



Remote Patient Monitoring
LEADERSHIP SUMMIT

Policy and Advocacy Developments in Remote Monitoring and Tech-Enabled Care

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DIGITAL HEALTH-FOCUSED COALITIONS



ALLIANCE *for*
CONNECTED CARE



REMOTE
MONITORING
LEADERSHIP
COUNCIL



Moving Health Home
An Alliance to Advance Home-based Care Policy





POLICY BACKGROUND

MEDICARE TELEHEALTH

Consolidated Appropriations Act, 2026

Extended Medicare telehealth flexibilities through
December 31, 2027

Medicare telehealth restricted by statute –

(m) PAYMENT FOR TELEHEALTH SERVICES

(1) IN GENERAL

Subject to paragraphs (8) and (9), the Secretary shall pay for telehealth services that are furnished via a telecommunications system by a physician (as defined in section 1395x(r) of this title) or a practitioner (as defined in paragraph (4)(E)) to an eligible telehealth individual enrolled under this

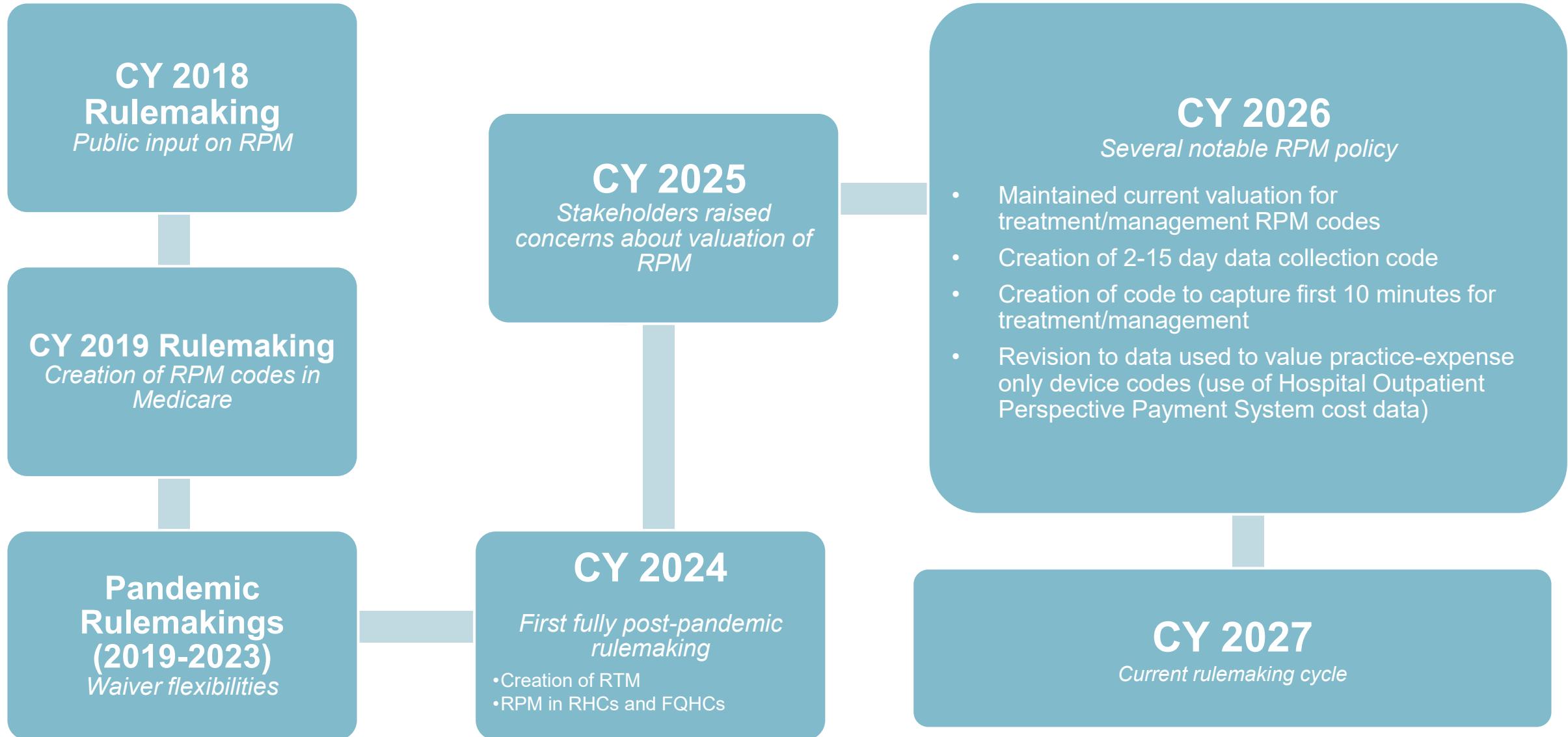
REMOTE PHYSIOLOGIC MONITORING

Medicare RPM does not fall under statutory restrictions of Medicare telehealth

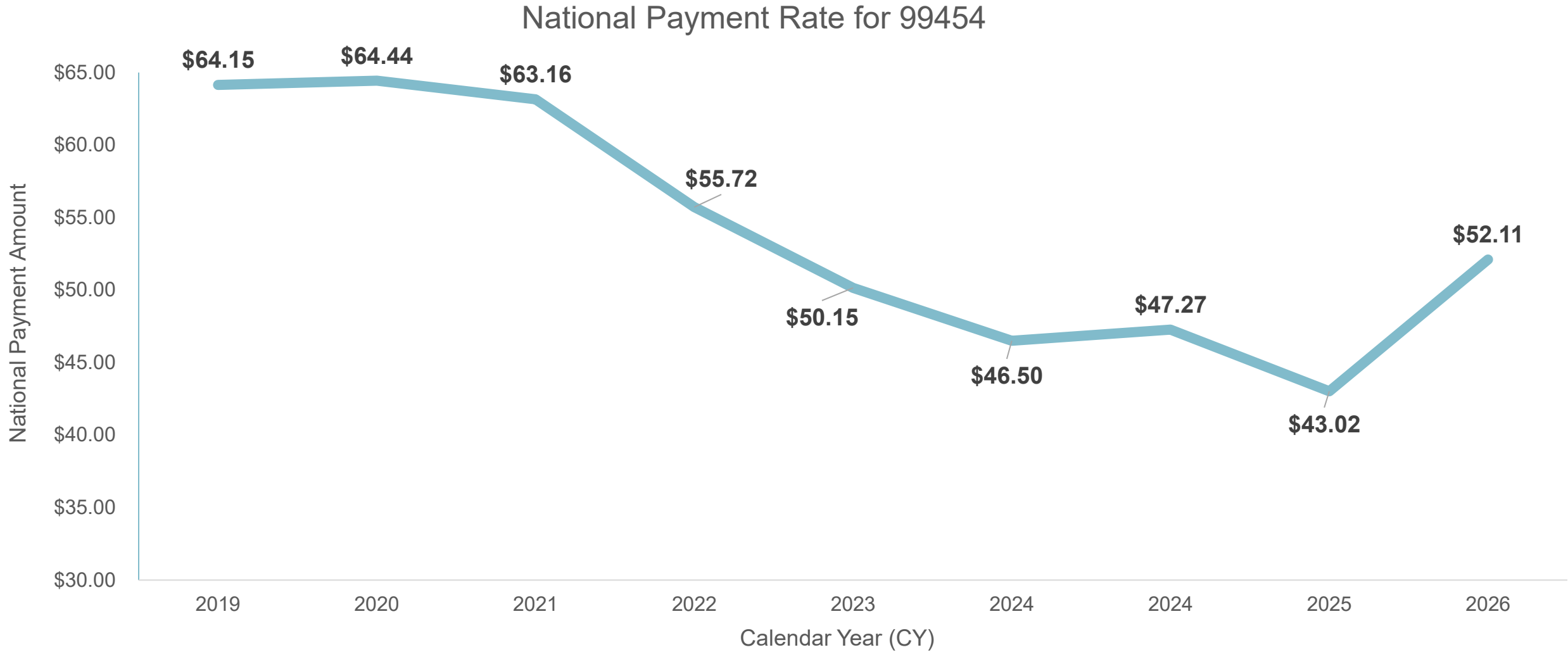
*“RPM...are inherently non-face-to-face, do not meet the definitions of section 1834(m) of the Act, **fall outside the scope of the definition of Medicare telehealth service...are not subject to section 1834(m) of the Act**”*

WHY IS THIS DIFFERENTIATION IMPORTANT?

Because Medicare RPM operates under CMS regulatory authority rather than statute, it can be updated and refined far more quickly than policies that require Congressional action.



