CONNECTICUT HOSPITAL ASSOCIATION

February 3, 2026

Mishael Azam
Vice President of External Affairs, UnitedHealth Group
UnitedHealthcare
City Place I
185 Asylum Street
Hartford, CT 06103

RE: UnitedHealthcare Remote Physiologic Monitoring (RPM) Policy

Dear Mishael Azam,

The Connecticut Hospital Association (CHA) is a not-for-profit membership organization that represents hospitals and health-related organizations. CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care.

CHA is opposed to UnitedHealthcare's Remote Physiologic Monitoring (RPM) policy scheduled to take effect in 2026, which would limit RPM coverage to just two conditions — chronic heart failure and hypertensive disorders of pregnancy — for Medicare Advantage and commercial plans.

While we appreciate UnitedHealthcare's decision to delay implementation of this policy, we remain deeply concerned about its scope and potential impact for patients and their providers and urge its formal rescission.

CHA recognizes that tools like remote monitoring are integral to providers' ability to deliver timely, high-quality care to patients outside of a hospital setting. UnitedHealthcare (UHC) itself recognizes the importance of these services in its own policy: *"Remote physiological monitoring is becoming increasingly popular in the health care field… The aim of RPM is to improve health outcomes and/or prevent further deterioration of the clinical condition [and] transmit data to health care professionals for review, diagnosis, and to inform clinical management. With the data, the care team can monitor chronic conditions outside of the traditional health care environment and intervene in disease management as necessary either in-person or virtually."*

Hospitals rely on tools like RPM to reduce avoidable hospital utilization and costs for patients who may otherwise seek services at high acuity sites of care, and they are an important mechanism for expanding access to patients in rural and underserved communities. Scaling back coverage for the services provided under this policy could impede progress made in these areas, create gaps in care delivery, and reduce necessary reimbursement for providers engaged in their patients' care. Additionally, UHC changes may also introduce uncertainty for hospitals that have made significant investments in RPM infrastructure and patient engagement based on prior coverage policies.

In addition to the patient-facing and financial implications, we request further clarification regarding how UnitedHealthcare's revised coverage approach aligns with Centers for Medicare & Medicaid Services (CMS) standards. 42 C.F.R. § 422.101(a) directs MA organizations to provide coverage of "all services that are covered by . . . Part B of Medicare," and § 422.101(b) mandates that MA plans comply with "general coverage and benefit conditions included in Traditional Medicare laws."[1] Though UHC attributes its decision to exclude commonly monitored conditions like Type II diabetes and general hypertension by reasoning that they are not "reasonable and necessary due to insufficient evidence of efficacy management," we urge UnitedHealthcare to clarify its decision as it relates to CMS's requirements and to ensure continued alignment with Medicare standards so as not to unnecessarily limit access to RPM services for patients and providers across the healthcare system.

Thank you for consideration of our comments.

Sincerely,

Paul Kidwell
Senior Vice President, Policy

PK:KH:ljs
By email
cc: Josh Hershman, Commissioner, Connecticut Insurance Department

[1] https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-422/subpart-C/section-422.101