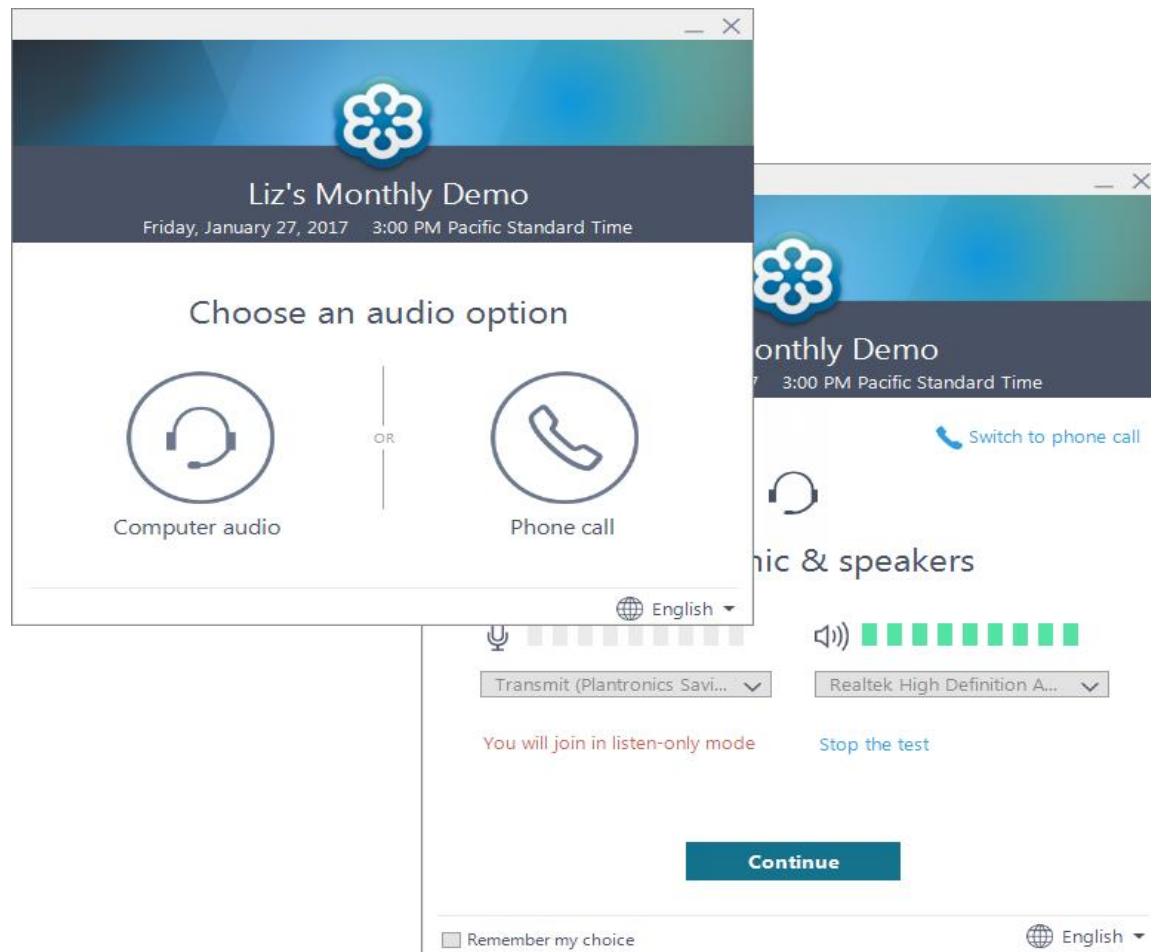


Providing Family PACT Services During COVID-19: Clinical Considerations

May 8, 2020

Presenters: Michael S. Policar, MD, MPH & Jennifer Karlin, MD, PhD

GoToWebinar Housekeeping: Set Up Audio

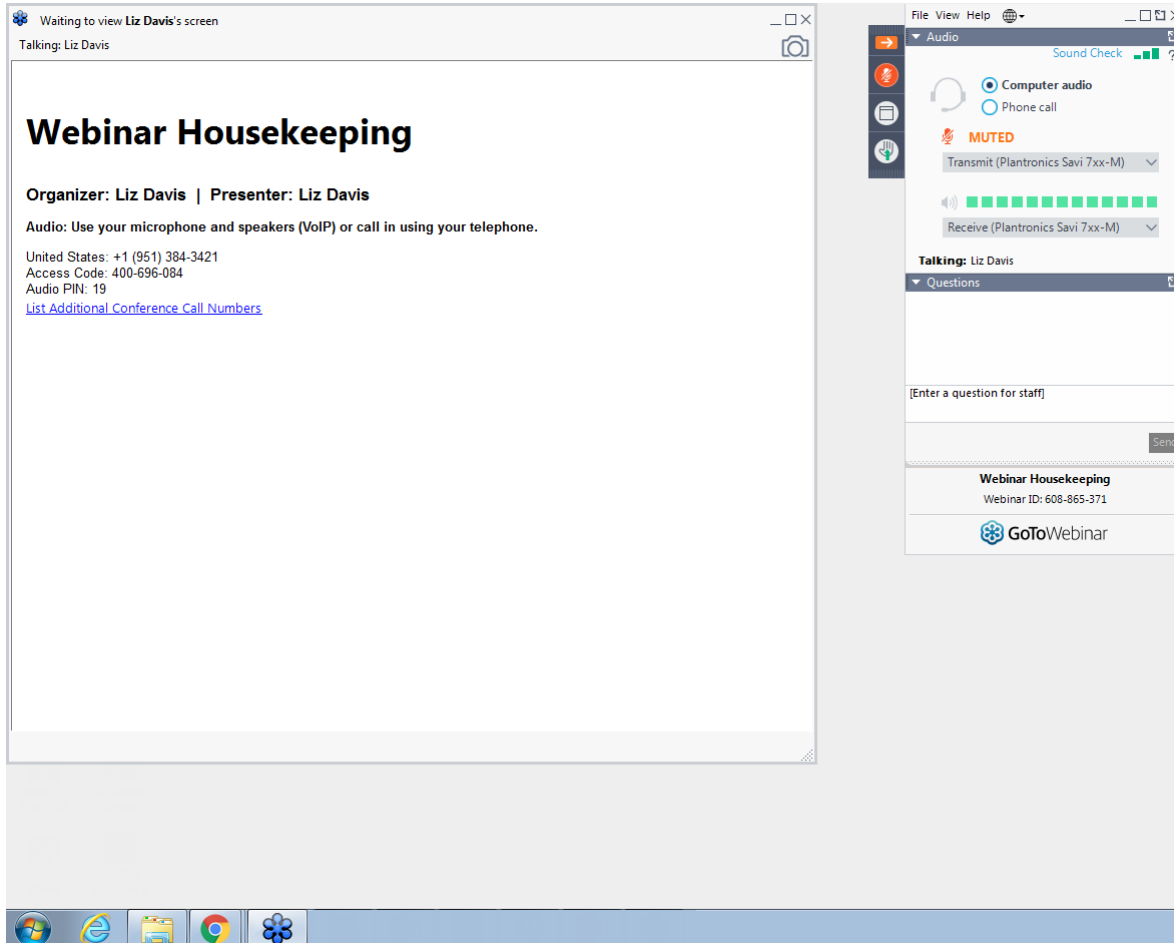


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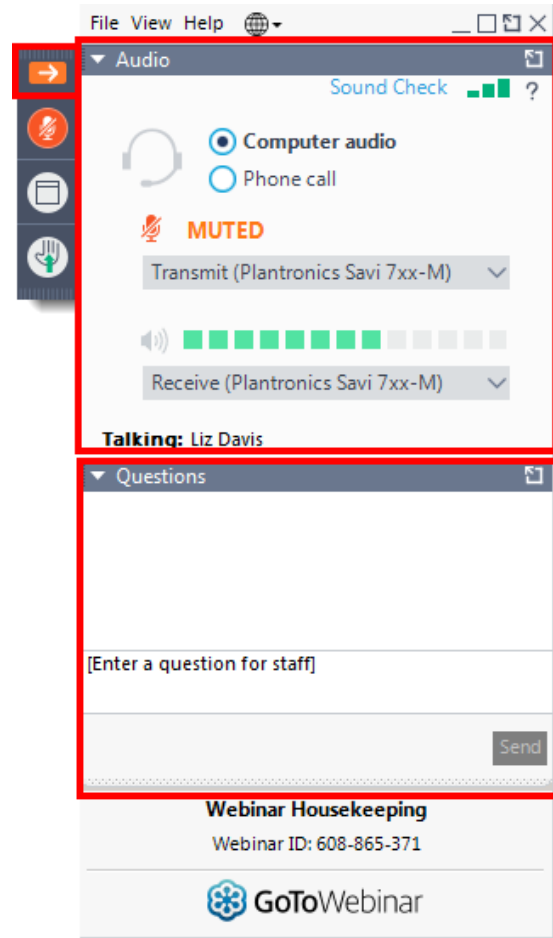
- Organizer: Liz Davis | Presenter: Liz Davis**
- Audio: Use your microphone and speakers (VoIP) or call in using your telephone.**
- United States: +1 (951) 384-3421
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Note: Today's presentation is being recorded and will be provided through email at a later date along with the slides.

Presenters



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Disclosures

- We have no financial disclosures.

Topics Covered in this Webinar

- Alternative service delivery approaches to minimize in-person care
- Asymptomatic care including contraceptive services
- Symptomatic care including genital tract infections
- Family PACT benefit and billing policies for telehealth services

Evolution FPACT and Medi-Cal Policies

- Pre- public health emergency (before 3/1/20)
- Early–PHE (first 3 weeks March)
- Current policies (March 23 -present)
- Many will sunset (phase out) after PHE is over

