COVID-19 Resources for WHFPT Title X Sub-recipients

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COVID-19 Resources for WHFPT Title X Sub-recipients

• WHFPT has compiled a list of national and Texas resources aimed at supporting Title X sub-recipients working to implement a COVID-19 response in support of continued delivery of sexual and reproductive healthcare services

• WHFPT’s COVID-19 webpage will be updated frequently so please bookmark the page and check back often for the most up-to-date information

• WHFPT also has created this slide deck which contains guidance from WHFPT and its Title X funder, the Office of Populations Affairs, on the administration of Title X services during the COVID-19 response
Intended Use

• The information contained in this slide deck is intended for use by WHFPT Title X sub-recipients to support the continued administration of Title X services during the COVID-19 response
  • Any resources provided related to non-Title X programs are intended as information only; it is not WHFPT’s intent to provide guidance on the administration of any programs other than Title X
  • Questions about services funded by other entities, such as programs administered by the Texas Health and Human Services Commission (HHSC), should directed to the appropriate funding authority
Disclaimers

• The information contained in this slide deck does not constitute legal or clinical advice

• Decisions regarding the appropriateness of clinical care must be made by each health care provider considering the circumstances of the individual client and in accordance with Texas law
Acknowledgements

• WHFPT acknowledges the National Family Planning and Reproductive Health Association (NFPRHA) and the Missouri Family Health Council, Inc., a fellow Title X grantee, for providing several resources used in the preparation of this slide deck

• Where available, sources are linked throughout this slide deck
Modifying Title X Service Delivery in Response to COVID-19
Limiting Exposure

- Develop Additional Screening and Triage Protocols
- Institute 6' Rule for Waiting Rooms
- Provide Staff Education
- Display Signage
- Utilize Telemedicine
- Mail Contraceptives
- Limit/Cancel Non-Essential Visits
- Consolidate Services to One Main Site

Source: Missouri Family Health Council, Inc.
Developing Additional Screening and Triage Protocols

• Call clients prior to appointment and screen for any respiratory symptoms or fever
  • Reschedule or utilize telemedicine for symptomatic clients

• Check the temperature of all clients before entrance to exam area or before entrance to clinic
  • Implement alternative clinic flow that support the isolation of all clients with fever or suspected symptoms of any respiratory infection
  • Dedicate equipment to be used in isolation areas and use disposable equipment when possible

• Reorganize waiting areas to maintain 6 feet distance between clients or eliminate waiting areas and bring clients directly back to exam area following temperature check

Source: AAFP Checklist to Prepare Physician Offices for COVID-19
Provide Staff Education

• Educate staff about:
  • COVID-19, generally
  • Facility policies and practices to minimize chance of exposure to COVID-19
  • Any changes in clinic operations, including how to discuss these changes with clients

• Display CDC information on COVID-19 throughout the clinic

• Share this slide deck with staff as well as resources linked on WHFPT’s COVID-19 webpage

Source: AAFP Checklist to Prepare Physician Offices for COVID-19
Explore Nontraditional Service Delivery Methods

• OPA and WHFPT support Title X sub-recipients in considering creative solutions that will meet the individual needs of the communities you serve and will ensure that your clients continue to receive family planning services.

• In anticipation of staff shortages, WHFPT Title X sub-recipients may consider:
  • Limiting and re-scheduling non-essential appointments while prioritizing method initiation and maintenance—including emergency contraception (EC)—and STI screening and treatment—including expedited partner therapy (EPT).
  • Streamlining services by consolidating service sites.
  • Scheduling clinical staff in staggered shifts.

Source: Missouri Family Health Council, Inc.
Explore Nontraditional Service Delivery Methods

• To limit staff and client exposure, WHFPT encourages its Title X sub-recipients to assess their abilities to:
  • Implement nontraditional service delivery methods for contraceptive method provision including:
    • Curbside pick-up;
    • Mail order delivery; and
    • Self-administration of SubQ Depo for existing clients
  • Implement nontraditional service delivery methods for STI screening including:
    • Drive-thru testing; and
    • At-home testing kits
  • Utilize telemedicine
    • Will also help conserve personal protective equipment (PPE)

