Financial Assistance through the Wisconsin Tuberculosis Program
Financial Assistance through the Wisconsin Tuberculosis (TB) Program

- Wisconsin TB Dispensary Program and Contracting
- Reimbursement for Clinical Services
- Medication Orders and Refills
- Reimbursement for Pharmacy Services
- TB Treatment Assistance Program
To ensure that all persons in Wisconsin with suspected or confirmed active TB disease or latent TB infection (LTBI) can receive appropriate evaluation, treatment, and monitoring, regardless of insurance availability.
The WTBDP reimburses services for the uninsured and underinsured.
TB Dispensary Contract
There are three steps to obtaining reimbursement.

1. Local Agreements
2. Contract
3. Reimbursement
TB Dispensary Contracting Process

1. Receive contract from DocuSign
2. Read policies and procedures, sign contract documents
3. Complete attachments B and D
4. Return contract through DocuSign
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Attachment B is the Clinical Services Plan.

- Financial Assessment
- Identification of high-risk persons
- Provider Agreements
- Clinical Services
- WEDSS
An LHD must verify that the providers they list on Attachment B are:

- Consistent with CDC guidelines.
- Consistent with clinical standards of care.
- Consistent with Wisconsin’s goals for TB elimination.
Pharmacy Services Plan

Financial Assessment + Provision of Medications for TB/LTBI + Dispense, Deliver, Document = Attachment D
Several helpful attachments are sent with the contract.

- Covered Clinical Services: Attachment A
- Service Code Reference: Attachment C
- Medication Code Reference: Attachment E
- Policy and Procedures: Attachment F
- Reimbursement Details: Attachment G
TB Dispensary Contract Cycle

- **Contract distributed**: May 1
- **Return contract through DocuSign**: June 30
- **Start of fiscal year**: July 1
- **Billing for previous year due**: August 31
Reimbursement for Clinical Services using the TB Ordering and Billing Interface (TOBI)
Access to TOBI

- Active TB Dispensary Contract
- Signed TOBI user agreement
- Contacted the TB Program
Reimbursement for clinical services in TOBI consists of four steps.

1. Preauthorization
2. Invoice Creation
3. Review and Reimbursement
4. Adjustments
Step 1 - Preauthorization Requests
## Step 1- Preauthorization Requests

### PATIENT

<table>
<thead>
<tr>
<th>Search:</th>
<th>Start by typing WEDSS Incident No or Patient last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEDSS Incident No:</td>
<td>Date of Pre-Authorization Request: 4/8/2019</td>
</tr>
</tbody>
</table>

### DISPENSARY ELIGIBILITY

The Dispensary is the payer of last resort. Please verify how you determined patient eligibility for TB Dispensary. Check all that apply.

- [ ] Not eligible for Medicaid (MA)
- [ ] Not eligible for ForwardHealth Tuberculosis-Related Services
- [ ] Not Insured
- [ ] Underinsured i.e., patient responsibility is beyond ability to pay and would prohibit patient from complying with testing/treatment
- [ ] High risk screening based upon referral, frequent travel to or birth in country with TB prevalence

### REQUEST FOR PRE-AUTHORIZATION

[Add Service Code]
Step 2- Creating an invoice

- Preauthorization
- Invoice Creation
- Review and Reimbursement
- Adjustments
For reimbursement of clinical services, create an invoice in TOBI.
For reimbursement of clinical services, create an invoice in TOBI.

<table>
<thead>
<tr>
<th>WEDSS Incident ID</th>
<th>Patient Details</th>
<th>Service Date</th>
<th>Service Code</th>
<th>Service Description</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add New Billing Item
For reimbursement of clinical services, create an invoice in TOBI.
For reimbursement of clinical services, create an invoice in TOBI.
Step 3- Review and Reimbursement of the Invoice

Preauthorization

Invoice Creation

Review and Reimbursement

Adjustments
Step 4 - Adjustments
Step 4- Adjustments

TUBERCULOSIS DISPENSARY INVOICE

Invoice ID : 0
Invoice Date : 4/8/2019 11:41:53 AM
Invoice Billed Amount : $0

Invoice Approved Amount: + Adjustment (Credit) : $0
- Adjustment (Debit) : $0

Total Paid Amount : $0
Changes in Reimbursement through the Wisconsin TB Dispensary Program

• Travel to visit clients is now reimbursable.
  o T0001-45 (45 minutes or more)
  o T0001-60 (over 60 minutes)

• Nurse Services Codes
  o Directly Observed Therapy (DOT)
  o Patient Education
  o Symptom and Treatment Monitoring

• Video DOT
Medication Orders and Refills
The medication request process is five steps.

- Notification
- Submission
- Review
- Refill
- Follow-up
Step 1 - LHD Notification of LTBI or Active TB Case

- Notification
- Submission
- Review
- Refill
- Follow-up
Step 2- Submission of Initial Medication Request
Providers should submit the completed medication request form to the LHD.

