

# Principal Deputy Inspector General Grimm on Telehealth

February 26, 2021

It has been just over a year into the COVID-19 pandemic and we remember the over 500,000 Americans who have lost their lives due to COVID-19. That figure is a stark reminder of the critical mission of the Department of Health and Human Services. Challenges in responding to the pandemic have been many, thorny and unprecedented. Consequential decisions often were made quickly to respond to the emergency and provide relief in the way of funding, supplies, and reductions in regulatory and procedural burden. This quick response and scope of relief make oversight, enforcement, transparency, program integrity, and accountability all the more important.

Early in the pandemic, OIG, along with many others, recognized the value of expanding options for accessing health care services. Telehealth is a prime example. Where telehealth and other remote access technologies were once a matter of convenience, the public health emergency made them a matter of safety for many beneficiaries. In some cases, health care providers needed regulatory flexibility to provide safe and effective care remotely during the ongoing pandemic. In March 2020, [we issued policy statements and FAQs in support of increased telehealth flexibilities](#).

A year later, there is a robust national conversation about expanding coverage for telehealth services based on the experience providers and patients have had during the pandemic. For most, telehealth expansion is viewed positively, offering opportunities to increase access to services, decrease burdens for both patients and providers, and enable better care, including enhanced mental health care. [A 2019 OIG study found that](#) telehealth can be an important tool to improve patient access to behavioral health services. And [as we observed in recent rulemaking](#), OIG recognizes the promise that telehealth and other digital health technologies have for improving care coordination and health outcomes.

It is important that new policies and technologies with potential to improve care and enhance convenience achieve these goals and are not compromised by fraud, abuse, or misuse. OIG is conducting significant oversight work assessing telehealth services during the public health emergency. Once complete, these reviews will provide objective findings and recommendations that can further inform policymakers and other stakeholders considering what telehealth flexibilities should be permanent. This work can help ensure the potential benefits of telehealth are realized for patients, providers, and HHS programs. We anticipate the first work products to be published later this year.

We are aware of concerns raised regarding enforcement actions related to "telefraud" schemes, and it is important to distinguish those schemes from telehealth fraud. In the last few years, OIG has conducted several large investigations of fraud schemes that inappropriately leveraged the reach of telemarketing schemes in combination with unscrupulous doctors conducting sham remote visits to increase the size and scale of the perpetrator's criminal operations. In many cases, the criminals did not bill for the sham telehealth visit. Instead, the perpetrators billed fraudulently for other items or services, like durable medical equipment or genetic tests. We will continue to vigilantly pursue these "telefraud" schemes and monitor the evolution of scams that may relate to telehealth.

As our work and the national conversation continues, OIG believes there is a shared goal: ensuring that telehealth delivers quality, convenient care for patients and is not compromised by fraud. As we continue our COVID-19 oversight and enforcement work, we look forward to providing objective, independent information to stakeholders and policymakers.

**Christi A. Grimm**, HHS-OIG Principal Deputy Inspector General

**Contact Us**

Members of the press can direct media inquiries to [Media@OIG.HHS.GOV](mailto:Media@OIG.HHS.GOV) or call 202-619-0088.