



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

Wisconsin TB Dispensary Program (WTBDP) Purpose Statement

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.



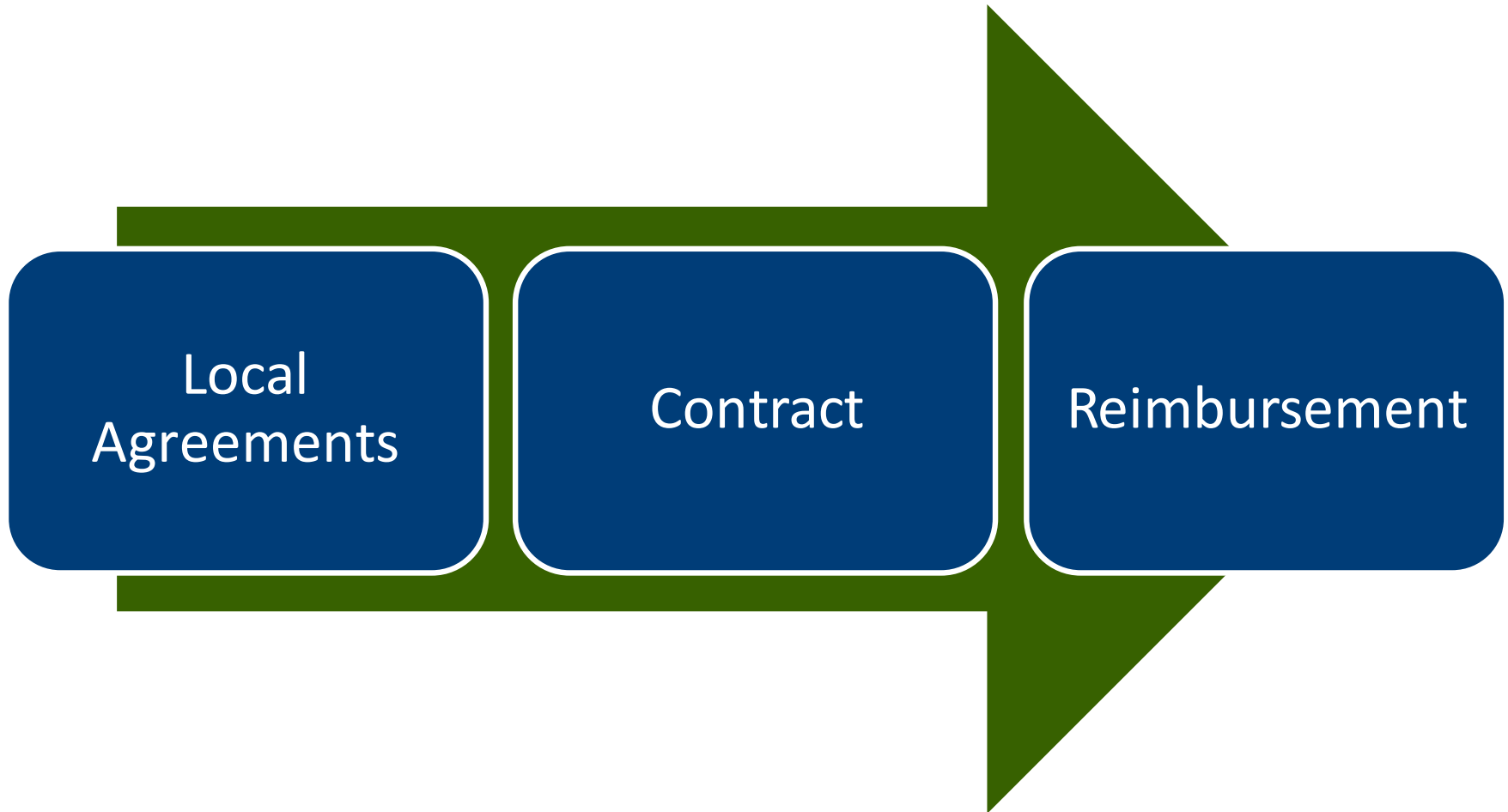
The WTBDP reimburses services for the uninsured and underinsured.



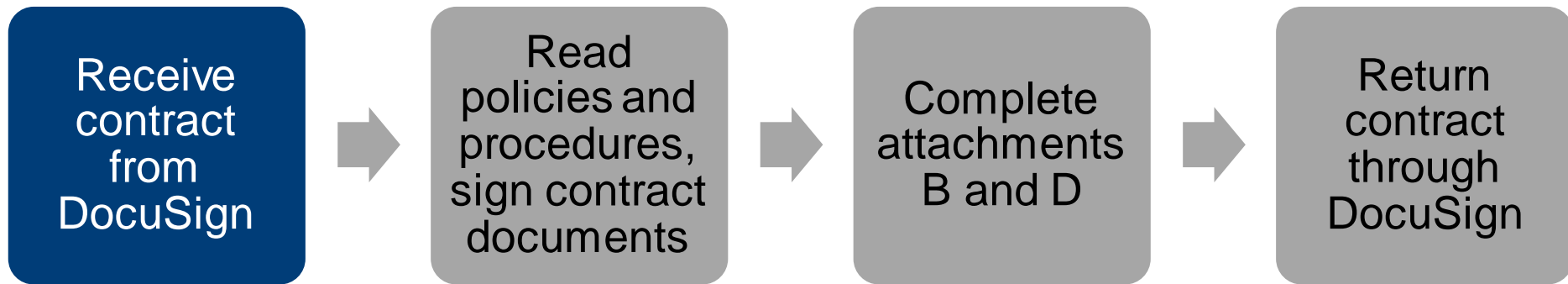


TB Dispensary Contract

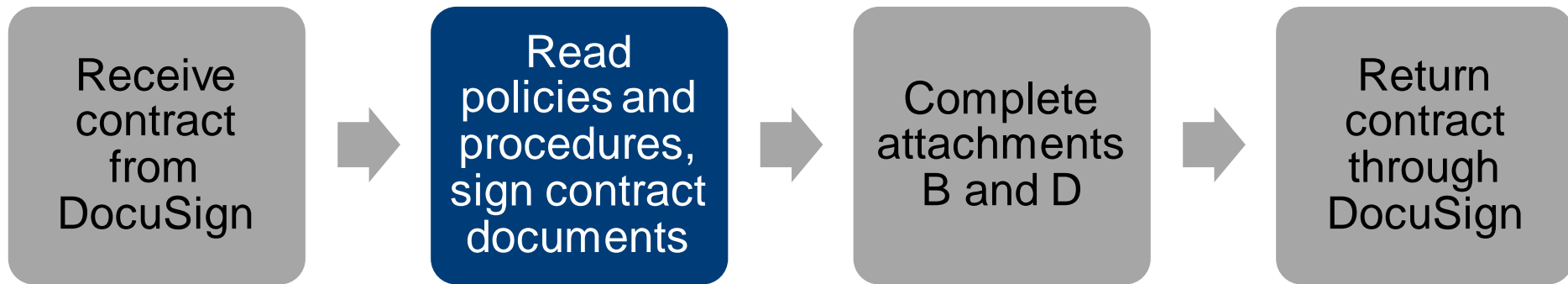
There are three steps to obtaining reimbursement.



