

## LATENT TUBERCULOSIS INFECTION TREATMENT AT A GLANCE: JUNE 2018

### INTRODUCTION

The Latent Tuberculosis (TB) Infection Treatment at a Glance tool provides an overview of the coverage of key latent TB infection services in Massachusetts as of June 2018 in order to give health care providers quick access to basic coverage information to help inform discussions with patients about treatment. The tool provides a series of tables that outline coverage (and related costs and restrictions) for three categories of health insurance plans: (1) silver-level Qualified Health Plans (QHPs), (2) ConnectorCare plans, and (3) Medicaid (MassHealth) plans. The information in these tables is based upon publicly available information on the Massachusetts Health Connector website and individual insurer websites.

Please note that health insurance plans occasionally alter coverage, associated costs, or restrictions over the course of a plan year. Health care providers and members should therefore always confirm coverage by contacting the individual plan. To confirm the current coverage status of any service, providers and members can use the contact numbers provided under each table.

### MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS

The table below summarizes coverage of latent TB infection services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (a/k/a Massachusetts Health Connector). The silver-level QHPs were chosen for inclusion in this resource because they are generally representative of coverage and are often the most cost-effective choice for low-income consumers. More information on these plans is available on the Massachusetts marketplace website: <https://mahealthconnector.optum.com/individual/>.

Under the Affordable Care Act, all QHPs must provide coverage for services given an “A” or “B” rating by the United States Preventive Services Task Force (USPSTF) without cost-sharing.<sup>1</sup> In September 2016, the USPSTF recommended that asymptomatic adults at increased risk for infection receive screening for latent tuberculosis infection.<sup>2</sup> Because the USPSTF provided a “B” rating for this recommendation, all QHPs must cover this benefit for the relevant population without cost-sharing beginning in the 2018 plan year.<sup>3</sup>

**Abbreviations:** Cost = Patient Cost-Sharing; Labs = Diagnostic Test (X-Ray, blood work); PA = Prior Authorization; PCP = Primary Care Provider; QL = Quantity Limit; ST = Step Therapy; Util. Mgmt. = Utilization Management Requirements

| Plan Name                              | Services |                 |           | isoniazid <sup>4</sup> |      |             | Priftin (rifapentine) |      |             | rifampin      |      |             |
|--|----------|-----------------|-----------|------------------------|------|-------------|-----------------------|------|-------------|---------------|------|-------------|
|  | PCP Cost | Specialist Cost | Labs Cost | Covered (Y/N)          | Cost | Util. Mgmt. | Covered (Y/N)         | Cost | Util. Mgmt. | Covered (Y/N) | Cost | Util. Mgmt. |
| BCBSMA Standard Silver: HMO Blue Basic | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$60 | N/A         | Yes           | \$20 | N/A         |
| BMC HealthNet Standard Silver A II     | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$90 | N/A         | Yes           | \$20 | N/A         |

<sup>1</sup> See 45 C.F.R. § 147.130(a)(1)(i).

<sup>2</sup> Final Recommendation Statement: Latent Tuberculosis Infection: Screening, USPSTF (Sept. 2016), <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/latent-tuberculosis-infection-screening>.

<sup>3</sup> See 45 C.F.R. § 147.130(b)(1).

<sup>4</sup> Note that the actual cost of isoniazid may be lower than the cost-sharing amount required by these Qualified Health Plans. Individuals purchasing isoniazid may therefore want to ask their pharmacists whether they can obtain isoniazid at a lower cost by purchasing it outside of their insurance plans.

