A New Threat of Fraud and Abuse: RPM

COVID Telehealth Expansion

Telehealth has been a boon in the COVID19 era. Patient populations that have once been difficult to treat or in rural areas now can receive medical care that was previously not accessible. This is especially important for patients with chronic diseases such as diabetes, kidney disease, COPD, and heart failure. These patients now have readily available access to providers to treat their difficult medical conditions.

Explosion of RPM

Telemedicine how also progressed from a simple “FaceTime”- like platform, where physicians can only talk to their patient about their symptoms, to more sophisticated technologies.   RPM (remote patient monitoring) represented these new technologies that allow providers to collect more objective data to make medical decisions. Blood pressure, pulse oxygenation, cardiac rhythm, blood sugar, and other data are now able to be collected remotely through wearable devices and sensors. These technologies allow providers to intervene early, by identifying patients at the highest risk for worsening symptoms which may result in a costly ER visit or hospitalization. With the average cost of hospitalization over 10,000, RPM is a huge opportunity to curb health care costs. With RPM, providers can provide medical therapies early in disease courses and coordinate medical care with the primary doctors and specialists to avoid hospital visits.

RPM Fraud Not Always Cut and Dry

The RPM industry has exploded since the pandemic. CMS and private payers recognized the potential to curb costs, and are now providing medical providers financial incentive to incorporate RPM for their populations.
While RPM technology stands to fundamentally change our traditional model of health care delivery, dangers with fraud and abuse still exist. One of the earliest cases of fraud involved the cardiac monitoring company Pocket ECG, which created a registration process that steers doctors to charge the highest reimbursement code from CMS.
The DOJ fined the company $13 M for promoting the billing of unneeded services.

Some cases are not less cut and dry. In 2019, the Office of Inspector General (OIG) allowed a digital health company and pharmaceutical manufacturers to loan free smartphones to patients to allow them to track drug adherence through a digital health app.   Since then many other similar digital health cases have also been ruled favorably by the OIG.

Stricter Penalties Likely

The growth of the RPM industry will continue to grow at an exponential pace, even after COVID19. This new market represents an opportunity for both RPM companies and health care providers to engage in fraudulent actives. CMS and the DOJ are still in the learning phase of these new technologies and how best to regulate their use.   As more fraud cases come to light, it is likely that federal penalties will continue to become harsher. Companies and providers will need to balance the benefits of these new technologies to patients with the inherent dangers of their inappropriate use.

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