

PRAC Reports on the Use and Integrity of Federal Telehealth Programs During the Pandemic

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Today, the Pandemic Response Accountability Committee (PRAC) released [*Insights on Telehealth Use and Program Integrity Risks Across Selected Health Care Programs During the Pandemic*](#), a report assessing telehealth utilization and fraud, waste, and abuse risks across six federal agencies during the first year of the pandemic.

“Telehealth allowed patients—particularly those in vulnerable populations—to access health care despite the severity of the pandemic crisis,” said Michael E. Horowitz, Chair of the PRAC, in a [video address](#). “But just as any federal program is susceptible to fraud, waste, and abuse, telehealth programs administered by federal agencies are not immune to these risks either.”

The PRAC’s Model for Effective Coordinated Oversight

Led by the Department of Health and Human Services’ (HHS) Office of Inspector General (OIG), the PRAC Health Care Subgroup worked to examine the expansion of telehealth across six federal programs during the pandemic and, along with this expansion, the emerging risks. The selected programs include:

- Medicare, Department of Health and Human Services
- TRICARE, Department of Defense
- Federal Employees Health Benefits Program, Office of Personnel Management
- Veterans Health Administration, Department of Veterans Affairs
- Office of Workers’ Compensation Programs, Department of Labor
- Federal Bureau of Prisons and U.S. Marshals Service, Department of Justice

“The PRAC’s approach – involving multiple OIGs to provide insights on issues that cut across federal agencies – provides a unique opportunity to assess how big changes in health care may affect multiple federal programs and the people they serve,” said Christi A. Grimm, Inspector General of HHS OIG and the Chair of the PRAC Health Care Subgroup. “The rapid changes and growth of telehealth during the pandemic raised a lot of questions and this report provides objective and independent information to policymakers and other stakeholders as they consider the future of telehealth.”

Lasting Insights for the Future of Federal Telehealth Programs

The report identifies four key insights related to telehealth at select federal health care programs during the COVID-19 pandemic. These insights are intended to help inform policymakers and stakeholders' future decisions on telehealth and how agencies might incorporate safeguards to prevent fraud, waste, and abuse:

1. **Increased volume and nature of telehealth use:** During the first year of the pandemic, 13 times as many individuals used telehealth services than in the year prior, totaling 37 million users and costing programs more than \$6 billion.
2. **Program integrity risks associated with billing of telehealth services:** OIGs identified risks of fraud, waste, and abuse, including:
 - billing for the same telehealth service twice,
 - billing for extremely high amounts of telehealth services,
 - inappropriately billing the most expensive level of services, and
 - billing for services that were seemingly not appropriate for telehealth.
3. **Need for additional data and information:** The OIGs found that many of the programs lack complete, reliable data on the impact of telehealth on quality of care and the billing of services, data critical to conducting oversight of fraud, waste, and abuse.
4. **Call for additional safeguards:** While these programs have safeguards in place to oversee telehealth services, additional safeguards could strengthen their integrity, including:
 - additional monitoring of telehealth services,
 - billing controls to prevent inappropriate payments for telehealth services, and
 - collecting additional data and information about the impact of telehealth services on quality of care.

Background on the PRAC Health Care Subgroup

The PRAC's Health Care Subgroup, led by HHS Inspector General Christi Grimm, is comprised of OIGs that oversee agencies responsible for providing or reimbursing health care services using emergency pandemic funds in the federal government. These OIGs work together and share data to provide coordinated oversight across agencies and programs.

Six OIGs collaborated on this report:

- U.S. Office of Personnel Management (OPM) OIG
- Department of Defense (DOD) OIG
- Department of Health and Human Services (HHS) OIG
- Department of Justice (DOJ) OIG
- Department of Labor (DOL) OIG
- Department of Veterans Affairs (DOL) OIG

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The PRAC was established by the CARES Act to promote transparency and support independent oversight of the funds provided by the CARES Act and other related emergency spending bills. In addition to its coordination and oversight responsibilities, the PRAC is tasked with supporting efforts to “prevent and detect fraud, waste, abuse, and mismanagement [and] mitigate major risks that cut across program and agency boundaries.”

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