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Sidestep these telehealth compliance minefields

by Harini Pallavi Mandavilli

Formerly known as telemedicine, telehealth came to be recognized as a valid, viable treatment option by insurance carriers—especially Medicare and Medicaid—in the 1990s. However, its increasing importance for providers and patients alike was realized in the new millennium, especially after the insistence on the switch from paper records to electronic health records (EHRs) in the American Recovery and Reinvestment Act of 2009. The recent coronavirus pandemic further underscored the benefits and significance of telehealth.

Benefits of telehealth

The greatest benefit of telehealth is that patients living in hard-to-reach areas, such as mountainous regions, can receive medical advice in an emergency. This means saving lives as well as protecting people from the crippling effects of delayed treatment of certain ailments. It means patients have greater access to high-quality specialist treatment, which they might have been denied otherwise. There are concomitant cost savings for patients and facilities, given the reduction in readmissions due to appropriate follow-up and monitoring of patients recently discharged from acute care or post-acute care facilities.

For the providers: It means not only enhanced revenues but also increased patient engagement and satisfaction. This, in turn, implies that there is greater patient loyalty. With patient protected health information (PHI) being available as EHRs, the numerous patient portals have made access to patients by doctors and vice versa so much easier. The biggest advantage of telehealth is that it assures a continuum of care. However, as with all good things, there are downsides.

Watch out for impermissible telehealth models

There are numerous compliance landmines that you would do well to negotiate with care. Healthcare providers—facilities, doctors, clinics, or path labs—need to be wary of getting into telehealth models, which could potentially put them in the U.S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) crosshairs. OIG focuses on fighting fraud, waste, and abuse of the welfare measures of the federal government. Therefore, any healthcare provider that adopts a telehealth model, which fails to delimit virtual encounters, risks being investigated or prosecuted for participating in or entering a financial arrangement that violates the Stark Law and Anti-Kickback Statute (AKS).

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