

Purpose

During the COVID-19 pandemic, the Reproductive Health (RH) Program encourages clinics to adopt policies and practices to facilitate client access to essential reproductive health services. The below guidance includes general information related to the use of various telehealth modalities to provide reproductive health services, RH Program coverage and reimbursement for services provided via telehealth, and procedures to enroll clients into RH Program coverage remotely.

General Information Related to the Provision of Telehealth Services

For the purposes of this document, telehealth is defined as the use of (1) synchronous (live two-way interactive) video and audio transmission ('videoconference') and (2) telephonic communication between a health care provider and client. Such communications may be conducted regardless of the location of the client and/or provider (e.g., clinic site or home).

HIPAA Rules on Telehealth: During the COVID-19 pandemic, the U.S. Department of Health and Human Services, Office of Civil Rights has issued guidance allowing [discretion for telehealth remote communications](#). "Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency." Please note that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth.

OHP and HERC Coverage Guidance: OHA's Health Evidence Review Commission (HERC) has released guidance clarifying expanded coverage of synchronous audio and video, telephone, online (e.g., patient portal) services and provider-to-provider consultations for OHP during the COVID-19 pandemic. More information about OHP's coverage of telemedicine can be found here on the OHP COVID-19 [webpage](#). The [Oregon Health Plan Coverage of Telemedicine Services document](#) is particularly helpful.

RH Program Coverage of Telehealth Services

The RH Program promotes the use of telehealth technology to provide reproductive health services during the COVID-19 pandemic. *All clients*, regardless of coverage source, should be offered the same access to telehealth visits.

- During this emergency period, the RH Program will reimburse for services conducted via videoconference or telephone for **new** and **established** clients enrolled in RH Program coverage. Clinic staff must review the informed consent for reproductive health services with all new clients and obtain a verbal signature and date. Sample consent forms can be

found [here](#). As with in-person visits, the consent form must be stored in the client’s medical record.

- Examples of covered visits include contraceptive counseling, including method starts and refills, contraceptive management, and STI follow-up pursuant to a family planning visit.
- Clinics should document the visit and complete the CVR in the same manner as an in-person visit. Clinics should mark the appropriate visit level type on the CVR (Box 12 – Purpose of Visit). It is expected that most videoconference or telephone visits would qualify as a ‘low visit’, though new clients and/or complex visits may qualify as a ‘moderate visit’.
- Any supplies subsequently dispensed, either by mail or in-person, should be billed to the RH Program as a supply-only visit.

It is up to the discretion of each agency to determine which types of services are clinically appropriate to be delivered through a telehealth modality. The RH Program recommends that agencies develop specific policies and protocols relating to the provision of reproductive health services during the COVID-19 pandemic, including which services are deemed “essential” and/or time-sensitive (e.g., Depo or EC), which types of visits may be delayed or rescheduled (e.g., annual exams), and which services can be provided remotely (e.g., birth control method start with delay of blood pressure). The RH Program does not need to review and/or approve these policies and protocols.

The RH Program encourages agencies to consider other ways to provide essential services and supplies to clients while reducing clinic staff and client exposure. Examples include “drive-up” supply dispensing, conducting visits outside/in the parking lot (as long as adequate privacy can be assured), and mailing supplies.

Other ideas opted by some clinics include consolidating services into fewer clinic sites, creating staff “teams” that rotate on a weekly basis where one team is client-facing while the other team conducts visits by phone/video, and scheduling all non-symptomatic clients for morning appointments.

Remote Enrollment into RH Program Coverage

During the COVID-19 pandemic, the RH Program is allowing for remote enrollment into RH Program coverage. There are three ways in which clients may complete the Enrollment Form when not in the clinic physically:

1. Clinics may mail the RH Program Enrollment to the client prior to the client’s visit. The mailing should include a self-addressed, stamped envelope so that the client can mail the completed Enrollment Form to the clinic. The client should sign and date the form on the day they completed the form.

2. Clinics that have a secure patient portal may “push” the Enrollment Form to the client’s account and ask the client to print, complete, and upload the signed and dated Enrollment Form back to the clinic.
3. Clinic staff may complete the RH Program Enrollment form with the client over videoconference and/or telephone. Details about this option can be found on the document [RH Program Enrollment Form – Remote Assistance](#).

Please note: the RH Program is extending eligibility for clients whose enrollment was set to end anytime between February 1st and May 31st for an additional 90 days. This will reduce the need for clients to complete a new RH Program Enrollment Form during the COVID-19 outbreak. This change does not apply to clients for whom eligibility was ended due to over-income or OHP eligibility.

Resources

- Oregon Health Authority (OHA) COVID-19 webpage: <https://govstatus.egov.com/OR-OHA-COVID-19>
- OHA webpage on COVID-19 for OHP Partners: link [here](#)
- Interim OHA COVID-19 Guidance for Elective and Non-Urgent Health Care Procedures: link [here](#)
- Northwest Regional Telehealth Resource Center (NRTRC) Quick Start Guide to Telehealth: link [here](#)
- Department of Consumer and Business Services (DCBS) and OHA Telehealth Guidance for Commercial Payers and CCOs: link [here](#)