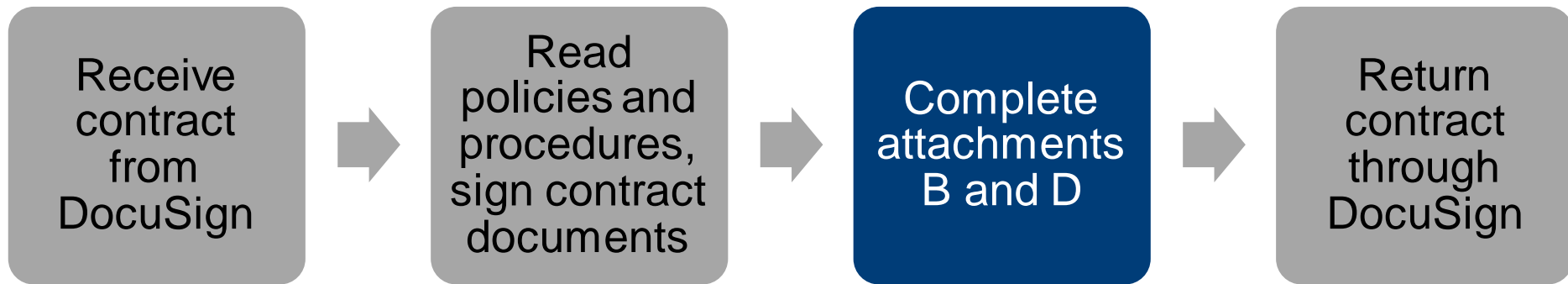
TB Dispensary Contracting Process



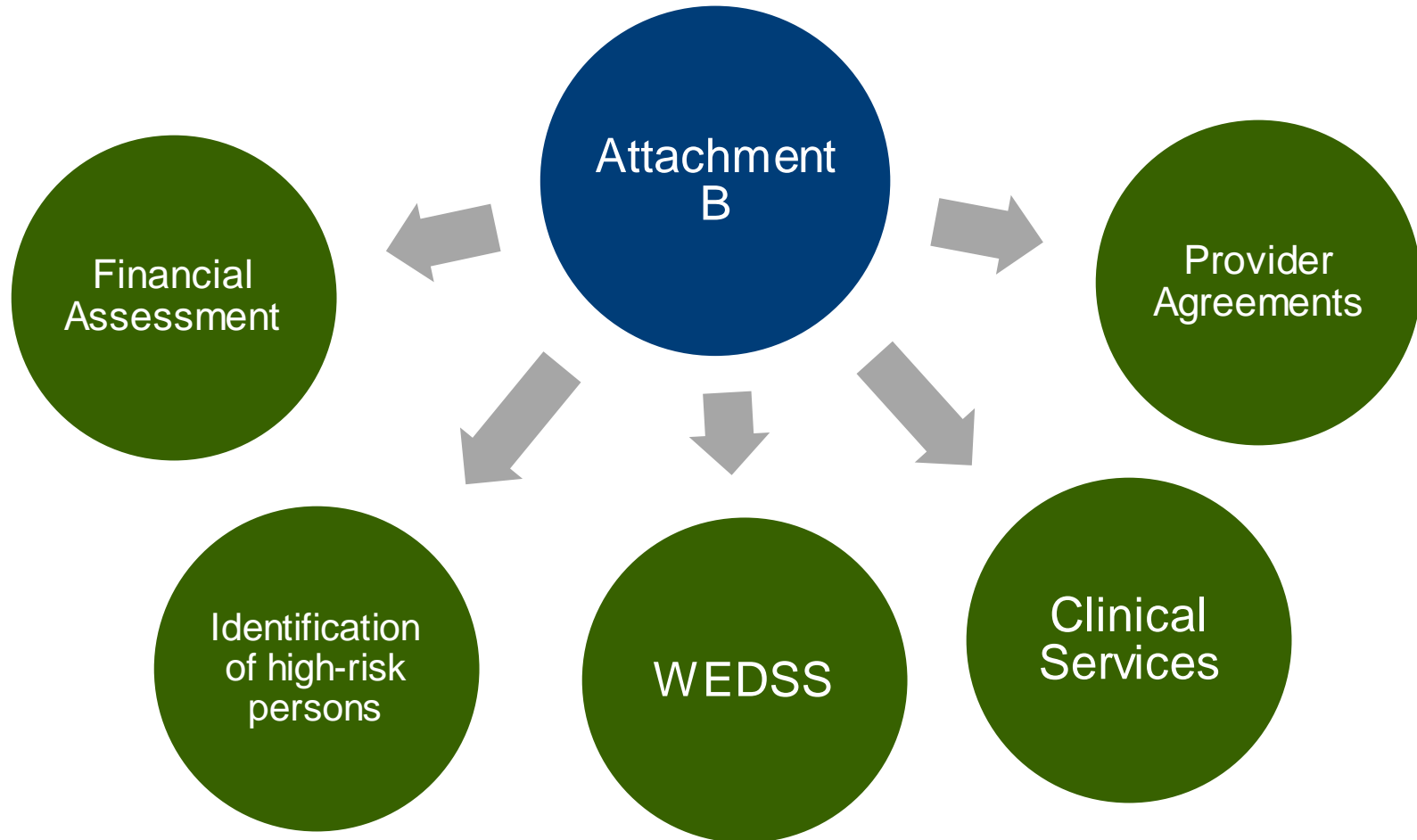
TB Dispensary Contracting Process



TB Dispensary Contracting Process



Attachment B is the Clinical Services Plan.

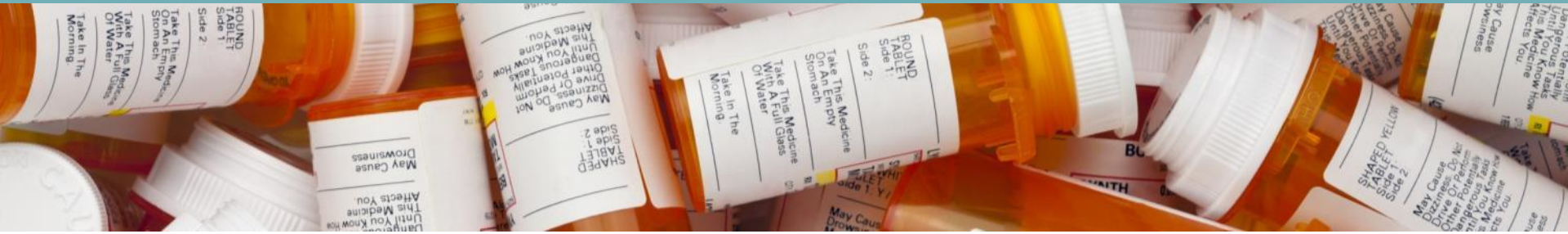


An LHD must verify that the providers they list on Attachment B are:



- ✓ 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



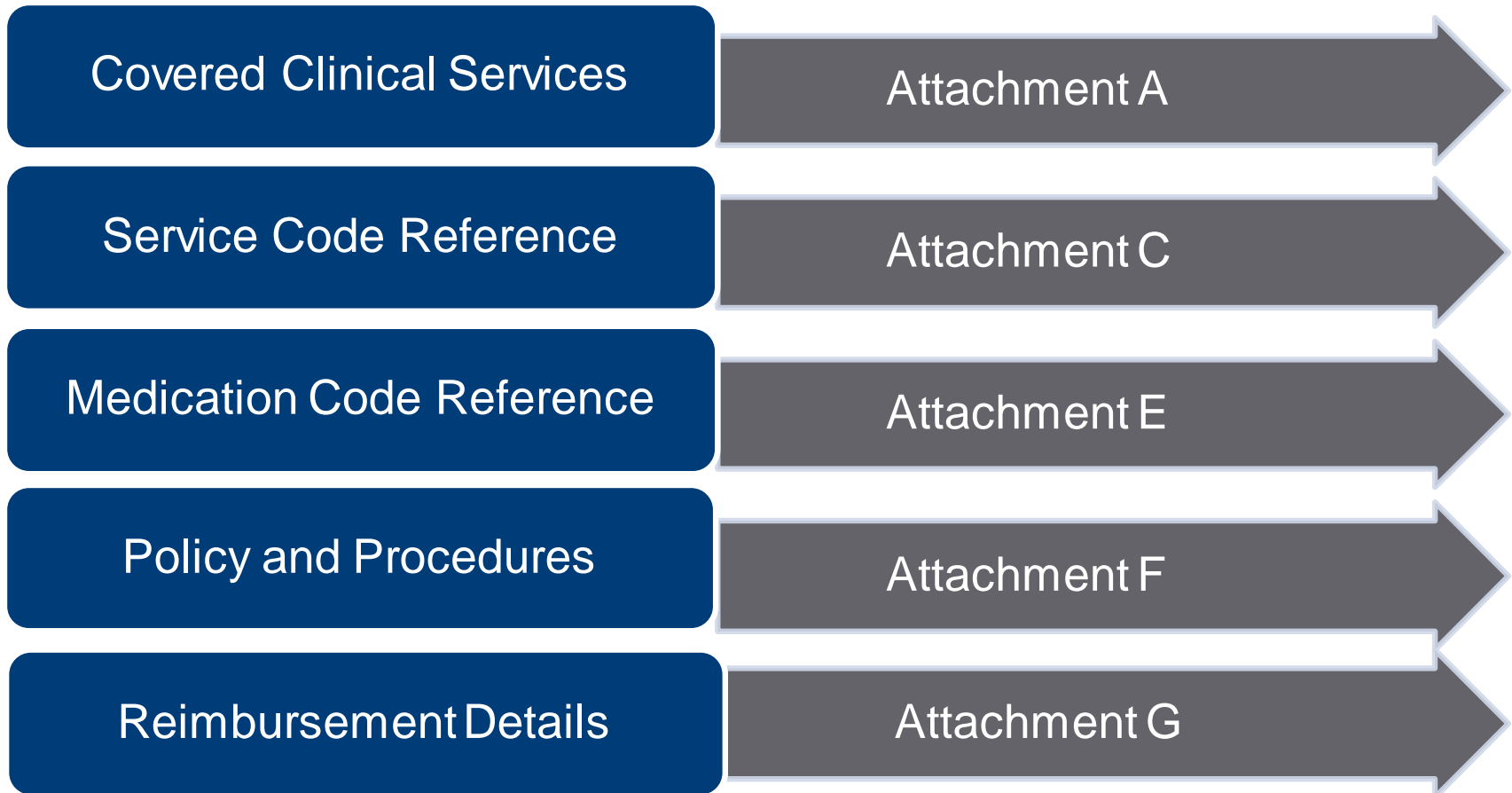
Dispense, Deliver, Document



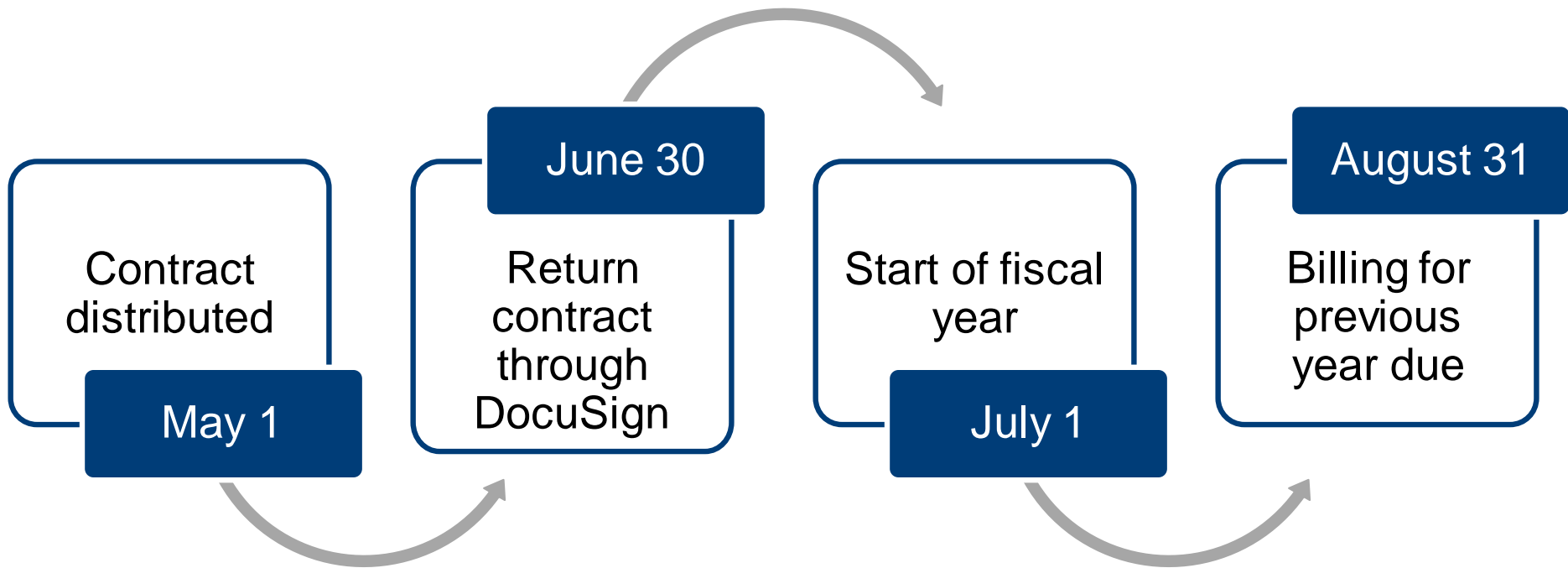
Attachment D



Several helpful attachments are sent with the contract.



