Life365

MAXIMIZING

Rural Health Revenue and Care Delivery Through

Remote Patient Monitoring

A practical guide to building a sustainable remote physiologic monitoring program that expands care access, improves health outcomes, and leverages RPM reimbursement—even in the most remote corners of your community.

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WHAT'S INSIDE

Best practices for launching & scaling a Remote Patient Monitoring Program

For rural healthcare organizations, RPM offers an opportunity to expand access, strengthen chronic disease management, and create sustainable reimbursement pathways. Combined with RHTP funding for technology and infrastructure, organizations can build remote care programs that improve outcomes while supporting long-term financial sustainability. This guide breaks the process into three practical elements you can act on today.

01 Why RPM matters for rural communities

For patients who live far from care, regular monitoring doesn't have to mean regular travel. Remote Patient Monitoring makes it easy to collect routine health readings from home, helping care teams better understand how chronic conditions are managed between office visits while keeping patients engaged in their care.

Five reasons rural providers are adopting RPM

The benefits compound across access, outcomes, engagement, revenue, and staff capacity.

Greater access to care

Patients get monitored and supported without needing to leave home — critical across long rural distances.

Better outcomes & prevention

Early signals from daily vitals mean earlier intervention for people with chronic conditions.

Stronger patient engagement

Regular touchpoints keep patients connected to their care team and invested in their own health.

New revenue for rural facilities

RPM opens recurring, reimbursable billing for FQHCs, RHCs, and clinics.

Reduced care team burden

Monitoring can be outsourced or shared, so a lean rural staff isn't stretched thinner.

02 The three elements of a successful RPM program

A successful program doesn't rest on technology alone. Success begins with these foundational elements:

1 Identify your population

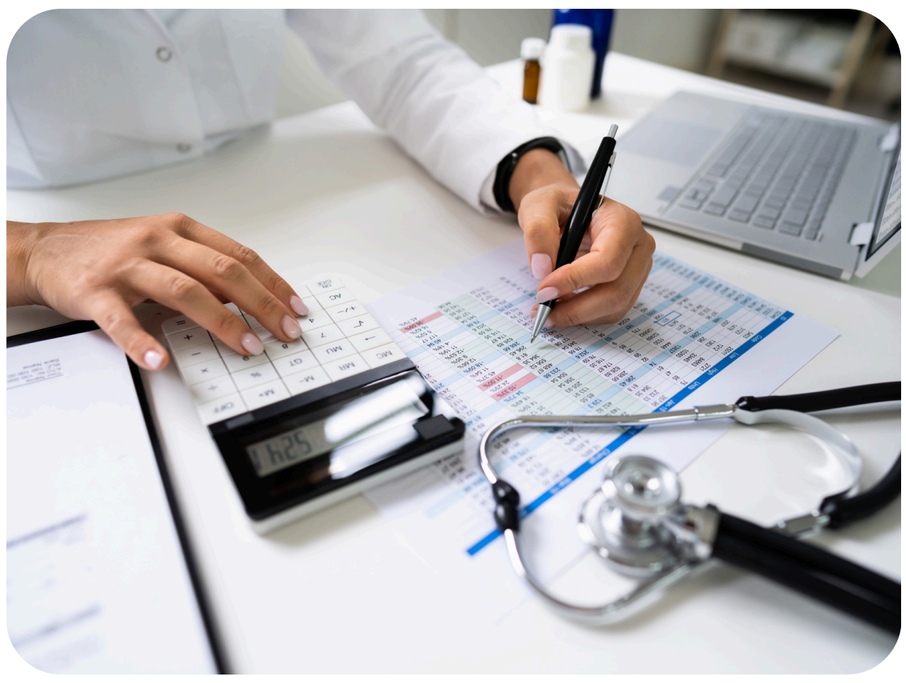
Decide which patients to target and what you want to achieve. Ground the choice in evidence — the chronic conditions most prevalent in your community, and the outcomes other programs have already proven.

2 Select the right tools & staffing model

Match devices to the vitals you need, choose a clinical platform your team can actually work in, and decide how the monitoring gets staffed – in-house, outsourced, or a hybrid of both.

