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## HEALTH

# As Covid-19 Cases Rise, Insurers Reduce Coverage for Virtual Doctors' Visits

Complex rules are leading to confusion and charges that might cause patients to delay or avoid visits



UnitedHealth is tweaking its telemedicine cost-sharing policy for some customers.

PHOTO: MIKE BLAKE/REUTERS

By [Anna Wilde Mathews](#) and [Robbie Whelan](#)

Updated Sept. 30, 2020 6:00 pm ET



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Insurers are rolling back the terms of telehealth coverage they launched this spring, with some UnitedHealth Group Inc. [UNH -0.40%](#) ▼ and Anthem Inc. [ANTM +1.10%](#) ▲ customers set

to face out-of-pocket charges on certain virtual visits starting October 1.

Major insurers are taking different approaches to covering remote care, which is typically done by phone or video. The companies are offering an array of deadlines, reimbursement strategies and charges, depending on factors like the type of plan or the purpose of the medical visit.

Doctors and hospital officials say the complex rules are leading to confusion—and the cost-sharing charges create concern that patients, faced with an increased financial burden for telehealth, might delay or avoid visits.

“It’s really very complicated,” said Ted Okon, executive director of the Community Oncology Alliance. “It should be simplified and unified so that you don’t have to constantly go back to this grid.”

The new Anthem and UnitedHealth changes, for instance, only apply to certain plans and don’t include virtual visits related to Covid-19, which will generally continue to be free for patients. Some other insurers had ended cost-sharing waivers for telehealth visits earlier in the year.

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“Shifting the copayment back to patients now presents a risk that patients will cancel telehealth appointments or seek in-person visits that heighten the threat of infections,” said Thomas Owens, senior vice president of Duke University Health System. Though many people with insurance would be charged only a flat copay for virtual visits, others might owe the full cost or a share of it, depending on their plan.

Telemedicine grew rapidly this spring and summer as the coronavirus pandemic shut down swaths of the U.S. health-care system. Doctors and hospitals around the country

canceled much of their routine, in-person care and patients stayed home, nervous about the risk of infection.

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Insurers and the federal Medicare program rushed out expanded coverage for virtual visits, often including reimbursement for doctors on-par with what they previously received for seeing patients in their offices.

Consumer surveys by the Deloitte Center for Health Solutions, a research unit of Deloitte LLP, found 28% of respondents this April said they had used a virtual visit in 2020. At the start of the year, just 19% said they had had one in the previous 12 months.

For Karen Smith, a family physician in Raeford, N.C., about a third of her patient visits in a typical week is now virtual, she said. The expanded coverage provided a financial lifeline to her practice and enabled her to stay in touch with patients who were afraid to come to the office because they feared viral infection, she said.

Patients might be less likely to use the remote visits if there is a charge, Dr. Smith said: “If they do have to pay, our patients are not going to accept the service.”

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Indeed, Linda Robertson, 71, who is Dr. Smith’s patient, says that despite the convenience of telemedicine, a charge for digital visits would mean she and her husband would do fewer of them. Ms. Robertson, a retired teacher from Shannon, N.C. who has diabetes and rheumatoid arthritis, is nervous about the risk of infection with the coronavirus. With her

current coverage, it is unlikely that Ms. Robertson would owe copays for doctor visits, either virtual or in-person.

“I can’t afford to be paying copays every time I go to the hospital,” Ms. Robertson said. “I don’t pay the copays, and if I did, I would probably miss most of those meetings, I just couldn’t afford it.”

Phyllis Jacobsen, a retired health care claims processor, and her husband Randall, a retired EMT, live in Raeford, and have had about a half-dozen telehealth visits with Dr. Smith and some specialists this year. Mr. Jacobsen, 61, had two strokes several years ago, resulting in partial paralysis and loss of speech.

Ms. Jacobsen said telehealth has been a blessing because the strokes compromised his immune system, making him more susceptible to infections. She worries her husband might contract Covid-19 more easily than others if exposed to it.

The couple is covered under a Medicare Advantage plan, but doesn’t hold supplemental insurance. They typically pay copayments every time they visit a doctor’s office. Since the pandemic began, however, telehealth consultations have been free.

“His copays are not extravagant, but for us being on a fixed income, even a \$20 or \$30 or \$50 copay, that’s a lot of money for us,” Ms. Jacobsen said.

Doctors and hospitals say they are also struggling with uncertainty about future coverage of telehealth, since many insurers have said their current policies are guaranteed only until the end of the year.

Christi Siedlecki, chief executive of Grants Pass Clinic, which provides primary care in Grants Pass, Ore., said she is worried that the clinic will lose telehealth payments when the federal public-health emergency tied to the pandemic lapses, currently set to happen in late October. “It’s not certain what the future holds,” she said. “Everything right now is based on the state of emergency.”

UnitedHealth is tweaking its cost-sharing policy as “the health-care system is returning to normal levels,” a spokesman said. The Oct. 1 change affects in-network non-Covid-19 visits for people with Medicare Advantage and fully-insured employer and individual plans, the company said.

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Anthem said that starting Oct. 1, patients enrolled in fully-insured employer and individual plans will generally face cost-sharing for non-Covid-19 virtual video visits with network providers. But telephone visits—with no video—will remain free of charge at least until the end of the year. The insurer’s Medicare Advantage enrollees will also have no cost-sharing on video or phone visits at least until next year.

“As offices have been able to reopen, we have aligned our cost-sharing for telehealth and in-person care for non-Covid cases,” an Anthem spokesman said.

Other major national insurers are taking varying approaches. [CVS Health](#) Corp.’s Aetna said it is waiving cost-sharing for virtual doctor visits, both specialists and primary care, in its Medicare plans at least through the end of the year. For those enrolled in fully-insured employer plans, there are no out-of-pocket charges for virtual visits for Covid-19 or behavioral and mental-health counseling. However, in early June, the insurer restored cost-sharing for other types of telehealth visits for those plans.

[Cigna](#) Corp. said it has waived cost-sharing for virtual visits related to Covid-19 through the end of October for its commercial plans. Out-of-pocket charges apply for telehealth not related to Covid-19, the insurer said. Cost-sharing is still waived for virtual visits by Medicare Advantage members, including those not for Covid-19.

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