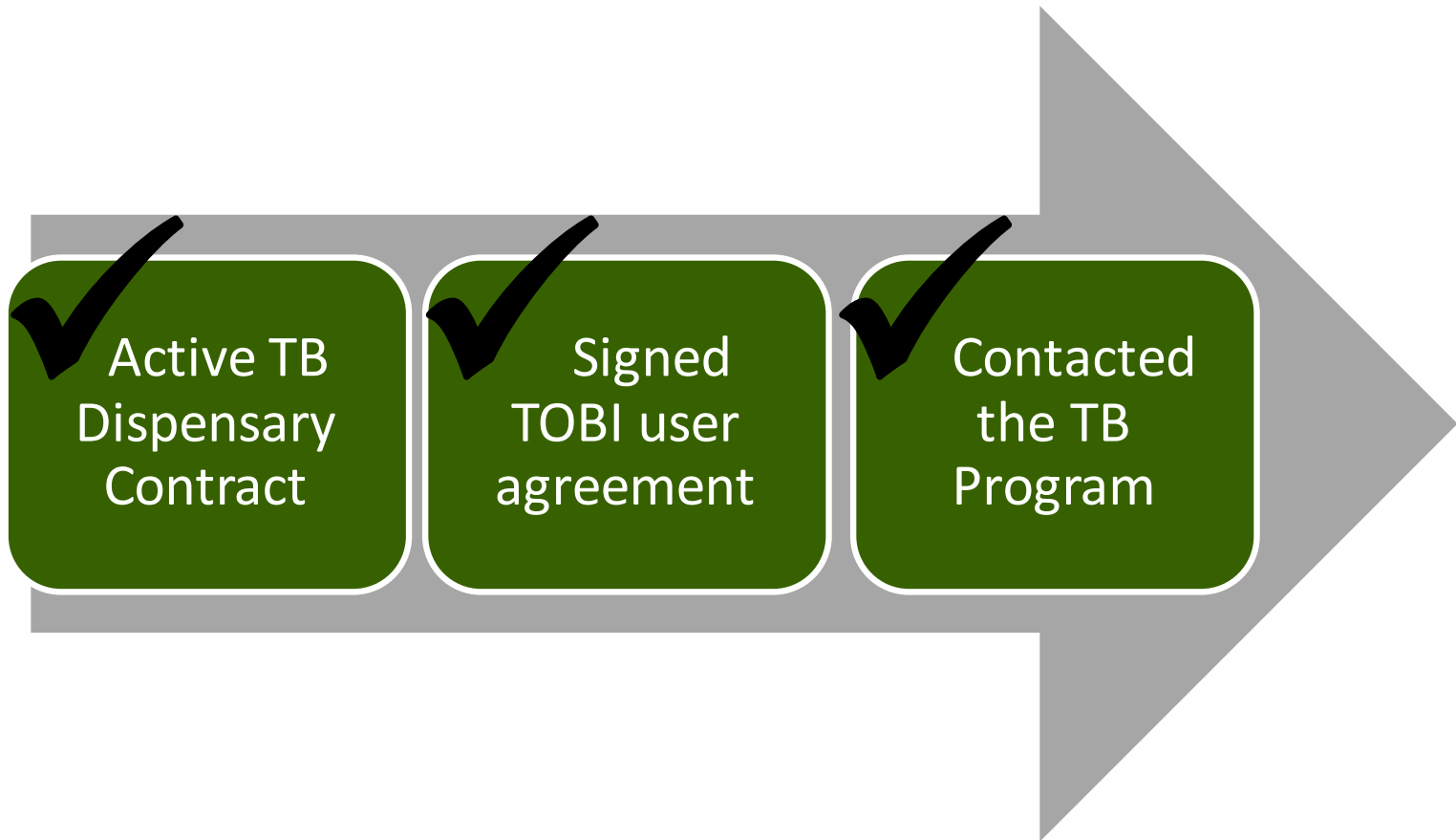
TB Dispensary Contract Cycle



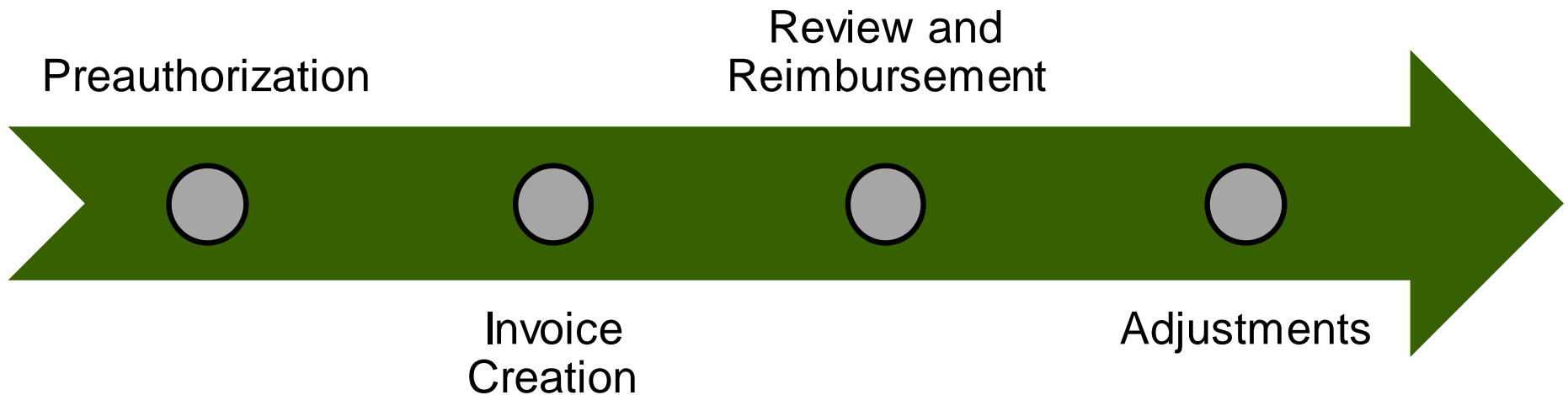


Reimbursement for Clinical Services using the TB Ordering and Billing Interface (TOBI)

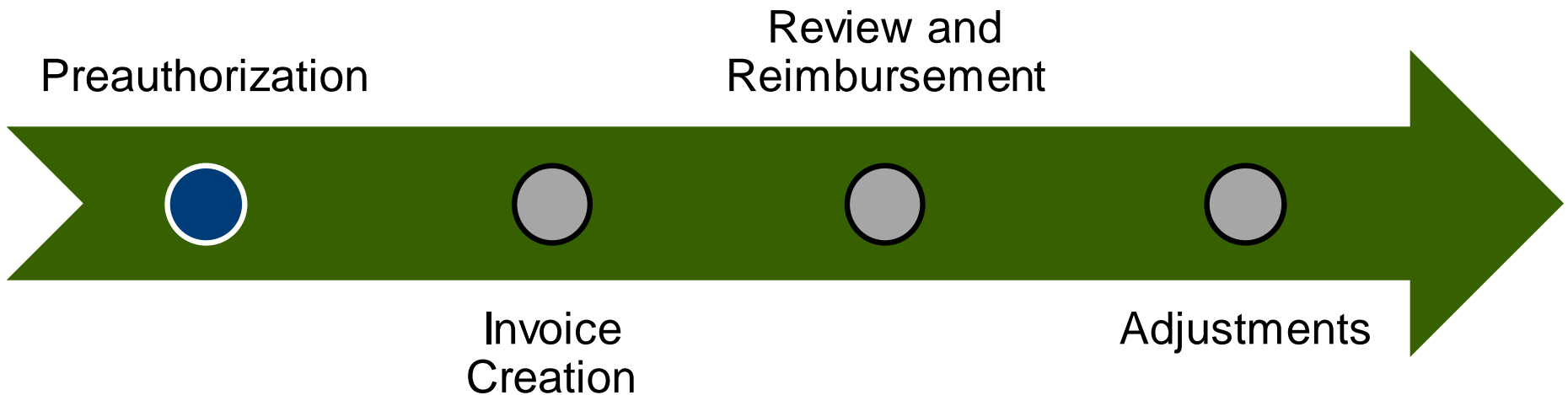
Access to TOBI



Reimbursement for clinical services in TOBI consists of four steps.



Step 1- Preauthorization Requests




Step 1- Preauthorization Requests

HOME	PARTNER INFORMATION	CONTACT	PATIENT SEARCH	ADD PRE-AUTHORIZATION SERVICE	BILLING	REPORTS
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PATIENT

→ Search:

WEDSS Incident No: _____ Date of Pre-Authorization Request: 

DISPENSARY ELIGIBILITY

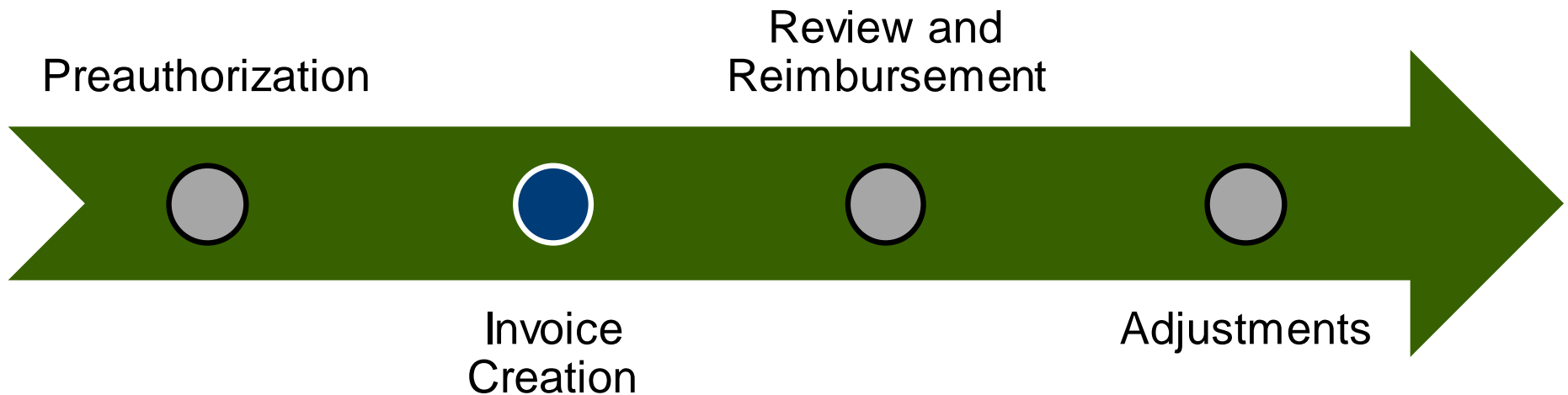
The Dispensary is the payer of last resort. Please verify how you determined patient eligibility for TB Dispensary. Check all that apply.

