

Report on Medicare Compliance Volume 31, Number 29. August 15, 2022 Sanford Settles Telehealth Case Over One Physician; It Disclosed Reportable Event

By Nina Youngstrom

Sanford Health, Sanford Clinic and Sanford Medical Center in South Dakota have agreed to pay \$25,842 in a settlement about telemedicine services with the HHS Office of Inspector General (OIG). The settlement stemmed from a reportable event under Sanford's corporate integrity agreement (CIA), which was part of its \$20.25 million false claims settlement in 2019.^[1]

The lone physician at the heart of the telemedicine settlement with OIG was terminated as soon as Sanford learned about the physician's "questionable billing practices," said Paul Hanson, president and CEO of Sanford Sioux Falls, in a statement.

While the settlement amount is small, it highlights some emerging areas, including the potential of the COVID-19 uninsured program to become a wellspring of audits and enforcement actions.

According to the CMP settlement, which was obtained through the Freedom of Information Act, OIG alleged that Sanford Health, Sanford Clinic and Sanford Medical Center, referred to as the respondents, submitted fraudulent claims to Medicare, Medicaid, TRICARE and the Health Resources and Services Administration (HRSA) COVID-19 uninsured program. Between March 1, 2020, and Feb. 24, 2022, OIG alleged respondents billed for a physician's telemedicine services that didn't meet billing requirements because:

- The services were scheduled for times when the physician was out of the country and lacked access to Sanford's "approved telemedicine platform," the settlement said.
- The services weren't delivered with interactive two-way video and audio.
- The services "purported to be for multiple family members" when the physician "had only spoken to one family member."

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