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504.01 Introduction to Tuberculosis Services

(Eff. 11/01/14)

Effective November 1, 2014, South Carolina Healthy Connections offers limited Medicaid benefits for low income individuals with latent tuberculosis (TB) infection or active TB disease. The TB Only Program will help defer costs for the care of TB related medical services. The TB Only Program is not a separate Medicaid eligibility category but is an additional benefit added to an existing eligibility category. South Carolina Department of Health and Environmental Control (SCDHEC) will manage the TB Program. Upon being diagnosed with TB, a person can apply for Medicaid coverage. TB Only services will cover treatment directly related to the care of TB, as well as transportation and case management associated with the TB treatment.

504.02 Application Process

(Eff. 11/01/14)

A Specialty Unit at SCDHHS processes applications for TB services. Applicants must apply through SCDHEC following an initial TB screening.

TB Only services do not have their own Payment Category, but are instead indicated by an RSP code in MMIS as a supplement to Medicaid Eligibility in another category, such as Healthy Connections Checkup.

A person can apply for Medicaid coverage for TB Only services in the following manner:

1. A person is screened and diagnosed with TB by a licensed practitioner employed by the DHEC clinic.
2. The individual completes and submits The Healthy Connections Application: SCDHHS Form 3400.
3. In addition, SCDHEC will complete the appropriate addendum, Form 3400 E- Tuberculosis (TB) Referral. If the applicant is already Medicaid eligible, SCDHEC will only send the TB Referral
4. The completed application and addendum indicating the diagnosis must be faxed to the Specialty Unit at (803) 255-8237 or mailed to the following address:

SCDHHS – Central Mail

P.O. Box 100101

Columbia, SC 29202

* Scan the TB Referral and Application into OnBase as a **MEDS-Application** document type with the **BCCP/TEFRA Claim Type** and **47001 Site ID**. (Note: For a brand new application not in MEDS, a HH would need to be created.) This will automatically create an Application Tracking Form for the Specialty Unit.
* The Specialty Unit eligibility worker will retrieve the case and first complete the data entry into ACCESS. Once that is done, then follow policy steps for completion of the case, depending upon the outcome of the case in ACCESS. If no further action is needed in MEDS, the HH will need to be withdrawn. The eligibility worker should select the appropriate OnBase workflow task (i.e. Approved, Denied, Follow Up, etc).
1. Individuals are notified in writing of approval or denial of the application. The applicant will receive an automated notice regarding their Medicaid eligibility and a manual notice from the eligibility worker regarding eligibility for TB services.
2. Once treatment is completed, DHEC will notify SC Healthy Connections to discontinue approval for TB services. However, the individual will continue to qualify for Medicaid coverage for as long as they meet the criteria for eligibility.

Applications may also be faxed to SCDHHS Specialty Unit at (803) 255-8237. If applicants have questions about the program or if further information is needed, they should call the Healthy Connections Member Services Center, (888) 549-0820.

504.03 Eligibility Criteria

(Eff. 11/01/14)

To qualify for TB Only services:

* The patient must meet South Carolina state residency, United States citizenship, and identity requirements (refer to MPPM 102.03 and 102.04.01 and 102.04.02);
* The patient must have been screened for TB, diagnosed, and found in need of treatment for latent or active Tuberculosis.
* The patient must not have other insurance coverage that would cover treatment for Tuberculosis.
	+ Note: It must be determined if an applicant has creditable health coverage. Eligibility workers must check the [DHHS Form 3400](https://www.scdhhs.gov/sites/default/files/Form%203400%20Application.pdf), Healthy Connections Application for Medicaid and/or Affordable Health Coverage, appropriate review forms, and the TPL Policy Inquiry on MMIS for any indication of creditable health coverage at approval, review, or in an ex parte determination.
* Household income is at or below 133% of the Federal Poverty Level (FPL) (Refer to MPPM 103.08)
* Determination of Household Composition and Household Income follow MAGI methodology. (Refer to MPPM Chapters 202 and 203)

504.04 Procedures for Approving TB Services

(Eff. 11/01/14)

504.04.01 Applicant Currently Medicaid Eligible

(Eff. 11/01/14)