Policies evolve frequently

- References are at the end of this presentation
- All have hot-links to source policies
- Family PACT and Medi-Cal policies similar, but not identical

Which Visits Should Be In-Person vs Remote?

- Develop written policies that prioritize which client visits will be in-person or remote
- Critical to *revise the policy frequently* based on
 - Current local or state physical distancing laws
 - Availability of clinician and non-clinician staff
 - Available supplies of PPE
 - Whether utilizing curbside pick-up or mail to deliver contraceptives and other supplies

Goals for Care

Facilitating reproductive autonomy is essential health care



Respecting social distancing is a public health mandate

- **Provide safe environment to offer person-centered contraceptive counseling, options counseling and access to contraceptive methods**
- **Continue to practice shared decision making about vulnerable topics**

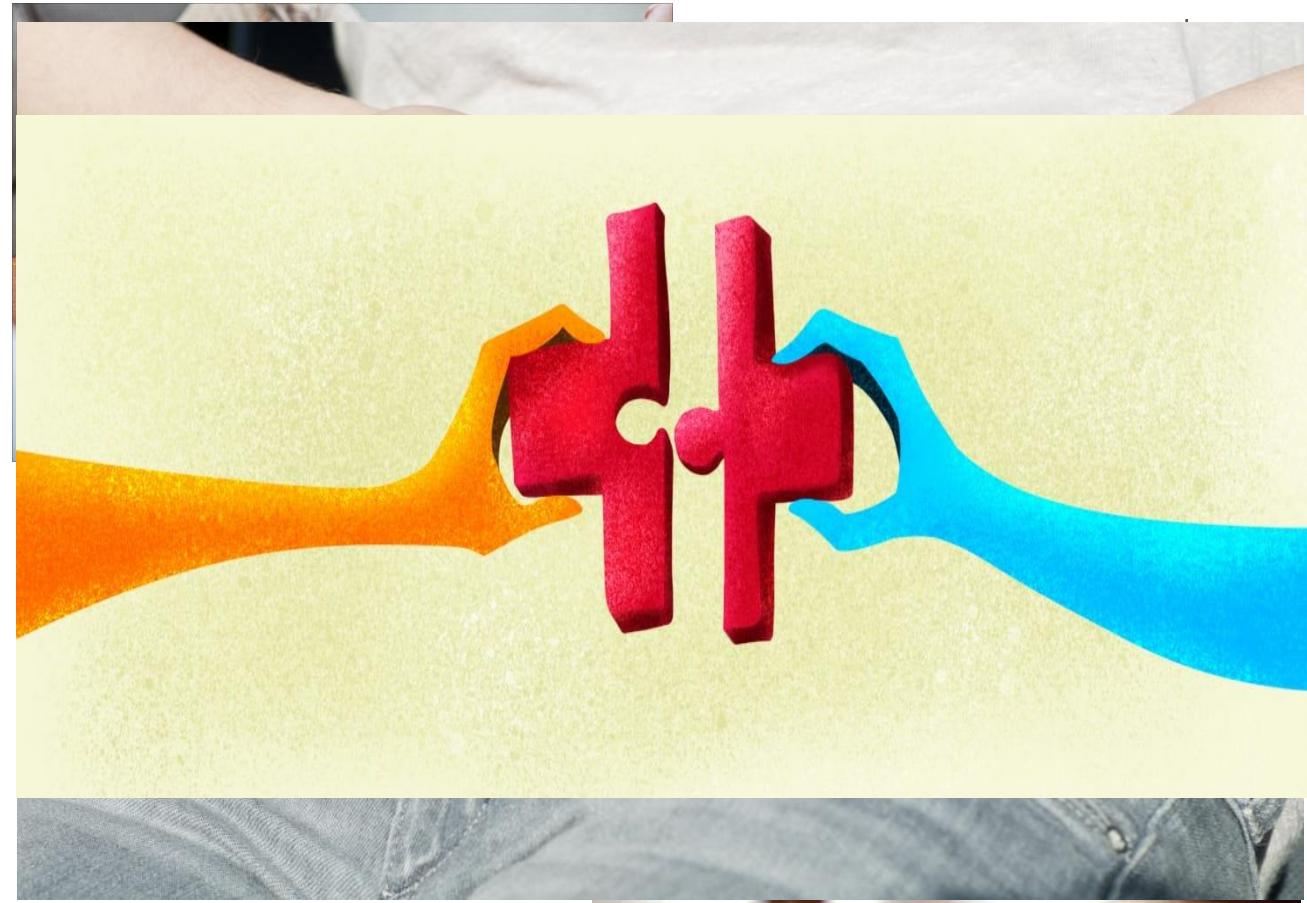
- **Educate & empower our clients regarding public health recommendations**
- **Avoid unnecessary staff or client exposure to illness**
- **Make availability to see highest priority clients in-person**
- **Create capacity to absorb anticipated staff shortages due to illness and school closures**

