



What's Next for RPM and CCM: Navigating CMS's New Rules and Programs

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Educational Webinar Series



Today's Experts



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Audience Poll

Do you have an existing RPM or CCM program today?

Audience Poll

For those who have an existing RPM and/or CCM program, how are you managing the clinical work?

RPM/CCM: Where did it start? How has it evolved? Where is it going?

How RPM Has Evolved: Then to Now

EARLY 2000s



Phone-line tabletop monitors

Plug it in, take readings, send them later. No Wi-Fi, no Bluetooth, and no real-time view.

TODAY



Connected devices + platform

Readings flow to the platform in near real time, so care teams can act sooner.

A Comprehensive Program Today

RPM and CCM as one continuous loop of care, not a device and a dashboard

1

Identify

Risk-stratify the panel. Start with recent admissions, heart failure, uncontrolled BP or diabetes.

2

Engage

Warm handoff from the patient's own provider, an initiating visit, consent and a clear reason to join.

3

Monitor

Simple cellular devices, exception-based alerts, and ADT/HIE feeds for admissions and med changes.

4

Act and coordinate

Nurses act on trends, titrate per protocol, book visits on the practice calendar, close care gaps.

5

Measure

BP and A1c control, ED visits, admissions, patient retention and total cost of care.

Clinical care coordination: one team, one plan, one chart

Extension of the practice Care managers work as part of the patient's own care team, with same-day escalation to the provider.

Transitions Medication reconciliation and follow-up after every discharge, tied to TCM.

In the chart Readings, notes and care plans live in the EHR, not a separate portal.

Proactive engagement: reach out before the patient calls

Trend-based outreach Act on a 2-3 day weight or BP trend before it becomes an ED visit.

Relationship A consistent, named nurse who calls at the patient's preferred time.

Self-management Education and goals the patient sets, and early re-engagement when readings stop.

A PATIENT SUCCESS STORY

"I wasn't getting the care I needed at home and felt like I had nowhere to turn. Stephanie, my telehealth nurse, reached out to me and got my medications refilled on the same day. I'm thankful for Stephanie and finally feeling heard."

– Judy, New York

What are the most significant proposed changes in the CMS Physician Fee Schedule for RPM and CCM?

CY2027 Proposed Changes at a Glance

What CMS proposed for remote monitoring on July 14, 2026, and what it did not

1 Employed staff only
RPM/RTM pays only when clinical staff are employed by the billing practice. Contracted third-party clinical staff would not qualify. Device and software vendors are still allowed.

2 Initiating visit required
A separately billed face-to-face visit (in person or telehealth) must start RPM/RTM, with the monitoring plan and patient consent documented. RTM limited to established patients.

3 Lower payment values
CMS says devices cost less than first estimated. Industry analysis: device supply drops from ~\$52 to ~\$18 per month, setup from ~\$22 to ~\$15.

4 Code consolidation (comment only)
CMS asked whether 17 RPM/RTM codes should become four G-codes (setup and monthly, for RPM and RTM). Not proposed for 2027.

5 Signals for ACOs
Proposed MOD2 adds 32% to E/M visits by MSSP and LEAD clinicians. The non-QP conversion factor falls 1.68% to \$32.84.

6 Comment period
4,000 out of 44,000 total comments mentioned RPM.



If the changes go through, what are the options for RPM and CCM organizations?

**Where does the ACCESS Model fit in,
and how is it different?**

How do you plan ahead for the CMS Physician Fee Schedule changes?

Questions & Answers



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Guaranteed minimum 30% reduction in readmissions!

RESOURCES

RAP ROI

Metric/Category	Value
Admits per year	5,556
Readmissions rate	18%
Readmissions per year	1,000
Annual readmission cost	\$15,000,000
Readmission reduction	176
Cost per readmission	\$15,000
Savings	\$2,632,500
RAP Fee	\$1,500,000
Net Savings	\$1,132,500
ROI	76%

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86%
Reduction in 30-day readmission rate per member

63%
Reduction in 90-day readmission rate per member

90%
Member Satisfaction

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