

# Telemedicine is here to stay, but how much you pay for a visit could change

1 October 2021, by Sarah Gantz



Credit: Unsplash/CC0 Public Domain

Telemedicine has become immensely popular during the COVID-19 pandemic as a safe and convenient way to see a medical provider without leaving home.

Doctors and analysts say [telemedicine](#) is here to stay, but the price patients pay for the convenience of seeing a [health care provider](#) from their living room could change.

Out of necessity during the pandemic, insurers agreed to pay for virtual visits like they would an in-person appointment, doctors who had been reluctant to try new technology embraced it as a way to limit patient exposure, and lawmakers loosened federal regulations that for years had restricted telemedicine's use.

But more than 18 months into a [public health emergency](#), some private insurance companies have begun to roll back their pandemic-era coverage policies or fallen into a pattern of extending coverage for only a few months at a time.

Independence Blue Cross, the largest insurer in the Philadelphia area, is covering telemedicine appointments as they would in-person visits through the end of October. The deadline has already been extended several times, and may be pushed back further.

Uncertain how they will be compensated for virtual visits in the future, some [health systems](#) have resorted to charging for telemedicine services—regardless of insurance coverage.

"The continuous kicking the can down the road and paying for another few months doesn't give health systems any confidence," said Judd Hollander, [senior vice president](#) for health-care delivery innovation at Jefferson Health.

Jefferson's virtual medicine platform, JeffConnect, launched prior to the pandemic, but grew exponentially in spring 2020 when the system saw about 3,000 patients virtually every day.

The platform provides on-demand visits with a medical provider, and currently handles about 1,000 patients a day. That kind of immediate service has been popular with patients, but has created a challenge for administrators: Providing on-demand insurance coverage verification would require new technology that connects to leading insurers' member databases.

"The one biggest problem is uncertainty about what reimbursement will be in the future," Hollander said. "If I knew [insurers] were never going to pay we'd go back to in-person, but everyone believes they have to pay because patients love telemedicine."

In the meantime, people who use JeffConnect for an on-demand visit must pay \$59 up front. If they know their health plan covers telemedicine visits, they can submit a claim to their insurer or schedule a non-urgent visit through their doctor's office, he said.

The price is comparable to what other on-demand telehealth providers charge, Hollander said. People with private insurance may pay a similar fee as a copay to be seen at an urgent care clinic.

Hollander sees promise in virtual health as a way to reach patients for whom a lack of childcare, transportation or time off from work have been barriers to seeing doctors regularly. But the pandemic has also drawn attention to how the digital divide and lack of access to the Internet can become a new barrier, deepening health inequities.

Jefferson recently launched the Center for Connected Care to study and address those challenges.

"The pandemic accelerated the trend to virtual care at home, and it showed us how many people are at risk of being left behind as the digital gap grows," Kristin Rising, an emergency medicine physician and head of the new center, said in a statement.

At Rothman Orthopedic Institute, telemedicine shored up business during the pandemic, making up for a loss of in-person appointments. Now that many patients have returned in-person, telehealth remains popular and has helped Rothman grow its patient base.

Rothman bills insurers for telemedicine visits, and patients are responsible for cost-sharing, such as copays, required by their plan.

Rothman President Alexander Vaccaro said he isn't concerned about how much insurers pay him for telehealth visits in the future, so long as it remains an option for patients.

"It's giving me access to people—access is what we care about," he said.

Surgeons make money in the operating room, not in office visits, he said. Making office visits accessible to more people has led to a growth in surgery patients—half of whom Vaccaro now meets in person for the first time just before heading in for surgery.

Lawmakers loosened key regulations to make

telehealth more accessible during the pandemic. For instance, patients previously had to travel to a medical facility for their virtual appointment, which was done through a secured, HIPAA-compliant video platform. Now, they can call in from their living room couch using familiar applications, like Zoom, Skype and Facetime.

Earlier this week, Pennsylvania's General Assembly voted to extend to March 2022 waivers that expand telehealth access and make other pandemic-related accommodations, such as allowing hospitals to repurpose units for emergencies and suspended medical license limitations to enable physician assistants, nurses and other medical professionals to assist with COVID-19 care. The waivers were set to expire at the end of September.

"One of the main drivers that telemedicine was able to be so helpful during the COVID-19 pandemic were these regulatory waivers," said Kate Slatt, a vice president at the hospital association.

A Medicare rule that allowed coverage for audio-only telemedicine visits was especially helpful for seniors who lacked video access or know-how, she said.

Proposed Medicare rule changes for 2022 continue the popular audio-only telehealth coverage, as well as telemedicine coverage for behavioral health without site restrictions, said Lori Uscher-Pines, a senior policy researcher at RAND Corp. who has been tracking telemedicine policies. Previously, Medicare only covered virtual visits for mental health in rural areas, where services were often lacking, but eliminated that restriction during the pandemic.

New Medicare policies could be a bellwether of what's to come in private insurance.

"Medicare often sets the tone," she said. "What happens with Medicare will be very influential in telemedicine services" in the private sector.

©2021 The Philadelphia Inquirer, LLC.

Distributed by Tribune Content Agency, LLC.

APA citation: Telemedicine is here to stay, but how much you pay for a visit could change (2021, October 1) retrieved 24 January 2022 from <https://medicalxpress.com/news/2021-10-telemedicine.html>

*This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.*