Use Telemedicine to Facilitate Reproductive Autonomy and Respect Social Distancing

- All contraceptive and family planning options counseling done via telehealth, unless client does not have access to phone or computer

BE CREATIVE!

- Screening for contraindications for method by history
- Utilize home measurement of vitals
- Expand use of self-administered SQ depo for interested clients
- Elicit and honor client preferences for both insertion and removal of LARC



Sample Prioritization (Triage) Template

Postpone	Phone call	Telemedicine	Schedule, as available	Same day (or asap)
Well woman visit	Method refills	Contraceptive counseling	IUD, implant replacement or removal	IUD, implant placement
Most colposcopy (ASCCP)		DMPA-SQ counseling, instruction	DMPA-IM (clinic, curbside)	Urgent: vaginal bleeding, pelvic pain (which could be reason for LARC removal)
		Syndromic tx of STD, UTI		
		UPT, options counseling		

When and How Can Providers Safely Place and Remove IUDs and Implants?

- We are still offering IUD insertion and removals, based on shared-decision making about timing with client
 - Use evidence-based extended use duration rather than FDA approved duration
 - Offer advice about self-removal of IUD
 - Minimize exposure risk during in person visits

Duration of Use For LARC

	FDA-Approved Duration	Evidence-Based Duration
Nexplanon	3 years	5 years
Liletta	6 years	7 years
Mirena	5 years	7 years
Skyla	3 years	3 years
Kyleena	5 years	5 years
Paragard	10 years	12 years
DMPA-IM	12 weeks	15 weeks
DMPA-SQ	12 weeks	14 weeks

Minimize Exposure Risk During In-person Visits

- Registration, counseling, and consents via phone or telehealth
- Screen clients prior to and at office arrival: fever, cough, SOB
 - Delay any procedures if clients are symptomatic
- Have client wait in car; perform intake prior to entering facility
- Have client bring their own face mask or provide one
- Upon entry, direct immediately into an exam room (minimize moving between rooms)
- Minimize staff and support people in rooms
- Monitor PPE supply and adjust use according to CDC guidance

When Is BP Measurement Necessary?

- Hypertension is 1 of 5 risk factors for acute MI (heart attack) in people using estrogen-containing hormonal methods
- Severe hypertension (systolic >160 or diastolic >100 mm Hg) or hypertension with vascular disease are **MEC Category 4**
- The US Selected Practice Recommendations for Contraceptive Use (SPR) states that BP should be measured before initiation of combined hormonal contraceptives

Timely BP Measurement

- For client with documented normal BP within the last 3-5 years and no other cardiovascular disease risk factors
 - Prescribe up to 1 year supply of OC, patch, or ring
- For clients with high BP
 - Initiate treatment (by referral to PCP)
 - Client can be prescribed non-hormonal methods or progestin-only methods

Timely BP Measurement

- For clients without documented BP in the past 3-5 years
 - Reassure client that most reproductive aged people have normal BP; discuss risk of estrogen with untreated hypertension
 - BP check at pharmacy or “drive by” BP reading at the clinic
 - Consider 3 month prescription per clinician discretion and future appt for BP reading

Can EC Provision Be Done Remotely?



Ella/ulipristal acetate (Selective progesterone receptor modulator)

- First-line for those who do not want copper IUD, as it's more effective than LNG-EC in people with BMI over 25
- Can use up to 120 hours after sex
- Caution client when you prescribe if progestin used within 5 days of Ella use (lowers efficacy of Ella)

Plan B/levonorgestrel (Progestin receptor agonist)

- May be effective up to 5 days after sex, but efficacy drops on days 4 and 5
- Efficacy drops for weight >156 lbs (BMI >25)
- Available “behind the counter” but covered by FPACT by prescription only



How Is DMPA-SQ Different From DMPA-IM?

- Because of the COVID-19 public health emergency, Family PACT (and MediCal) are temporarily covering self-injection of DMPA-SQ without requiring a TAR
- In Family PACT, applies only to pharmacy dispensed DMPA-SQ



State of California—Health and Human Services Agency
Department of Health Care Services



Information Regarding the Use of Subcutaneous Depot Medroxyprogesterone Acetate During the 2019 Novel Coronavirus Public Health Emergency

On March 23, 2020, DHCS received [approval](#) of a federal waiver allowing specific flexibilities related to the 2019 Novel Coronavirus (COVID-19) public health emergency (PHE). Pursuant to the waiver approval, and to facilitate compliance with state and federal guidelines for sheltering in place and physical distancing, DHCS will temporarily allow for pharmacy dispensing of **subcutaneous depot medroxyprogesterone acetate (DMPA-SQ)** directly to the beneficiary for self-administration at home [emphasis added]. This would be in addition to current Medi-Cal policy that allows administration by a health care professional, and it would be at the discretion of Medi-Cal providers to offer this alternative to their patients. Self-administration of DMPA-SQ would be at the option of the Medi-Cal beneficiary and should involve individualized decision-making and discussion between Medi-Cal providers and the beneficiary as to whether this alternative route of administration is appropriate. This temporary policy change is effective immediately and remains in effect until further notice.

DMPA-SQ (brand name Depo-subQ Provera 104) is a progestin-only, aqueous suspension (water-based) injectable contraceptive. DMPA-SQ is effective for three months. Due to the COVID-19 PHE, DHCS is issuing the following guidance relative to temporary flexibilities in dispensing/administration policies governing the use of DMPA-SQ:

- DMPA-SQ is temporarily added as a pharmacy benefit, without requirement of a Treatment Authorization Request (TAR).
- Medical providers may assess the medical need and prescribe DMPA-SQ through telemedicine, thus avoiding the need for direct contact between patient and prescriber.
- Training and patient education related to assessment of pregnancy status prior to use, techniques for self-administration, potential risks, disposal of the syringe in a sharps container, and requirements for follow up for appropriate medical assessments will be the responsibility of the medical provider prescribing the medication.
- The prescription may be dispensed directly to the beneficiary for home use. Provision may be done through mail order or home delivery in order to minimize person-to-person contact.
- Pharmacy claims must be billed using the National Drug Code (NDC) of the drug. Reimbursement will be based on the current rate on file plus the professional dispensing fee.

