blue california
Promise Health Plan

Policy Title: Directly Observed Therapy for Treatment of Tuberculosis		POLICY #: 10.2.2 Line of business: Medi-Cal	
Department Name: Utilization Management	**Original Date** 11/97	**Effective Date** 5/19	**Revision Date** 4/11, 10/17, 12/18
Department Head: Sr. Director, UM		**Date: 3/21**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 3/21**	

PURPOSE

To define the process by which Blue Shield of California Promise ("Blue Shield Promise") members will be screened for Tuberculosis (TB), notification to the Local Health Department (LHD), and referral for provision of Direct Observed Therapy (DOT).

POLICY

Blue Shield Promise ensures TB screening, diagnosis, treatment, and follow-up care is provided in compliance with the guidelines recommended by the American Thoracic Society and the Centers for Disease Control and Prevention.

Primary Care Physicians are responsible for screening for TB, identifying active cases, notifying the LHD, assessing the need for DOT, and referring cases for DOT to the LHD TB Control Officer. Blue Shield Promise shall provide assistance to the PCP as requested in completing these requirements. Members identified as having active TB or requiring DOT will be referred to Case Management for coordination of care.

PROCEDURE

1. Primary Care Physicians (PCPs) are required to screen adults and children for Tuberculosis as part of the Initial Health Assessment and periodically thereafter for high-risk individuals.

2. PCPs are required to notify the LHD of any active cases of TB or when the member ceases treatment using a Confidential Medical Report (CMR). The report should also include an individualized treatment plan. Periodic reports are to be made thereafter as required by the LHD.

3. PCPs are required to refer Members with active TB who may be non-compliant to the DOT program. DOT is defined as delivery of every dose of medication by a health care worker who observes and documents that the patient actually ingests or is injected with the medication. Members at risk for non-compliance with one or more of these risk factors is at risk for noncompliance and shall be referred to the LHD for DOT including:
    a. HIV co-infection
    b. History of previous TB
    c. Homelessness
    d. History of criminal incarceration
    e. Psychiatric disorder

f. Cognitive dysfunction
g. Controlled & illicit substance misuse or history of misuse
h. History of non-adherence/noncompliance to medication and/or follow-up regimens
i. Demonstrated multiple drug resistance (defined as resistance to Isoniazid and Rifampin)
j. Persistently positive specimen smears or cultures
k. Failure to respond to therapy or relapse of TB after completing a prior regimen
l. History of leaving medical facility AMA
m. Congregate living
n. Children
o. Adolescents
p. Elderly
q. Difficulty with accepting or understanding TB diagnosis
r. Recent immigrants and/or persons with language and/or cultural barriers
s. High risk contacts living in the household

4. Blue Shield Promise Case Management & Pharmacy Department will query the pharmacy claims monthly to identify potential active TB cases. These cases will be referred to the Chief Medical Officer (CMO) for review. If the CMO determines the case is potentially active TB, a case manager will contact the PCP to verify if the patient has active TB and to determine if the LHD has been notified and if the patient meets criteria for DOT.

5. If the member has been referred for DOT, Blue Shield Promise Case Management will coordinate care between the PCP & the LHD to ensure the member receives all medically necessary covered services not related to the TB diagnosis.

6. Blue Shield Promise shall 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 LHD TB Control Officer.

REFERENCES

www.cdc.gov
Health and Safety Code Section 121362