RPM PAYMENT IN FFS DECREASED SINCE 2021



TREATMENT/MANAGEMENT

- CMS maintained valuation for work RVUs for CPT codes 99457 and 99458
- CMS created 99470, a treatment management code to capture the first 10-19 minutes

DEVICE CODES

- CMS created 99445, a device code that allowed 2-15 day data collection (pandemic flexibility)
- CMS will use Hospital Outpatient Prospective Payment System (OPPS) cost data to more accurately reflect the costs of device technologies of 99454 and 99445

CHALLENGES IN VALUATION

CMS acknowledged:

“...although the use of invoice data may be beneficial when valuing certain services, exclusively using invoices for the valuation of these PE-only services may not result in objective and accurate prices...”



RISKS TO RPM

- February 2023 Multi-Jurisdictional Contractor Advisory Committee (CAC) to jointly consider a new local coverage determination (LCD) for RPM and RTM for Non-Implantable Devices.
- The MAC meeting was a result of concerns from payers that RPM was being used more broadly than originally intended and utilization rising faster than expected (RPM grew six times since the creation of the codes).



- **Utilization Growth** – HHS OIG reports found RPM increased dramatically from 2019 – 2022.
 - Payments for RPM were a 31 percent increase from 2023.
 - Nearly 1 million Medicare enrollees received RPM in 2024, a 27 percent increase from 2023.
- **Inappropriate Utilization** – Medicare beneficiaries did not receive all 3 components of RPM services
- **No Prior Clinical Relationship**– HHS OIG found a small number of services provided without a prior medical relationship
- **Duplicative Billing** – HHS OIG found practices billing for the same enrollees as two or more other practices
- **Multiple Devices** – HHS OIG found billing for Medicare for 2 or more devices per month per enrollee



- RPM outcomes vary significantly by **condition, population, and implementation model**
- In fee-for-service, RPM can increase overall spending if it does not clearly reduce downstream utilization
- Recommendations for more targeted use

- **December 2025:** An MA plan announced plans to discontinue MA coverage of RPM for nearly all clinical use cases other than heart failure in 2026
- Deviation from Medicare's broader coverage of these services
 - [42 U.S.C. § 1395w-22](#) – Requires that Medicare Advantage plans provide the same benefits as Traditional Medicare.
- Implementation delayed, but underlying concerns continue

HealthAffairs

UnitedHealthcare's Remote Monitoring Rollback Misreads The Evidence And Jeopardizes Care

[Katharine Lawrence](#), [Antoinette Schoenthaler](#), [Daichi Shimbo](#), [Devin M. Mann](#)

DECEMBER 17, 2025

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Circulation

2025

**AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM
/AGS/AMA/ASPC/NMA/PCNA/SGIM
Guideline for the Prevention, Detection,
Evaluation and Management of High
Blood Pressure in Adults: A Report of the
American College of Cardiology/American
Heart Association Joint Committee on
Clinical Practice Guidelines**

- Utilization Concerns
 - Expansion of device code to 2-15 days
- AMA CPT Code inputs and reimbursement
- New guardrails and restrictions?
- AI scaling of RPM & policy response

CONTINUUM OF CARE: WELLNESS TO MEDICAL DEVICES

As consumer wearables become more prevalent and robust, maintaining clear distinctions between wellness tracking and medical-level RPM helps ensure appropriate clinical oversight, data reliability, and use.



OPPORTUNITY

ENTHUSIASM FOR TECH-ENABLED CARE IN WASHINGTON DC



THE WHITE HOUSE
WASHINGTON



MAKE AMERICA HEALTHY AGAIN

President Trump launched the Make America Healthy Again initiative to confront **chronic disease**, improve nutrition, and lower health care costs



- House Ways and Means Committee held several hearings to discuss rural health, chronic disease management, and tech-enabled care:
- **November 2025:** [Modernizing Care Coordination to Prevent and Treat Chronic Disease](#)
- **June 2025:** [Health at Your Fingertips: Harnessing the Power of Digital Health Data](#)
- **February 2025:** [Modernizing American Health Care: Creating Healthy Options and Better Incentives](#)
- **March 2024:** [Enhancing Access to Care at Home in Rural and Underserved Communities](#)

RPM Legislation:

- Rural Patient Monitoring Access Act (H.R. 3108/S. 1535)
- Expanding Remote Monitoring Access Act (H.R. 3032)
- Connected MOM Act (S. 141/H.R. 4977)

Health Tech Ecosystem

- Focus on reducing fragmentation, expanding data-sharing capabilities
- Pledges
 - Patient Facing Apps – Conversational AI Assistants
 - Patient Facing Apps – Diabetes and Obesity
 - Patients/Caregivers
 - Friend of the Ecosystem
 - And More

ACCESS Model

- Product of CMS' tech-enabled care agenda
- Way for digital health companies to receive Medicare reimbursement; provider referral opportunity
- Outcome-based payment using virtual care delivery

Rural Health Transformation Program

- \$50 billion program over five years for all 50 states
- Every state application included telehealth and nearly all include remote patient monitoring



Health Tech Ecosystem Categories

To unlock the full potential of a modern, patient-centered healthcare system, CMS is aligning common infrastructure with private-sector innovation across a set of clearly defined categories.