Health Care Benefits & Eligibility
Department of Health Care Services
1501 Capitol Ave., MS 4000, Sacramento, CA 95899-7413
Phone: (916) 440-7800
Internet Address: <http://www.DHCS.ca.gov>

<https://www.dhcs.ca.gov/Documents/COVID-19/Medi-Cal-FFS-Depo-Provera-SQ-Temp-Policy.pdf>

How SQ-DMPA Differs from IM-DMPA

- Uses shorter, smaller 26 gauge X 3/8-inch needle and smaller volume of liquid to inject into skin instead of muscle
 - That means potentially **less pain**
- It comes pre-filled and ready to use at home, so client is **in control**
- Contains 30% less hormone and may **reduce common side effects**
- Takes time to learn how to use, so some clients experienced **local site irritation and soreness** on first and second self-injection.
 - This improves over time
 - According to the label, 1/100 experience dimpling at injection site

Good Candidates for SQ-DMPA

- Good choice for clients who are experienced in self-injection of other drugs (such as medications to induce ovulation for IVF, insulin, or drugs for multiple sclerosis), but it can be used by anyone
 - Use clinical judgement to determine whether delivery method is appropriate for a specific client and document decision
- Contraindications and side effects are same for DMPA-SQ and –IM
- Dosage adjustment of DMPA-SQ and –IM is not necessary for BMI

Use of SQ-DMPA

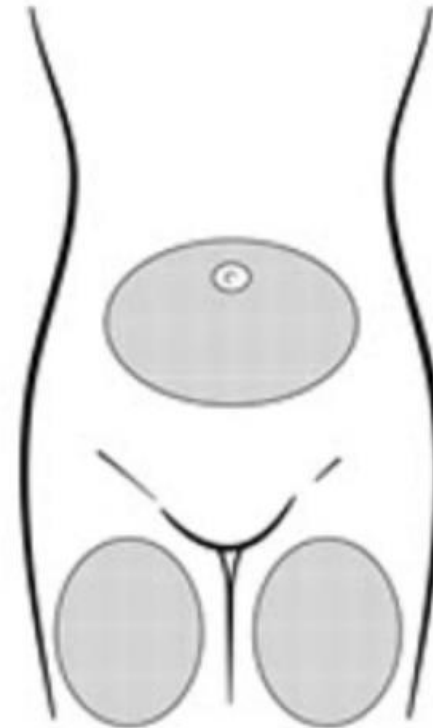
- First DMPA injection can be self administered at any time if it is reasonably certain that client is not pregnant
- If menstrual cycle within last 7 days, no back up method needed
- If DMPA started >7 days since menstruation: abstain from sex, use barrier method or Plan B for 7 days after start
- DMPA stored at room temperature—instruct client not to refrigerate, freeze or leave in warm location (like a vehicle)

Technique for Injection of SQ-DMPA

Prepare the Injection Area

1. Choose injection site
2. Consider icing for 5 minutes prior to injection to decrease sensation at site
3. Wash hands
4. Wipe chosen injection site with alcohol pad

Preferred injection areas:

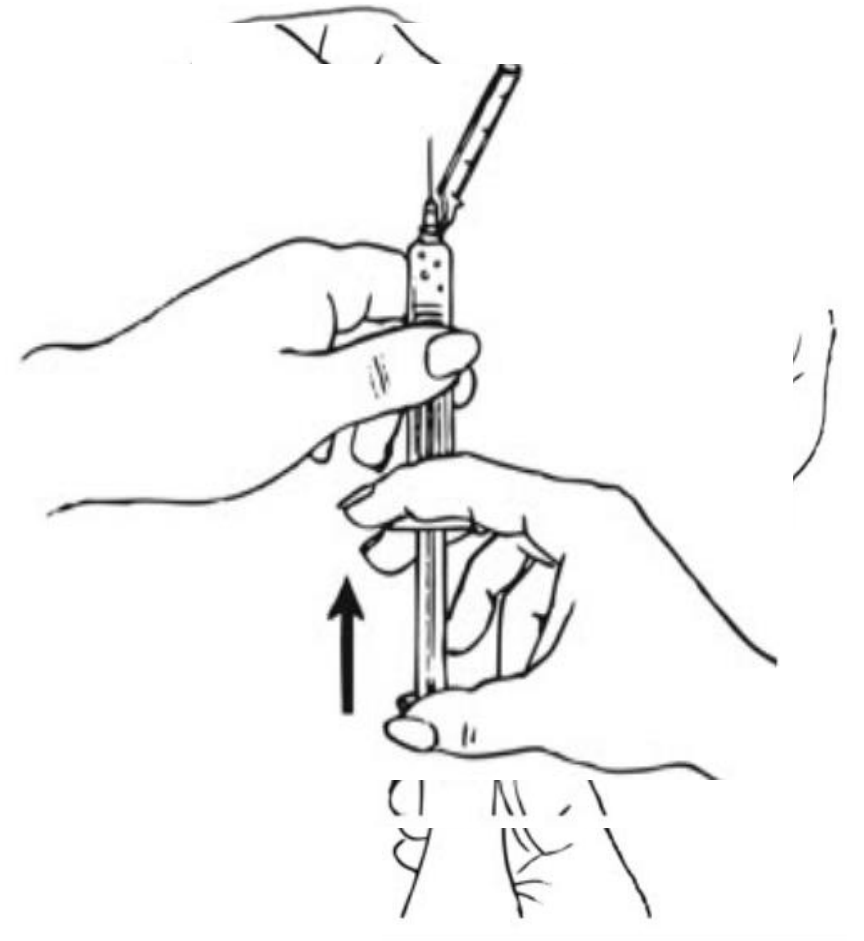


**Left or right upper thigh or
abdomen**

Technique for Injection of SQ-DMPA

Prepare the Syringe

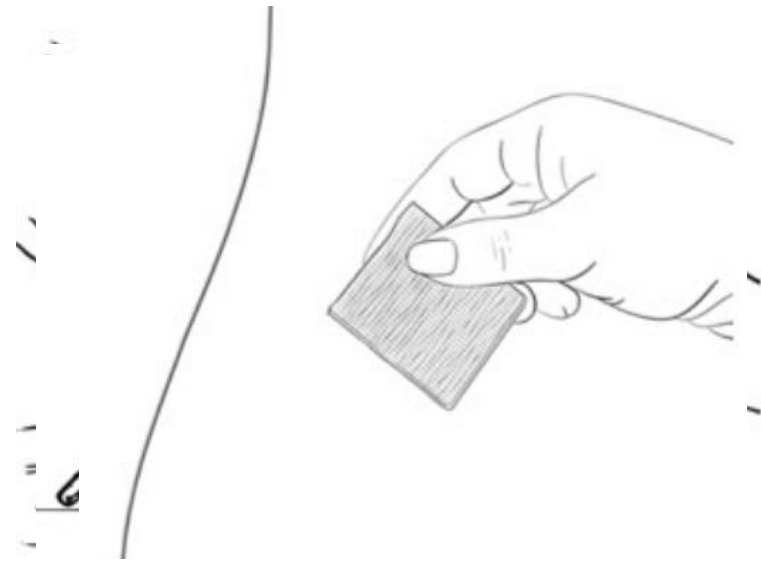
1. Hold syringe by the barrel, pointing upward
2. Shake for 1 minute
3. Remove the protective cap by unscrewing
4. Attach needle to barrel and move safety shield away from needle
5. Remove plastic needle cover
6. Gently push syringe plunger until liquid at top of syringe and air bubbles removed



