

**New Hampshire Division of Public Health Services
Tuberculosis Financial Assistance (TBFA) Program
Frequently Asked Questions**

What is the Tuberculosis Financial Assistance (TBFA) Program?

The TBFA was established to ensure New Hampshire residents with active tuberculosis (TB), suspected active TB or latent TB infection (LTBI), who has no other resources, may access TB-specific patient care.

Who is eligible for TBFA?

To qualify for TBFA a prospective client must:

1. Be a resident of New Hampshire
2. Be a person living with active or suspect active TB or LTBI
3. Meet the financial guidelines for the program

What if I have insurance?

To qualify for TBFA, you must not have Medicaid or other private health insurance that would pay for these services. The TBFA Program is the “payer of last resort” and does not pay for drugs, diagnostics or monitoring services that would otherwise be paid for by Medicaid, Medicare or any other medical insurance program or policy.

What are the financial guidelines to qualify for TBFA?

To qualify for TBFA, an individual’s annual gross household income is not to exceed 200% of the federal poverty income guidelines, except where household medical debt exceeds guidelines.

The Food and Consumer Services, USDA, provides the Income Poverty Guidelines effective in February 2015:

<u>Family Size</u>	<u>Gross Annual Income</u>	<u>Gross Monthly Income</u>
1	\$23,540.00	\$1,962.00
2	\$31,860.00	\$2,655.00
3	\$40,180.00	\$3,348.00
4	\$48,500.00	\$4,042.00
5	\$56,820.00	\$4,735.00
6	\$65,140.00	\$5,428.00
7	\$73,460.00	\$6,122.00
8	\$81,780.00	\$6,815.00

For family units of more than 8 members, add: \$8,320.00 for each additional member.

How will the TBFA Program verify my income?

As part of the NH TB Financial Assistance Program, verification of income must be provided. Please see the application for the specific documents needed for income verification. If an applicant reports income of \$0.00, they must submit an estimate of the dollar value of support provided by family or others for shelter and living expenses.

If your income is greater than allowed under the Federal Income Poverty Guidelines, the difference shall be multiplied by 80% in order to determine the amount of out-of-pocket dollars that need to have been spent on medical bills during the previous 12 months in order to qualify. Ask a NH Public Health Nurse Case Manager or TBFA program staff member if this applies to your situation.

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What services does the TBFA cover?

The TBFA Program will only cover services directly related to the diagnosis of TB or LTBI:

- Medications approved by the Federal Food and Drug Administration (FDA) for the treatment of tuberculosis, latent tuberculosis infection or any medical condition caused by tuberculosis or tuberculosis medications;
- Licensed healthcare provider visits for follow up when indicated, as follows:
 - Limited to 5 visits for patients on treatment for latent tuberculosis infection unless the TB Program authorizes additional visits; and
 - Limited to 10 visits for patients on treatment therapy with no complications unless the TB program authorizes additional visits.
- X-rays to diagnosis or monitor the disease;
- Laboratory tests related to the diagnosis of tuberculosis or its treatment; and
- Home health agency visits to provide directly observed therapy (DOT).

What services are not covered?

The following is a list of procedures that are not covered by the TBFA Program:

- Inpatient hospital services and procedures
- Emergency department services and procedures
- IGRA/blood assays (Quantiferon, Quantiferon Gold)
- Venipuncture
- CT scans
- Anything not directly related to the diagnosis and treatment of TB or LTBI

Are there ever exceptions for those services that are not covered?

Yes. A physician's order may be issued if a procedure has been determined to be medically necessary. However, pre-approval from the TBFA Program must take place prior to the procedure.

How does the TBFA pay providers?

The TBFA pays medical providers, pharmacies and Directly Observed Therapy (DOT) providers at the current NH Medicaid rate. This could mean that the TBFA pays less than what the provider billed for the service.

If I qualify for the TBFA should I apply for other medical coverage?

The TBFA Program will only cover services directly related to the diagnosis and treatment of TB or LTBI and only for those who do not have Medicaid or other private insurance coverage that would pay for these services. If you find that the TBFA is not able to provide coverage for all your medical needs, you are encouraged to apply for other financial assistance programs.

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How do I apply for TBFA?

Follow these instructions to apply:

1. Complete the NH TBFA Application. The information provided is strictly confidential and your Public Health Nurse (PHN) Case Manager can assist you.

2. Return your completed application to:
NH TB Financial Assistance Program
NH Division of Public Health Services
29 Hazen Drive
Concord, NH 03301-6504

If you need further assistance in completing this application, please call the TBFA Program at 603-271-4469 or 1-800-852-3345, ext. 4469.

You will be notified within 10 days of receipt regarding your eligibility for the program.

If approved, how will my medical provider know I am covered by TBFA?

Based on the information you provided on your application, the TBFA program will notify your medical provider that you have TBFA coverage. Clients enrolled in the TBFA will be given a TBFA card that they may then present to medical providers and/or pharmacies for services.

Can I go to any pharmacy?

Yes, as long as the pharmacy is a participating pharmacy of the NH Medicaid Program. As of April 15, 2015, the TBFA will be using a Pharmacy Benefits Management service provided by Magellan Medicaid Administration. The recipient can contact Magellan Medicaid Administration at 1-800-424-7901, 24 hours a day, 7 days a week.

What is Directly Observed Therapy?

Directly Observed Therapy (DOT) is the standard of care for individuals with active TB and involves a trained professional observing a client taking their medication. This may be done in the patient's home or in a medical provider's office. If you are enrolled in the TBFA and have Medicaid or other insurance coverage, a documented denial from Medicaid or your other insurance must be submitted to the TBFA before payment for DOT will be authorized.