

The Impact of Evolving Telemedicine Regulations on Family Planning Services in CA

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Michael Policar, MD, MPH, Professor Emeritus, Ob/Gyn, and Reproductive Sciences, University of California, San Francisco School of Medicine

Nomsa Khalfani, PhD, Executive Vice President, Essential Access Health



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Poll #1

1. What SRH services are you currently providing in person? (Check all that apply)
 - a. All SRH services – contraception, STD screening and treatment, counseling, etc.
 - b. Limited office visits to assess blood pressure for combined hormonal methods
 - c. Place LARCs
 - d. Remove LARCs
 - e. Treat contraceptive-related complications
 - f. Obtain specimens for STD tests
 - g. No in-person visits at all
 - h. Other
 - i. N/A

Disclosure

- Speakers and planners have no financial conflicts to disclose.

Learning Objectives

- Describe changes in Family PACT and Medi-Cal telemedicine rules that permit telephonic visits
- List billing codes for providing family planning services through telemedicine
- Discuss how consent must be obtained and documented for telemedicine and telephonic visits
- Identify when and how telemedicine visits can be performed using non-traditional platforms

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

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/updated-telehealth-reimbursement-guide-for-2020/>

Telehealth for Family Planning Services

- Was used well before the public health emergency (PHE)
 - Some family planning clinics (e.g., Planned Parenthood)
 - Many app-based telehealth companies
 - Early stages of a “disruptive innovation”
- Paramount importance now, to avoid in-person visits
- You’ll continue many services after the PHE has passed
 - There is no “going back”

There's finally an Uber for birth control



What Will Happen to Office Visits?

- Acceleration of pre-existing trend → more counselling, less physical assessment
- Most contraceptive methods require no physical exam
 - Many alternatives for determining blood pressure
 - Lab tests drawn or submitted at lab stations
- Some “problem oriented” office visits will continue, but many can (and will) be replaced with tele visits

Telemedicine Defined

Telehealth Terminology

- Synchronous (real-time) consultations
 - Audio-visual (live videoconferencing)
 - Telephonic
- Asynchronous visits (store-and-forward)
 - Review of medical information at a later time distant site without the patient present
- eConsult
- Remote Patient Monitoring (RPM)

Telemedicine in Medicare and Medicaid

- “Telehealth Visits”
 - Based on rules before March 6, 2020
- Communications-based Technology
 - Virtual Check-Ins
 - Short patient-initiated communications with a healthcare practitioner
 - E-visits
 - Non-face-to-face patient-initiated communications through an *online patient portal*

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
 - 99201-99205: Office/outpatient E/M visit, new
 - 99210-99215: Office/outpatient E/M visit, established
 - **02**: place of service
 - **-95**: telehealth visit

ACOG Telemedicine Advice

- Most commercial payers are following the new Medicare guidelines for telehealth amid the PHE
- You are not required to have a pre-existing relationship with a patient to provide a telehealth visit
- You can use *FaceTime, Skype*, and other everyday communication technologies to provide telehealth visits

[Managing Patients Remotely: Billing for Digital and Telehealth Services 4.23.20](#)

ACOG Telemedicine Billing Advice

- **Type of visit:** -95 Modifier
 - Required by most commercial payers, use on an interim basis for Medicare telehealth billing
- **Place of Service** code
 - Most payers want “02” for telehealth services
 - During PHE, some payers want the same place of service code used when billing for in-person visits

[Managing Patients Remotely: Billing for Digital and Telehealth Services 4.23.20](#)

Are HIPAA Requirements Relaxed During PHE?

- Yes. DHHS has issued a limited waiver of certain HIPAA sanctions to improve patient 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

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CA Executive Order
N-43-20 (4.3.2020)

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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

What's New: 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 patient
- 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)
- Patient verbally consents to receive virtual check-in
- HCPCS code G2012: 5-10 min of medical discussion

What's New: Virtual Check In: Store & Forward

- Remote evaluation of video and/or images submitted by an established patient
 - 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