Technique for Injection of SQ-DMPA

Inject depo-Sub Q provera 104

1. Grasp skin with thumb and forefingers and insert needle at 45 degree angle
2. Press syringe slowly while counting to 5
3. Make sure to give the entire dose
4. Remove needle
5. Cap safety shield and then dispose in sharps container
6. Apply pressure but don't rub



Client Resources on SQ Self-Injection

- Package Insert
- RHAP: <https://www.reproductiveaccess.org/resource/depo-subq-user-guide/>
- RheumInfo Video Demo, in English: <https://www.youtube.com/watch?v=arcr1wjun6c>
- Bedsider.org: <https://www.bedsider.org/features/789-depo-subq-the-do-it-yourself-birth-control-shot>
- Planned Parenthood SQ Video Demo, in Spanish: <https://www.youtube.com/watch?v=zd6oUUroS98&feature=youtu.be>
- Planned Parenthood Information Sheet, in Spanish: https://www.plannedparenthood.org/uploads/filer_public/44/d8/44d8ff08-cec7-489d-b538-a559465b0658/ppgt3718_how_to_give_yourself_a_hormone_injection_-_subcutaneous_subq.pdf

FACT SHEET : HOME SHOT/DEPO-PROVERA SUB-Q

HOW DO I INJECT DEPO?

Diagram 1

- Gather your supplies: alcohol pad, Depo, and sharps container or empty plastic laundry soap jug.
- Wash your hands.
- Pick the injection site: either upper thigh or belly. Avoid your belly button and bony areas.
- Wipe your skin with an alcohol pad and wait for the area to dry.

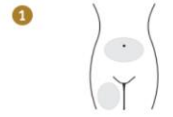


Diagram 2

- Take the syringe out of the package and shake it for about one minute to mix it.
- Remove the cap from the tip of the syringe.

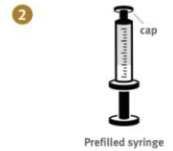


Diagram 3

- Attach the needle to the syringe.
- Move the safety shield away from the needle.
- Remove the plastic needle cover from the needle. Pull it straight off. (Do not twist it.)
- Hold the needle pointing up. Gently push the plunger until the medicine reaches the top.

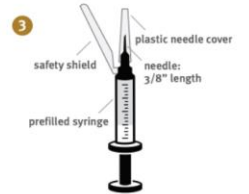


Diagram 4

- Grab the skin around the injection site with your other hand.



Diagram 5

- Push the small needle all the way into this skin at about a 45-degree angle. This hurts a bit.
- Inject the Depo slowly, over 5-7 seconds. Push the plunger all the way in.
- Pull the syringe out. Push the safety shield back until it clicks. Dispose of the syringe in the sharps container.
- Apply pressure to the spot.



Topics Covered in this Webinar

- Alternative service delivery approaches to minimize in-person care
- Asymptomatic care including contraceptive services
- Symptomatic care including genital tract infections
- Family PACT benefit and billing policies for telehealth services

Can Providers Treat Clients With Symptoms of Genital Tract Infection without a Visit?

- Syndromic management
 - Treatment based upon a “best guess” of diagnosis, using symptoms and a description of physical findings, but without the use of laboratory tests
- Studies show that this approach
 - Is fairly sensitive for making a correct diagnosis
 - Not very specific (i.e., many false positives possible, resulting in over-treatment)

Can Providers Treat Clients With Symptoms of Genital Tract Infection without a Visit?

- If recurrent symptoms of a previously diagnosed condition (e.g., recurrent herpes, BV, or candidiasis), offer presumptive treatment
- For a new problem, obtain a thorough history via telehealth and consider empiric treatment.
 - Malodorous vaginal discharge c/w either BV or trichomoniasis, metronidazole 500 mg PO BID 7 days will treat either condition
- Some clients may be willing to take a cell phone photograph of their genital skin rash and submit it to the clinician
 - Virtual check-in code, G2010

Self Swabbing

- Some clinics have used curbside for pick-up and drop-off of vaginal discharge sampling kits
 - Stoppered-plastic or glass tube with 1 cc of fresh saline
 - Pack of sterile cotton tipped swabs
- At home, swab vaginal walls, immediately place the swab into the tube and cap, then drop it off at the clinic asap
- Can be used to sample for gonorrhea/ chlamydia NAAT with (separate) appropriate collection container

Can Family Planning Providers Use Expedited Partner Therapy (EPT) For Gonorrhea Or Chlamydia Treatment?

- In Family PACT, EPT is covered for partner(s), either by prescription of an extra dose for the client or dispensing extra medication to client for her partner(s).
- PPBI, ben fam rel, page 23. January 2020
- Prescribe in the partner(s) name; use a drug discount program such as GoodRx.com to minimize out-of-pocket cost.
- These approaches are even more critical during the public health emergency in an effort to avoid the need for a client, or their partners, to be seen in a face-to-face visit.

Interim STD Treatment Recommendations During COVID-19 for Symptomatic Patients

Interim STD Treatment Recommendations

This table summarizes [interim CDC guidance from April 2020](#) for scenarios when in-person clinical exams are limited. In-person examination for symptomatic patients is preferred when possible.

