August 26, 2020

To: All Macomb CUSD #185 Employee Health Plan Covered Members

Re: Memo explaining E-visits, Telemedicine, and Virtual Visit Covered Charges

Effective March 1, 2020, E-visits/telemedicine/virtual visits are hereby added to the PLAN DOCUMENT for MACOMB CUSD #185 EMPLOYEE HEALTH CARE PLANS as follows:

Under the COVERED CHARGES of the MEDICAL BENEFITS section covered services provided through E-visits, telemedicine, and virtual visits rather than face-to-face consultation shall be considered a covered charge same as physician office visits. Covered charges include services for the diagnosis, prevention, treatment, cure, or relief of a physical or mental disorder/substance abuse health condition, illness, injury or disease.

Under the MEDICAL BENEFITS SCHEDULE the STANDARD Plan Copayments; and QHDH Plan Deductibles and Coinsurance for E-visits, telemedicine, and virtual visits will apply same as it pertains to your Plans existing Network and Non-Network Physician Office Visits and Specialist Office Visits (including Outpatient Mental Disorders/Substance Abuse).

Under PLAN EXCLUSIONS “(39) Phone Consults. Charges levied by a physician...or other means of telecommunication.” is hereby deleted in its entirety.

Under DEFINED TERMS the following is hereby added: An E-visit, telemedicine, and virtual visit is an evaluation and management service provided by a physician or other qualified health professional to an established patient using a web-based or similar electronic-based communication network for a single patient encounter. Guidelines for e-visits, telemedicine and virtual visits are as follows:

- the patient initiates the process, and agrees to e-visit/telemedicine/virtual visit service terms, privacy policy, and charge for receiving asynchronous care from a physician or other qualified health professional;
- electronic communication occurs over a HIPAA-compliant online connection;
- an e-visit/telemedicine/virtual visits includes the total interchange of online inquiries and other communications associated with this single patient encounter;
- the physician appropriately documents the e-visits/telemedicine/virtual visits, including all pertinent communication related to the encounter, in the patient’s medical/health record; and
- the physician or other qualified health professional has a defined period of time within which responses to an e-visit/telemedicine/virtual visit are completed.

IPMG will be reprocessing telehealth claims that were previously denied.