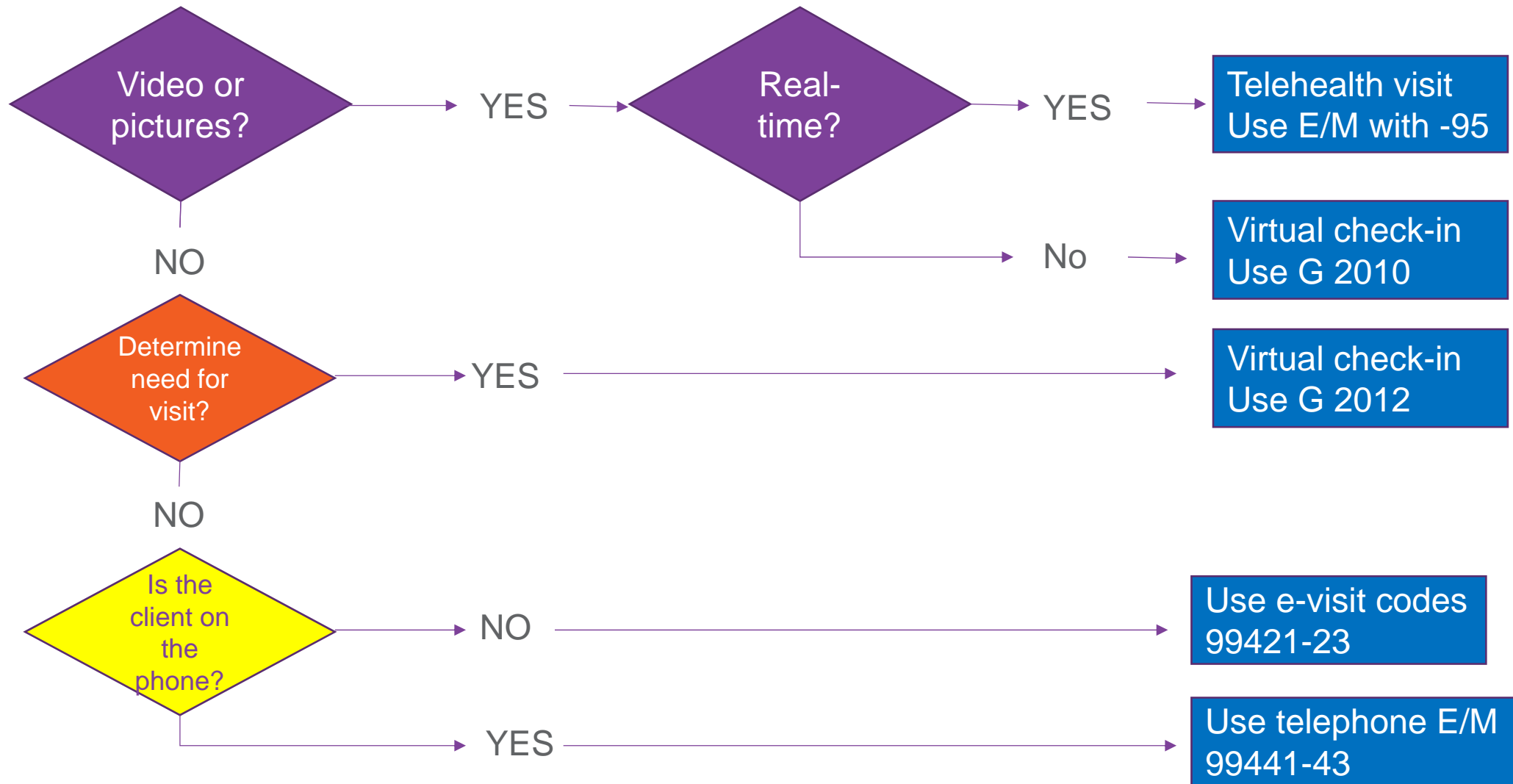
What's New: Digital E-Visits

- Patient must generate initial inquiry (patient portal, e-mail)
- Online digital E/M service for an established patient, MD or APP, for up to 7 days, cumulative time
 - 99421 5–10 min
 - 99422 11– 20 minutes
 - 99423 21 or more minutes
- Non-physician healthcare professional online A/M, for an established patient, for up to seven days, cumulative time
 - G2061 5–10 minutes
 - G2062 11–20 minutes
 - G2063 21 or more minutes

Telephone E/M Services

- Telephone E/M services for an established patient, not from a related E/M service provided < 7 days, nor leading to an E/M in next 24 hrs. or soonest appt
- May (or may not) be covered by commercial insurance
 - 99441 5-10 minutes
 - 99442 11-20 minutes
 - 99443 21-30 minutes

AAFP Virtual Visit Algorithm



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

Which Visits Should Be Done In-person or Remotely?