| Plan Name  | Services |                 |           | isoniazid <sup>4</sup> |      |             | Priftin (rifapentine) |      |             | rifampin      |      |             |
|--|----------|-----------------|-----------|------------------------|------|-------------|-----------------------|------|-------------|---------------|------|-------------|
|  | PCP Cost | Specialist Cost | Labs Cost | Covered (Y/N)          | Cost | Util. Mgmt. | Covered (Y/N)         | Cost | Util. Mgmt. | Covered (Y/N) | Cost | Util. Mgmt. |
| BMC HealthNet Non-Standard Silver B II             | \$30     | \$50            | 30%       | Yes                    | \$30 | N/A         | Yes                   | 35%  | N/A         | Yes           | \$30 | N/A         |
| Fallon Community Care Silver Coinsurance 35% II    | \$60     | \$75            | \$50      | Yes                    | \$5  | N/A         | Yes                   | 50%  | N/A         | Yes           | \$40 | N/A         |
| Fallon Direct Care Silver Connector II             | \$30     | \$50            | \$25      | Yes                    | \$5  | N/A         | Yes                   | \$90 | N/A         | Yes           | \$20 | N/A         |
| Fallon Select Care Silver Connector II             | \$30     | \$50            | \$25      | Yes                    | \$5  | N/A         | Yes                   | \$90 | N/A         | Yes           | \$20 | N/A         |
| Harvard Pilgrim Standard Silver                    | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$90 | N/A         | Yes           | \$20 | N/A         |
| HNE Silver A II                                    | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | No                    | N/A  | N/A         | Yes           | \$20 | N/A         |
| NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier II     | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$90 | N/A         | Yes           | \$20 | N/A         |
| NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II | \$30     | \$50            | \$50      | Yes                    | \$30 | N/A         | Yes                   | 35%  | N/A         | Yes           | \$30 | N/A         |
| NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II | \$30     | \$50            | \$50      | Yes                    | \$30 | N/A         | Yes                   | 35%  | N/A         | Yes           | \$30 | N/A         |
| Tufts Direct Silver 2000 II                        | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$60 | N/A         | Yes           | \$20 | N/A         |
| Tufts Direct Silver 2500 with Coinsurance II       | \$30     | \$50            | 20%       | Yes                    | \$35 | N/A         | Yes                   | 50%  | N/A         | Yes           | \$35 | N/A         |
| Tufts Premier Silver 2000                          | \$30     | \$50            | \$25      | Yes                    | \$20 | N/A         | Yes                   | \$60 | N/A         | Yes           | \$20 | N/A         |

**Contact Numbers for Providers:** BCBS of MA: 1-800-882-2060; BMC HealthNet: 1-888-566-0008; Fallon: 1-866-275-3247; Harvard Pilgrim: 1-800-708-4414; Health New England (HNE): 1-800-842-4464, ext. 5000; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985

**Contact Numbers for Members:** BCBS of MA: 1-800-262-2583; BMC HealthNet: 1-855-833-8120; Fallon: 1-800-868-5200; Harvard Pilgrim: 1-888-333-4742; Health New England: 1-800-310-2835; Neighborhood Health Plan (NHP): 1-866-414-5533; Tufts Health Plan: 1-888-257-1985 (Direct) or 1-800-462-0224 (Premier)

## CONNECTORCARE PLANS

The table below summarizes coverage of latent TB infection services in the Massachusetts ConnectorCare plans. ConnectorCare plans are low-cost plans available to individuals with household incomes up to 300% of federal poverty level. In general, there are three levels of ConnectorCare plans, with standardized cost-sharing on each level. More information about ConnectorCare Plans can be found on the Massachusetts marketplace website: <https://mahealthconnector.optum.com/individual/> and on individual insurer websites.

As noted above, under the Affordable Care Act, all QHPs must provide coverage for services given an “A” or “B” rating by the United States Preventive Services Task Force (USPSTF) without cost-sharing.<sup>5</sup> In September 2016, the USPSTF recommended that asymptomatic adults at increased risk for infection receive screening for latent tuberculosis infection (LTBI).<sup>6</sup> Because the USPSTF provided a “B” rating for this recommendation and ConnectorCare plans are QHPs, all ConnectorCare plans must cover this benefit for the relevant population without cost-sharing beginning in the 2018 plan year.<sup>7</sup>

**Abbreviations:** Cost = Patient Cost-Sharing; Labs = Diagnostic Test (X-Ray, blood work); PA = Prior Authorization; PCP = Primary Care Provider; QL = Quantity Limit; ST = Step Therapy; Util. Mgmt. = Utilization Management Requirements

