

E-Visits and Billing for MyChart Messages – *All-Provider Message*

TO: All UVA Health providers
CC: Clinic Leadership
FROM: UVA Health Leadership (uvahealthleadership@uvahealth.com)
SUBJECT: Billing for MyChart Messages Available Soon With E-Visits

Dear UVA Health Providers:

Like most providers across the country, many of you are receiving a high volume of patient messages via MyChart. Some of these messages are seeking medical advice that requires provider time and expertise above and beyond a simple response. This issue that emerged during Covid has not subsided, having been well-documented in trade publications and research journals alike.

We have heard your requests for a way to process these messages more efficiently in light of the time and expertise they require. We are pleased to share that the functionality to bill for complex MyChart message responses will soon be available to all UVA Health adult primary care providers via MyChart E-Visits, starting March 15. Other departments may begin requesting E-Visits at this time, as well.

What Are E-Visits?

E-Visits are an Epic workflow that converts the patient's MyChart message into an encounter that will allow the provider to bill for their response. They are asynchronous visits where all communication occurs in writing through MyChart; there is no video or phone contact between patient and provider. Patient consent to bill their insurance is built into the E-Visit workflow and the maximum out-of-pocket expense for a patient is \$45.

E-Visits are widely used at peer institutions and are considered user-friendly for both providers and patients. Using E-Visits to bill for MyChart messages supports a consistent patient experience across the health system, while enabling transparency around billing. While they are not intended to generate significant wRVUs, E-Visits help recognize the time and expertise spent caring for patients by giving credit for work that many providers are already doing and documenting the encounter in the patient record.

A Phased Rollout

E-Visits are most often used in primary care settings and the UVA Health rollout of E-Visits will begin with adult primary care on March 15. Other departments that are interested in using E-Visits may request them by opening an HIT Help Desk ticket.

Using E-Visits

Several resources have been created to help providers know what kinds of messages are billable and how to use E-Visits. Please take the next several weeks to familiarize yourself with this material prior to the E-Visits go-live on March 15:

- [Provider FAQs](#)
- [E-Visit User Guide](#) (on the Epic Learning Library)

Optional for Providers and Patients

When a patient message meets the criteria for billing via E-Visits, the choice to do so is at the discretion of the provider (at this time, E-Visits will not be discoverable for patients to request). We are making E-Visits available at the request of providers; no one is required to bill for MyChart message responses. Likewise, patients may choose to decline an E-Visit (and will be advised to schedule an in-person or video visit to address their initial question).

Communicating With Patients

Bringing our valued patients along in this process is critical to transparency and facilitating a positive patient experience. Next week, patients will receive communication via MyChart about the plan to enable billing for complex MyChart messages starting March 15, including FAQs. When patients initiate a new MyChart message, they will also see an interruptive prompt alerting them that their message may be billable. Extensive information will also be available on uvahealth.com. More details about patient communication are included in the [provider FAQs](#).

Billing for complex MyChart messages is not a cure-all for the high volume of messages that so many of you are receiving, but we believe it's a step toward the increased efficiency our providers desire and recognizing the time and expertise invested in providing excellent patient care. We will carefully monitor the implementation of E-Visits, as well as the broader issue of MyChart message volumes, and continue to seek collaborative solutions that help providers and serve our patients.

With gratitude,

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