
FEHB Program Carrier Letter

FEHB ☒ PSHB ☒

U.S. Office of Personnel Management
Healthcare and Insurance

Letter Number 2026-01

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Fee-for-service [1]

Experience-rated HMO [1]

Community-rated HMO [1]

Subject: FEHB and PSHB Program Telehealth Services

Background

During the COVID-19 public health emergency (PHE), the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) allowed certain flexibilities regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These flexibilities included allowing healthcare providers to use widely available communication method(s) without fear of violating HIPAA, even if the method(s) did not meet HIPAA privacy and security requirements. This flexibility allowed health care providers to maintain continuity of care by providing care to patients remotely instead of in person. Those flexibilities ended on May 11, 2023, with the end of the PHE. OCR put in place a 90-day transition period for health care providers to make necessary changes to resume full compliance with HIPAA rules.¹

Carrier Reviews

OPM is notifying Carriers that claim audits have indicated an increased potential for fraudulent billing due to the increased use of telehealth services that began during the PHE. In accordance with FEHB Contract Section 2.3(g), "It is the Carrier's responsibility to proactively identify overpayments by conducting comprehensive, statistically valid reviews of claims data, and

¹ [Expiration of Notifications of Enforcement Discretion and transition period for telehealth.](#)

by maintaining a robust internal control program to identify and prevent payment errors. Comprehensive, statistically valid reviews shall include at a minimum, evaluations of claims no less frequently than every three months using defined criteria, such as claims audits and data analysis to detect potential erroneous payments, and validation processes to confirm errors before recovery actions.” Carriers should confirm that their internal reviews and internal controls include the proper processing of telehealth claims.

Should Carriers find deficiencies during review, they should strengthen system edits for claims with telehealth Current Procedural Terminology (CPT) codes, telehealth Places of Service (POS), and/or telehealth modifiers to ensure providers are following current telehealth billing standards. Subsequently, Carriers should take applicable recovery measures in accordance with the contract for erroneous payments discovered during review.

Additionally, if fraud or abuse is found during reviews, the Carrier must coordinate with OPM OIG as required by FEHB Contract Section 1.9 and OPM’s Fraud, Waste and Abuse guidance as found in [Carrier Letter 2017-13](#).

HHS OIG created a Toolkit, Analyzing Telehealth Claims to Assess Program Integrity Risks, in April 2023. This toolkit provides details outlining potential risks and is a resource that may be used to review telehealth claims for proper processing.

The Toolkit is available at:

<https://oig.hhs.gov/documents/evaluation/2710/OEI-02-20-00723-Complete%20Report.pdf>

Member Education

With the increased use of telehealth services since the PHE began, Carriers should ensure members are educated on the requirements of telehealth billing, privacy and security concerns, and quality-of-care risks. This member education should also include members’ rights relating to state-specific informed consent laws.

HHS has a patient resource site regarding protecting patient data and privacy that should be included for member reference.

The patient resource site is available at:

<https://telehealth.hhs.gov/patients/telehealth-privacy-for-patients>

Provider Compliance

We encourage carriers to ensure their providers are obtaining patients' informed consent for audio and video recordings of telehealth visits in compliance with state and Federal laws. Carriers should remind providers of HIPAA requirements to safeguard Protected Health Information (PHI) such as audio and video recordings.

The Centers for Medicare and Medicaid Services (CMS) has a provider resource site with information on key topics related to telehealth services and various links to documentation, coding, and billing requirements. This link should be shared with providers as a reference tool during communication on the telehealth topic.

The provider resource site is available at:

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

If you have any questions, please contact your Health Insurance Specialist.

Sincerely,

D. Shane Stevens
Associate Director
Healthcare and Insurance