- Providers should develop written policies that prioritize which client visits will be done in-person or remotely
- 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

Sample Prioritization (Triage) Template

Postpone	Phone call	Telemedicine (or telephonic)	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
2 nd , 3 rd doses HPV vaccine		Syndromic tx of STD, UTI		
		UPT, options counseling		

Postponing Visits: How Long Do Methods Last?

	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 patients prior to and at office arrival: fever, cough, SOB
 - Delay any procedures if patients 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.

Family PACT Telehealth Policies

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/>

Family PACT: Sources of Information

- Family PACT Provider FAQs during COVID-19 (4/20/20)
 - http://files.medical.ca.gov/pubsdoco/newsroom/newsroom_30339_37.asp
- Family PACT Update: DMPA-SQ Guidelines (4/14/20)
 - http://files.medical.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

So...Which Ones Does Family PACT Cover?

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)	Audio-visual <i>or telephonic</i>
99212-4 -95	Telehealth visit (established)	Audio-visual <i>or telephonic</i>

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

Section 1135 Waiver Request COVID-19

- Traditional Telehealth
 - For enrolled Medi-Cal providers, *including nurses*
 - Includes G2010, G2012
- Section III: DHCS's Section 1135 Waiver Request
 - Medi-Cal providers will provide and bill for virtual/telephonic visits consistent with in person visits
 - CPT or HCPCS codes that would correspond to the visit being done in-person
 - Include POS -02 and Modifier -95

Swapping Telephonic Visits for Office Visits

- Virtual/telephonic visit must meet all requirements of the billed CPT or HCPCS code and must meet the following
 - Circumstances that prevent the visit from being conducted face-to-face
 - Virtual/telephone encounter takes the place of a face-to-face visit, with documentation in the medical record
 - Covered service is medically necessary
 - Clinically appropriate for telephonic communication
 - Satisfies all procedural and technical components of the service, except for the face-to-face component

Swapping Telephonic Visits for Office Visits

- Reimbursed at the same the in-person rate, if requirements are met
- If they cannot be met, then use
 - G 2010: Store and forward
 - G 2012: Virtual check-in visit

Will Family Planning and FP-related Services Be Available Through the Family PACT Program?

- Yes!!
- Family PACT providers may utilize existing telehealth policies as an alternative for delivering covered services
- Utilization limits on quantity, frequency, and duration of covered medications may be waived by means of an approved TAR if there is a documented medical necessity
- Pharmacies and clinics are advised to incorporate the statement “Patient impacted by COVID-19”

Can a Client Be Enrolled or 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)

Can a Client Be Enrolled or 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)

Can Pharmacists Dispense Hormonal Contraceptives Without a Prescription?

- Yes!
- 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
- 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) Z30.012 (EC Pills)
99212	Established	Z30.015 (Initiate CVR); Z30.44 (surveillance CVR) Z30.016 (Initiate patch); Z30.45 (surveil patch) Z30.09 (Contraceptive counseling and advice)

Will Pharmacy or Clinic Providers Be Reimbursed for Mail Delivered Medications?

- Yes
- 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

Can a RN Dispense or Administer Self-administered Hormonal Contraceptives?

- Yes
- CA B&P Code, Sec 2725.2, specifies required training
- RNs can administer or dispense hormonal contraceptives (OC, DMPA, patch, vaginal ring, and ECPs)
- E/M 99201, 99211 or 99212, with modifier -TD
- *RNs may provide these services via telehealth*

What Are the Dispensing Limits for Hormonal Contraceptives?

- A 12-month supply of the same product of OCs, patches or CVR may be dispensed twice within one year of dispensing
- A TAR is required for the third supply of up to 12 months of the same product requested within a year

Does Medi-Cal and Family PACT Cover DMPA-SQ for Self-Injection?

