

Report in Brief

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Why OIG Did This Audit

Medicaid telehealth refers to the services performed via a telecommunication system. A Medicaid patient at an originating site uses audio and video equipment to communicate with a health professional at a distant site.

Because of the speed with which the use of telehealth has expanded during the COVID-19 pandemic, opportunities exist for inefficiencies and potential abuse in the telehealth system. Rapid expansion of telehealth may pose challenges for providers and State agencies, including State oversight of these services.

Our objective was to determine whether Montana and Medicaid providers complied with Federal and State requirements when claiming Medicaid reimbursement for telehealth services during the COVID-19 pandemic.

How OIG Did This Audit

Our audit covered 440,003 Medicaid telehealth paid claim lines (lines), totaling \$43.2 million (Federal share), that Montana claimed with paid dates of March 1 through December 31, 2020. We asked Montana to review the procedure codes paid as telehealth and identify which were allowable for billing as telehealth. We reviewed the supporting documentation to determine whether the providers had documentation to support that the services were rendered.

Montana Generally Complied With Requirements for Telehealth Services During the COVID-19 Pandemic

What OIG Found

Montana and Medicaid providers generally complied with Federal and State requirements when claiming Medicaid reimbursement for telehealth services during the COVID-19 pandemic. Over 99.9 percent of the lines we reviewed complied with Federal and State requirements. However, some Medicaid providers claimed services that did not comply with requirements for telehealth services. Specifically, we identified 121 lines totaling \$9,589 (Federal share), each of which had 1 of the following types of errors: documentation did not support that services were performed; services were required to be face-to-face but were instead performed and billed as telehealth; or services were performed but providers incorrectly added a modifier or place of service code to indicate that the services were performed via telehealth.

These errors occurred because Montana's claim payment system did not have edits to ensure that only specific procedure codes eligible to be performed via telehealth were billed as telehealth.

What OIG Recommends and Montana Comments

We recommend that Montana develop and implement edits in its claim payment system so that it pays only telehealth claims whose procedure codes denote the associated services as eligible to be performed via telehealth.

Montana did not provide formal comments on our draft report. However, a Montana official told us that Montana did not have any disagreements with our findings. We will continue to track the recommendation to ensure that Montana takes steps to implement it.