

Opportunities for Oversight of Telehealth for Behavioral Health Services

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States are not analyzing how telehealth affects behavioral health services nor monitoring for fraud, waste, and abuse.

The results of a [review](#) conducted by the Department of Health and Human Services Office of the Inspector General (OIG) indicate that some states are limited in their ability to evaluate and oversee services provided via telehealth. The results also show that despite concerns related to fraud, waste, and abuse, many states do not conduct monitoring and oversight specific to telehealth.

The review was prompted by an increased reliance on telehealth to provide behavioral health services to Medicaid enrollees. The OIG notes that before the COVID-19 pandemic, telehealth was a valuable tool for states to increase access to behavioral health services for enrollees in rural or underserved areas with provider shortages. However, during the pandemic, states expanded their use of telehealth to help meet the needs of enrollees while also reducing the risks from community spread of the novel coronavirus. The OIG's data brief is intended to facilitate decisions by the Centers for Medicare and Medicaid Services (CMS) and states about how to evaluate telehealth impacts on behavioral health services and strengthen oversight of program integrity.

The OIG notes that no state has assessed how telehealth affects the quality of behavioral health services. Other findings articulated in the data brief include the following:

- Some states reported that they are unable to identify which services are provided via telehealth.
- The few states that have evaluated the effects of telehealth observed increased access and reduced costs.

- States that have not formally evaluated the effects of telehealth were able to report that telehealth increases access to care, has uncertain impacts on cost, and/or raises concerns about quality of care based on program observations.
- Only 11 states are monitoring to detect fraud, waste, and abuse specific to telehealth.

The OIG recommended that CMS ensure states that are unable to distinguish telehealth from in-person services implement indicators to identify which services are provided via telehealth; evaluate the effects of telehealth on access, cost, and quality of behavioral health services; and conduct monitoring and oversight specific to telehealth for behavioral health services to identify potential fraud, waste, and abuse in Medicaid programs.

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