



LATENT TUBERCULOSIS INFECTION TREATMENT AT A GLANCE: APRIL 2019

INTRODUCTION

The Latent Tuberculosis Infection (also referred to as latent TB infection, or LTBI) Treatment At a Glance tool provides an overview of the coverage of key latent TB infection services in Massachusetts as of March 2019 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 plan 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.

In September 2016, the USPSTF recommended that asymptomatic adults at increased risk for infection receive screening for latent tuberculosis infection.¹ Because the USPSTF provided a “B” rating for this recommendation, QHPs, ConnectorCare plans, and Medicaid expansion health plans must provide this benefit for the relevant population without cost-sharing.² Insurers generally view radiology services provided in connection with latent TB infection screening as diagnostic services outside of this mandate.

¹ *Final Recommendation Statement – Latent Tuberculosis Infection: Screening*, USPSTF, <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/latent-tuberculosis-infection-screening> (last visited Feb. 26, 2019).

² See 45 C.F.R. § 147.130.

MASSACHUSETTS SILVER-LEVEL QUALIFIED HEALTH PLANS

The table below summarizes coverage of latent TB infection treatment and related services in the silver-level Qualified Health Plans (QHPs) available to individuals via the Massachusetts health insurance marketplace (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 Health Connector website: <https://mahealthconnector.optum.com/individual/>.

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

Plan Name	Cost of Services			isoniazid ³			Priftin (rifapentine)			rifampin		
	PCP	Specialist	Lab	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.
AllWays Health Partners – Complete HMO 2000 II	\$30	\$55	\$50	Yes	\$50 ⁴	--	Yes	\$75	--	Yes	\$50	--
Blue Cross Blue Shield of Massachusetts – HMO Blue Basic	\$30	\$55	\$50	Yes	\$25	--	Yes	\$50	--	Yes	\$25	--
BMC HealthNet Plan – Silver A II	\$30	\$55	\$50	Yes	\$25	--	Yes	\$75	--	Yes	\$25	--
Fallon Health – Community Care Silver Connector II	\$30	\$55	\$50	Yes	\$25	--	Yes	\$75	--	Yes	\$50	--
Fallon Health – Direct Care Silver Connector II	\$30	\$55	\$50	Yes	\$25	--	Yes	\$75	--	Yes	\$50	--
Fallon Health – Select Care Silver Connector II	\$30	\$55	\$50	Yes	\$25	--	Yes	\$75	--	Yes	\$50	--
Harvard Pilgrim Health Care – Standard Silver	\$30	\$55	\$50	Yes	\$25	--	Yes	\$75	--	Yes	\$25	--
Health New England – HNE Silver A II	\$30	\$55	\$50	Yes	\$25	--	No	--	--	Yes	\$25	--
Tufts Health Plan – Tufts Health Direct Silver 2000	\$30	\$55	\$50	Yes	\$25	--	Yes	\$50	--	Yes	\$25	--
Tufts Health Plan – Premier Silver 2000	\$30	\$55	\$50	Yes	\$25	--	Yes	\$70	--	Yes	\$25	--
UnitedHealthcare – Navigate Silver 2000	\$30	\$55	\$50	Yes	\$25	--	Yes	\$50	--	Yes	\$25	--

Contact Numbers for Providers: AllWays Health Partners: 1-855-444-4647; BCBS of MA: 1-800-882-2060; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Harvard Pilgrim Health Care: 1-800-708-4414; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-884-2404 or 1-888-257-1985; UnitedHealthcare: 1-877-842-3210

Contact Numbers for Members: AllWays Health Partners: 1-866-414-5533; BCBS of MA: 1-800-262-2583; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Harvard Pilgrim Health Care: 1-888-333-4742; Health New England: 1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985; UnitedHealthcare: 1-877-856-2429

³ 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.

⁴ This cost is for a 90-day supply.

CONNECTORCARE PLANS

The table below summarizes coverage of latent TB infection treatment and related 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 on these plans is available on the Massachusetts Health Connector website: <https://mahealthconnector.optum.com/individual/>.