Source: Missouri Family Health Council, Inc.
Utilize Telemedicine

• OPA has stated its intent to allow for the delivery of Title X services via telemedicine during the COVID-19 response
  • Grantees and sub-recipients have been directed to follow state Medicaid and insurance guidelines
• WHFPT will support Title X sub-recipients in utilizing telemedicine during the COVID-19 response—and strongly encourages agencies to explore these options prior to closing a service site in an effort to ensure continued service delivery
• More information on telemedicine is provided in the following section

Telemedicine During the COVID-19 Response
Telemedicine Defined

• Telemedicine is a health care service:
  • Delivered by a physician licensed in Texas, or a health professional acting under the delegation and supervision of a physician licensed in Texas, acting within the scope of the physician’s or health professional’s license
  • Provided to a client at a different location that the physician or health professional
  • Provided using telecommunications or information technology

• As described more in the following slides, telemedicine has been expanded temporarily during the COVID-19 response to include audio-only encounters by telephone for encounters initiated by the client

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Telehealth Defined

• Telehealth is a health care service, other than a telemedicine medical service:
  • Delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional's license, certification, or entitlement
  • Provided to a client at a different location that the physician or health professional
  • Provided using telecommunications or information technology

• Because a physician assistant or advanced practice nurse who is supervised by and has delegated authority from a physician may treat a client using telemedicine under his or her respective license, the focus of this section will be on telemedicine

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Recent Changes to Telemedicine in Response to COVID-19

- On March 17, the federal administration announced that it would temporarily not enforce penalties associated with telemedicine and Health Insurance Portability and Accountability Act (HIPAA) for certain communication platforms:
  - Telemedicine are now available through never before allowed mediums, such as FaceTime, without penalty
  - Protecting client privacy is still important and reasonable steps should be taken to avoid unauthorized disclosure of client information
  - For more information, see the U.S. Health and Human Services Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency here
  - Covered entities in Texas must still comply with the Texas Medical Privacy Act, which is different than HIPAA

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Recent Changes to Telemedicine in Response to COVID-19

• On March 17, Texas also expanded the use of telemedicine for diagnosis, treatment, ordering of tests, and prescribing for all conditions and temporarily authorized the use of telephone-only encounters to establish a provider-client relationship.

• The Texas Department of Insurance (TDI) developed an emergency rule directing state-regulated health insurers and health maintenance organizations (HMOs) to:
  • Pay in-network health professionals at least the same rate for telemedicine as for in-person services.
  • Cover telemedicine using any platform permitted by state law.
  • Not require more documentation for telemedicine than they require for in-person services.

• The TDI emergency rule will remain in effect for up to 120 days and can be extended for an additional 60 days if needed.

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Services Provided Via Telemedicine

Generally

• Services provided through a telemedicine visit, including audio-only telephone calls, must be medical services that would be billable if provided in person
  • Telephone calls with office staff and other calls for administrative purposes, including requests for refills, scheduling, payment or billing issues are not billable services
• Phone-only encounters may be used to establish a provider-client relationship
• Follow-up care may be conducted by phone-only encounters
• A physician assistant or advanced practice nurse who is supervised by and has delegated authority from a physician may treat a client using telemedicine under his or her respective license

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Documentation Required for Telemedicine Generally

• The standard of care and medical record documentation requirements are the same whether care is provided in-person or via telemedicine
  • Items such as relevant findings, tests ordered, treatment recommendations, and consent should be documented
• A client may give written or oral consent
  • Consent should be documented in the medical record
• Texas Medical Board rules require all physicians using telemedicine in their practices to adopt protocols to prevent fraud and abuse

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Title X Services Provided Via Telemedicine

• Title X providers are encouraged to assess their ability to provide the following services via telemedicine:
  • Contraceptive services including counseling and method initiation or maintenance
  • STD services including testing, treatment, and pre-exposure prophylaxis (PrEP)
  • Treatment of uncomplicated gynecological conditions including urinary tract infections (UTIs) and candidiasis
• Services can be provided via telemedicine to both new and existing clients
• The data elements normally required to submit Title X encounters should be collected for services provided via telemedicine

Source: Missouri Family Health Council, Inc.
Billing for Telemedicine Generally

• Please refer to the information each health insurer has made available to ensure accurate billing
• Claims and billing questions for state-regulated insurance plans should be directed to the insurance plan provider
• Claims and billing questions for Medicaid clients should be directed to HHSC

Source: Texas Medical Board (TMB) Frequent Asked Questions Regarding Telemedicine During Texas Disaster Declaration for COVID-19 Pandemic
Billing for Telemedicine in HHSC Administered Programs