- 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

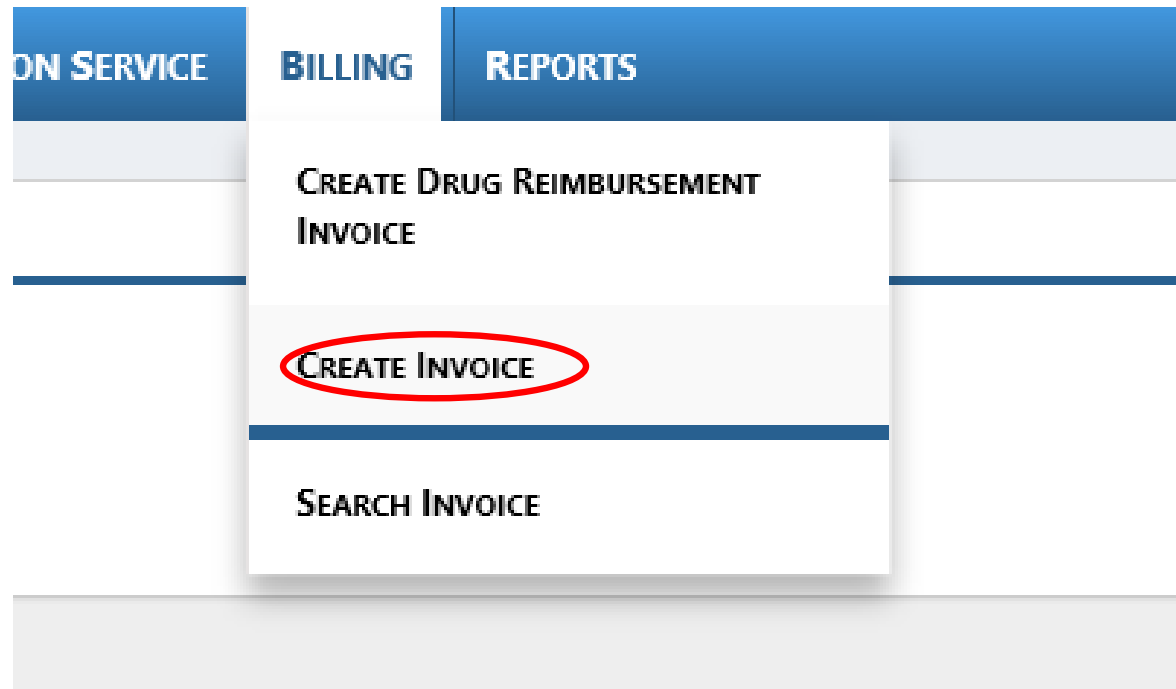
REQUEST FOR PRE-AUTHORIZATION

→

Step 2- Creating an invoice



For reimbursement of clinical services, create an invoice in TOBI.




For reimbursement of clinical services, create an invoice in TOBI.


TB Invoice Number: Automatically Generated

* Partner Name: Automatically Generated

Partner Invoice Number: Fiscal Year: Total Billed: \$

Notes, if any:



WEDSS Incident ID	Patient Details	Service Date	Service Code	Service Description	Amount (\$)
No items to display 					

10 items per page

For reimbursement of clinical services, create an invoice in TOBI.

Add Billing Item

INSTRUCTIONS:
* Please fill all the required fields marked with a red asterisk.

* WEDSS Incident ID: WEDSS ID:

Name: (First Last) DOB:

Disease Type: Status:

* Service Date:

* Service Code: Description:

Rate (\$): * Amount (\$):

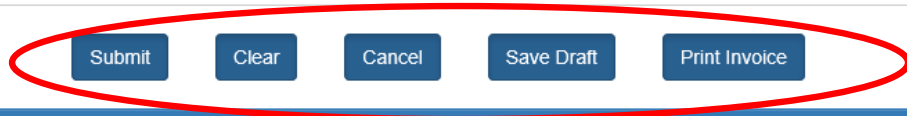
For reimbursement of clinical services, create an invoice in TOBI.

TB Invoice Number: Automatically Generated

* Partner Name: Automatically Generated

Partner Invoice Number: Fiscal Year: Total Billed: \$

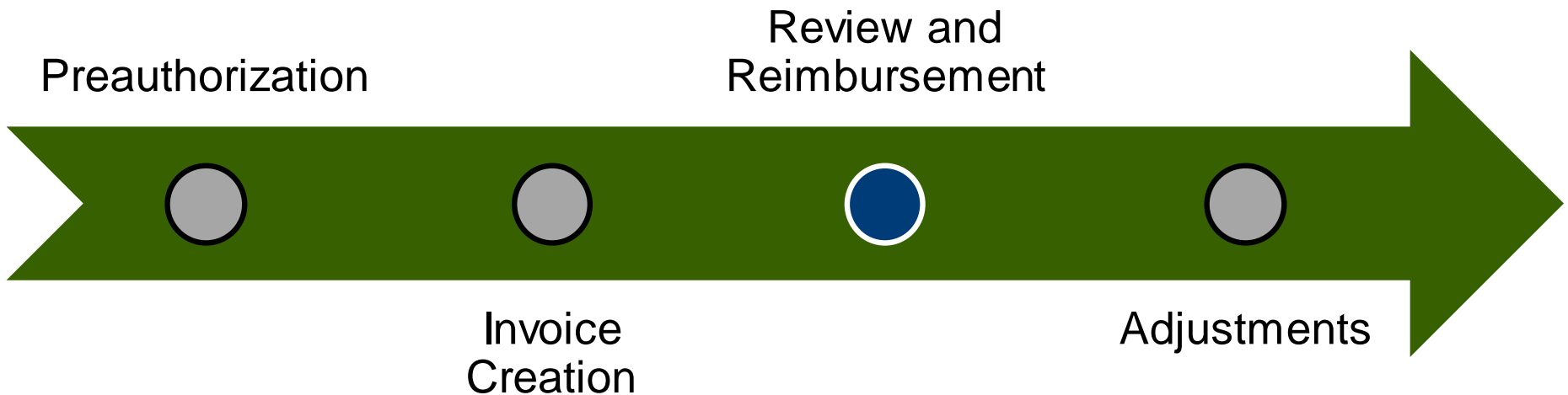
Notes, if any:



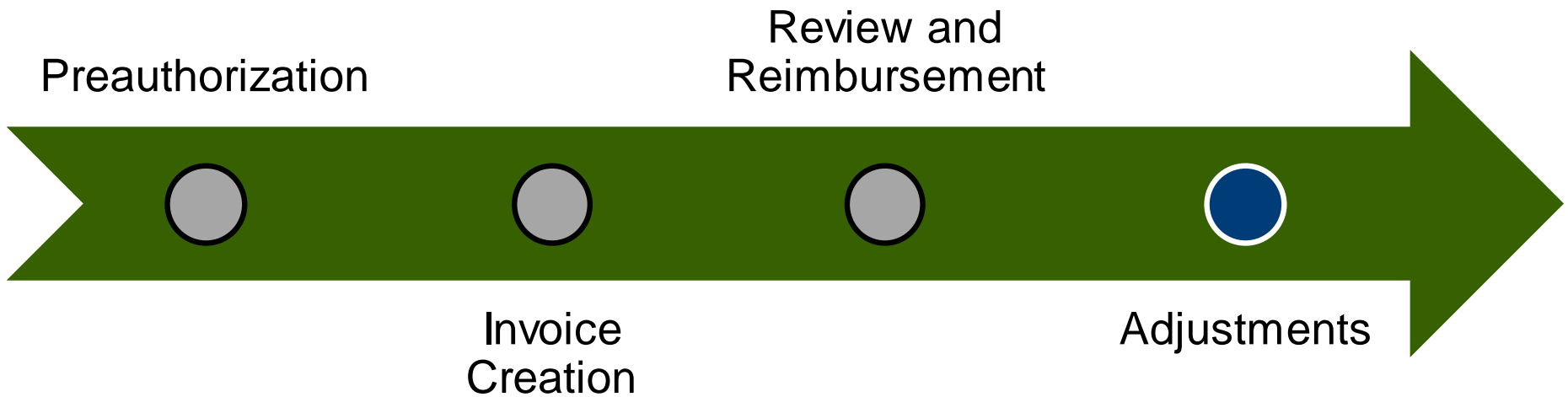
Add New Billing item

WEDSS Incident ID	Patient Details	Service Date	Service Code	Service Description	Amount (\$)
10 items per page					
No items to display					

Step 3- Review and Reimbursement of the Invoice



Step 4- Adjustments



Step 4- Adjustments

TUBERCULOSIS DISPENSARY INVOICE

STATE OF WISCON:
s.252.10(7), Wis. S
Wisconsin Tuberculosis Progi
Telephone: (608) 261-6:
FAX: (608) 266-01

Invoice ID	:	0
Invoice Date	:	4/8/2019 11:41:53 AM
Invoice Billed Amount	:	\$0
Invoice Approved Amount:	:	\$0
+ 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.
 - T0001-45 (45 minutes or more)
 - T0001-60 (over 60 minutes)
- Nurse Services Codes
 - Directly Observed Therapy (DOT)
 - Patient Education
 - Symptom and Treatment Monitoring
- Video DOT



Medication Orders and Refills

The medication request process is five steps.



Step 1- LHD Notification of LTBI or Active TB Case



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



Numeric Test Results



Qualifying Factor for Vitamin B6



Risk for Infection



Location for shipment

Reviewing the Medication Order

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

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

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

SUBMIT		Local Health Department (LHD)		LHD Fax Number	
COMPLETED FORM TO:					
*NAME – Patient (Last, First, Middle Initial)				*Date of Birth (mm/dd/yyyy)	
*Address (Street or Rural Route)				*Telephone Number	
*City		*Zip Code	*LHD/Clinic managing case:		Other contact, as needed
*Sex	*Race	*Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	*Weight		
Patient Insurance Information					
<input type="checkbox"/> Patient has no insurance + financial hardship: WI TB Dispensary covers entire cost.					
<input type="checkbox"/> Patient has insurance + financial hardship (include photocopy of insurance card): WI TB Dispensary to cover co-pay or deductible. Prescription insurance provider and number:					
<input type="checkbox"/> 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.					
*NAME – Clinician (Print clearly)			NAME - Hospital/Clinic/Facility		
*Address (Street, City, State, Zip code)				*Telephone Number	



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

For dosing, see page 5.

