



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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November 1, 2025

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor of Virginia

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Chair, Senate Health and Human Services Committee

The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

The Honorable Ghazala F. Hashmi
Chair, Senate Education and Health Committee

FROM: Cheryl J. Roberts
Director, Virginia Department of Medical Assistance Services

SUBJECT: Remote Patient Monitoring Services for High-Risk Pregnant Patients

This report is submitted in compliance with Chapter 521 of the 2025 Acts of Assembly, which states:

1. § 1. The Department of Medical Assistance Services (the Department) shall amend its regulations, guidance, and provider manuals as necessary to clarify that remote patient monitoring services for high-risk pregnant patients include pregnant patients with maternal diabetes and maternal hypertension. The Department shall submit a report on the number of persons receiving remote patient monitoring services for maternal diabetes and maternal hypertension and the cost of providing remote patient monitoring services to such persons to the Governor and the Chairs of the House Committees Appropriations and Health and Human Services and the Senate Committees on Finance and Appropriations and Education and Health by November 1, 2025.

Should you have any questions or need additional information, please feel free to contact me at

(804) 664-2660.

CJR/wrf

Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

Remote Patient Monitoring Services for High-Risk Pregnant Patients

November 2025

Report Mandate:

Chapter 521 of the 2025 Acts of Assembly states:

1. § 1. The Department of Medical Assistance Services (the Department) shall amend its regulations, guidance, and provider manuals as necessary to clarify that remote patient monitoring services for high-risk pregnant patients include pregnant patients with maternal diabetes and maternal hypertension. The Department shall submit a report on the number of persons receiving remote patient monitoring services for maternal diabetes and maternal hypertension and the cost of providing remote patient monitoring services to such persons to the Governor and the Chairs of the House Committees Appropriations and Health and Human Services and the Senate Committees on Finance and Appropriations and Education and Health by November 1, 2025.

In accordance with the 2021 Special Session I Budget, Item 313.VVVVV, DMAS covers remote patient monitoring (RPM) services for full benefit Medicaid and FAMIS populations. This benefit built on flexibilities allowed under the COVID-19 public health emergency. RPM services are covered as a state plan benefit for the following populations:

- Medically complex patients under 21 years of age
- Transplant patients

- Post-surgical patients
- Patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to such chronic health condition in the previous 12 months
- High-risk pregnant members
Pregnant and postpartum members that meet high-risk criteria outlined in the service authorization form ([DMAS-P268](#)) are eligible for service. High-risk criteria includes members who:
 - Reside in a primary care or mental health professional shortage area as defined by HRSA; or
 - Has at least one of the following qualifying diagnoses; or
 - Pregestational/gestational hypertension
 - Pregestational/gestational diabetes
 - Chronic kidney disease
 - Heart disease
 - Fetal IUGR
 - Fetal anomalies
 - Fetal anemia
 - Maternal lupus

- Maternal substance abuse
- In-vitro fertilization
- Maternal sickle cell disease
- Postpartum depression
- Peripartum cardiomyopathy (PPCM)
- Multiple pregnancy
- Has a history of one of the following chronic diagnoses:
 - Preeclampsia
 - Gestational hypertension
 - Gestational diabetes

Medicaid-covered services authorized for delivery via RPM can be found in the telehealth supplement to the practitioner manual. Services include:

- Collection & interpretation of physiologic data digitally stored or transmitted 30 min per 30 days
- Remote monitoring of physiologic parameter(s); set-up and education on use of Equipment
- Remote monitoring of physiologic parameter(s); device(s) supply and daily recording(s) or programmed alert(s) transmission, each 30 days
- Remote physiologic monitoring treatment management services; interactive communication with the patient/caregiver during the month
- Remote therapeutic; initial set-up and patient education on use of equipment
- Respiratory system device(s) supply with scheduled recording(s) and/or programmed alert(s) transmission, each 30 days
- Musculoskeletal system device(s) supply with scheduled recording(s) and/or programmed alert(s) transmission, each 30 days
- Remote therapeutic monitoring treatment management services; interactive communication with the patient or caregiver during the calendar month;
- Self-measured blood pressure; patient education/training and device calibration
- Self-measured blood pressure; reported twice daily for 30 days with clinician review and communication of treatment plan

HB 1976 requests DMAS to report on the number of persons receiving remote patient monitoring services for maternal diabetes and maternal hypertension and the cost of providing

remote patient monitoring services to such persons. The following information is included in tables below:

Table 1: Number of Members Receiving Remote Patient Monitoring Services with Maternal Diabetes and or Hypertension by State Fiscal Year	
State Fiscal Year	Number of members
2024	293
2025	394
Total	687

Table 2: Total Cost of Remote Patient Monitoring Services by State Fiscal Year	
State Fiscal Year	Cost
2024	\$17,148
2025	\$24,285
Total	\$41,433

Total cost implies state general and non-general fund dollars.

Total cost data is derived from the members noted in Table 1.

Data methodology: DMAS extracted claims for members with a pregnancy and hypertension or diabetes diagnosis per the Chronic Conditions Data Warehouse ICD-10 codes and use of remote patient monitoring or continuous glucose monitoring services. CPT/HCPS codes can be found on the [service authorization form](#).

About DMAS and Medicaid

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for over 2 million Virginians. Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security

Act. Virginia generally receives an approximate dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.