

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
BLUE CROSS OF CALIFORNIA PARTNERSHIP PLAN, INC. (ANTHEM)  
AND THE  
NEVADA COUNTY PUBLIC HEALTH DEPARTMENT  
TUBERCULOSIS DIRECT OBSERVED THERAPY (DOT)**

<b>CATEGORY</b>	<b>LOCAL HEALTH DEPARTMENT (LHD) PROGRAM</b>	<b>ANTHEM</b>
<b>LIAISON /OPERATIONS</b>	<ol style="list-style-type: none"> <li>The TB Control Officer or designee will : <ol style="list-style-type: none"> <li>Serve as a liaison to coordinate activities with Anthem.</li> <li>Notify relevant staff of their roles and responsibilities related to coordination.</li> <li>Meet at least quarterly to address and resolve operational issues and to identify providers who may need training or retraining, and identify who will provide the training.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Local Quality Management (QM) Nurse and/or designee will serve as liaison to coordinate activities with the Health Department and will: <ol style="list-style-type: none"> <li>Meet quarterly with TB Control Officer or designee to review operational issues and to mutually resolve issues, and to identify providers who may need training or retraining, and identify who will provide the training.</li> </ol> </li> <li>Anthem will notify providers of their responsibilities regarding Tuberculosis Direct Observed Therapy.</li> </ol>
<b>QUALITY IMPROVEMENT</b>	<ol style="list-style-type: none"> <li>TB Control Officer will: <ol style="list-style-type: none"> <li>Maintain standards of diagnosis and treatment consistent with standards of care.</li> <li>Consult with the Anthem Medical Director and/or designee.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Anthem shall direct contracting providers to use contracted, State licensed laboratories.</li> <li>Medical Director or designee will consult with the local TB Medical Director to develop outcome and process measures for the purpose of measurable and reasonable quality assurance.</li> </ol>
<b>CASE MANAGEMENT OVERSIGHT</b>	<ol style="list-style-type: none"> <li>TB Control staff will: <ol style="list-style-type: none"> <li>Provide TB specific case oversight for each case or suspected case of TB for therapy, and ensure continuity of care through ongoing communication with the provider.</li> </ol> </li> <li>Nevada County Public Health (NCPH): <ol style="list-style-type: none"> <li>Promptly notify Anthem of any change in assignment of TB Case Manager (TBCM).</li> <li>Review request for hospital or discharge within 24 hours</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Anthem will instruct providers to provide primary case management, coordination medical referrals and continuity of care.</li> <li>Anthem will promptly notify the NCPH of any changes in the plan provider assigned to a confirmed or suspected TB case.</li> <li>Anthem will require contract providers to obtain NCPH approval prior to hospital transfer or discharge or any patient with known or suspected TB.</li> </ol>

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	of receipt request.	
<b>REPORTING AND DATA COLLECTION</b>	<ol style="list-style-type: none"> <li>1. TB Control Staff will:               <ol style="list-style-type: none"> <li>a. Compile all mandated statistics on tuberculosis.</li> <li>b. Share with Anthem incidents and other relevant reports, as requested.</li> </ol> </li> <li>2. TB Control Officer or designee will:               <ol style="list-style-type: none"> <li>a. Inform Anthem of reporting procedures and requirements for providers as mandated by law.</li> <li>b. Monitor TB reporting of Anthem providers and if problems arise, inform and assist in corrective action.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Anthem will instruct providers to promptly report all suspected and known, diagnosis of active tuberculosis cases of TB disease within one working day of identification to the Health Department in accordance with the California Code of Regulations, Title 17, and Section 2500. BCC providers will also report PPD reactors (anyone with (+) skin test) less than 5 years of age.</li> </ol>
<b>TREATMENT PLAN</b>	<ol style="list-style-type: none"> <li>1. TB Control Officer will provide technical assistance to Anthem Medical Director regarding standards of care.</li> <li>2. TB Control staff will follow up on clients who are inconsistent in maintaining clinic contact and clients who lose medical eligibility.</li> </ol>	<ol style="list-style-type: none"> <li>1. Prior to implementation and as needed thereafter, Anthem will instruct providers to:               <ol style="list-style-type: none"> <li>a. Consult with the local TB Control staff about treatment recommendations and protocols as needed, and treat suspected or confirmed cases as per the most recent American Thoracic Society/CDC recommendations.</li> <li>b. Obtain monthly sputum smears and cultures until documented conversion to negative culture.</li> </ol> </li> <li>2. Anthem will instruct providers, based on State Law, to:               <ol style="list-style-type: none"> <li>a. Submit updated treatment plans at least every three months until treatment is completed, in accordance with Health &amp; Safety Code section 121362.</li> <li>b. Report to the local TB Control Officer when patient does not respond to treatment.</li> <li>c. Notify local TB Control staff of adverse reactions to medications and changes in medication orders.</li> <li>d. Assess patients for potential barriers to adherence to</li> </ol> </li> </ol>