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

Page 2 of 5

Patient Name: _____

Patient Reporter DI: _____

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

4. Specimen (Sputum or BAL)	Date Collected	Results		
		Smear	PCR	Culture
Other:				



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 Cavitory

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: _____

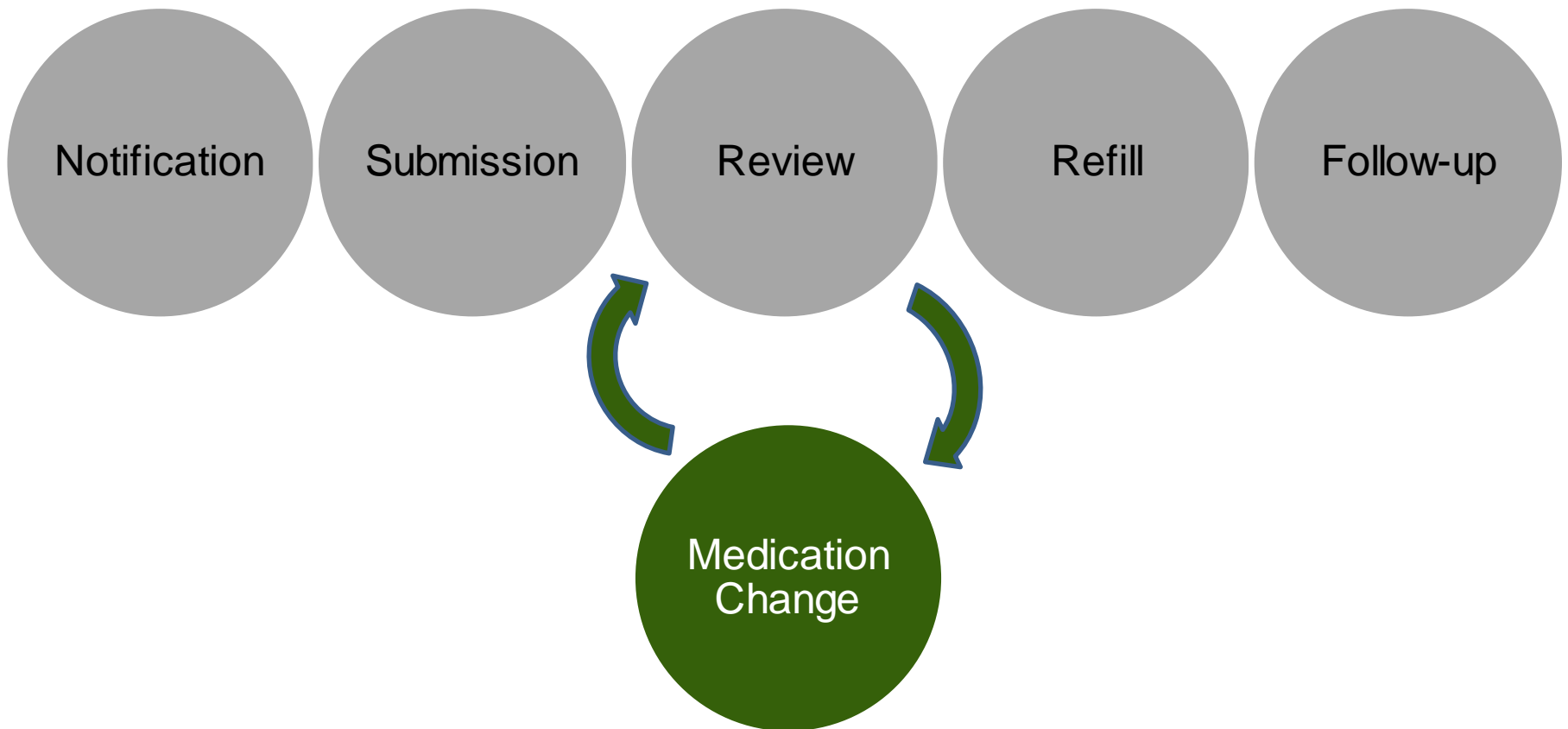
F. Baseline blood tests, if applicable (ALT/AST, CBC, CMP, T. BIL, if preexisting liver disease)

Test _____ Date _____ Result _____
 Test _____ Date _____ Result _____
 Test _____ Date _____ Result _____

Step 3- Wisconsin TB Program Review



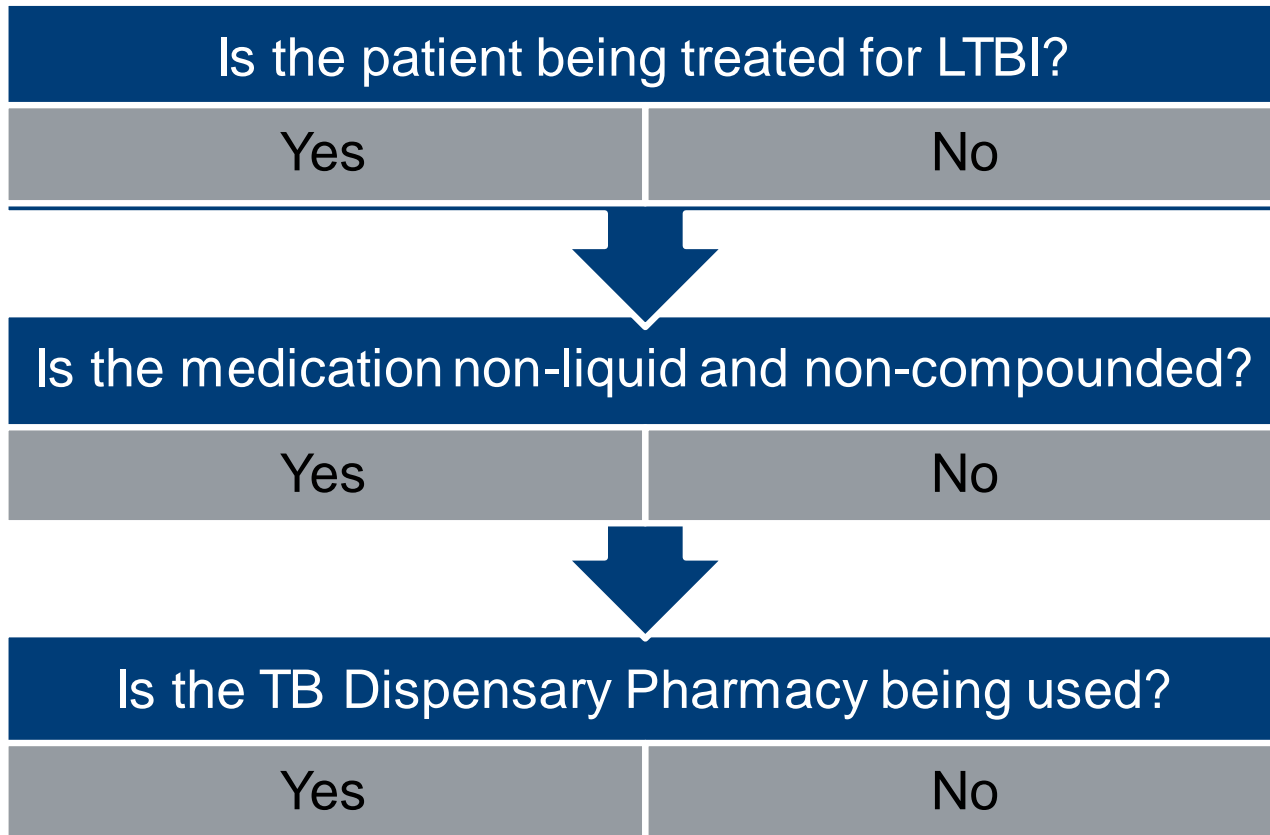
If a regimen needs to be changed a new medication order should be submitted.



