



HHS OIG Policy Statement on Practitioners That Reduce, Waive Amounts Owed by Beneficiaries for Telehealth Services During the COVID-19 Outbreak

In response to the unique circumstances resulting from the outbreak of 2019 novel coronavirus (COVID-19) and a Secretarial determination that a public health emergency exists, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive beneficiary cost-sharing for telehealth visits paid for by Federal health care programs through a policy statement issued on March 17, 2020.

OIG is committed to ensuring that healthcare providers have the regulatory flexibility necessary to adequately respond to COVID-19 concerns. Ordinarily, if physicians or practitioners routinely reduce or waive costs owed by Federal health care program beneficiaries, including cost-sharing amounts such as coinsurance and deductibles, they would potentially implicate the Federal anti-kickback statute, the civil monetary penalty and exclusion laws related to kickbacks, and the civil monetary penalty law prohibition on inducements to beneficiaries.

The policy statement notifies providers that OIG will not enforce these statutes if providers choose to reduce or waive cost-sharing for telehealth visits during the COVID-19 public health emergency, which the HHS Secretary determined exists and has existed since January 27, 2020.

Impact on Medicare Beneficiaries

Medicare beneficiaries can obtain services by telehealth instead of going to their doctor's office during this public health emergency. Their physician or other practitioner is not required to charge any cost-sharing, such as a copayment.

Impact on Physicians and Practitioners

Physicians and practitioners do not risk enforcement action if they waive any cost-sharing for telehealth visits during the public health emergency. OIG would not bring an enforcement action under either the Federal anti-kickback statute or the beneficiary inducements civil monetary penalty statute for waiving or reducing such cost-sharing, provided all applicable Centers for Medicare & Medicaid Services (CMS) payment and coverage rules are met.

In addition, OIG's policy statement does not mandate that cost-sharing be waived or reduced nor does it require billing Medicare. The applicable billing rules would be under CMS's purview.