Active TB: F-44000
LTBI: F-00905
LHDs should review orders before submission.

- Weight
- Qualifying Factor for Vitamin B6
- Location for shipment
- Numeric Test Results
- Risk for Infection
# Reviewing the Medication Order

**DEPARTMENT OF HEALTH SERVICES**
Division of Public Health
F-00905 (12/2019)

**STATE OF WISCONSIN**
Wis. Stats § 252.10 (7)
Wisconsin Tuberculosis Program
Telephone: 608-261-6319
Page 1 of 5

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## TUBERCULOSIS INFECTION
**INITIAL REQUEST FOR MEDICATION**
Fields marked with an asterisk (*) are required.
Please complete patient information on pages 1 & 2.

<table>
<thead>
<tr>
<th>SUBMIT COMPLETED FORM TO:</th>
<th>Local Health Department (LHD)</th>
<th>LHD Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>*NAME – Patient (Last, First, Middle Initial)</td>
<td>Date of Birth (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>*Address (Street or Rural Route)</td>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>*City</td>
<td>*Zip Code</td>
<td>*LHD/Clinic managing case:</td>
</tr>
<tr>
<td>Other contact, as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Sex</td>
<td>*Race</td>
<td>*Ethnicity □ Hispanic □ Non-Hispanic</td>
</tr>
</tbody>
</table>

### Patient Insurance Information
- [ ] Patient has no insurance + financial hardship: WI TB Dispensary covers entire cost.
- [ ] Patient has insurance + financial hardship (include photocopy of insurance card): WI TB Dispensary to cover co-pay or deductible. Prescription insurance provider and number:
- [ ] Patient has insurance and no financial hardship: WI TB Dispensary will not cover cost but is available for consultation. LHD or patient will use their own pharmacy.

<table>
<thead>
<tr>
<th>*NAME – Clinician (Print clearly)</th>
<th>NAME - Hospital/Clinic/Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Address (Street, City, State, Zip code)</td>
<td>*Telephone Number</td>
</tr>
</tbody>
</table>
Reviewing the Medication Order

**Patient Insurance Information**

- [ ] Patient has no insurance + financial hardship: WI TB Dispensary covers entire cost.

- [ ] Patient has insurance + financial hardship (include photocopy of insurance card): WI TB Dispensary to cover co-pay or deductible. Prescription insurance provider and number:

- [ ] Patient has insurance and no financial hardship: WI TB Dispensary will not cover cost but is available for consultation. LHD or patient will use their own pharmacy.
Reviewing the Medication Order

*MEDICATION ORDERS* (Check mg/kg for patients with variable weight)

Regimen

Isoniazid and Rifapentine once per week via directly-observed therapy X 12 weeks

☐ Isoniazid 900 mg and Rifapentine 900 mg  ☐ INH ____ mg + Rifapentine ____ mg

Rifampin daily X 4 months (Generic Only)

☐ 600 mg  ☐ ___mg  ☐ ____mg/kg

*For dosing, see page 5.*

Isoniazid (INH) daily X 6-9 months (Generic Only)

☐ 300 mg  ☐ ____mg  ☐ ____mg/kg

☐ Other:

☐ Other:

MONITORING ORDERS

1. Assess the patient at least monthly for side effects and medication toxicity. Hold medications and call clinician if present.
2. Other: ____________________________________________

*SIGNATURE*

SIGNATURE – Clinician: _________________________________  * Date Prescription Ordered: ____________

To be completed by Local Health Department

WEDSS Disease Incident Number  Ship medication to:

Pharmacy:

☐ TB Dispensary Pharmacy  ☐ Other, List ________________
Reviewing the Medication Order

F-00905 (Rev. 12/2019) Tuberculosis Infection Initial Request for Medication

Patient Name: ________________________________  Patient Reporter ID: __________________________

PATIENT INFORMATION - Please note the risk factors for infection, below. Remember when referring a patient for treatment that a patient must have risk factors for infection BEFORE having risk of progression.

A. *Patient Risk Factors and Reasons for Treatment (check all that apply) See page 4 for description.

Risk for TB Infection

☐ Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate
  • Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
  • Travel is of extended duration or including likely contact with infections TB.

☐ Close contact to someone with infectious TB disease

Risk for Progression to TB Disease

☐ Human immunodeficiency virus (HIV) infection

☐ Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication in combination with risk for infection from above

Other

☐ Mandated testing (e.g., employment, healthcare personnel, school).
Reviewing the Medication Order

B. *Is patient symptomatic? (check all that apply)  □ No
   □ Fever  □ Night sweats  □ Cough > 3 weeks  □ Sputum  □ Blood in sputum  □ Weight loss
   □ Other

C. *Tests:
1. T-Spot™ blood assay: Date Drawn: _____________ Results: □ Positive □ Negative □ Indeterminate □ Invalid
2. Quantiferon™ (QFT) blood assay: Date Drawn: _____________ Results: □ Positive □ Negative □ Indeterminate
   QFT Numeric results: Nil _______ IU/mL  TB1 Nil _______ IU/mL  TB2 Nil _______ IU/mL  Mitogen _______ IU/mL
3. Tuberculin Skin Test: Date Applied: _____________ Date Read: _____________ Results (induration only): _______ mm

D. *Chest Imaging: (Include copy of chest x-ray and/or CT report with this request, CXR needs to be within 6 months)
   Date: _____________ Results: □ Normal □ Abnormal □ Cavitary
   If chest imaging is abnormal and consistent with TB, three sputum samples should be submitted to the WSLH for smear, PCR and culture, before treatment for LTBI can begin.

