medsense health

POSITION PAPER · AUGUST 2026

What CMS's Proposed RPM/RTM Rule Means for You

You may have seen the recent announcement: CMS has proposed dramatic changes to how Medicare pays for Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) services, and it has received significant trade-press attention this past few weeks. Whether your pharmacy is already running a Medsense program, or you are in the decision phase, we want to be clear: these proposed changes wouldn't require any modifications to how we are currently running your program. In fact, the proposed rule changes offer a clear explanation of how a compliant program should work.

Every July, CMS proposes routine updates to these rules. This year's changes target operators who outsource clinical oversight to a third party, or skip steps toward establishing a patient relationship. Creating a compliant RPM/RTM program takes years, and industry coverage has already noted that many vendors in this space would not be able to bring that work in-house before the Jan. 1, 2027 effective date, should these proposed rule changes be adopted.

Medsense was built from Day One to avoid exactly those shortcuts. Here's how Medsense stacks up against the key items of the proposed rules:

See point-by-point response on next page →

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CMS PROPOSED RULE · JULY 17, 2026

CMS PROPOSAL	MEDSENSE RESPONSE
RPM/RTM monitoring must be performed by clinical staff employed by the billing practice, NOT outsourced to a third party.	This has been our model since Day One. The clinical team performing and documenting every patient's required monthly monitoring is employed directly by Medsense's own physician-led medical group — not contracted out. Pharmacies are paid separately, under a Collaborative Practice Agreement (CPA), for their own clinical check-in (a service payment, not a substitute for our team's monitoring time). That will continue regardless of what happens with this rule.
The established-patient requirement already in place for RPM is extended to RTM, plus a separately reportable, "face-to-face" initiating visit before billing begins for either service.	Every patient enrolled in a Medsense program — RPM or RTM — already completes a visit establishing care with the Medsense medical group before monitoring starts. We've applied this standard consistently for years. A second, separately reportable initiating visit is not a workflow change for us.
Proposed revaluation of RPM/RTM payment rates, plus a request for comment on bundling device supply, monitoring, and clinical service into a single code.	Core reimbursement rates are proposed to hold steady this cycle. The bundling idea is only a request for comment, not a firm proposal, and it would favor organizations that already deliver all three pieces (device setup, ongoing monitoring, and monthly clinical service) as one integrated offering. That's exactly how Medsense operates today.
The proposal does not change how software and monitoring devices may be sourced from third-party vendors. Only clinical staffing is affected.	No impact on our technology stack or device partnerships. This part of the proposal is squarely about who performs the clinical work, which is where we've already built for compliance.

ALSO WORTH KNOWING

Less than 48 hours after CMS released this proposal, the House Ways and Means Committee advanced separate bipartisan legislation — the Rural Patient Monitoring Access Act — to expand and protect access to remote monitoring services, with specific protections for rural and underserved communities. Congress and CMS aren't moving in the same direction here, and industry groups like the American Telemedicine Association have already pushed back on CMS' proposal on exactly that point. For our rural pharmacy partners especially, that's a real signal of strong public support for these programs.

Public comment closes September 14, and CMS is expected to confirm a final rule in early November for a Jan. 1, 2027 effective date. If you have questions about your specific account, reach out to your Medsense team directly.