

Provider Bulletin

Molina Healthcare of California

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October 1, 2025

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Screening, Reporting, Treatment, Care Coordination, and Quality Monitoring of Members with Tuberculosis (TB)

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to all lines of business.

What you need to know:

MHC has created a TB specific Provider Toolkit as a resource for stakeholders that are interested in understanding how to support Molina Members across all lines of business.

Molina's goal is to reduce the number of California residents being treated for Active TB, by encouraging the screening of Members at risk for LTBI and successful treatment of Members with Active TB disease. MHC aims to accomplish this by adhering to the guidance outlined in the Department of Health Care Services (DHCS) LHD Memorandum of Understanding (MOU) Template and Contract.

The TB Toolkit is available at: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Tuberculosis-Provider-Toolkit.ashx

BACKGROUND

According to California's Department of Public Health, latent tuberculosis infection (LTBI) is the presence of Mycobacterium tuberculosis in the body without evidence of Tuberculosis (TB) disease (i.e., signs and symptoms, radiographic, or bacteriologic evidence of TB). People with LTBI are asymptomatic and non-infectious. Because LTBI can persist for decades, people with LTBI are at risk for developing TB disease if LTBI is not treated.

Screening for LTBI is considered a Grade B recommendation by the United States Preventive Services Task Force (USPSTF). As part of the Primary Care Provider-Medical Record Review Standards

(dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-017-MRR-Standards.pdf), Network Providers must assess children for risk of TB exposure at 1, 6, and 12-months old and annually thereafter. The USPSTF recommends screening for LTBI in populations at increased risk. The Network Provider must offer and document appropriate follow-up interventions when the screening indicates positive risk factors. If a Member is diagnosed as having TB disease, there are reporting requirements in addition to the need for the Member to access Medically Necessary Covered Services.

Provider Action

Local Health Department Tuberculosis Control Officer Contact information:

cdph.ca.gov/Programs/CCLHO/Pages/LHD-Communicable-Disease-Contact-List.aspx

Los Angeles County:

ph.lacounty.gov/tb/Forms/cmr%20form.pdf

- Tuberculosis Control Program
 - Phone: (213) 745-0800
 - Fax: (213) 749-0926

Riverside County:

ruhealth.org/sites/default/files/PH/Disease%20Control/docs/CDPH_110b_%20TB_only_Riverside.pdf

- Riverside University Health System
 - Phone: (951) 358-5107
 - Fax: (951) 358-7922

Sacramento County:

dhs.saccounty.gov/PUB/Documents/Communicable-Disease-Control/FM-CMR_TB_2019.pdf

- Sacramento County Chest Clinic
 - Phone: (916) 874-9823
 - Fax: (916) 854-9614

San Bernardino County:

dph.sbcounty.gov/wp-content/uploads/sites/7/2023/11/CMR_TB07.22.pdf

- Department of Public Health
 - Phone: (800) 722-4794
 - Fax: (909) 381-8471

San Diego County:

sandiegocounty.gov/content/dam/sdc/hhsa/programs/phts/tuberculosis_control_program/TB%20Suspect%20Case%20Report.pdf

- Epidemiology Unit
 - Phone: (619) 692-8610
 - Fax: (619) 692-5516

POLICY

Network Providers are often the first to know or suspect that a Member has active TB disease. Below is the MHC Provider Responsibilities Checklist which can be found in the TB specific Provider Toolkit as well as the answers to frequently asked questions, TB specific ICD-10 billing codes, and other useful resources.

Reporting of Known or Suspected Active TB Cases

1. Network Providers must report to the LHD by electronic transmission, phone, fax, and/or the Confidential Morbidity Report known or suspected cases of active TB disease for any Member residing within the Public Health Jurisdiction within one (1) day of identification in accordance with California Code and Regulations Title 17 Section 2500. The Network Provider shall provide education to the member, parent or guardian, regarding his/her condition and reinforcing the LHD Directly Observed Therapy (DOT) treatment plan. Confidential Morbidity Reports can be submitted via fax to the LHDs. To find the contact information for the county you are in, go to: cdph.ca.gov/Programs/CCLHO/Pages/LHD-Communicable-Disease-Contact-List.aspx
2. Network Providers must assess Members with the following conditions or characteristics for potential noncompliance and for consideration for Directly Observed Therapy (DOT): substance users; persons with mental illness; the elderly, child, adolescent Members; persons with unmet housing needs; persons with complex medical needs (e.g., end-stage renal disease, diabetes mellitus); and persons with language and/or cultural barriers.

DOT is a recommended public health practice. DOT is a technique of delivering TB treatment to ensure timely completion of treatment, prevent further TB transmission, and prevent development of drug resistance. The DOT worker watches the patient ingest and swallow each dose of the prescribed TB medication. The DOT schedule is repeated to ensure the patient receives the entire course and correct dose of medication.

Treatment Monitoring

1. Network Providers are required to obtain at least monthly sputum smears and cultures for acid-fast bacillus until there is a documented conversion to negative culture.
2. Network Providers must promptly submit initial and updated treatment plans to the LHD at least every month until treatment is completed.
3. Network Providers must report to the LHD when the patient does not respond to treatment or misses an appointment. Not responding is defined as culture conversion when applicable within two months OR absence of radiographic improvement when applicable within three months.
4. Network Providers must promptly report drug susceptibility results to the LHD and ensure access to rapid molecular identification and drug resistance testing during diagnosis and treatment as recommended by the LHD. Any drug-resistant TB must be referred to the LHD within 7 days of test result.
5. Network Providers must provide the examination results to the LHD within one day for positive TB results, including:
 - a) Results of IGRA or tuberculin tests conducted by Network Providers;
 - b) Radiographic imaging or other diagnostic testing, if performed; and
 - c) Assessment and diagnostic/treatment plans, following evaluation by the Network Provider.

Contact Investigations

1. Network Providers must provide appropriate examination of Members identified by LHD as contacts within seven days.

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo	562-233-1753 562-723-9760 626-721-3089	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@MolinaHealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@MolinaHealthcare.com
San Diego County	Tan Do Rita Weldy	858-287-4869 619-403-7773	Tan.Do@molinahealthcare.com Rita.Weldy@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@MolinaHealthcare.com
Imperial, San Diego & Sacramento	MiMi Howard Laura Gonzalez, Manager	562-455-3754 562-325-0368	Smimi.Howard@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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