3 Master documentation & billing

Understand the documentation, billing requirements, and CPT codes that support a compliant RPM program – from patient eligibility and device setup to data collection and monthly care management.



ELEMENT ONE

03 Identify your population

Start with two questions: **Which populations will you target, and what do you want to achieve?** The examples below highlight real-world outcomes achieved through Life365-powered RPM programs.

Lower readmissions

Heart-failure patients receiving a care bundle with RPM saw a 30-day readmission rate of just 2.6% – against a national average of 23%.

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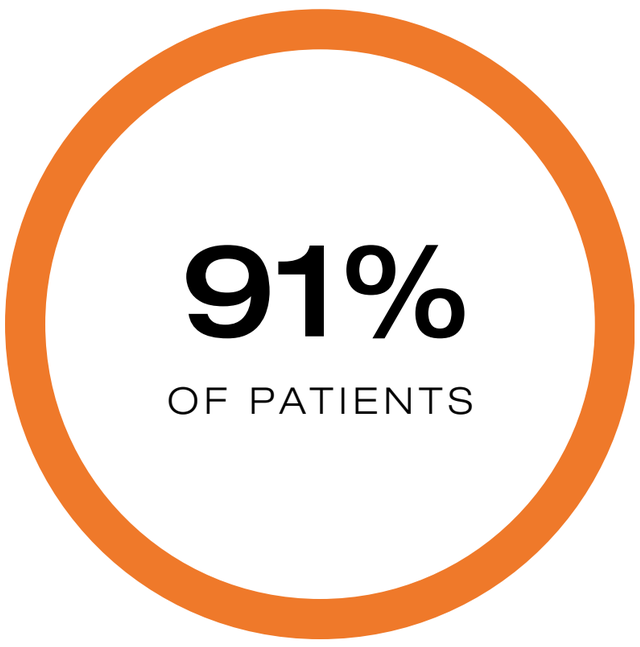

Improved blood sugar

Across 117 home-care patients, 91% improved their blood-glucose levels over an average monitored period of 45 days.

RESCARE HOMECARE (NOW BRIGHTSPRING HEALTH SERVICES)

Lower ER use

A 12-month in-home remote-device program produced a 55% reduction in emergency-room visits.

VRICARES

BUILD YOUR BUSINESS CASE

Identify the **two or three chronic conditions** most prevalent in your patient population — hypertension, diabetes and heart failure are common anchors. Cross-check those against the conditions your state is prioritizing. Where they overlap, you have both a clinical case and a funding case for your program.

ELEMENT TWO - PART ONE

04 Select the right tools

After determining the top chronic conditions in your patient population, choose the devices that provide the data needed to support their care. Also consider the needs of your population - do patients need Internet access? Do they need smartphones? What is their technological literacy? Patient adherence improves when as many barriers to participation as possible are removed.

One connection, many solutions

Cellular-connected peripherals need no home Wi-Fi or smartphone — a decisive advantage in rural areas with patchy broadband. Patients take a reading, and the data arrives automatically.

Choosing cellular-hub devices over app-based ones is often the single biggest driver of enrollment and adherence in underserved populations.

THE LIFE365 CLOUDCARE PLATFORM

Secure, web-based remote care management

- Assign cellular devices and review incoming health data & notifications.
- Graph and trend readings over time; view full patient history.
- Set threshold parameters for vitals, with alerts when a threshold is breached.
- Notes and time-tracking built for CCM and RPM billing requirements.
- Export individual or group reading reports.
- EHR and/or HIE API integration.

ELEMENT TWO - PART TWO

04 Choose a staffing model

Every successful RPM program starts with deciding how patient support and care management will be delivered. Because RPM services can be furnished under general supervision requirements, organizations can choose an in-house, outsourced, or hybrid staffing model based on their operational needs.

a

Insourcing

Use your existing internal team to run monitoring end-to-end

BENEFIT
Lower vendor fees

TRADE-OFF
Higher staff workload

b

Outsourcing

Under general supervision, RPM, CCM, and APCM may be outsourced to a third party.

