**<LHD>****Tuberculosis (TB) Clinical Services Plan**

**FY20****- 20**

**Clinical Assessments**

All clients and patients referred or presenting themselves for TB services will be assessed according to local health department (LHD) policies, procedures and practices. Care provided, or arranged for, will be performed according to statutes, rules, guidelines and CDC protocols with emphasis on public health protection and TB prevention and control.

 **Financial Assessment**

All clients and patients referred or presenting themselves for TB services will be assessed for their ability to provide private insurance or Medicare/Medicaid coverage. Eligibility or presumptive eligibility for Medicaid and/or for Tuberculosis-related Medicaid (known as TB only-MA) should be pursued. Upon submission to the Wisconsin TB Program (WTBP), the services billed to the health department will be reimbursed at the Medicaid (MA) rate.

**Determining dispensary eligibility for all TB patients**

Patient eligible for MA or TR-MA, but not enrolled

LHD will facilitate enrollment into MA or TR-MA

TB services covered by MA or TR-MA

Yes

Yes

Patient’s insurance covers TB service costs

Patient can afford deductible & co-pay

Patient has private

health insurance

No

LHD can decide TB service

costs will be covered by

WTBP Dispensary

Hardship for patient to pay deductible & co-pay (i.e., either is high enough to be a deterrent to seek medical care or adhere to treatment)

Yes

No

Patient will be seen by MD/medical facility listed on LHD’s dispensary CSP and Patient agrees to **NOT** seek TB services from PCP with result that Patient will not incur any expenses for TB services.

If the LHD obtains agreement from the patient’s PCP to perform stipulated TB services that get billed **only** to the LHD and accept reimbursement at the MA rate, the patient can go to their PCP.

 Or

Yes

TB services covered by MA

Patient has MA

No

Yes

TB services covered by TB only-MA

Patient has TB only-MA

Noo

LHD will facilitate enrollment into MA or TB only-MA

Patient eligible for MA or TB only-MA, but not enrolled

Yes

Yes

TB services covered by MA or TB only-MA

Noo

WTBP Dispensary

Yes

**Hospitalization note:** The TB Dispensary **cannot** pay for any hospitalizations, this includes emergency room and urgent care visits. If the patient is eligible for TB dispensary services, coverage will begin **after** discharge from hospital. Hospital costs are billed to the patient, the patient’s insurance, or the facility absorbs the cost. If considering the patient for dispensary covered services, assess the patient for health insurance and dispensary eligibility,as outlined above, before patient is discharged.

**At-risk Persons**

TB services are covered by the WTBP Dispensary for persons **at risk** of having TB infection or disease and insufficient, or no, health insurance.

Dispensary funds are not applicable for TB screening or testing done for employment, school, residential admittance, or incarceration. Facilities or persons requiring TB tests are obligated to bear the cost of those screenings.

Due to the low prevalence of TB in Wisconsin, health care workers and people in congregate settings such as jails, nursing homes and residential facilities are not, as a group, considered “at risk” for TB. However, specific individuals within such settings may be at high risk due to their personal risk factors. Their services may be billable to the dispensary.

In Wisconsin individuals considered at “high risk” for TB and eligible for dispensary services are:

* Those born in a country with high incidence of TB or children of those born in a country with high incidence of TB (any country other than the United States, Canada, Australia, New Zealand or a country in Western or Northern Europe).
* Contacts to an active case of TB
* Those with compromised immune systems who are exposed to an active case
* Children under five years of age who are exposed to an active case
* Those who have been referred to the LHD after a positive TST or IGRA test, abnormal chest x-ray consistent with TB disease or other medical condition(s) suggestive of active TB.

Individuals considered at “high risk” for TB within this jurisdiction include:

|  |
| --- |
|  |

[ ]  No additional high-risk groups.

**Documentation**

Records of all TB services provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department. The WTBP, as authorized by Wis. Admin. Code § DHS 145.12(4)(a) may audit the records of the health department dispensary.

All patients covered by the dispensary must have a TB related incident number in WEDSS associated with one of the following services:

* Tuberculosis (resolution status = suspect or confirmed)
* AFB Smear
* Tuberculosis, Class A or B
* Tuberculosis, Latent Infection

**Agreements**

Agreements are in place with the following medical providers for the listed services.

*Written agreements are encouraged.*

* Providers understand and have agreed that they will be reimbursed at the MA rate.
* Providers understand and agree that services not listed on the service grid (*Attachment A*) must be pre-authorized by the TB program Director or Nurse Consultant.
* Services provided without pre-authorization will not be reimbursed.

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| --- | --- | --- |
| **Type of services** | **Provider** | **Verbal or written agreement** |
| IGRA (interferon gamma release assay) testing or Tuberculin skin testing (TST) |       |       |
| Physician evaluations |       |       |
| Chest X-ray (CXR) or computerized tomography (CT) scan |       |       |
| Sputum collection or induction |       |       |
| Venipunctures |       |       |
| Respiratory precautions isolation room |       |       |



Division of Public Health

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