**If the applicant is currently Medicaid eligible in another category:**

1. Scan the TB Referral into OnBase as a **MEDS-Application** with the **BCCP/TEFRA Claim Type** and **47001 Site ID**. (Note: For a brand new application not in MEDS, a HH would need to be created.) This will create an Application Tracking Form for the Specialty Unit.
2. Assess completion of Form 3400E, Addendum-TB Referral.
3. If the person is eligible in a MAGI category ( in ACCESS):
	1. Complete the current MAGI Workbook to determine financial eligibility. Use income from most recent Workbook.
	2. Document in ACCESS and OnBase that person has been assessed and is eligible or not eligible for TB services.
	3. If no further action is needed in MEDS, the HH would need to be withdrawn.
4. If the person is eligible in a non-MAGI category (MEDS):
	1. Complete the current **MAGI Workbook** to determine financial eligibility using MAGI methodology (household and income). Use income from the most recent Workbook.
	2. Document in MEDS and OnBase that the person has been assessed and is eligible or not eligible for TB services.
5. Refer to question 9 on Form 3400E to determine whether the applicant has the Infectious or Non-Infectious form of Tuberculosis.
	1. If the addendum indicates that the person has Infectious TB, the code, **“TBBH”** must be entered into MMIS. If for some reason, the code cannot be entered by the Specialty Unit, a Grouplink ticket must be submitted to MMIS to request the addition of RSP code: **“TBBH”.**
	2. If the addendum indicates that the person has Non-Infectious TB, the code, **“TBRS”** must be entered into MMIS. If, for some reason, the Specialty Unit cannot enter the code into MMIS, a Grouplink ticket must be submitted to MMIS to request the addition of RSP code: **“TBRS”.**
6. Send applicant appropriate manual notice for TB services (Approval or Denial).

504.04.02 Applicant Not Currently Medicaid Eligible

(Eff. 11/01/14)

**If the applicant is not currently Medicaid eligible in another category:**

1. Scan the TB Referral (Form 3400 E) and Medicaid Application (Form 3400) into OnBase as a **MEDS-Application** with the **BCCP/TEFRA Claim Type** and **47001 Site ID**. (Note: For a brand new application not in MEDS, a HH would need to be created.) This will create an Application Tracking Form for the Specialty Unit.
2. Retrieve the case and first complete the data entry into ACCESS. Once that is done, then follow policy steps for completion of the case, depending upon the outcome of the case in ACCESS. If no further action is needed in MEDS, the HH would need to be withdrawn.
3. Enter Form 3400 into ACCESS and assess eligibility in any other MAGI categories for which the applicant might be eligible, including Healthy Connections Checkup.
4. If the applicant is eligible in another category, complete the application process, including the approval process.
5. Assess completion of Form 3400E, Addendum-TB Referral.
6. Complete the current MAGI Workbook to determine financial eligibility based on this category.
7. Document in ACCESS and OnBase that applicant has been assessed and is eligible or not eligible for TB services.
8. Refer to question 9 on Form 3400E to determine whether the applicant has the Infections or Non-Infectious form of Tuberculosis.
	1. If the addendum indicates that the person has Infectious TB, the code, **“TBBH”** must be entered into MMIS. If for some reason, the code cannot be entered by the Specialty Unit, a Grouplink ticket must be submitted to MMIS to request the addition of RSP code: **“TBBH”.**
	2. If the addendum indicates that the person has Non-Infectious TB, the code, **“TBRS”** must be entered into MMIS. If, for some reason, the Specialty Unit cannot enter the code into MMIS, a Grouplink ticket must be submitted to MMIS to request the addition of RSP code: **“TBRS”.**
9. Send applicant appropriate manual notice for TB services (Approval or Denial).
10. Select the appropriate OnBase workflow task (i.e. Approved, Denied, Follow Up, etc).

504.04 Income and Budgeting (Workbook Instructions)

(Eff. 11/01/14)

TB Only Services follow MAGI methodology for determining financial eligibility. Resources are not counted as part of the eligibility determination. To determine financial eligibility:

1. Enter the Household, tax filing status and income information for each person on the application in the current MAGI Workbook (effective November 2014).
2. On each Person Tab there is a checkbox to specify a TB referral has been received for this person. Check the box for the person(s) for whom a TB referral has been received. A drop down box will appear in the cell to the right where it can be recorded if it is Infectious or Non-Infectious TB (Question 9 on the Form 3400-E).

If the person qualifies for TB Services, a message will appear on the HH Summary Tab on the line for the person beside the Healthy Connections Checkup decision indicating TB Services and will show the correct RSP code.