- DHCS *temporarily* allows pharmacy dispensing of DMPA-SQ for *self-administration* at home
 - Note: current Medi-Cal policy allows clinic use
- No TAR is necessary
- OK for mail order or home delivery
- Prescribing provider is responsible for ensuring proper training of the client in administering the drug, potential side effects, and proper disposal of the pre-filled syringe

DMPA-SQ for Self-Injection

Clients who are have chosen to initiate this method

Clients who currently receive DMPA IM, and who after counseling, opt to switch to this delivery route

Good choice for those experienced in self-injection of other drugs (ovulation induction for IVF, insulin, low molecular weight heparin, or drugs for multiple sclerosis)

DMPA-SQ for Self-Injection

Method of Injection	Needle Type	Dosage	Packaging	Manufacturer
Subcutaneous (SQ)	26-gauge x 3/8-inch	104 mg / 0.65 mL	Single-dose prefilled syringe	Pfizer (sole brand name)
Intramuscular (IM)	22-gauge x 1 1/2-inch	150 mg / 1 mL	Vial or single-dose prefilled syringe	Pfizer Teva Greenstone

<https://www.nationalfamilyplanning.org/covid-19-resource-hub>

Poll #1

- Results

Poll #2

2. What is the telehealth status for sexual and reproductive health (SRH) care at your organization?
 - a. We use it throughout the organization, including for SRH
 - b. We use it elsewhere in the organization but not for SRH
 - c. We haven't implemented it yet but are working on it now
 - d. We haven't implemented it yet and don't have current plans to do so

Title X Updates

Nomsa Khalfani, PhD, Executive Vice President, Essential Access Health



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Temporary Enforcement Discretion

- Temporarily OPA does not intend to bring enforcement actions against Title X recipients with respect to the requirement that nondirective pregnancy options counseling must be provided by physicians or advanced practice providers. See 42 C.F.R. § 59.14(b)(1)
 - (i). Specifically, for 30 days, and limited only to areas in which the COVID-19 response has pulled physicians and advanced practice providers from such tasks to focus on the COVID-19 response, OPA will not enforce this requirement.
 - During this time, non-enforcement will be contingent on appropriate documentation of the conditions set forth above.
 - In addition, OPA intends to fully enforce compliance with all other provisions of the Title X implementing regulations at 42 C.F.R. part 59, subpart A, including all other requirements related to nondirective counseling set out in section 59.14.

Telehealth Resources

- Effective March 17th, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency
 - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Appropriate Services

- Contraceptive services: counseling and advice on contraception, surveillance of contraceptive pills, oral contraceptive pills, vaginal ring, patch, emergency contraception
- Sexually transmitted diseases services: Pre-exposure prophylaxis (PrEP) for HIV prevention, STI testing, and treatment
- Uncomplicated gynecological conditions: Candidiasis, Urinary tract infection (established clients)
- Use best clinical judgement
- Update clinical protocols to reflect services offered via telehealth/and or telephonic

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 associated with it, 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.”

Documentation

- Not required to have a pre-existing relationship with a client to provide a telehealth visit
- Statement that the service was provided through telehealth or phone consult
- Location of the client and the provider
- Names and roles of any other persons participating in the telehealth or phone consult
- Minimum requirements to be established as a Title X client, see Administrative 1.19, Definition of a Title X Client; same as for a face-to-face encounter

Telehealth Essentials Resource Hub

- Listing of resources, training opportunities, services and products

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



Poll #3

3. What kind of additional support would be helpful to you at this time?
 - a. Financial support to purchase telehealth subscriptions
 - b. Financial support to modify EHR templates to support telehealth workflows
 - c. Technical assistance on implementation
 - d. Sample telehealth policies and workflows
 - e. Alternate strategies for providing care in the current environment (e.g. drive-through care)

QUESTIONS?

For continuing education credit, you must complete the post assessment evaluation and continuing education form. Click the link in the chat to access the forms. A link will also be sent via email to all attendees.

Upcoming Events



Medication-Assisted Treatment for Substance Use Disorder in a Family
Planning or Primary Care Setting
Free Webinar Series

Medication-Assisted Treatment (MAT) in the Primary Care Setting
May 18, 2020 - 12:00 PM - 1:00 PM

Operationalizing Addiction Screening + Treatment
May 29, 2020 - 12:00 PM - 1:00 PM

Problem Solving + Overcoming Challenges with Addiction
Screening + Treatment
June 24, 2020 - 12:00 PM- 1:00 PM

Register at essentialaccesstraining.org for these and other Online Courses and
On-Demand Webinars via our Learning Portal