Syndrome	Preferred Treatments (In clinic or other settings where IM route feasible ¹)	Alternative Treatments (when only oral regimens are feasible ²)	Follow-up
Penile discharge or urethritis syndrome (presumptive treatment for GC and CT)	Ceftriaxone ³ 250 mg IM PLUS Azithromycin 1 gm PO (If azithromycin not available and patient is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)	Cefixime ⁴ 800 mg PO PLUS Azithromycin 1 gm PO OR Cefpodoxime ⁴ 400 mg PO Q 12 hr X 2 doses PLUS Azithromycin 1 gm PO (If azithromycin not available and patient is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)	If treated with alternative oral regimens, counsel patients to seek follow-up in 5-7 days if symptoms do not improve. Counsel patients to be tested for STIs/HIV once in-person clinical care resumes. Health departments should make efforts to assist with: - Follow-up reminders for comprehensive STI testing/screening for clients who received alternative oral regimens - Linkage to services when open
Vaginal discharge <u>without</u> suspected pelvic inflammatory disease (PID) ⁵	Treatment guided by exam and laboratory results	Discharge/odor suggestive of bacterial vaginosis or trichomoniasis: Metronidazole 500 mg PO twice a day for 7 days Discharge (cottage cheese-like) with genital itching: Fluconazole 150 mg PO	
Genital Ulcer Disease (GUD), Suspected Primary or Secondary Syphilis ⁶	Benzathine penicillin G 2.4 million units IM	Males and non-pregnant females: Doxycycline 100 mg PO twice a day for 14 days Pregnant patients: Benzathine penicillin G 2.4 million units IM	Patients treated for syphilis with non-benzathine penicillin regimens should have serologic testing done 3 months after treatment
Proctitis Syndrome ⁷	Ceftriaxone 250 mg IM PLUS Doxycycline 100 mg PO twice a day for 7 days (If doxycycline is not available or patient is pregnant use azithromycin 1 gm PO)	Cefixime 800 mg PO PLUS Doxycycline 100 mg PO twice a day for 7 days OR Cefpodoxime 400 mg PO Q 12 hr X 2 doses PLUS Doxycycline 100 mg PO twice a day for 7 days (If doxycycline is not available or patient is pregnant use azithromycin 1 gm PO)	
Expedited Partner Therapy	If patient diagnosed w/CT: Azithromycin 1 gm PO If patient diagnosed w/GC or presumptively treated: Cefixime ⁴ 800 mg PO PLUS Azithromycin 1 gm PO OR Cefpodoxime ⁴ 400 mg PO Q 12 hr X 2 doses PLUS Azithromycin 1 gm PO (If azithromycin not available and partner is not pregnant, can use Doxycycline 100 mg PO twice a day for 7 days)		

<https://californiaptc.com/wp-content/uploads/2020/04/InterimSTD-TxGuidelines-CAPTC.pdf>



California PTC

How Should Family Planning Providers Manage People Who Were Found to Have Abnormal Cytology Results?

ASCCP Interim Guidance During COVID-19 Pandemic

Result	Timeframe
LSIL:	Postpone diagnostic evaluations up to 6-12 months
HSIL, ASC-H	Document attempts to contact client; diagnostic evaluation scheduled within 3 months
HG disease w/o suspected invasion	Document attempts to contact client; procedures scheduled within 3 months
Suspected invasive disease	Contact attempted <2 wks and evaluation within 2 of that contact (4 wks from the initial report or referral)

What Are Family PACT Policies About Telehealth Services?

Family PACT COVID-19 Updates

To protect the public's health and implement timely aggressive strategies that create social distance and help slow the rate of transmission of COVID-19, all Family PACT program related gatherings across the state of California will be placed on hold until further notice. We will continue to monitor this pandemic and keep everyone informed on a regular basis. We thank all of the health professionals working through this pandemic and our hearts go out to those affected by the virus.

DHCS COVID-19 Updates

In collaboration with State and federal officials, DHCS is working with our program partners to ensure Medi-Cal beneficiaries have access to medically necessary COVID 19 testing and care.

Additional Information for Family PACT Providers on Utilization Management during Coronavirus (COVID-19)

Utilization limits on quantity, frequency, and duration of Family PACT covered medications dispensed to Family PACT clients may be waived by means of an approved Treatment Authorization Request (TAR) if there is a documented medical necessity to do so. Pharmacies are advised to incorporate the statement "Patient impacted by COVID-19" within the Miscellaneous Information field on the TAR.

Information on Coronavirus (COVID-19) for Family PACT Providers

The Department of Health Care Services (DHCS) continues to closely monitor the emerging COVID-19 situation, and encourages Family PACT providers to stay updated on COVID-19 developments. As the number of confirmed COVID-19 cases in California rises, it is critical that Family PACT providers assess their office policies and follow recommended safety procedures and protocols from the federal Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) to help prevent spread of the virus.

<https://familypact.org/covid-19-updates/>

Telemedicine Visit Platforms

- EHR telemedicine module
- Proprietary telemedicine products
- New telemedicine products (see [NFPRHA guidance](#))
 - Zoom, doxy.me, eVisit, Vsee, Vidyo, Bluestream
- During PHE
 - Skype
 - Apple FaceTime
 - Facebook Messenger video chat
 - Google Hangouts video

Family PACT Telemedicine Visits Coverage

Code	Description	Modality
G2010	VCI: Store and forward	E-mail photo
G2012	Virtual check-in visit	Telephone
99451	E-consult	E-mail
99201-4 -95	Telehealth visit (new client)	Audio-visual <i>only</i>
99212-4 -95	Telehealth visit (established client)	Audio-visual <i>only</i>

Not covered: Digital e-visits, telephone E/M codes (99441-3)

Virtual Check In: Store & Forward

- Remote evaluation of video and/or images submitted by an established client
 - Interpretation with follow-up in < 24 business hours
 - Not originating from related E/M service provided <7 days or lead to E/M visit < 24 hours (or soonest appt)
- HCPCS Code G2010
- Example
 - Client has a genital skin lesion that s/he is willing to self-photograph and submit for evaluation

Virtual Check In Visits

- Synchronous discussion over a telephone or through video or image *to decide whether an office visit or other service is needed*
 - Initiated by the client
 - Established relationship with practice
 - Not related to a medical visit within < 7 days and does not lead to a visit in <24 hours (or soonest appt)
- Client verbally consents to receive virtual check-in
- HCPCS code G2012: 5-10 min of medical discussion

E-Consults

➤ Description

- Interprofessional telephone/Internet/electronic health record E/M service provided by a consultative physician, including a *written report* to the requesting physician or other qualified health care professional, ≥ 5 minutes of medical consultative time

➤ CPT Code 99451

Telehealth Visit (CMS Definition)

- Real time interactive audio *and video* telecommunications
- Providers: MD/DO, NP, PA, CNM, CRNA
- Have an established relationship with a practitioner
 - “DHHS will not conduct audits during this PHE”
- E/M billing codes...(note: **payment rate same as office visit**)
 - 99201-99205: Office/outpatient E/M visit, new
 - 99210-99215: Office/outpatient E/M visit, established
 - **02** place of service
 - **-95** telehealth visit

Problem Oriented E/M: Face-to-Face Time “Midpoints”

New	Time (typical)
99201	≤ 15 (10)
99202	16-25 (20)
99203	26-37 (30)
99204	38-53 (45)
99205	> 53 (60)

Established	Time (typical)
99211	≤ 7 (5)
99212	8-12 (10)
99213	13-20 (15)
99214	21-33 (25)
99215	>33 (40)

Clients Can Be Enrolled and Recertified by Phone

- Providers may complete the CEC and REC (retro eligibility) forms *on behalf* of the applicant/client
- Must obtain verbal consent to sign on behalf of the client
- Temporary client enrollment and re-certification flexibilities are *only* in place during the PHE; will end on termination
- See Newsflash article, “Update to Information on COVID-19 for Family PACT Providers” (3/26, 3/27)

