

ConnectedHealthInitiative

April 17, 2025

Juliet T. Hodgkins
Acting Inspector General
U.S. Department of Health and Human Services
Office of the Inspector General
330 Independence Avenue Southwest
Washington, District of Columbia 20201

Dear Acting Inspector Hodgkins:

The Connected Health Initiative (CHI) writes to highlight the importance of new remote patient monitoring tools and services that are demonstrated to improve patient outcomes, reduce costs, augment population health management, and better support the healthcare workforce. As the 119th Congress and the Administration work to advance much-needed policy improvements to unlock the potential of digital health technologies such as remote patient monitoring, it is essential that their decisions are guided by accurate and well-contextualized information. Unfortunately, during the previous administration, policymakers received inaccurate information on the efficacy and impacts of remote patient monitoring in a report from the Department of Health and Human Services (HHS) Office of the Inspector General (OIG) on this topic. CHI seeks to clarify the facts as we move forward into a new phase of policymaking.

CHI is the leading effort by stakeholders across the connected health ecosystem to responsibly encourage the use of digital health innovations and support an environment in which patients and consumers can see improvements in their health. We seek essential policy changes that will help all Americans benefit from an information and communications technology-enabled American healthcare system. For more information, see www.connectedhi.com.

Last fall, HHS OIG issued a report titled “Additional Oversight of Remote Patient Monitoring in Medicare is Needed.”¹ Overall, the report found that, while the use of remote patient monitoring in Medicare increased significantly since 2019, over 40% of those enrolled in remote patient monitoring did not receive all three components of it (enrollee education and device setup, device supply, and treatment management). OIG takes this and other data points as evidence that remote patient monitoring is not being used as intended, or

¹ HHS OIG, *Additional Oversight of Remote Patient Monitoring in Medicare is Needed* (September 2024), available at: <https://oig.hhs.gov/documents/evaluation/10001/OEI-02-23-00260.pdf>.

even the presence of fraud. Unfortunately, several of OIG’s conclusions are incorrect or the result of misunderstandings of the rules underlying remote patient monitoring’s availability in Medicare.

The OIG report’s key misunderstandings include:

- The OIG claims there is no requirement for remote patient monitoring (RPM) to be ordered by a physician and recommends establishing such a requirement. This is incorrect. An order requirement for RPM has existed since the 2021 Physician Fee Schedule and is supported by guidance from Medicare Administrative Contractors.²
- The OIG asserts that patients must transmit their vitals data at least 16 days out of every 30 to qualify for RPM services. However, CMS has not adopted this as a strict requirement. In the 2024 Medicare Physician Fee Schedule Final Rule, CMS explicitly clarified that this is not a prerequisite for billing under time-based RPM codes (99457 and 99458).³
- The OIG concludes that RPM services are not being used as intended, citing instances where patients may not have received all three service components—device set-up and education, device supply, and treatment management. This critique disregards practices that align with CMS policy, relevant CPT codes, and established medical norms.
- The OIG suggests that some RPM enrollees received services for diagnoses lacking specific monitored conditions, implying fraud. However, providers are generally not required to include diagnosis codes in their documentation. This observation does not highlight an issue unique to RPM.

² <https://www.ngsmedicare.com/remote-monitoring-services?lob=96664&state=97178&rgion=93623&selectedArticleId=4521902>.

³ 2024 Medicare Physician Fee Schedule Final Rule, pg. 78884.

CHI appreciates the opportunity to correct the record and looks forward to working with you and all stakeholders to improve outcomes for patients, clinicians, and public health as a whole.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Scarpelli', with a stylized flourish at the end.

Brian Scarpelli
Executive Director

Chapin Gregor
Policy Counsel

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