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		<p>treatment and to collaborate with TB Control staff to identify and address barriers including considering all patients for DOT.</p> <p>e. Report to the TB Control staff when non-adherence is suspected or detected.</p> <p>f. Report to the TB Control Staff when patient ceases TB treatment including patient failure to keep appointments, relocates, transfers care or discontinues treatment.</p> <p>g. Obtain TB Control Officer or designee approval prior to hospital transfer or discharge of any patient with known or suspected TB.</p>
<b>DIRECT OBSERVED THERAPY</b>	<p>1. TB Control Staff will:</p> <p>a. Inform Anthem of DOT criteria and protocols.</p> <p>b. Provide field or clinic based DOT to Anthem members as deemed necessary by LHD.</p> <p>c. Provide DOT medication records as needed.</p> <p>d. Notify Anthem providers of adverse effects of medication and changes in DOT schedule.</p>	<p>1 Anthem will instruct providers to:</p> <p>a. Refer all patients needing DOT to the TB Control program for the LHD's assessment of the need for DOT.</p> <p>b. Notify TB Control staff of next appointment with PCP, adverse reactions to medications, changes in medication order, and date patient completes therapy.</p>
<b>CONTINUITY AND COORDINATION OF CARE</b>	<p>1. TB Control Officer will provide assessment and management of TB cases as requested by Anthem Provider:</p> <p>a. Collaborate to ensure member completes treatment.</p> <p>b. TB Control Staff will assist in follow-up through ongoing communication with Anthem provider.</p>	<p>1 Anthem will instruct providers to:</p> <p>a. Evaluate all members with active TB for DOT referral.</p> <p>b. Submit a written or fax request to TB Control Program if field DOT is recommended.</p> <p>c. Ensure continuity of care through ongoing communication with TB control program.</p> <p>d. Determine when course of treatment is complete and notify TB Control Program for all DOT cases.</p>
<b>CONFLICT RESOLUTION</b>	<p>1. When a problem occurs that cannot be resolved at the local level, the NCPH will notify the appropriate State program, and the plan will</p>	<p>1. When a problem occurs that cannot be resolved at the local level, the plan will notify the DHS MMCD Contract Manager, and the NCPH</p>

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	notify the DHS MMCD Contract Manager.	will notify the appropriate State program.
<b>PROTECTED HEALTH INFORMATION</b>	<ol style="list-style-type: none"> <li>County will comply with all applicable laws pertaining to use and disclosure of PHI including but not limited to: <ul style="list-style-type: none"> <li>HIPAA / 45 C.F.R. Parts 160 and 164</li> <li>LPS / W &amp; I Code Sections 5328-5328.15</li> <li>45 C.F.R. Part 2</li> <li>HITECH Act (42. U.S.C. Section 17921 <i>et. seq.</i></li> <li>CMIA (Ca Civil Code 56 through 56.37)</li> </ul> </li> <li>County will train all members of its workforce on policies and procedures regarding Protected Health Information (PHI) as necessary and appropriate for them to carry out their functions within the covered entity.</li> <li>Only encrypted PHI as specified in the HIPAA Security Rule will be disclosed via email. Unsecured PHI will not be disclosed via email.</li> <li>County will notify Anthem of verified breaches (as defined by the HITECH Act as posing a significant risk of financial, reputational or other harm to the client) and corrective actions planned or taken to mitigate the harm involving members within 30 days.</li> </ol>	<ol style="list-style-type: none"> <li>Anthem will comply with applicable portions of <ul style="list-style-type: none"> <li>HIPAA / 45 C.F.R. Parts 160 and 164</li> <li>LPS / W &amp; I Code Sections 5328-5328.15</li> <li>45 C.F.R. Part 2</li> <li>HITECH Act (42. U.S.C. Section 17921 <i>et. seq.</i></li> <li>CMIA (Ca Civil Code 56 through 56.37)</li> </ul> </li> <li>Anthem will encrypt any data transmitted via Electronic Mail (Email) containing confidential data of Anthem members such as PHI and Personal Confidential Information (PCI) or other confidential data to Anthem or anyone else including state agencies.</li> <li>Anthem will notify County within 24 hours during a work week of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI and/or any actual or suspected use or disclosure of data in violation of any applicable Federal and State laws or regulations.</li> </ol>

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Blue Cross of California Partnership  
Plan, Inc.

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Date

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County

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Date