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Fraud Fighters In Action



Be on the lookout!

REMOTE PROVIDER MONITORING

Medicare fraud and loss from RPM skyrocketed in 2020 due to Covid-19 pandemic...and **continues to rise exponentially.**

As defined in the Telehealth for Providers toolkit, remote provider monitoring (RPM) is defined as the “use of digital technologies to collect health data from patients in one location and electronically transmit that information securely to providers in a different location.” --

<https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

Remote patient monitoring has existed since the 1970s, originally as a Medicare home health benefit. In 2018, the Centers for Medicare and Medicaid Services (CMS) expanded remote patient monitoring to include services provided outside of traditional home health, including devices that uploaded data independent of the patient or health care provider. CMS promoted remote patient monitoring as a method of service that would allow providers to render individualized treatment through the use of real-time medical data that could result in better health outcomes.

“In 2020, the SMP was one of the first to identify RPM as an area of potential fraud vulnerability with its submission of a complaint to the U.S. Department of Health & Human Services Office of Inspector General involving RPM, “ states Jen Trussell, SHIP – SMP Fraud Prevention Consultant.

Source article link:

<https://www.shiphelp.org/application/files/7716/6333/8677/2022.09.Trussell.pdf> (pdf attached as well).



Cardiac Monitoring Companies and Executive Agree to Pay \$13.45 Million to Resolve False Claims Act Allegations

AMI Monitoring Inc. aka Spectacor, its owner, Joseph Bogdan, Medi-Lynx Cardiac Monitoring LLC, and Medicalgorithmics SA, the current majority owner of Medi-Lynx Cardiac Monitoring LLC, have agreed to resolve allegations that they violated the False Claims Act by billing Medicare for higher and more expensive levels of cardiac monitoring services than requested by the ordering physicians, the Department of Justice announced today. Spectacor and Bogdan have agreed to pay \$10.56 million, and Medi-Lynx and Medicalgorithmics have agreed to pay \$2.89 million.

Read full article: <https://oig.hhs.gov/fraud/enforcement/cardiac-monitoring-companies-and-executive-agree-to-pay-1345-million-to-resolve-false-claims-act-allegations/>