

QUI TAM QUARTERLY

HUNTING TELEHEALTH FRAUD UNDER COVID-19 WAIVERS AND EXPANSION

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Over the COVID-19 pandemic, telehealth has evolved from an infrequent method of providing health care services that was often abused into a vital tool used by providers to connect with patients. This article examines fraudulent uses of telehealth, government agency uses of claims analysis and data analytics in telehealth fraud investigations, and government agency technological advancements in this regard. This article also provides recommendations on how to minimize risk of involvement in improper telehealth arrangements.

Key Takeaways

1. COVID-19 Telehealth Expansion Created Opportunities for Fraud
2. The Data Analytics and Technology Used in Telehealth Fraud Investigations Impact Compliance Measures
3. Best Practices to Minimize Telehealth Enforcement Risk

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Qui Tam Quarterly is a quarterly publication authored by members of the [health care fraud and abuse team](#) highlighting emerging and pressing issues in health care fraud and abuse, including litigation and governmental investigations involving the False Claims Act, the Stark Law, the Anti-Kickback Statute, and other health care fraud related statutes.

Members of [our team](#) are regular contributors to [Triage: Timely Conversations for Health Care Professionals](#), a podcast created by K&L Gates to inform our clients and friends of the firm about the latest developments in health law.

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