BENEFIT
Lower staff workload

TRADE-OFF
Higher vendor fees

c

Hybrid

Divide the workload between existing staff and a third-party provider.

BENEFIT
Eases workload while balancing fees

TRADE-OFF
Requires more coordination

ELEMENT THREE

05 Documentation and Billing

RPM reimbursement is built around three core activities: patient setup and training, device supply and data transmission, and monthly care management. Understanding the requirements for each helps ensure accurate documentation and compliant billing.

RPM Billing Codes for 2026

PATIENT SETUP & TRAINING

CODE 99453 • $21.71
ONE TIME

Initial setup of devices and education of RPM devices.

DEVICE SUPPLY & DATA TRANSMISSION

CODE 99445 • $52.11 NEW
EACH 30 DAYS

Supplying patient with device(s) for 2-15 recording(s) or programmed alert(s) transmission, each 30 days.

CODE 99454 • $52.11
A CALENDAR MONTH

Device supply for 16-30 recordings or alert(s) transmissions each 30 days.

MONTHLY CARE MANAGEMENT

CODE 99457 • $51.77
A CALENDAR MONTH

Initial 20 minutes of RPM services time.

CODE 99458 • $41.42
ONE TIME

Each additional 20 minutes of RPM treatment management service time.

CODE 99470 • $26.05 NEW
EACH 30 DAYS

Treatment management services, qualified health care professional time per calendar month; interactive communication during the month; initial 10-20 minutes.

**Rates are based on the 2026 non-facility national rate and vary by region.*

Get the place of service right

When billing RPM codes such as 99457 and 99458, submit the correct Place of Service (POS) code. It determines whether you're paid at the non-facility or facility rate — a small field with a large effect on the bottom line.

Documenting time and measurement days accurately is what makes each code defensible.

ELEMENT THREE - WHAT CHANGED

Two new codes for 2026

CMS added two new RPM CPT codes in 2026, providing greater flexibility by allowing reimbursement for shorter monitoring periods and briefer care management services.

99445

$52.11 PER 30-DAY PERIOD

NEW FOR 2026

Remote monitoring of physiologic parameters —initial device supply with daily recordings or programmed alerts, for **2–15 days** in a 30-day period. Bill either 99445 or 99454 (16+ days) each period.

Why it matters: a more tailored approach for patients whose conditions don't require daily vitals — capturing revenue that used to fall through the cracks.

DEVICE SUPPLY & DATA TRANSMISSION

99470

$26.05 PER CALENDAR MONTH

NEW FOR 2026

Remote physiologic monitoring treatment management — clinical-staff or provider time requiring one interactive communication with the patient, for the **first 10 minutes** in a month. Bill either 99470 or 99457 (initial 20+ min).

Why it matters: This code provides reimbursement for months when only 10–19 minutes of qualifying care management time are reached, increasing flexibility while preserving the existing 20-minute billing pathway.

MONTHLY CARE MANAGEMENT

Important for RHCs & FQHCs

As of **October 2025**, Rural Health Clinics and Federally Qualified Health Centers use the standard CPT codes for remote care management billing (RPM, CCM, and similar). HCPCS **G0511** — the previous "catch-all" code — no longer serves that role.

PUT INTO PRACTICE

06 New codes, real revenue

Consider a **~500-patient RPM program** focused on hypertension and diabetes. About 15% of patients have only partial readings and ~5% receive limited care time — activity that goes unbilled today, but becomes reimbursable under the 2026 codes.

2025 - NON-FACILITY NATIONAL RATES APPLIED

Underutilized billing

440 Patients (16+ READINGS)	x	~$43 99454	=~$18,920 REVENUE/MO
80 Patients (2-5 READINGS)	x	$0 ---	= $0 NOT BILLED
490 Patients (20+ MINUTES)	x	~$48 99457	=~$23,520 REVENUE/MO
30 Patients (10-20 MINUTES)	x	$0 ---	= $0 NOT BILLED

~$42,440
PER MONTH

~$509,280
PER YEAR

2026 - NON-FACILITY NATIONAL RATES APPLIED

Optimized billing

440 Patients (16+ READINGS)	x	~$52 99454	=~$22,880 REVENUE/MO
80 Patients (2-5 READINGS)	x	~$52 99445	= ~$4,160
490 Patients (20+ MINUTES)	x	~$52 99457	= ~$25,480 REVENUE/MO
30 Patients (10-20 MINUTES)	x	~$26 99470	= ~$780

~$53,300
PER MONTH

~$639,600
PER YEAR

+$95K

ROUGHLY 18% MORE ANNUAL REVENUE

— from clinical work that was being performed but previously did not meet RPM billing thresholds.

