ConnectedHealthInitiative

August 14, 2026

The Honorable T. March Bell
Inspector General
U.S. Department of Health and Human Services
Office of Inspector General
330 Independence Avenue SW
Washington, District of Columbia 20201

Dear Inspector General Bell:

The Connected Health Initiative (CHI) writes to follow up on our April 17, 2025, letter[1] to your office and follow-up meeting when we met with OIG staff regarding the September 2024 report, *Additional Oversight of Remote Patient Monitoring in Medicare Is Needed* (OEI-02-23-00260).[2]

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. Remote patient monitoring (RPM) and remote therapeutic monitoring (RTM) are among the tools our members develop and deploy to improve patient outcomes, reduce costs, strengthen population health management, and better support the healthcare workforce.

CHI shares the Office of Inspector General's (OIG) interest in ensuring that these services are used and billed appropriately, and we welcome well-targeted oversight that protects program integrity while preserving beneficiaries' access to clinically valuable monitoring.

We write now because, nearly two years after that report's publication, four of the five recommendations OIG directed to the Centers for Medicare & Medicaid Services (CMS) remain open and unimplemented according to OIG's own recommendation tracker.[3] Specifically, CMS has not yet:

1. Implemented additional safeguards to ensure that RPM is used and billed appropriately;
2. Required that RPM be ordered and that ordering-provider information be included on claims and encounter data;

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[1] Letter from Connected Health Initiative to Juliet T. Hodgkins, Acting Inspector Gen., HHS (Apr. 17, 2025), https://connectedhi.com/wp-content/uploads/2025/04/CHI-Letter-to-HHS-OIG-re-RPM-Report-17-Apr-2025.pdf.
[2] HHS Office of Inspector Gen., *Additional Oversight of Remote Patient Monitoring in Medicare Is Needed*, OEI-02-23-00260 (Sept. 2024), https://oig.hhs.gov/documents/evaluation/10001/OEI-02-23-00260.pdf.
[3] HHS Office of Inspector Gen., *Recommendation Tracker*, Report No. OEI-02-23-00260, https://oig.hhs.gov/reports/recommendations/ (last visited Aug. 14, 2026) (recommendations 24-E-02-045.01, .02, .03, and .05 open and unimplemented, each with an expected implementation date in 2027; recommendation 24-E-02-045.04 (provider education) closed June 23, 2025).

3. Developed methods to identify what health data are being monitored; and
4. Identified and monitored the companies that bill for RPM.

We note that CMS, in proposing revisions to RPM and RTM policies in the CY 2027 Medicare Physician Fee Schedule proposed rule,[4] relies heavily on OIG's reports and recommendations though its proposals do little to accomplish the OIG program integrity recommendations that remain outstanding above. Separately, we are engaging with CMS, including through the filing of formal comments, to assist its efforts to leverage remote monitoring innovations to improve beneficiary outcomes, reduce costs, augment population health management, and support the healthcare workforce.

CHI and its members are well positioned to help close the gaps OIG has identified in a way that is both effective and workable for providers and patients. We welcome the opportunity to serve as a resource to OIG (and CMS) by sharing technical and operational expertise on how (1) ordering-provider and device-level information can be captured on claims, (2) the types of data being monitored can be identified, and (3) patterns among billers can be surfaced so that any new safeguards target genuinely improper conduct without impeding the appropriate delivery of beneficial monitoring services.

In furtherance of OIGs efforts and our resources, we have requested a follow-up meeting with your staff and would appreciate your attention to this important issue. Likewise, we would welcome the opportunity to meet with you and your team to discuss how CHI can help implement these outstanding recommendations. CHI is happy to make our members' technical experts available at your convenience.

Sincerely,

Brian Scarpelli
Executive Director

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Policy Counsel

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[4] Medicare and Medicaid Programs; CY 2027 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, 91 Fed. Reg. 43,842 (proposed July 16, 2026) (CMS-1848-P; RIN 0938-AV82).