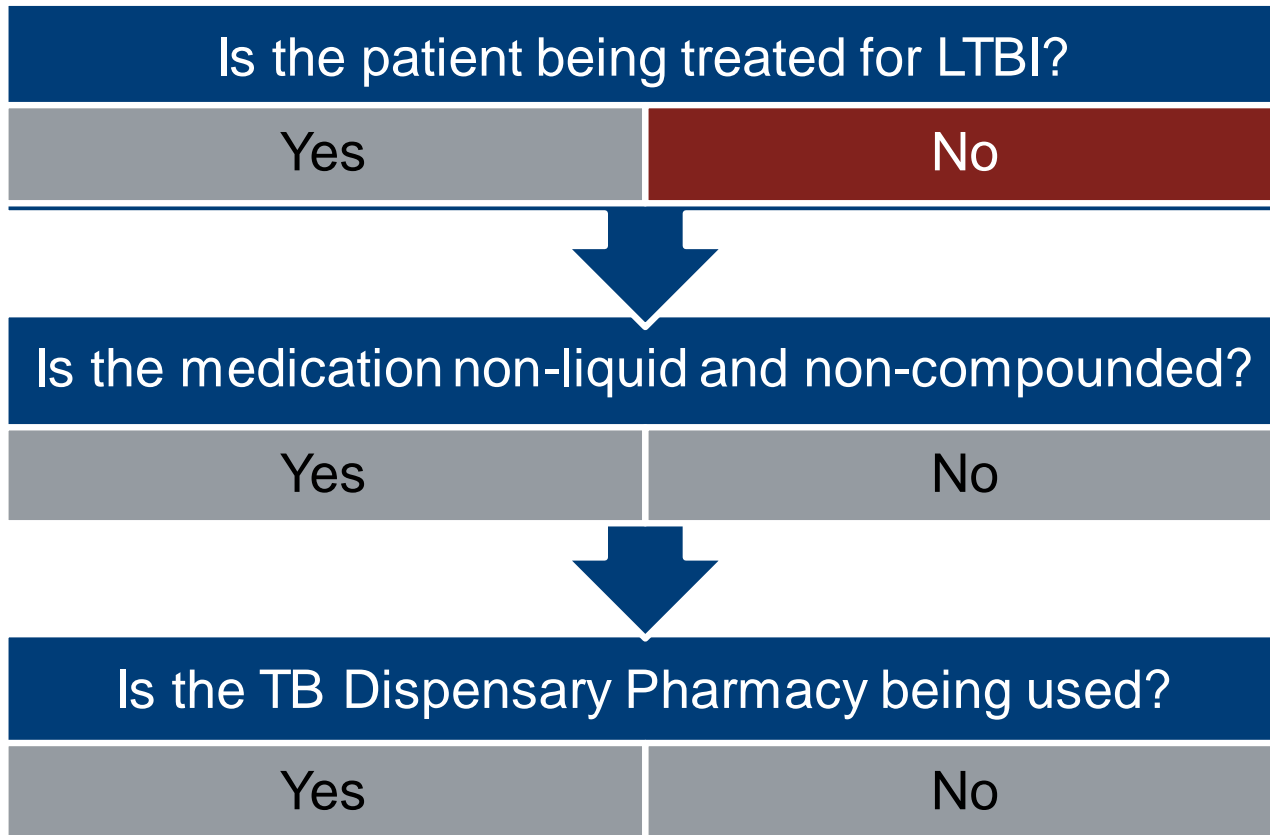
Step 4- Medication Refill



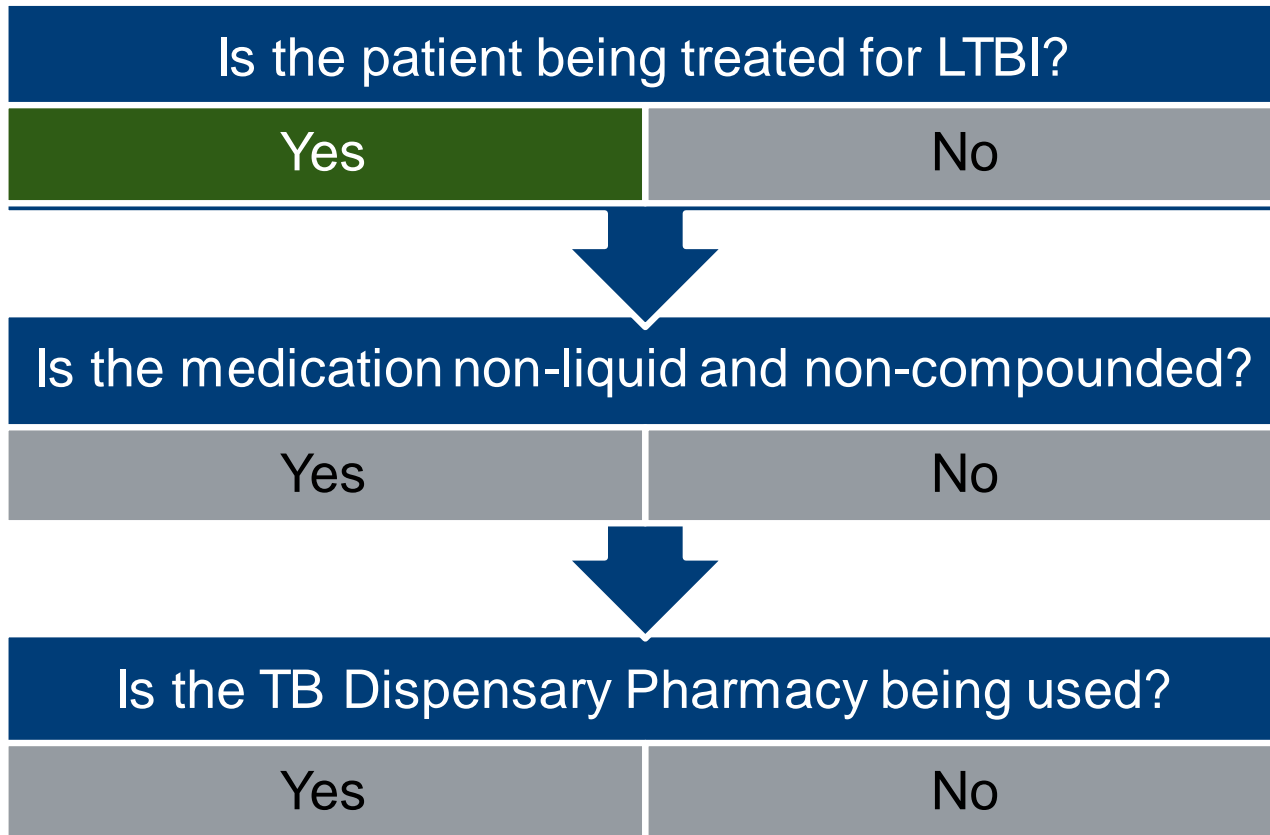
Many medication refills are automatic. Ask yourself...



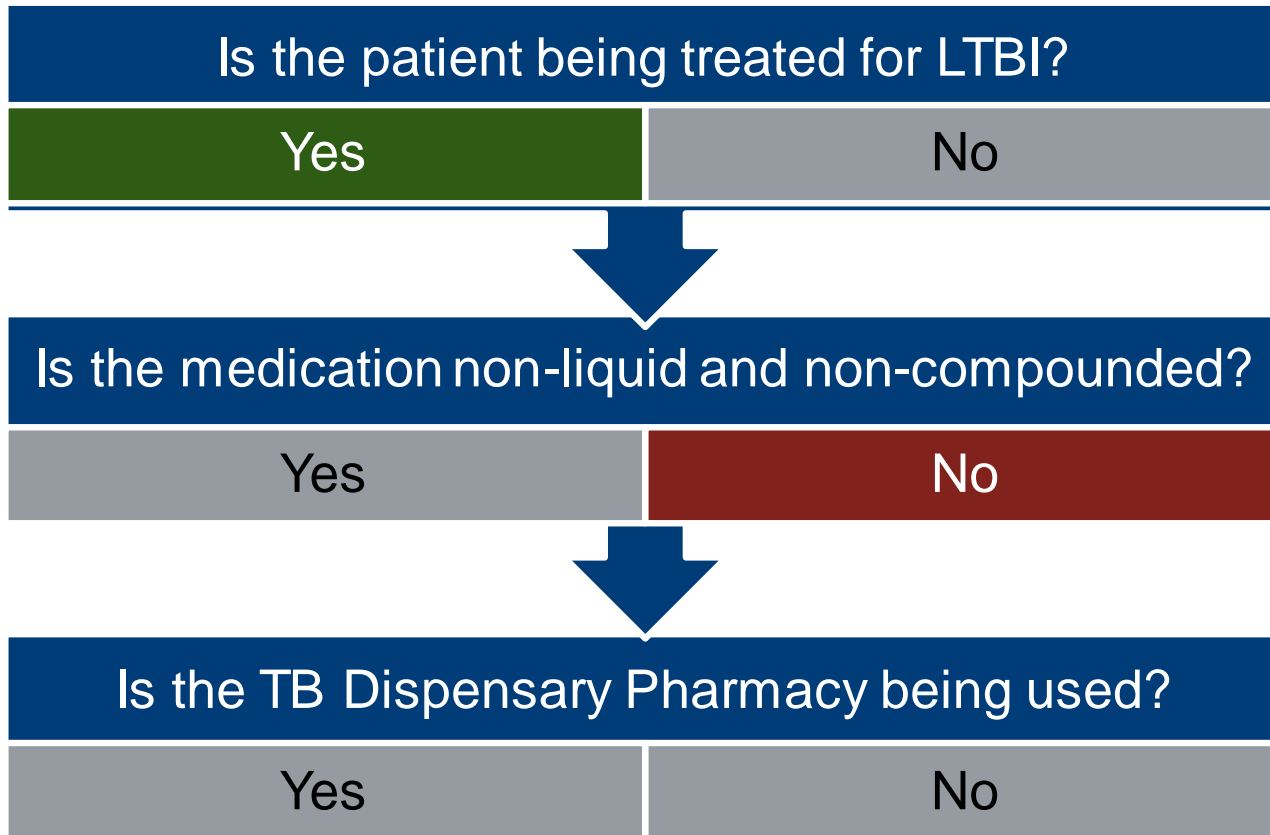
Refill requests must be sent to the TB Program for active TB disease.



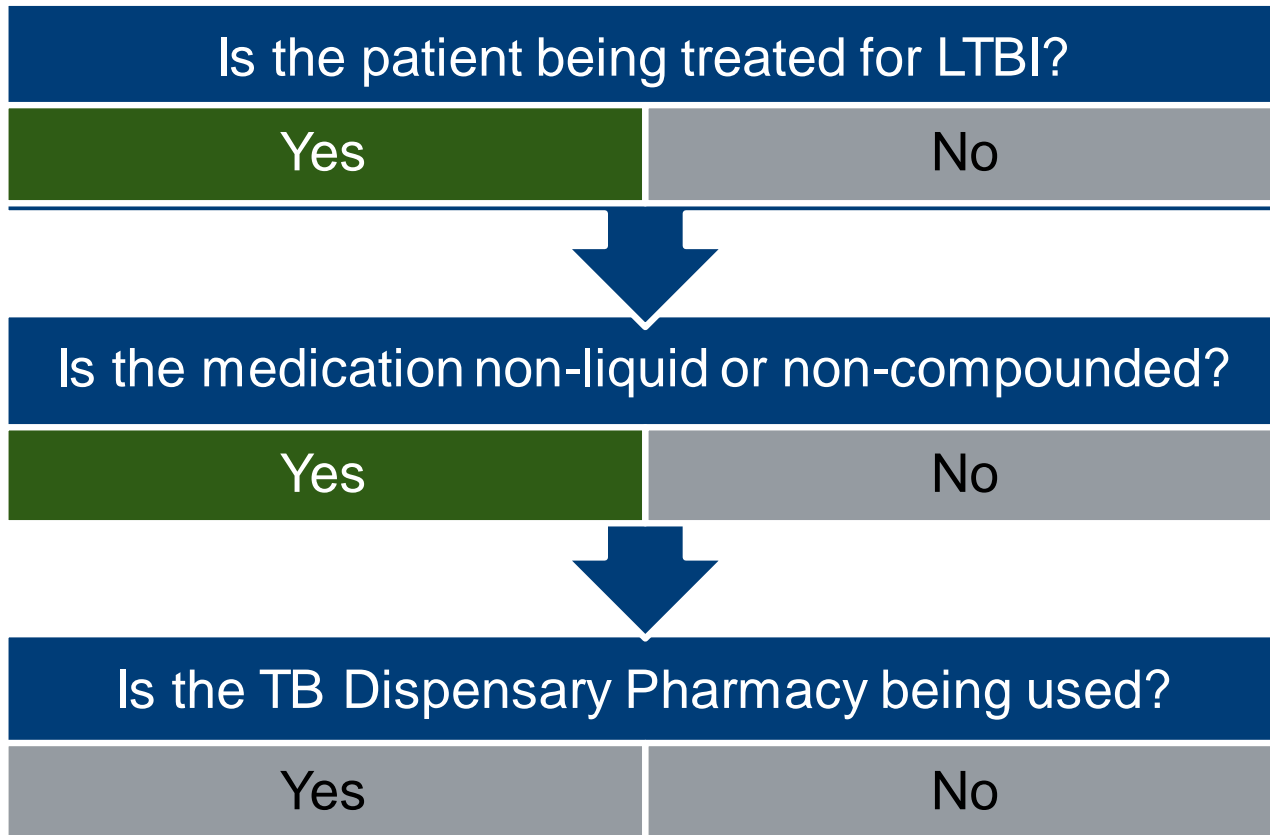
Many medication refills are automatic. Ask yourself...



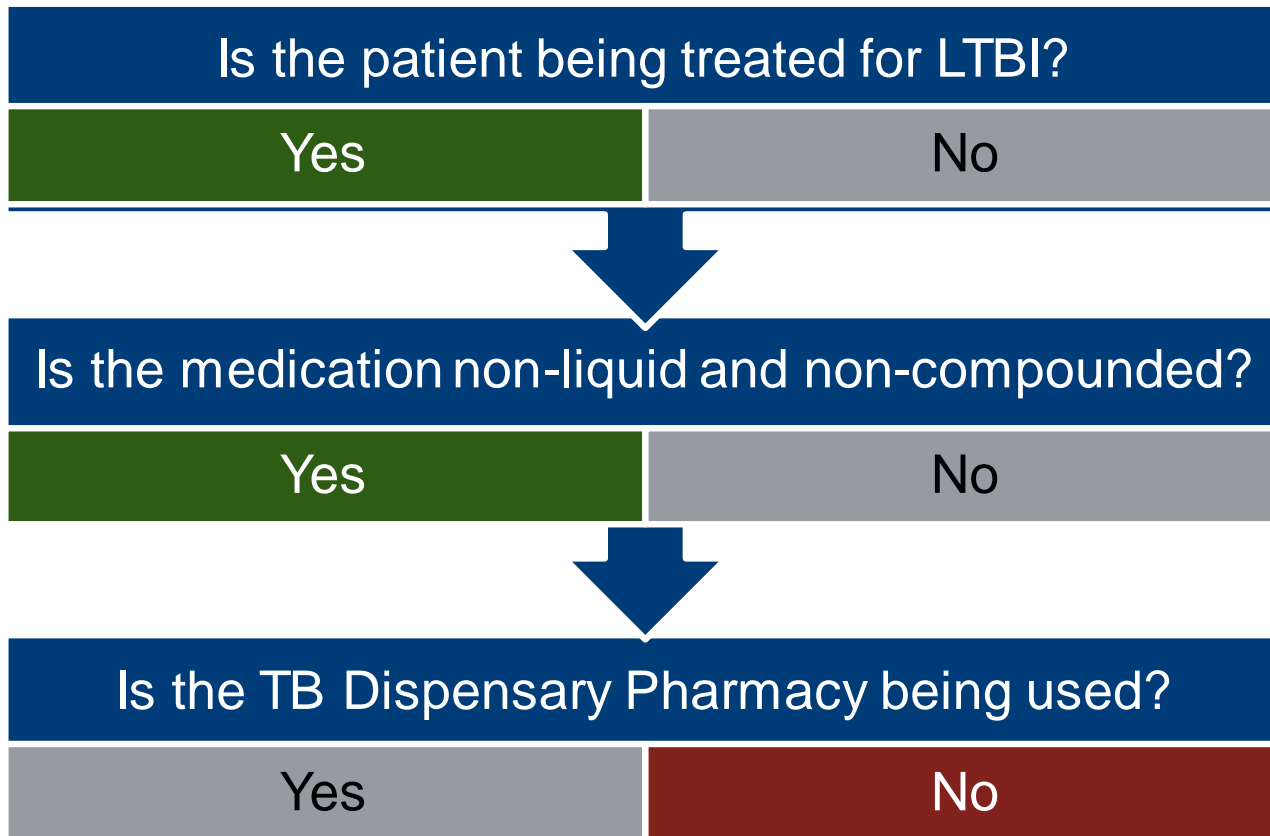
Refill requests must be sent to the TB Program for liquid/compounded orders.



