Understanding CMS's Proposed Changes to **Remote Patient Monitoring**

COACHCARE

What Healthcare Organizations Should Know

The Centers for Medicare & Medicaid Services (CMS) recently released its proposed 2027 Physician Fee Schedule (PFS). While intended to combat bad actors and fraud in the market, the draft rule introduces strict staffing restrictions that could eliminate remote monitoring access for over a million patients nationwide.

Below is an overview of the proposal, how it affects your clinical operations, and how we can work together to protect remote patient monitoring (RPM) services.

1. What CMS Is Proposing

Direct Employee Supervision Requirement: CMS proposes that RPM (CPT 99457/99458) and Remote Therapeutic Monitoring (RTM) services can only be billed if the clinical staff providing the care are direct employees of the billing practitioner or practice.

Elimination of Third-Party Staffing: Beginning January 1, 2027, Medicare would no longer reimburse RPM/RTM services delivered via third-party clinical care teams or contracted partners

No Grandfathering Clause: The draft rule does not include exemptions or protections for patients currently enrolled in active monitoring programs.

CMS Rationale: CMS cites concerns over "cold calling" fraud and care fragmentation. However, this proposed blanket restriction penalizes high-quality, fully integrated monitoring programs.

2. What This Means for Your Practice & Patients

Unrealistic Administrative Overhead: Establishing an in-house, 24/7/365 clinical monitoring operation requires multi-state HR, legal, recruiting, and software infrastructure, alongside specialized escalation teams (RNs/NPs). This shifts vital focus away from direct patient care and toward complex administration.

Threat to Independent & Rural Practices: Large health systems may have the capital to insource staffing, but independent, rural, and small practices rely on specialized care partners to offer daily surveillance.

Risk to Patient Access & Outcomes: Rather than bringing RPM in-house, many practices will be forced to shut down their programs entirely—leaving high-risk chronic care patients without continuous care management.

3. How You Can Take Action

CMS is legally required to review all public comments before issuing its final rule in November. Your voice as a clinician or practice leader is critical.

1. **Submit Formal Comments to CMS (Due Sept 14–16, 2026):**
   Voice your concerns on Docket CMS-2026-2377. CoachCare will provide a 5-minute template letter customized for your practice.

2. **Contact Your Congressional Representatives:**
   Urge lawmakers to support H.R. 3108 (the *Rural Patient Monitoring Access Act*) and request that CMS withdraw the direct staffing restriction

3. **Engage in Media & Patient Advocacy:**
   Participate in local media interviews (CoachCare provides full media preparation) or support efforts to help patients share their stories with key stakeholders.

4. CoachCare's Commitment to Your Organization

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- **Leading the Policy Charge:**
  As a founding executive member of the Remote Monitoring Leadership Council (RMLC), CoachCare is actively advocating with policymakers to protect RPM delivery models.

- **Guaranteed Partnership Pathways:**
  If this rule survives in the final fee schedule, CoachCare has already developed flexible contingency models—including SaaS software options and turnkey management service structures—to help you seamlessly manage compliance without interrupting patient care.

Questions or media interest?
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