

Medicare Telehealth Services During the First Year of the Pandemic: **PROGRAM INTEGRITY RISKS**



HHS-OIG recognizes the promise that telehealth has for improving care coordination and health outcomes. While the expansion of telehealth has been critical to maintaining beneficiaries' access to care, it is important that new policies and technologies with potential to improve care and enhance access are not compromised by fraud, abuse, or misuse. To that end, HHS-OIG is conducting significant oversight work assessing telehealth services during the COVID-19 pandemic.

We published a report assessing program integrity risks associated with Medicare telehealth services by identifying providers whose billing for these services poses a **high risk to Medicare**. We found that **1,714 providers** who billed for a telehealth service from March 2020 through February 2021 had concerning billing on at least 1 of 7 measures we developed that may indicate fraud, waste, or abuse.

7 measures that may indicate fraud, waste, or abuse in telehealth services:

- 1** Billing both a **telehealth service** and a **facility fee** for most visits
- 2** Billing telehealth services at the **highest, most expensive level** every time
- 3** Billing telehealth services for a **high number of days** in a year
- 4** Billing both **Medicare fee-for-service** and a **Medicare Advantage plan for the same service** for a high proportion of services
- 5** Billing a **high average number of hours** of telehealth services per visit
- 6** Billing telehealth services for a **high number of beneficiaries**
- 7** Billing for a telehealth service and **ordering medical equipment** for a high proportion of beneficiaries

Although these high-risk providers represent a small proportion of the approximately 742,000 providers who billed Medicare for a telehealth service during the first year of the COVID-19 pandemic, their billing raises concern.

Our report demonstrates the importance of strong, targeted oversight of telehealth services and offers insight on how Medicare and others can bolster program integrity efforts.

Conducting targeted oversight of telehealth will help **ensure that the benefits of telehealth are realized** while **minimizing risk** in an effective and efficient manner.

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Report



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- billing both a **telehealth service** and a **facility fee** for most visits;
- billing telehealth services at the **highest, most expensive level** every time;
- billing telehealth services for a **high number of days** in a year;
- billing both **Medicare fee-for-service** and a **Medicare Advantage plan for the same service** for a high proportion of services;
- billing a **high average number of hours** of telehealth services per visit;
- billing telehealth services for a **high number of beneficiaries**; and
- billing for a telehealth service and **ordering medical equipment** for a high proportion of beneficiaries

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Read the report: <https://oig.hhs.gov/oei/reports/OEI-02-20-00720.asp>

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