| Plan Name   | Services |                 |           | isoniazid     |         |             | Priftin (rifapentine) |        |             | rifampin      |         |             |
|---|----------|-----------------|-----------|---------------|---------|-------------|-----------------------|--------|-------------|---------------|---------|-------------|
|   | PCP Cost | Specialist Cost | Labs Cost | Covered (Y/N) | Cost    | Util. Mgmt. | Covered (Y/N)         | Cost   | Util. Mgmt. | Covered (Y/N) | Cost    | Util. Mgmt. |
| BMC HealthNet ConnectorCare Plan Type 1             | \$0      | \$0             | \$0       | Yes           | \$1     | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$1     | N/A         |
| BMC HealthNet ConnectorCare Plan Type 2             | \$10     | \$18            | \$0       | Yes           | \$10    | N/A         | Yes                   | \$40   | N/A         | Yes           | \$10    | N/A         |
| BMC HealthNet ConnectorCare Plan Type 3             | \$15     | \$22            | \$0       | Yes           | \$12.50 | N/A         | Yes                   | \$50   | N/A         | Yes           | \$12.50 | N/A         |
| BMC HealthNet ConnectorCare Limited Cost Share Plan | \$0      | \$0             | \$0       | Yes           | \$0     | N/A         | Yes                   | \$0    | N/A         | Yes           | \$0     | N/A         |
| BMC HealthNet ConnectorCare No Cost Share Plan      | \$0      | \$0             | \$0       | Yes           | \$0     | N/A         | Yes                   | \$0    | N/A         | Yes           | \$0     | N/A         |
| Fallon Community Care Wrap Type I                   | \$0      | \$0             | \$0       | Yes           | \$1     | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$1     | N/A         |
| Fallon Community Care Wrap Type II                  | \$10     | \$18            | \$0       | Yes           | \$10    | N/A         | Yes                   | \$40   | N/A         | Yes           | \$10    | N/A         |
| Fallon Community Care Wrap Type III                 | \$15     | \$22            | \$0       | Yes           | \$12.50 | N/A         | Yes                   | \$50   | N/A         | Yes           | \$12.50 | N/A         |
| HNE HMO Connector Care 1                            | \$0      | \$0             | \$0       | Yes           | \$1     | N/A         | No                    | N/A    | N/A         | Yes           | \$1     | N/A         |
| HNE HMO Connector Care 2                            | \$10     | \$18            | \$0       | Yes           | \$10    | N/A         | No                    | N/A    | N/A         | Yes           | \$10    | N/A         |
| HNE HMO Connector Care 3                            | \$15     | \$22            | \$0       | Yes           | \$12.50 | N/A         | No                    | N/A    | N/A         | Yes           | \$12.50 | N/A         |
| NHP Prime HMO ConnectorCare 0/0                     | \$0      | \$0             | \$0       | Yes           | \$1     | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$1     | N/A         |
| NHP Prime HMO ConnectorCare 10/18                   | \$10     | \$18            | \$0       | Yes           | \$10    | N/A         | Yes                   | \$40   | N/A         | Yes           | \$10    | N/A         |

<sup>5</sup> See 45 C.F.R. § 147.130(a)(1)(i).

<sup>6</sup> Final Recommendation Statement: Latent Tuberculosis Infection: Screening, USPSTF (Sept. 2016), <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/latent-tuberculosis-infection-screening>.

<sup>7</sup> See 45 C.F.R. § 147.130(b)(1).

| Plan Name                         | Services |                 |           | isoniazid     |         |             | Priftin (rifapentine) |        |             | rifampin      |         |             |
|-----------------------------------|----------|-----------------|-----------|---------------|---------|-------------|-----------------------|--------|-------------|---------------|---------|-------------|
|                                   | PCP Cost | Specialist Cost | Labs Cost | Covered (Y/N) | Cost    | Util. Mgmt. | Covered (Y/N)         | Cost   | Util. Mgmt. | Covered (Y/N) | Cost    | Util. Mgmt. |
| NHP Prime HMO ConnectorCare 15/22 | \$15     | \$22            | \$0       | Yes           | \$12.50 | N/A         | Yes                   | \$50   | N/A         | Yes           | \$12.50 | N/A         |
| Tufts Direct ConnectorCare I      | \$0      | \$0             | \$0       | Yes           | \$1     | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$1     | N/A         |
| Tufts Direct ConnectorCare II     | \$10     | \$18            | \$0       | Yes           | \$10    | N/A         | Yes                   | \$20   | N/A         | Yes           | \$10    | N/A         |
| Tufts Direct ConnectorCare III    | \$15     | \$22            | \$0       | Yes           | \$12.50 | N/A         | Yes                   | \$25   | N/A         | Yes           | \$12.50 | N/A         |

**Contact Numbers for Providers:** BMC HealthNet: 1-888-566-0008; Fallon: 1-866-275-3247; Health New England (HNE): 1-800-842-4464, ext. 5000; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** BMC HealthNet: 1-855-833-8120; Fallon: 1-800-868-5200; Health New England: 1-800-310-2835; Neighborhood Health Plan (NHP): 1-866-414-5533; Tufts Health Plan: 1-888-257-1985

**MASSHEALTH PLANS**

The table below summarizes coverage of latent TB infection services in MassHealth, Massachusetts’s Medicaid program. MassHealth offers a variety of coverage options, depending upon applicant eligibility. The table below summarizes coverage in the MassHealth Standard, CommonHealth, Family Assistance, and CarePlus plans, which cover the majority of MassHealth participants. Coverage in these plans may be provided directly by MassHealth, through the fee-for-service or MassHealth Primary Care Clinician Plan (PCCP), by Managed Care Organizations (MCOs) contracting with MassHealth, or by an Accountable Care Organization (ACO) contracting with MassHealth or an MCO. More information regarding these coverage options can be found on the MassHealth website: <https://www.mass.gov/service-details/masshealth-health-plans> and on individual insurer or ACO websites. In the table below, coverage information is organized by the insurer associated with the plan. **Please consult the notes below the table for additional information on the individual plans or ACOs associated with these insurers.**

