



COVID-19 Resources for Every Body Texas Title X Sub-recipients

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COVID-19 Resources for Every Body Texas Title X Sub-recipients

- Every Body Texas 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
- Every Body Texas's [COVID-19 webpage](#) will be updated frequently so please bookmark the page and check back often for the most up-to-date information
- Every Body Texas also has created this slide deck which contains guidance from Every Body Texas's 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 Every Body Texas's 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 Every Body Texas'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 be 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

- Every Body Texas 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



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 supports 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

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 Every Body Texas's [COVID-19 webpage](#)

Explore Nontraditional Service Delivery Methods

- OPA and Every Body Texas 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, Every Body Texas 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

Explore Nontraditional Service Delivery Methods

- To limit staff and client exposure, Every Body Texas 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)

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
- Every Body Texas 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 than 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

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 than 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

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

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

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

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

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

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

Every Body Texas Telemedicine Webinar Series

- Every Body Texas engaged Health Management Associates to develop a telemedicine webinar series covering topics including:
 - Intro to Telemedicine
 - Telemedicine Readiness Assessment and Business Plan Development
 - Telemedicine Reimbursement and Payment Models
 - Telemedicine Vendor and Equipment Selection
 - Common Telemedicine Challenges Among Every Body Texas Title X Sub-Recipients
- Learning objectives of the webinar series include:
 - Understanding changes in Texas Medicaid policies and reimbursements regarding the COVID-19 response
 - Assessing and selecting a telemedicine and telehealth platform
 - Building a business case
 - Adapting workflows and other practice implications
- Archived webinars are available on the password-protected [Provider Area](#) of Every Body Texas's legacy website



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@everybodytexas.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 Every Body Texas’s legacy website)
- Every Body Texas 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 Every Body Texas as soon as possible of any changes to service delivery, including changes in hours of operation and closures
 - Please contact Kami Geoffray, Every Body Texas's Chief Executive Officer, directly to report any service interruptions
- A disclaimer has been added to Every Body Texas'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 four Healthcare Common Procedure Coding System (HCPCS) codes for COVID-19 diagnostic tests:
 - **U0001** is used specifically for CDC testing laboratories
 - **U0002** is used for non-CDC laboratory tests
 - **U0003** is used for tests that use detection by nucleic acid amplified probe technique and make use of high throughput technologies (i.e., tests that would otherwise be identified by CPT code 87635 but for being performed with high throughput technologies)
 - Should not be used for tests that detect COVID-19 antibodies
 - **U0004** is used for non-CDC laboratory tests performed with high throughput technologies
 - Should not be used for tests that detect COVID-19 antibodies

Billing for COVID-19 Testing

- The American Medical Association has adopted three Current Procedural Terminology (CPT®) codes for COVID-19 testing:
 - **87635** (detection by nucleic acid, amplified probe technique) is used for tests designed to **detect the COVID-19 virus** effective March 13, 2020
 - **86328** (single-step method) and **86769** (multiple-step method) are used for tests designed to **identify the presence of antibodies** effective April 10, 2020
 - **87426** is used for **antigen tests** effective June 25, 2020
 - **86408** is used for **reporting neutralizing antibody screen** effective August 10, 2020
 - **86409** is used for **reporting neutralizing antibody titer** effective August 10, 2020
 - **86413** is used for **quantitative antibody tests** effective September 8, 2020
- These HCPCS and CPT codes are benefits of Texas Medicaid, CHIP, Healthy Texas Women, and the state-funded Family Planning Program
 - 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)

- Every Body Texas does not provide direct services and, as such, does not maintain any relationships with PPE suppliers
- The Texas Medical Association (TMA) worked with the Texas Department of State Health Services (DSHS) to create a process for community physicians to request PPE
 - TMA members and nonmembers or their staff can submit their PPE needs via the TMA PPE Portal (available via personalized login credentials provided by TMA)
 - TMA will forward data regularly through eight designated **Hospital Preparedness Programs (HPPs) and Regional Advisory Councils (RACs)** that, in turn, will make the supplies available for county medical societies and other organizations to distribute
 - All practices in the community are eligible, regardless of size, except for those owned by a hospital (practices affiliated with a hospital receive PPE from that facility)
 - For more information, or to request PPE Portal credentials, contact the **TMA Knowledge Center** at **(800) 880-7955** or **knowledge@texmed.org**

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

Questions?

Please contact programs@everybodytexas.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