

UnitedHealth, CVS push back on Medicare plan to curb remote patient monitoring

The insurers call for focused guardrails on RPM instead of a ban on vendors

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Sept. 23, 2026
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Major insurers are pushing back on a Medicare proposal that would significantly disrupt how many doctors bill for tracking the health of patients using devices like connected blood pressure cuffs, scales, and blood glucose meters. These remote monitoring services help patients manage a range of medical conditions, including hypertension, diabetes, and heart failure.

UnitedHealth Group, CVS Health, and Kaiser Permanente all wrote letters to the Centers for Medicare and Medicaid Services opposing a proposal that would require that remote patient monitoring care be delivered by direct employees of the practice that is billing for them — effectively banning providers from using contractors for the care. All of these groups operate both insurers and care organizations.

The opposition from UnitedHealth Group is notable in particular because the company's insurance subsidiary, UnitedHealthcare, recently attempted to stop paying for most remote patient monitoring “due to insufficient evidence of efficacy.”

Humana and the Blue Cross Blue Shield Association, in contrast, support Medicare's proposal.

The prohibition on vendors and several other proposals in Medicare's draft physician fee schedule for 2027 are aimed at reining in RPM billing. The proposals also come as federal health officials promote a new payment model that rewards clinical outcomes instead of the quantity of services delivered.

But the diversity of opinion from insurers who cover millions of people in private Medicare plans — and a broad outcry against the proposals from vendors, hospitals, and specialty societies — highlights Medicare’s difficult task as it considers what to finalize later this fall.

“It shows there’s no industry consensus that a full ban is necessary, which strengthens the hand of anyone arguing for a narrower, guardrail-based approach,” said Jared Augenstein, senior managing director at Manatt Health, a professional services firm that supports health care organizations.

Medicare has paid for remote monitoring billing codes since 2019. Five years later, payments ballooned to more than \$500 million, according to the health department’s Office of Inspector General. In a 2024 report, the watchdog identified what it believes are unusual billing patterns with remote patient monitoring, including that 43% of patients who received RPM were not billed for each of its components: device setup and education; device supply and daily data transmission; and treatment management. There have been a handful of publicly disclosed settlements with providers over false claims related to RPM billing.

A significant amount of remote patient monitoring care is delivered by contractors working for health care providers, and industry advocates warned that Medicare’s proposed changes, if finalized, could be “potentially cataclysmic” for vendors. Advocates argue that it would be impossible for busy providers to offer RPM without the help of contractors. And they have proposed more focused approaches to remote patient monitoring oversight, including capturing more about who is delivering care, closer monitoring of providers, and “robust” auditing and enforcement.

In its comments, UnitedHealth Group said it is concerned that the employment requirement could “unintentionally restrict beneficiary access to high-value vendors collaborating tightly with clinicians and potentially disrupt care models that rely on third-party monitoring support.” Instead, it asked regulators to define when it may be appropriate for providers to work with vendors as well as to specify the expected duration of RPM and clinical oversight.

After threatening to cut off a broad swath of RPM payment in Medicare Advantage plans last year, UnitedHealthcare ultimately delayed its plans following substantial public pushback.

“It will be interesting to see if UnitedHealth Group proposes a more nuanced coverage policy that links RPM payments to measurable clinical improvements,” said Caroline Pearson, executive director of the Peterson Center on Healthcare, which wrote a report arguing for stricter guardrails on RPM payments.

CVS Health, which owns the insurer Aetna, said that rather than an outright ban on vendors, Medicare regulators should establish accountability standards for their use. It said that billing providers must remain in charge of all patient selection, treatment decisions, and oversight. It also said that CMS ought to carefully monitor RPM claims for signs of unnecessary use.

Augenstein, of Manatt Health, pointed out that support for a Medicare ban on vendors in RPM tracks with the company structures. Health care organizations like CVS Health and UnitedHealth Group are vertically integrated businesses including insurers and provider groups. He said some payers also have or are exploring national partnerships with health tech companies that would be derailed by these changes.

“Plans without large employed care delivery organizations or partnerships in place can support a ban on contracted staff without major disruption to their existing business,” he said.

Kaiser Permanente wrote that the proposal will disproportionately impact integrated delivery systems, “under which clinical staff directly employed by separate business units within the same organization will be restricted from providing appropriate, bona fide and medically necessary RPM and RTM services to their patients.” Kaiser said the changes will also impact “smaller practices and rural providers who rely on third-party contractors.”

Humana’s comment supporting Medicare’s proposal to ban vendors echoes many of the arguments in the draft fee schedule, including that the use of vendors can lead to poor coordination with the billing provider

and fragmented care. The proposal, the insurer writes, promotes greater accountability and communication between members of the care team.

“We believe this change is consistent with CMS’s goals of improving program integrity while ensuring that remote monitoring services remain focused on supporting meaningful clinical management rather than functioning primarily as a technology-driven service,” the letter said.

The insurer comments also touch on other significant elements of Medicare’s remote patient monitoring proposals.

For example, Medicare said it is considering bundling the device supply, data transmission, and treatment management into a single code. Blue Cross Blue Shield supports the idea. “Tying payment to delivery of all three components, including treatment management with at least one real-time interactive communication, would benefit patients by promoting active clinical management rather than passive data collection, reducing payment for incomplete services, and reinforcing the program integrity objectives reflected across CMS’ remote monitoring proposals,” the insurer wrote.