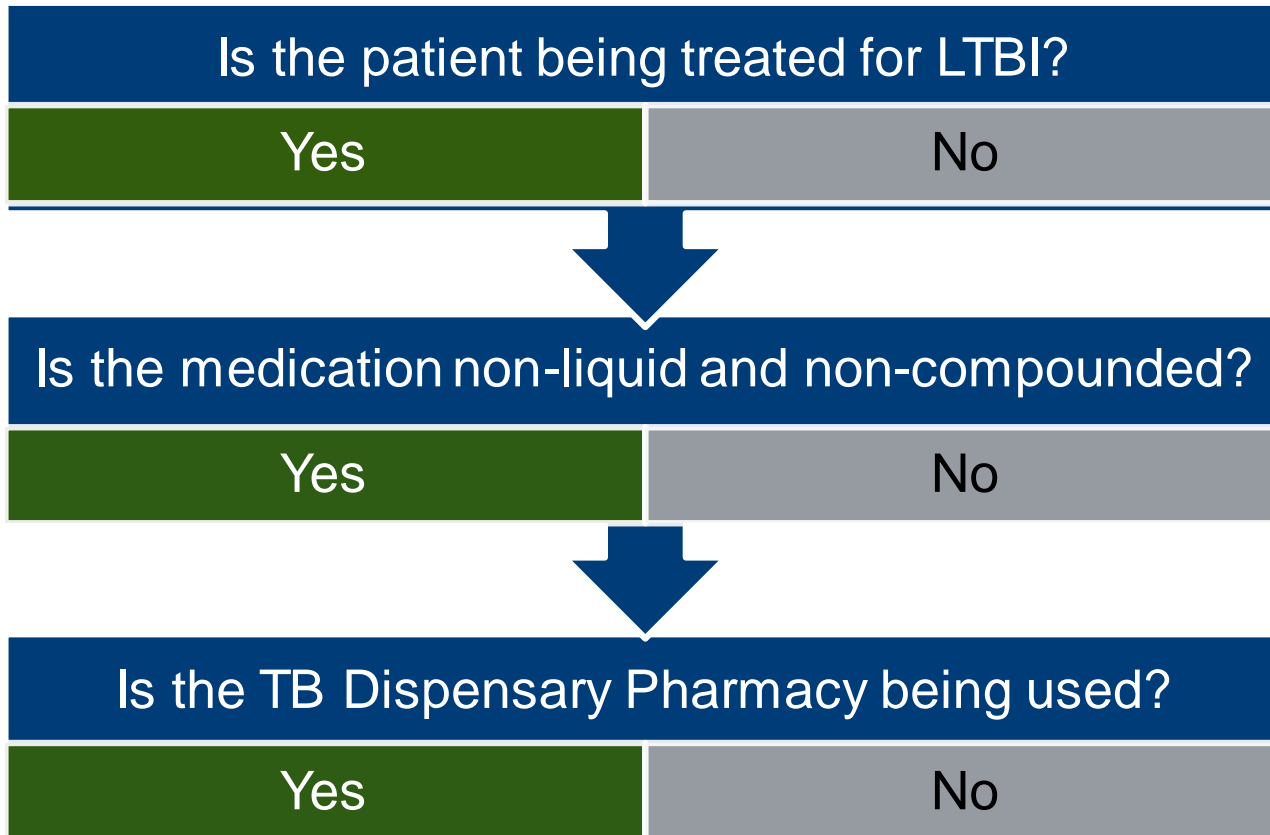
Many medication refills are automatic. Ask yourself...



An independent refill policy is needed if you are not using the TB Dispensary pharmacy.



If an automatic refill does not arrive, call the TB Program.



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



The completed follow-up form should be uploaded to WEDSS.

Active TB: [F-02474](#)

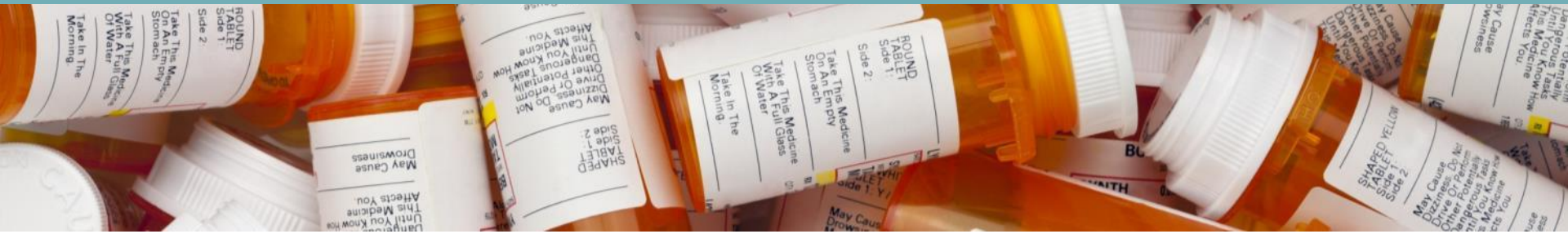
LTBI: [F-44125](#)





Reimbursement for Pharmacy Services using TOBI

An LHD may choose to contract with a local pharmacy for medications.