[Learn more about the ecosystem →](#)



Interoperability Framework

Build a national healthcare directory starting with provider and payer information focusing on interoperability.

[Read the framework →](#)



Early Adopters

Several companies in different categories have committed to improving health tech.

[View who has committed →](#)

Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model

This model will test an outcome-aligned payment approach in FFS Medicare to expand access to new technology-supported care options that help people improve their health and prevent/manage chronic disease.

Model Participation	ACCESS participants must be Medicare Part B–enrolled organizations (excluding DMEPOS and laboratory suppliers) and designate a Medicare-enrolled Medical Director to oversee care quality and compliance. Per CMS FAQs, ACCESS participants must be covered entities as defined by HIPAA (e.g., providers, payers, clearinghouses).
Target Population	Medicare FFS beneficiaries in four clinical tracks initially, potentially adding more in the future: <ul style="list-style-type: none">• Early Cardio-Kidney-Metabolic (eCKM): Hypertension (high blood pressure), dyslipidemia (abnormal or elevated lipids, including cholesterol), obesity or overweight with marker of central obesity, and prediabetes• Cardio-Kidney-Metabolic (CKM): Diabetes, chronic kidney disease, or atherosclerotic cardiovascular disease• Musculoskeletal (MSK): Chronic musculoskeletal pain• Behavioral Health (BH): Depression or anxiety
Performance Period	Duration: 10 years; Start: July 1, 2026 Applications accepted on a rolling basis beginning Jan 2026 through 2033.
Exclusion Criteria	ACCESS Participants and their affiliated entities may not submit Medicare FFS claims (directly or indirectly through another organization for which they provide contracted services) for aligned beneficiaries during active care periods. Medicare claims processing systems will incorporate automatic controls that suppress FFS billing from ACCESS Participants for aligned beneficiaries during their care periods.

Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model

Clinical Track	Initial Period	Follow-On Period
Early Cardio-Kidney-Metabolic (eCKM)	\$360	\$180
Cardio-Kidney-Metabolic (CKM)	\$420	\$210
Musculoskeletal (MSK)	\$180	N/A – No Follow-On Period
Behavioral Health (BH)	\$180	\$90

*Rural add-on: \$15 to initial-period eCKM or CKM beneficiaries in rural areas

Innovative care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.