**Like QHPs, Medicaid expansion plans must provide coverage for services given an “A” or “B” rating by the United States Preventive Services Task Force (USPSTF) without cost-sharing.<sup>8</sup> In September 2016, the USPSTF recommended that asymptomatic adults at increased risk for infection receive screening for latent tuberculosis infection (LTBI).<sup>9</sup> Because the USPTF provided a “B” rating for this recommendation, the Massachusetts Medicaid expansion plans (a/k/a CarePlus) must cover this benefit for the relevant population without cost-sharing.**

**Abbreviations:** Cost = Patient Cost-Sharing; PA = Prior Authorization; PCP = Primary Care Provider; QL = Quantity Limit; ST = Step Therapy; Util. Mgmt. = Utilization Management Requirements

| Insurer                             | Services |                 |            | isoniazid     |                    |             | Priftin (rifapentine) |        |             | rifampin      |        |             |
|-------------------------------------|----------|-----------------|------------|---------------|--------------------|-------------|-----------------------|--------|-------------|---------------|--------|-------------|
|                                     | PCP Cost | Specialist Cost | X-ray Cost | Covered (Y/N) | Cost <sup>10</sup> | Util. Mgmt. | Covered (Y/N)         | Cost   | Util. Mgmt. | Covered (Y/N) | Cost   | Util. Mgmt. |
| MassHealth*                         | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$3.65 | N/A         |
| BMC HealthNet Plan**                | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$3.65 | N/A         |
| Fallon Health***                    | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$3.65 | N/A         |
| Health New England (HNE)****        | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | No                    | N/A    | N/A         | Yes           | \$3.65 | N/A         |
| Neighborhood Health Plan (NHP)***** | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$3.65 | N/A         |
| Tufts Health Together*****          | \$0      | \$0             | \$0        | Yes           | \$3.65             | N/A         | Yes                   | \$3.65 | N/A         | Yes           | \$3.65 | N/A         |

\* Describes coverage for MassHealth fee-for-for service, PCCP, and Primary Care ACO Plans (Community Care Cooperative, Partners HealthCare Choice, and Steward Health Choice)

\*\* Describes coverage for BMC HealthNet MCO coverage AND for BMC HealthNet-associated ACOs (BMC HealthNet Plan Community Alliance, BMC HealthNet Plan Mercy Alliance, BMC HealthNet Plan Signature Alliance, and BMC HealthNet Plan Southcoast Alliance)

\*\*\* Describes coverage for Fallon-associated ACOs (Berkshire Fallon Health Collaborative, Fallon 365 Care, and Wellforce Care Plan)

\*\*\*\* Describes coverage for Health New England (HNE)-associated ACOs (Be Healthy Partnership)

\*\*\*\*\* Describes coverage for Neighborhood Health Plan-associated ACOs (My Care Family)

\*\*\*\*\* Describes coverage for Tufts Health Together MCO coverage AND Tufts Health Together-associated ACOs (Tufts Health Together with Atrius Health, Tufts Health Together with Beth Israel Deaconess Care Organization (BIDCO), Tufts Health Together with Boston Children’s ACO, and Tufts Health Together with Cambridge Health Alliance (CHA))

<sup>8</sup> See 78 Fed. Reg.42160, 42224.

<sup>9</sup> Final Recommendation Statement: Latent Tuberculosis Infection: Screening, USPSTF (Sept. 2016), <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/latent-tuberculosis-infection-screening>.

<sup>10</sup> MassHealth requires a copayment of \$3.65 for most drugs except for certain generics and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. See MASS.GOV Covered Services, <https://www.mass.gov/service-details/covered-services> (last visited May 7, 2018); 130 C.M.R. § 506.016.

**Contact Numbers for Providers:** MassHealth: 1-800-841-2900; BMC HealthNet: 1-888-566-0008; Fallon: 1-866-275-3247; Health New England (HNE): 1-800-842-4464, ext. 5000; Neighborhood Health Plan (NHP): 1-855-444-4647; Tufts Health Plan: 1-888-257-1985

**Contact Numbers for Members:** MassHealth: 1-800-841-2900; BMC HealthNet: 1-888-566-0010; Fallon: 1-855-203-4660 (Berkshire Fallon Health Collaborative), 1-855-508-3390 (Fallon 365 Care), 1-855-508-4715 (Wellforce Care Plan); Health New England (HNE): 1-800-786-9999; Neighborhood Health Plan (NHP): 1-800-462-5449; Tufts Health Plan: 1-888-257-1985