

New Tuberculosis Medicaid Eligibility Group  
Frequently Asked Questions

1. Prior to this plan being in place, Medicaid did not cover tuberculosis (TB) case management (e.g. visits for directly observed therapy (DOT) or contact investigations). Will all patients who already have Medicaid or qualify for this new Medicaid eligibility group now have these TB case management services covered?

Yes, all patients who already have Medicaid or qualify for this new group will now have directly observed therapy (DOT) visits and contact investigations covered as part of their TB care.

2. Many private insurance plans do not cover DOT or contact investigation visits. If a patient has private insurance that does not cover these services, would they qualify for this new eligibility group just?

Yes, patients whose private insurance plan does not cover DOT or contact investigation services would qualify for this new Medicaid eligibility group and should apply.

3. Will there be a limit on the number of DOT visits a patient can get?

The limit will be one DOT visit per day per patient.

4. What is the turnaround time for a response on a patient application once it is submitted?

The turnaround time should be 2-3 days, no more than 5 days.

5. Will there be a time limit on eligibility for this new plan?

No, there is no time limit on eligibility for the plan. Patients will be covered as long as they are receiving TB care and services.

6. Will the patient application form be available in languages other than English?

Yes, it will be available in Spanish.

7. Will patients who are eligible for this new Medicaid group have the same cards that regular Medicaid patients have?

Yes, they will.