Questions? Contact us at learningexchange@essentialaccess.org

Appendix

YOUR RESOURCE FOR TELEHEALTH SUCCESS

**CALIFORNIA
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RESOURCES

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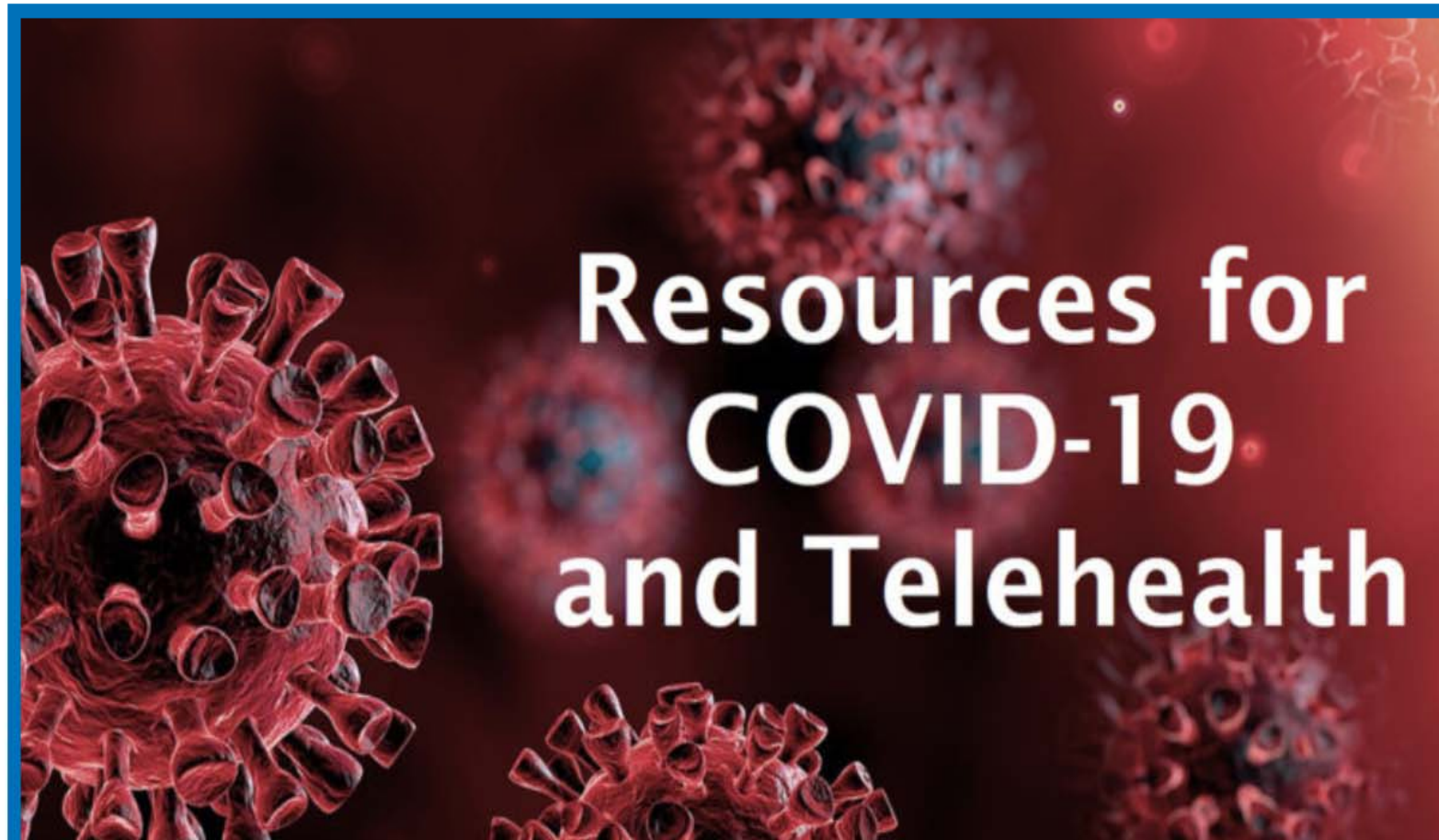
SAMPLE FORMS AND GUIDELINES

**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>

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 Outpatient Management of Pregnant Women](#)
- [ACOG Managing Patients 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 Patients During the COVID-19 Pandemic](#)
 - Contains helpful list of telemedicine vendors
- [AMA quick guide to telemedicine in practice](#)