OPERATIONS

07 The RPM clinical workflow

Five repeatable stages carry a patient from enrollment through ongoing care and give your team a clear division of responsibility at every step.

1

Patient identification & enrollment

Identify suitable patients, then obtain consent and explain the benefits of RPM.

SCREEN CANDIDATES · CONSENT · SET EXPECTATIONS

2

Device setup & training

Deliver devices, train patients and caregivers, and confirm connectivity works from day one.

DELIVER DEVICES · TRAIN PATIENT · VERIFY CONNECTIVITY

3

Ongoing monitoring & engagement

Review incoming data, run monthly check-ins, and encourage adherence through patient education.

MONITOR DATA · MONTHLY CHECK-INS · EDUCATE

4

Data review & intervention

Review out-of-range readings, contact the patient, and escalate to a provider when necessary.

FLAG OUT-OF-RANGE · REACH OUT · ESCALATE

5

Documentation & care coordination

Document data and actions in the EHR, coordinate with the clinical team, and sustain patient engagement.

DOCUMENT IN EHR · COORDINATE · SUSTAIN ENGAGEMENT

FUNDING

08 Prepare for RHT grant funding

RHTP funding supports care transformation — not just technology purchases. Strong applications demonstrate a clear implementation plan, measurable outcomes, and a sustainable model for expanding access to care. Start preparing before the RFP is released.

Register for your state's portal

Each state has its own Department of Health/Rural Health procurement portal. Many will provide immediate access, but some may have a more manual approval process.

Define your "why"

Identify the biggest challenges facing your patients and community. This becomes the foundation of your grant narrative.

Develop your implementation vision

Document your goals, target populations, expected outcomes, and how RPM fits into your organization's long-term strategy before you begin writing the application.

What the funds can and can't cover

RHTP funds generally support the technology and infrastructure needed to deliver virtual care programs, while reimbursable clinical services are billed separately.

ALLOWED

- Up-front technology infrastructure (RPM devices, software, data connectivity fees)
- EHR, HIE, and other software integrations.
- RPM technology for non-billable patient populations (e.g., maternity, pediatric, uninsured, or other populations without RPM reimbursement).

NOT ALLOWED

- Replacing payment for clinical services that could be reimbursed by insurance.
- Covering duplicate billable services.

Note: Allowable uses may vary by state, so applicants should clearly describe their implementation plan in the grant proposal.

ABOUT LIFE365

One connection. Many solutions

Life365 bridges the gap between the healthcare enterprise and the home, orchestrating solutions into a single, scalable platform.

- More than 20 years of experience developing remote care technology, including a prior RPM company acquired by Alere (now Abbott).

- Extensive intellectual property portfolio covering connected medical devices, embedded software, cloud connectivity, AI, and virtual care technologies.

- Strategic partnerships with leading technology and service providers create a fully integrated remote care ecosystem.

INTRODUCING CLOUDCARE

An AI-orchestrated virutal care platform built for scale

CloudCare® orchestrates the entire virtual care journey — connecting patients, providers, devices, digital engagement, AI, and clinical systems through one intelligent platform.

- Device-based and device-less engagement
- AI-powered orchestration engine CLOIE — CloudCare® Learning Orchestration Interoperability Engine™
- FHIR / HL7 interoperability
- Unified platform for remote monitoring, care management, and digital health

CloudCare

YOUR NEXT STEP

Ready to build an RPM program that pays for itself?

Whether you're launching a new program or expanding an existing one, Life365 helps you design, implement, and scale a successful RPM program—from selecting the right technology and care model to optimizing reimbursement and developing a competitive RHT grant strategy.

LEARN MORE

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Life365
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