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

Plan Name	Cost of Services			isoniazid			Prifitin (rifapentine)			rifampin		
	PCP	Specialist	Lab	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.
AllWays Health Partners – Complete HMO ConnectorCare 0/0	\$0	\$0	\$0	Yes	\$2 ⁵	--	Yes	\$3.65	--	Yes	\$1	--
AllWays Health Partners – Complete HMO ConnectorCare 10/18	\$10	\$18	\$0	Yes	\$20 ⁶	--	Yes	\$20	--	Yes	\$10	--
AllWays Health Partners – Complete HMO ConnectorCare 15/22	\$15	\$22	\$0	Yes	\$50 ⁷	--	Yes	\$50	--	Yes	\$12.50	--
BMC Health Net Plan – ConnectorCare Plan Type I	\$0	\$0	\$0	Yes	\$1	--	Yes	\$3.65	--	Yes	\$1	--
BMC Health Net Plan – ConnectorCare Plan Type II	\$10	\$18	\$0	Yes	\$10	--	Yes	\$40	--	Yes	\$10	--
BMC Health Net Plan – ConnectorCare Plan Type III	\$15	\$22	\$0	Yes	\$12.50	--	Yes	\$50	--	Yes	\$12.50	--
Fallon Health – Community Care	\$0	\$0	\$0	Yes	\$1	--	Yes	\$3.65	--	Yes	\$3.65	--
Fallon Health – Community Care II	\$10	\$18	\$0	Yes	\$10	--	Yes	\$40	--	Yes	\$20	--
Fallon Health – Community Care III	\$15	\$22	\$0	Yes	\$12.50	--	Yes	\$50	--	Yes	\$25	--
Health New England – HMO ConnectorCare 1	\$0	\$0	\$0	Yes	\$1	--	No	--	--	Yes	\$1	--
Health New England – HMO ConnectorCare 2	\$10	\$18	\$0	Yes	\$10	--	No	--	--	Yes	\$10	--
Health New England – HMO ConnectorCare 3	\$15	\$22	\$0	Yes	\$12.50	--	No	--	--	Yes	\$12.50	--
Tufts Health Plan – Direct ConnectorCare Plan Type I	\$0	\$0	\$0	Yes	\$1	--	Yes	\$3.65	--	Yes	\$1	--
Tufts Health Plan – Direct ConnectorCare Plan Type II	\$10	\$18	\$0	Yes	\$10	--	Yes	\$20	--	Yes	\$10	--
Tufts Health Plan – Direct ConnectorCare Plan Type III	\$15	\$22	\$0	Yes	\$12.50	--	Yes	\$25	--	Yes	\$12.50	--

Contact Numbers for Providers: AllWays Health Partners: 1-855-444-4647; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985

Contact Numbers for Members: AllWays Health Partners: 1-866-414-5533; BMC HealthNet: 1-855-833-8120; Fallon Health: 1-800-868-5200; Health New England: 1-800-310-2835; Tufts Health Plan: 1-800-462-0224 or 1-888-257-1985

⁵ This cost is for a 90-day supply.

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MASSHEALTH PLANS

The table below summarizes coverage of latent TB infection treatment and related services in MassHealth, Massachusetts’s Medicaid program.⁸ MassHealth offers a variety of coverage options, depending upon applicant eligibility. Coverage may be provided directly by MassHealth, through the MassHealth Primary Care Clinician Plan (PCCP), or by an Accountable Care Organization (ACO) or a Managed Care Organization (MCO) contracting with MassHealth.

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

Insurer ⁹	Cost of Services			isoniazid			Priftin (rifapentine)			rifampin		
	PCP	Specialist	Lab	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.	Covered (Yes/No)	Cost	Util. Mgmt.
MassHealth*	\$0	\$0	\$0	Yes	\$3.65	--	Yes	\$3.65	--	Yes	\$3.65	--
AllWays Health Partners – My Care Family	\$0	\$0	\$0	Yes	\$3.65	--	Yes	\$3.65	--	Yes	\$3.65	--
BMC HealthNet**	\$0	\$0	\$0	Yes	\$3.65	--	Yes	\$3.65	--	Yes	\$3.65	--
Fallon Health***	\$0	\$0	\$0	Yes	\$3.65	--	Yes	\$3.65	--	Yes	\$3.65	--
Health New England – BeHealthy Partnership	\$0	\$0	\$0	Yes	\$3.65	--	No	--	--	Yes	\$3.65	--
Tufts Health Plan****	\$0	\$0	\$0	Yes	\$3.65	--	Yes	\$3.65	--	Yes	\$3.65	--

* Describes coverage for MassHealth fee-for-service, PCCP, and Primary Care ACOs

** Describes coverage for BMC HealthNet MCO coverage and 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 Health ACOs (Berkshire Fallon Health Collaborative, Fallon 365 Care, Wellforce Care Plan)

**** 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))

Contact Numbers for Providers: MassHealth: 1-800-841-2900; AllWays Health Partners: 1-855-444-4637; BMC HealthNet: 1-888-566-0008; Fallon Health: 1-866-275-3247; Health New England: 1-800-842-4464; Tufts Health Plan: 1-888-257-1985

Contact Numbers for Members: MassHealth: 1-800-841-2900; AllWays Health Partners: 1-800-462-5449; BMC HealthNet: 1-888-566-0010; Fallon Health: 1-800-868-5200; Health New England: 1-800-786-9999; Tufts Health Plan: 1-888-257-1985

⁸ MassHealth requires a copayment of \$3.65 for prescriptions and refills for all drugs except for certain generics and over-the-counter drugs mainly used for diabetes, high blood pressure, and high cholesterol. See MASS. EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVS., *Covered Services*, <http://www.mass.gov/eohhs/consumer/insurance/masshealth-member-info/covered-services.html> (last visited Feb. 26, 2019); 130 C.M.R. § 506.016.

⁹ For members of the Lahey Clinical Performance Network ACO, claims are submitted to the appropriate MCO (Tufts Health Together or BMC HealthNet Plan).