Tech innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

Make rural America healthy again

Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

Sustainable access

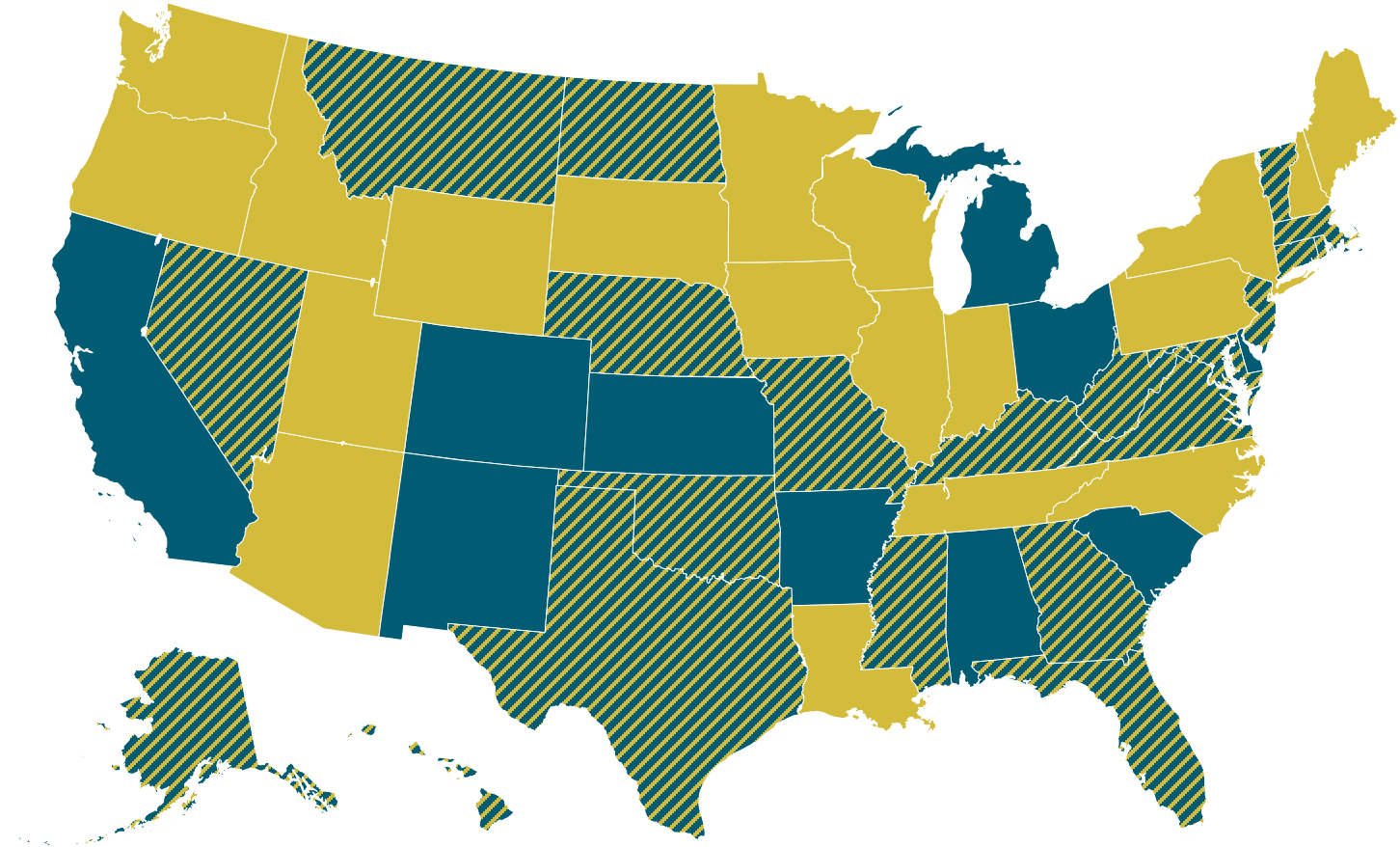
Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHTP Program support, rural facilities work together — or with high-quality regional systems — to share or coordinate operations, technology, primary and specialty care, and emergency services.

Workforce development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.

Tech-Enabled Care in State RHTP Applications

■ RPM ■ Telehealth ■ Both RPM and Telehealth





RPM ADVOCACY

“Are we paying for meaningful clinical care or just data collection?”

CLINICAL VALUE & OUTCOMES



“How do we know RPM is reducing hospitalizations instead of simply adding new spending?”

COST TO TAXPAYERS



“What does remote mean? Are scammers exploiting these services?”

PROGRAM INTEGRITY



“Will this widen the digital divide for seniors without broadband or technical support?”

EQUITY & ACCESS



“How do we ensure patients still receive appropriate in-person care when needed?”

APPROPRIATENESS OF SERVICES



“What additional technology or documentation burdens might be placed on practitioners?”

(Either operationally OR as additional constraints created by policymakers)

ADMINISTRATIVE BURDEN



CLINICAL EFFECTIVENESS

Policymakers prioritize services that demonstrate value to patients.

IE: reduced readmission rates, adherence to evidence-based care guidelines

COST SAVINGS TO FEDERAL PROGRAMS

Policymakers prioritize services that reduce costs to federal programs such as Medicare.

IE: Outcomes per dollar spent, reducing emergency room visits, chronic disease prevention

CUTTING FRAUD, WASTE, & ABUSE

Policymakers are focused on program integrity in Medicare.

IE: curbing improper payments, auditing, oversight

FUNDAMENTAL MISUNDERSTANDING

A common misunderstanding is that RPM replaces in-person care. Instead, RPM extends the capabilities of in-person providers by enabling continuous, clinically guided monitoring between visits.

ENGAGE IN ADVOCACY



**CLINICAL OUTCOMES
DATA**



**ECONOMIC
ANALYSIS**



**PATIENT
STORIES**



Remote Patient Monitoring
LEADERSHIP SUMMIT

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#RemotePatientMonitoring
ICDevents.com

Thank You!

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<https://rpmleadershipcouncil.org/>

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