Clients Can Be Enrolled and Recertified by Phone

- Provider *may* utilize electronic signature services, such as DocuSign, to obtain the applicant's/client's
 - Assure compliance with CA Codes
- Provider or designee must sign the CEC form
 - Forms must be maintained in client's file
- Arrange for the client to receive their HAP card/number
 - In-person pick up or mailing to client's address (with express consent to mail; ensure address is verified)

HIPAA Requirements Are Relaxed During PHE

- DHHS has issued a limited waiver of certain HIPAA sanctions to improve client care during the PHE
- HHS' Office for Civil Rights will not impose penalties for noncompliance that may not comply with privacy rule
- DHCS recommends you review that guidance re: providing services via telehealth + telephonic visits

Telehealth: Verbal Consent

- Obtain verbal consent and document in client's medical record.
 - Share a digital copy with client, if possible
- Obtain written consent when client returns to clinic
- Include language that explains what telehealth or phone consult is, expected benefits and possible risks, and security measures
- Example of documentation
 - “Verbal consent to treat obtained via phone, and written consent will be obtained when client comes to clinic. Consent reviewed in detail with client, digital copy shared, and client verbalized understanding.”



Health Literacy

Advancing Pharmacy Health Literacy
Practices Through Quality Improvement

Shared Decision Making Toolkit

AHRQ Health Literacy Universal Precautions
Toolkit

Health Literacy Measurement Tools (Revised)

Improving Patient Safety Systems for
Patients With Limited English Proficiency

How to Obtain Consent for Telehealth

The purpose of consent forms is to document that a discussion took place and that the patient w

Before the consent discussion

- Mail or use your patient portal to send the form in advance, so patients can review it ahead of
- Arrange for a qualified interpreter if your patient does not speak English very well. Use the int

During the consent discussion

Is written or verbal consent still required for telemedicine services?

CA Executive Order
N-43-20 (4.3.2020)

Telehealth consent requirement is suspended during PHE

RN's Can Dispense and Administer Hormonal Contraceptives

- CA B&P Code, Sec 2725.2, specifies required training and in strict adherence to standardized procedures developed in compliance with subdivision (c) of Section 2725.
- RNs may dispense hormonal contraceptives (COC, POP, patch, vaginal ring, and ECPs) and administer injections of hormonal contraceptives (DMPA-IM)
- E/M 99201, 99211 or 99212, with modifier -TD
- *RNs may provide these services via telehealth*

Pharmacists Can Dispense Hormonal Contraceptives Without a Prescription

- Medi-Cal pharmacy providers are not required to enroll as Family PACT providers
- Furnishing pharmacists must be enrolled as an ordering, referring and prescribing (ORP) provider
- E/M codes are reimbursed at 85% of clinic rates
- Ref: Family PACT PPBI. [Pharmacy Billing Overview \(6/19\)](#)

Furnishing Pharmacists in Family PACT

E/M	Type	ICD-10-CM Codes
99201	New	Z30.011 (Initiate OCs); Z30.41 (surveillance OC)
99212	Established	Z30.012 (EC Pills) Z30.015 (Initiate CVR); Z30.44 (surveillance CVR) Z30.016 (Initiate patch); Z30.45 (surveil patch) Z30.09 (Contraceptive counseling and advice)

Pharmacy and Clinic Providers Will Be Reimbursed for Mail Delivered Medications

- Medi-Cal enrolled mail-order pharmacy providers and clinics will be reimbursed for mail delivered medications
- Pharmacy *or clinic* must meet all applicable federal, state, or local laws that apply to mailing of medications

Family PACT: Sources of Information

- Family PACT Provider FAQs during COVID-19 (4/20/20)
 - http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_37.asp
- Family PACT Update: DMPA-SQ Guidelines (4/14/20)
 - http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_31.asp
- Family PACT: Guidance for Virtual/Telephonic Communications Relative to the COVID-19 (3/23/20)
 - <https://www.dhcs.ca.gov/Documents/COVID-19/Guidance-for-Virtual-Telephonic-Communications.pdf>

Family PACT: Sources of Information

- Update to Information on Coronavirus (COVID-19) for Family PACT (3/26/20)
 - <https://www.dhcs.ca.gov/services/ofp/Documents/OFP-Notice-COVID19-Update.pdf>
- Update to Information on Coronavirus (COVID-19) for Family PACT Providers (3/27/20)
 - http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_16.asp

Medi-Cal: Sources of Information

- CA DHCS Telehealth Frequently Asked Questions (10/19)
 - <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>
- Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to COVID-19 (March 24, 2020)
 - [https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth Other Virtual Telephonic Communications V3.0.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth%20Other%20Virtual%20Telephonic%20Communications%20V3.0.pdf)

Telehealth Reimbursement Guide For California

Spring 2020

Compiled by the California Telehealth Resource Center and Includes:

Medi-Cal
Denti-Cal
Medicare
Managed Care Health Plans
FQHC/RHC Billing Scenarios



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- Telehealth policies of all Medi-Cal Managed Care Plans
- Especially helpful for FQHC billing

<http://caltrc.org/wp-content/uploads/2020/02/CTRC-Telehealth-Reimbursement-Guide-Spring-2020.pdf>

Thank you!



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Questions??