E. *Prior treatment for tuberculosis infection or disease?
   □ NO  □ YES  Please explain: ____________________________________________________________

F. Baseline blood tests, if applicable (ALT/AST, CBC, CMP, T. Bil, if preexisting liver disease)
   Test: __________________ Date: _____________ Result: __________________
   Test: __________________ Date: _____________ Result: __________________
   Test: __________________ Date: _____________ Result: __________________
Step 3- Wisconsin TB Program Review

- Notification
- Submission
- Review
- Refill
- Follow-up
If a regimen needs to be changed a new medication order should be submitted.
Step 4- Medication Refill

- Notification
- Submission
- Review
- Refill
- Follow-up
Many medication refills are automatic. Ask yourself…

1. Is the patient being treated for LTBI?
   - Yes
   - No

2. Is the medication non-liquid and non-compounded?
   - Yes
   - No

3. Is the TB Dispensary Pharmacy being used?
   - Yes
   - No
Refill requests must be sent to the TB Program for active TB disease.

Is the patient being treated for LTBI?
- Yes
- No

Is the medication non-liquid and non-compounded?
- Yes
- No

Is the TB Dispensary Pharmacy being used?
- Yes
- No
Many medication refills are automatic. Ask yourself…

<table>
<thead>
<tr>
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<td>Yes</td>
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<tr>
<td>No</td>
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</table>
Refill requests must be sent to the TB Program for liquid/compounded orders.

- Is the patient being treated for LTBI?
  - Yes
  - No

- Is the medication non-liquid and non-compounded?
  - Yes
  - No

- Is the TB Dispensary Pharmacy being used?
  - Yes
  - No
Many medication refills are automatic. Ask yourself…

1. Is the patient being treated for LTBI?
   - Yes
   - No

2. Is the medication non-liquid or non-compounded?
   - Yes
   - No

3. Is the TB Dispensary Pharmacy being used?
   - Yes
   - No
An independent refill policy is needed if you are not using the TB Dispensary pharmacy.

- Is the patient being treated for LTBI?
  - Yes
  - No

- Is the medication non-liquid and non-compounded?
  - Yes
  - No

- Is the TB Dispensary Pharmacy being used?
  - Yes
  - No
If an automatic refill does not arrive, call the TB Program.

<table>
<thead>
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Please call the TB Program with any Dispensary pharmacy requests.

- Questions about medication or refill status
- Missing doses
- Expedited shipping
- Other special requests
Step 5- Treatment Follow-up

- Notification
- Submission
- Review
- Refill
- Follow-up
The completed follow-up form should be uploaded to WEDSS.

Active TB:  F-02474

LTBI:  F-44125
Reimbursement for Pharmacy Services using TOBI
An LHD may choose to contract with a local pharmacy for medications.
Access to pharmacy invoicing in TOBI is limited to LHDs with Attachment D filed.

- Active TB Dispensary Contract
- Agreement with local pharmacy
- Submitted Attachment D to WTBDP
- Signed TOBI Security Agreement
Pharmacy invoicing is done separately from clinical services invoicing in TOBI.
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<table>
<thead>
<tr>
<th>Patient</th>
<th>Medication</th>
<th>Medication Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Billing Item Exist</td>
<td></td>
</tr>
</tbody>
</table>
Pharmacy invoicing is done separately from clinical services invoicing in TOBI.
Pharmacy invoicing is done separately from clinical services invoicing in TOBI.
TB Treatment Assistance Program
Wisconsin TB Treatment Assistance Program

Designed to encourage and support TB clients through the completion of TB treatment by providing funding to purchase treatment assistance aids.
Aids up to $50 for LTBI patients and $200 for active patients are available.
How to Use the TB Treatment Assistance Program

Step 1: Read the Policies and Procedures Manual (P-02365)

Step 2: Complete the Enrollment and Agreement Form (F-02462)

Step 3: Complete the Request for Reimbursement Form (F-02463)
Extra assistance is available.

Special Request:

F-02461
Wisconsin Tuberculosis Program

Phone: 608-261-6319
Fax: 608-266-0049
email: dhswitbprogram@dhs.wisconsin.gov

https://www.dhs.wisconsin.gov/tb/index.htm
Questions?