Codes within a county in which CalOptima Health is approved to operate.