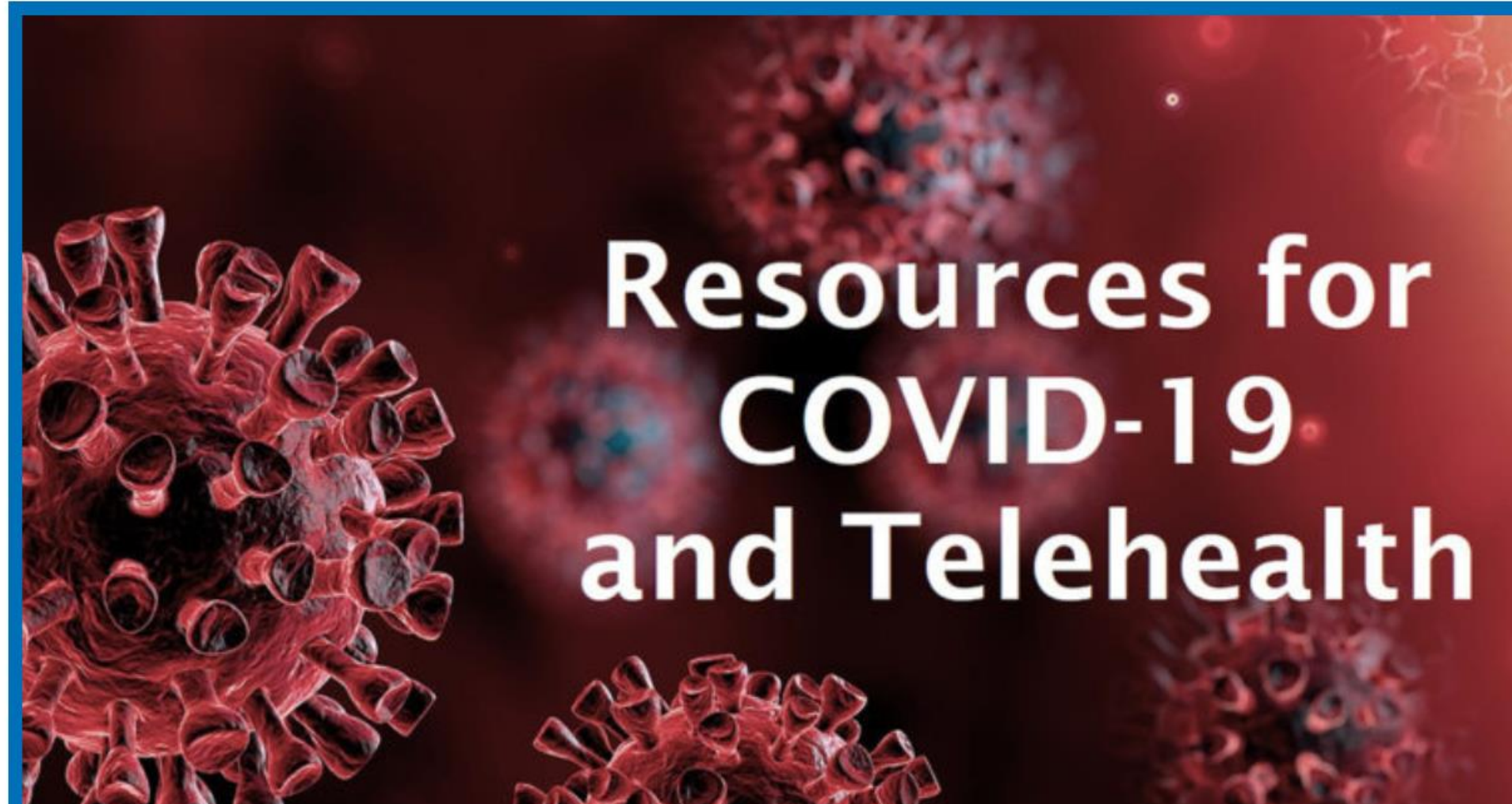
Contact us:

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Appendix



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**DIRECT TO CONSUMER
TELEHEALTH**

LEGISLATION & REGULATION

NATIONAL TRC CONSORTIUM

RESOURCES

REIMBURSEMENT

SAMPLE FORMS AND GUIDELINES

**TELEHEALTH SPECIALTY PROVIDER
LIST**

TELEHEALTH SUCCESS STORIES

TRAINING

**TELEHEALTH IMPLEMENTATION
WORKSHOPS**

<http://caltrc.org/>



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Telehealth 101: How Do I Get Started During COVID-19



Presented by the California Telehealth Resource Center

Rebecca Picasso, Program Director
picassor@ochin.org

Kathy Chorba, Executive Director

<https://www.youtube.com/watch?v=aWWGcF-HINc>

CALIFORNIA TELEHEALTH POLICY COALITION



CALIFORNIA
Legislation and
Regulation Tracking

▶ [SEE FULL DETAILS](#)

In 2011 when AB 415, the Telehealth Advancement Act, was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. Including such groups as the California Primary Care Association, the California Hospital Association and the California Rural Health Association, these groups met in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually formed into the California Telehealth Policy Coalition. From a handful of organizations, the membership has grown to include over eighty-five entities that include consumer groups, medical systems, payers, providers, technology representatives and others. CCHP continues to act as the convener of the Coalition and hosts monthly conference calls with continued support from the California Health Care Foundation in this work.

HIGHLIGHTS

WEBINAR: Telehealth Triage: How to Use Telehealth During COVID-19

SLIDE DECK: Telehealth Triage: How to Use Telehealth During COVID-19

WEBINAR: COVID-19: The Use of Telehealth in Long Term Care Settings During This National Emergency

SLIDE DECK: COVID-19: The Use of Telehealth in Long Term Care Settings During This National

<https://www.cchpca.org/about/projects/california-telehealth-policy-coalition>

Additional Family Planning Resources

- [NFPRHA COVID-19 Resource Hub](#)
- [UCSF Beyond the Pill: Contraception During COVID-19: Best Practices and Resources](#)
- [RHAP: Contraception in the Time of COVID-19](#)
- [KFF: A Look at Online Platforms for Contraceptive and STI Services during the COVID-19 Pandemic](#)

Additional Family Planning Resources

- [FPNTC: What Family Planning Providers Can Do to Meet Client Needs During COVID-19](#)
- [FPNTC: COVID-19 Social Media Toolkit for Family Planning Providers](#)
- [Upstream USA: Ensuring contraceptive access during the COVID-19 pandemic](#)
- [UCSF Guidelines for Family Planning Visits During COVID-19 Outbreak \(3/21\)](#)

CDC, CMS, CA DHCS Resources

- [CDC Guidance for Healthcare Facilities](#)
- [CDC Information for Healthcare Professionals](#)
- [CDC Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the US](#)
- [CA Department of Public Health COVID-19](#)
- [CA Dept of Health Care Services COVID-19 Response](#)
- [FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency](#)

Telehealth Resources

- [The National Telehealth Policy Resource Center](#)
- [CMS: General Provider Telemedicine Toolkit](#)
- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Medical Economics: Telehealth primer: How to set up a program quickly](#)

ACOG Resources

- [COVID-19 FAQs for Obstetrician–Gynecologists, Gynecology](#)
- [ACOG/SMFM Outclient Management of Pregnant Women](#)
- [ACOG Managing clients Remotely: Billing for Digital and Telehealth Services](#)
- [ACOG COVID-19 Topics](#)

AAFP and AMA Resources

- AAFP Checklist to Prepare Physician Offices for COVID-19
- AAFP Using Telehealth to Care for clients During the COVID-19 Pandemic
 - Contains helpful list of telemedicine vendors
- AMA quick guide to telemedicine in practice

Telehealth Essentials Resource Hub

Essential Access Health

Telehealth Essentials for Sexual + Reproductive Health Care

The national coronavirus (COVID-19) public health crisis has fast-tracked significant transformations in our health care delivery system, including a necessary shift toward providing time-sensitive services through telehealth. Essential Access Health has compiled the following resources to support health providers in the delivery of quality family planning and STD testing and treatment through telehealth modalities. This page will continue to be updated as additional resources become available.

- [Federal Guidance + COVID-19 Policy](#)
- [California Guidance + COVID-19 Policy](#)
- [Clinical Guidelines + Recommendations](#)
- [Billing + Reimbursement](#)
- [Clinic Operations + Telehealth Platforms](#)
- [Training Opportunities](#)
- [Quick Guides + Toolkits](#)
- [Technical Assistance](#)
- [Funding Opportunities](#)

Want to learn more about providing family planning and related services through telehealth?

[CONTACT US](#)

telehealth
essentials
for Sexual + Reproductive Health Care