Financial Assessment



Provision of Medications for TB/LTBI



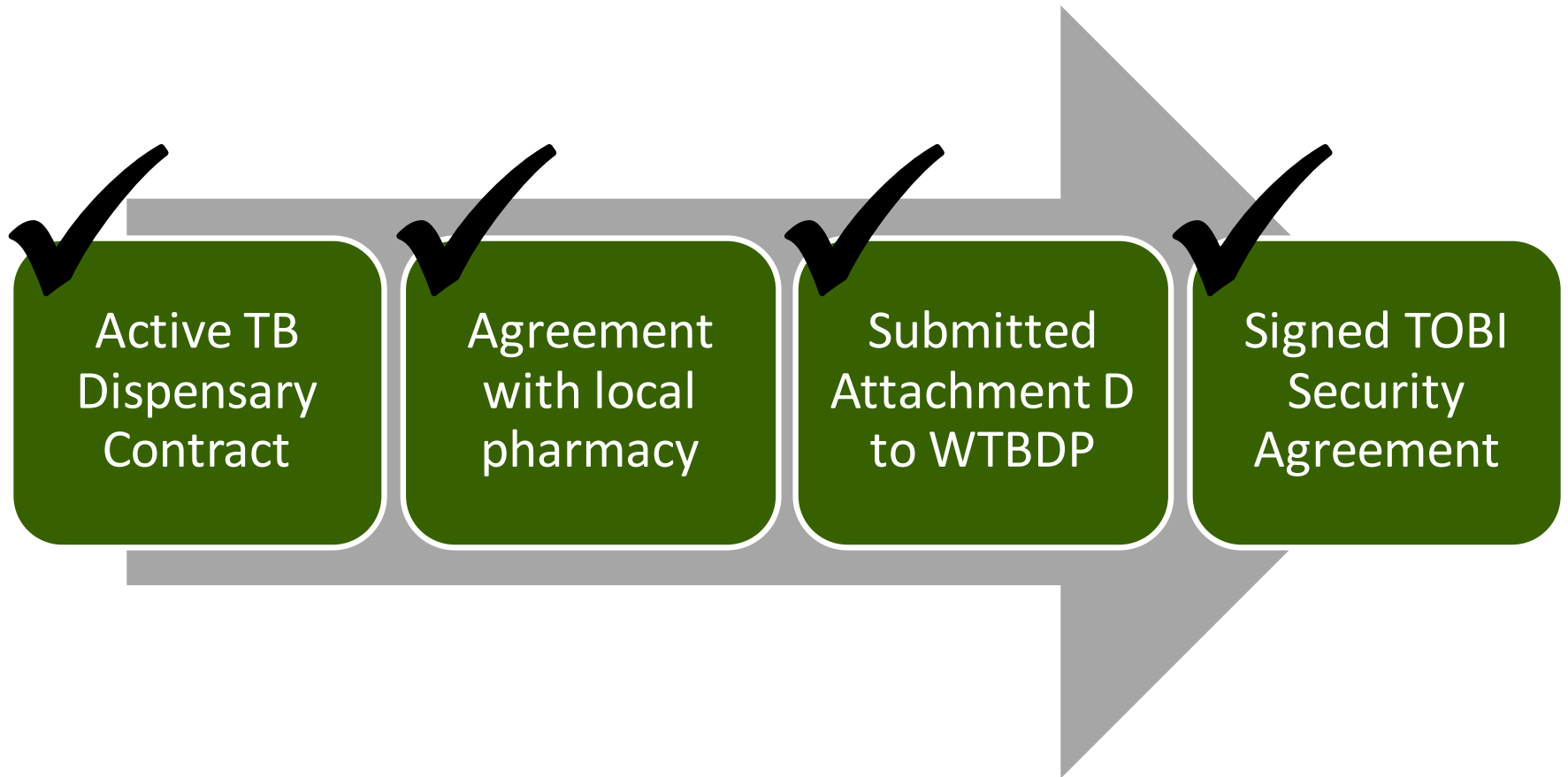
Dispense, Deliver, Document



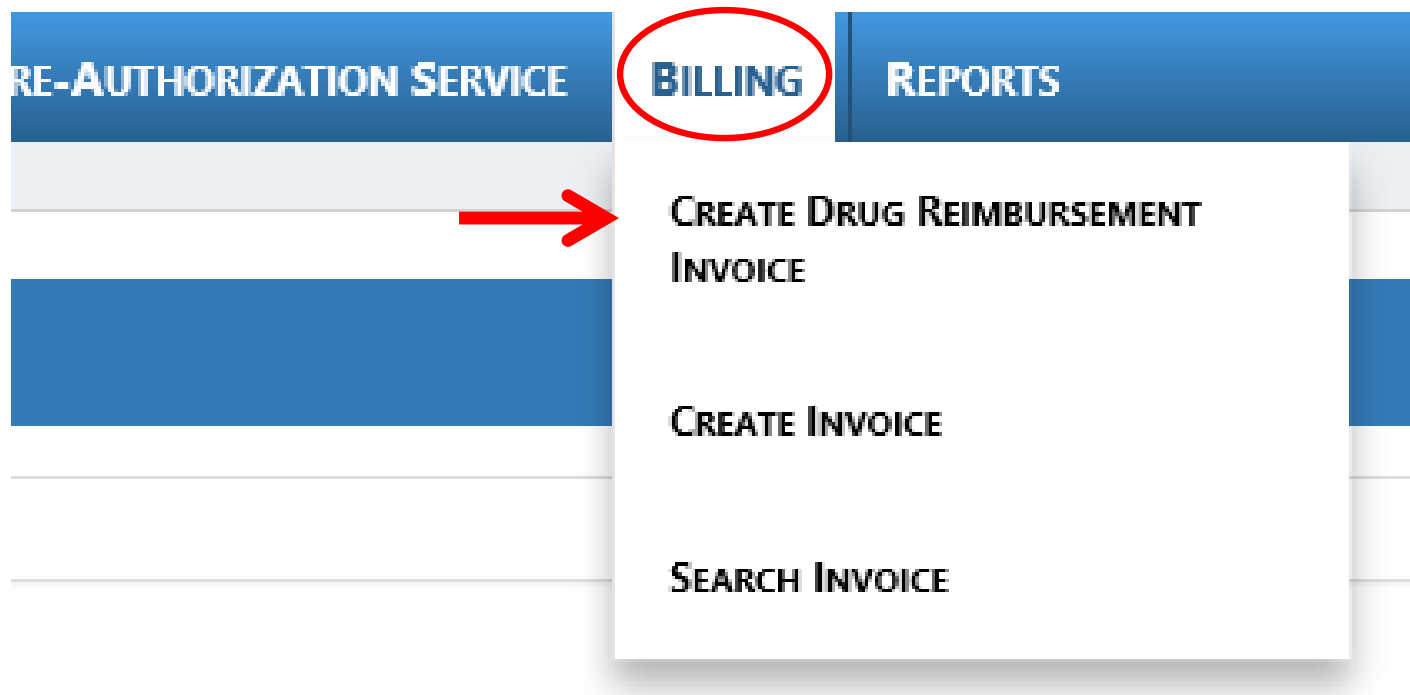
Attachment D




Access to pharmacy invoicing in TOBI is limited to LHDs with Attachment D filed.



Pharmacy invoicing is done separately from clinical services invoicing in TOBI.



Pharmacy invoicing is done separately from clinical services invoicing in TOBI.

Records with errors : 






Patient	Medication	Medication Cost
		No Billing Item Exist

Pharmacy invoicing is done separately from clinical services invoicing in TOBI.

Add Billing Item

INSTRUCTIONS:

* Please fill all the required fields marked with a red asterisk.

 * WEDSS Incident Id:	<input type="text" value="-Select-"/>	DOB:	<input type="text"/>	Status:	<input type="text" value="New"/>
 * Date Filled:	<input type="text" value="Enter Date Filled"/> 	Name (First Last):	<input type="text"/>	<input type="text"/>	
 * NDC Number:	<input type="text" value="-Select-"/>	NDC Description:	<input type="text"/>		
 * Quantity:	<input type="text" value="Enter Quantity"/>	Shipping Fee:	<input type="text" value="Enter Shipping Fee"/>	RX Number:	<input type="text" value="Enter RX Number"/>
<div style="border: 1px solid red; padding: 2px; display: inline-block;">Or</div> {	Medication Cost:	Compound Fee:	<input type="text" value="Enter Compounding f"/>	Total Billed cost:	<input type="text" value="Enter Total Cost"/>
	CoPay Cost:	Dispensing Fee:	<input type="text" value="Enter Dispensing Fee"/>	Approved Amount:	<input type="text"/>
Notes, if any:	<input type="text"/>				



Pharmacy invoicing is done separately from clinical services invoicing in TOBI.



Add New Billing item Records with errors : ▾

📄 Export to Excel

Patient	Medication	Medication Cost
		No Billing Item Exist



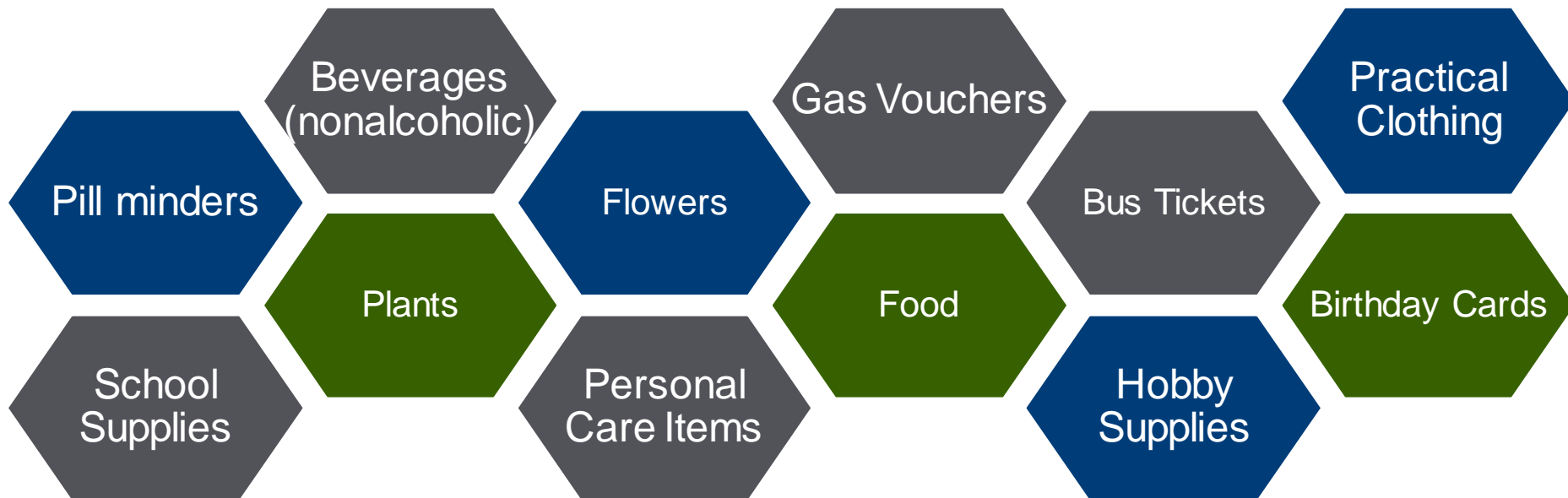
TB Treatment Assistance Program

Wisconsin TB Treatment Assistance Program

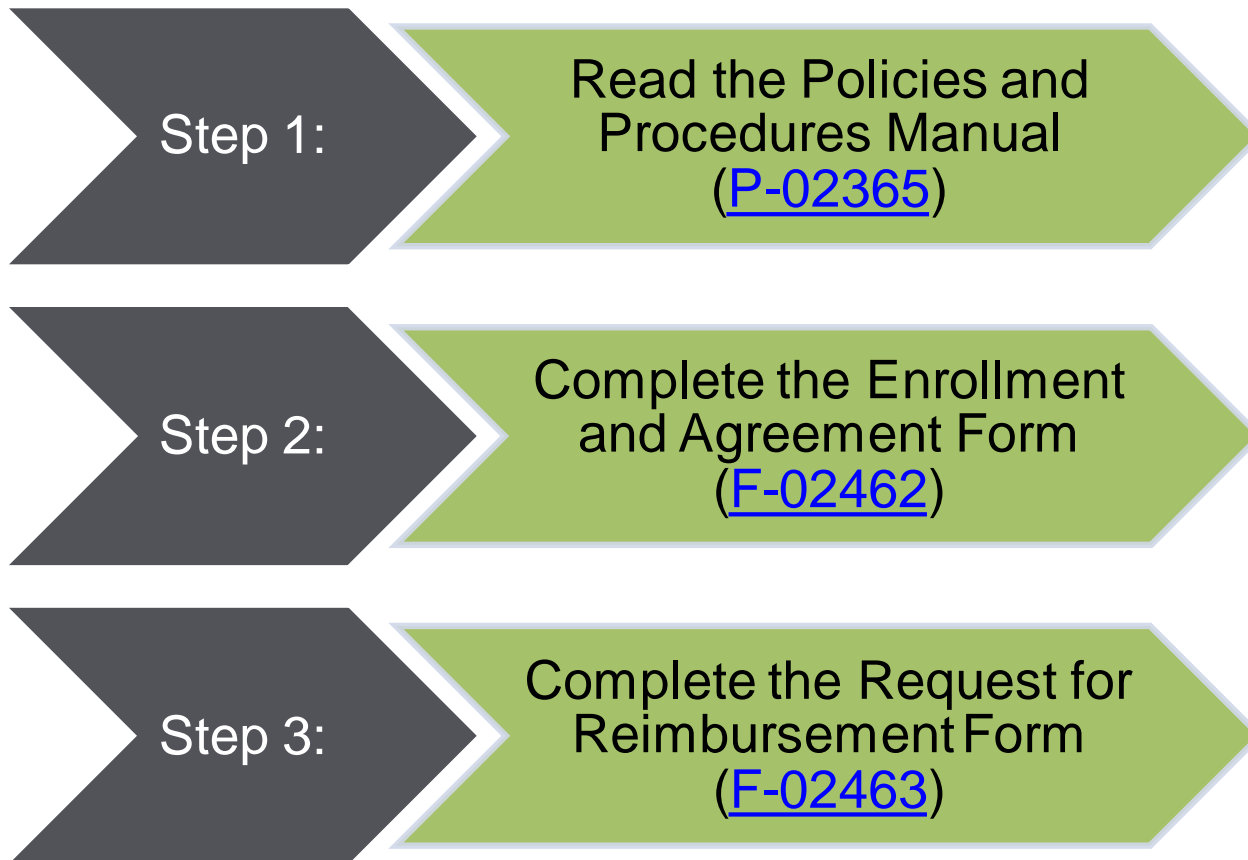


Designed to encourage and support TB clients through the completion of TB treatment by providing funding to purchase treatment assistance aids.

Aids up to \$50 for LTBI patients and \$200 for active patients are available.



How to Use the TB Treatment Assistance Program



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?

