

## Report in Brief

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

In response to the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) expanded telehealth benefits to limit community spread and keep vulnerable patients in their homes while maintaining access to care. In April 2020, CMS revised Medicare regulations on an interim basis to retroactively allow home health agencies (HHAs) to use telehealth services beginning March 1, 2020. In November 2020, CMS finalized changes to those regulations to permanently allow home health services to be furnished via telehealth. While Medicare makes payments for some types of telehealth services, the final regulations prohibit payments for home health services furnished via telehealth. At the start of our audit, CMS did not require HHAs to report telehealth services on Medicare claims. Therefore, oversight agencies lacked the ability to effectively identify and monitor those services.

Our objective was to determine whether home health services furnished via telehealth early in the COVID-19 PHE were provided and billed in accordance with Medicare requirements.

### How OIG Did This Audit

We selected a stratified random sample of 200 home health claims with beginning service dates from March 1 through December 31, 2020. We reviewed medical records to evaluate compliance with Medicare regulations for providing and billing telehealth services.

## Home Health Agencies Rarely Furnished Services Via Telehealth Early in the COVID-19 Public Health Emergency

### What OIG Found

HHAs rarely furnished services via telehealth early in the COVID-19 PHE; however, for the few claims in our sample with services furnished via telehealth, HHAs did not fully comply with Medicare requirements for providing them. Of the 200 sampled claims, 4 claims had home health services furnished via telehealth, so we estimate that there are 127,999 claims in the sampling frame with such services. None of the four claims fully complied with Medicare requirements for home health services furnished via telehealth. The errors occurred because the HHAs were unfamiliar with the Medicare requirements for such services, which were new early in the COVID-19 PHE. Of the remaining 196 sampled claims, 194 claims did not have home health services furnished via telehealth. For the remaining two sampled claims, we were unable to obtain medical records, so we could not determine whether home health services were furnished via telehealth.

Beginning July 1, 2023, CMS now requires HHAs to report the use of telehealth services on home health claims. CMS has instructed HHAs to use one of two G-codes to report the services on claims and to list each service as a separate, dated line item. CMS stated that such reporting will allow it to analyze the characteristics of patients utilizing telehealth and give it a broader understanding of the determinants that affect who benefits most from those services. Furthermore, in their March 2022 Report to the Congress, the Medicare Payment Advisory Commission recommended tracking the use of telehealth on home health claims to improve payment accuracy.

### What OIG Recommends and CMS Comments

We recommend that CMS monitor HHA reporting of the new G-codes to determine whether further updates to regulations or guidance are necessary.

CMS concurred with our recommendation and provided information on the actions that it has taken and plans to take to address the recommendation.