• Medicaid and CHIP health plans have the flexibility to provide teleservices
  • HHSC has encouraged health plans to take advantage of these options when responding to COVID-19
  • No additional enrollment is required to provide telemedicine medical services or telehealth services

• Additionally, HHSC authorized the following reimbursement changes related to teleservices:
  • Federally Qualified Health Centers (FQHCs) may be reimbursed as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers
  • Medicaid and CHIP providers may be reimbursed for telephone (audio only) medical (physician delivered) evaluation and management (E/M) services
  • Healthy Texas Women and Family Planning Program providers may be reimbursed as telemedicine (physician-delivered) and telehealth (non-physician-delivered) service distant site providers and for telephone (audio only) medical (physician delivered) evaluation and management (E/M) services in alignment with Medicaid and CHIP policy

• For more information, including Provider Bulletins with detailed billing guidance, visit TMHP’s COVID-19 webpage

Source: Texas Health and Human Services Commission (HHSC), Coronavirus (COVID-19) Provider Information
Data Collection During the COVID-19 Response
Data Collection

• Title X sub-recipients are encouraged to try their best to continue collecting the data elements normally required to submit Title X encounters

• If there are specific data your agency is unable to collect, please contact data@whfpt.org
  • Several data elements provide the option to report “Unknown”
  • For more information, please refer to the Title X Data Manual (available in the Provider Area of WHFPT’s website)

• WHFPT will monitor data submissions and, if needed, will work with its third-party vendor, Ahlers and Associates, to temporarily modify the centralized data system during the COVID-19 response
Service Interruptions as a Result of COVID-19
Reporting Service Interruptions

- Title X sub-recipients must notify WHFPT as soon as possible of any changes to service delivery, including changes in hours of operation and closures
  - Please contact Kami Geoffray, WHFPT’s Chief Executive Officer, directly to report any service interruptions
- A disclaimer has been added to WHFPT’s Find a Title X Clinic webpage that directs visitors to call the selected service site to ensure that it remains open, as hours may have changed in response to COVID-19
Paying Staff During Service Interruptions

• OPA has stated that grantees and sub-recipients may continue to charge salaries and benefits to an active Title X award consistent with the agency’s policy of paying salaries (under unexpected or extraordinary circumstances) from all funding sources, federal and non-federal
  • Appropriate records and cost documentation must be maintained, as required by 2 CFR § 200.333

Other COVID-19 Related Issues
Billing for COVID-19 Testing

- The Centers for Medicare & Medicaid Services (CMS) has developed two Healthcare Common Procedure Coding System (HCPCS) codes that can be used to bill for COVID-19 diagnostic tests:
  - U0001 is used specifically for CDC testing laboratories to test for COVID-19
  - U0002 is used for non-CDC laboratory tests for COVID-19
- Effective April 1, 2020, these codes will be a benefit of Texas Medicaid, CHIP, Healthy Texas Women, and the state-funded Family Planning Program for dates of service on or after February 4, 2020
  - For more information, visit TMHP’s COVID-19 webpage
- Additional information on Coding for COVID-19 is available on NFPRHA’s website here
Personal Protective Equipment (PPE)

• WHFPT does not provide direct services and, as such, does not maintain any relationships with PPE suppliers

• OPA directed grantees and sub-recipients to contact their state COVID-19 coordinators
  • A list of Texas Department of State Health Services (DSHS) Regional Advisory Council (RAC) contacts for additional personal protective equipment (PPE)/COVID-19 Resources are available for download here

340B Drug Pricing Program

• The Health Resources & Services Administration (HRSA) has stated that the circumstances surrounding the COVID-19 response may warrant additional flexibilities for affected 340B covered entities
  • If your agency believes the COVID-19 response may affect your compliance or eligibility in the 340B Program, contact the 340B Prime Vendor at 1-888-340-2787 or apexusanswers@340bpvp.com
  • Issues will be evaluated on a case-by-case basis
• An abbreviated health record may be adequate for purposes of the 340B Program during the COVID-19 response
• Emergency documentation should be kept on file if volunteer health professionals are providing health care at a 340B covered entity during the COVID-19 response

Source: Health Resources & Services Administration, 340B Drug Pricing Program COVID-19 Resources
Questions?

Please contact programs@whfpt.org if you encounter issues accessing any of the linked resources or if you have questions about responding to COVID-19 in your Title X service site.