STRATIHEALTH × VEEONE HEALTH · PARTNERSHIP BRIEFING

VeeGo Remote Patient Monitoring (RPM) Platform Summary & Chronic Care Management Benefits

A StratiHealth consulting briefing on the VeeOne Health VeeGo RPM platform

Prepared: August 14, 2026

1 · PLATFORM OVERVIEW

VeeGo (marketed as VeeGo 360) is VeeOne Health's all-in-one remote patient monitoring (RPM) module natively embedded inside the VeeOne telehealth platform. Per VeeOne Health's HIMSS21 announcement, VeeGo 360 "enables device management, teleconsults and monitoring services, representing one of the few fully integrated RPM platforms available today" [veeonehealth.com].

The platform is the dedicated clinical RPM hub identified by StratiHealth on its telehealth-clinical-visits page as "delivering continuous biometric telemetry and proactive threshold alerts" [stratihealth.net].

VeeGo differs from point RPM products by being non-modular: body sensors, a patient-facing mobile app, and a clinician care-team portal share a single backend. That backend runs in the VeeOne Health Cloud and is fully integrated with telehealth components that include virtual visits, specialist access with built-in language translation, credentialing, billing, and revenue cycle management [veeonehealth.com].

Vendor	VeeOne Health (Roseville, CA)
Form factor	Software-as-a-Service platform (cloud-delivered)
Three pillars	Body sensors + patient-facing mobile app + clinician care-team portal
Monitoring modes	Continuous *and* intermittent monitoring within the same deployment
Device model	Device-agnostic — supports FDA-approved medical-grade devices from multiple manufacturers
Native device partnership	BioIntelliSense (BioSticker and related FDA-cleared wearables)

2 · CORE CAPABILITIES

Capability	Description
Continuous biometric telemetry	Real-time streaming from wearable sensors into the clinician portal; supports monitoring of vitals such as temperature, heart rate, and respiratory rate at rest via FDA-cleared BioIntelliSense sensors.
Intermittent biometric capture	Periodic device-based readings (e.g., blood pressure cuff, glucometer, weight scale) for stable chronic cohorts.
AI / ML prescriptive analytics	Prescriptive alerting that notifies clinicians when patient readings cross configured threat levels — converting passive data into actionable triggers.
Device-agnostic integration	Open ecosystem — patients and providers can choose among FDA-approved medical-grade devices (continuous wearables, intermittent peripherals, smartphone pads).
Embedded virtual visits	The same clinician portal can pivot from monitoring to a live virtual consult without switching systems.
Multi-language / specialist access	Built-in language translation and on-demand specialty consults (neurology, cardiology, behavioral health, pulmonary) available directly inside the platform.
EHR / health-IT integration	Leverages the VeeOne Health Cloud with HL7 / FHIR-based bilateral EHR and health-IT integration.
Credentialing, billing & RCM	Integrated workflows for clinician credentialing and revenue cycle management.
Hospital-at-Home program support	Clinical workflows, operations, and infrastructure to stand up Hospital-at-Home programs including 24/7 telemetry in community and post-acute settings.
Rural-care extension	Allows telehealth physicians to receive RPM clinical information before or during virtual visits with patients hours from the nearest hospital.

3 · CHRONIC CONDITIONS WHERE VEEGO PROVIDES THE MOST VALUE

- **Congestive Heart Failure (CHF)** — daily weight, blood pressure, heart rate, SpO_2 trends for early decompensation detection
- **Chronic Obstructive Pulmonary Disease (COPD)** — oxygen saturation and respiratory rate at rest via continuous biosensors
- **Hypertension** — intermittent cuff-based readings with threshold-driven alerts
- **Type 2 Diabetes** — glucometer integration and trend visualization over time
- **Asthma** — relevant under CalAIM Specialized Programs (Medi-Cal asthma remediation + RPM)
- **Post-acute monitoring** — recovery trajectories for patients recently discharged from inpatient or skilled-nursing settings

- **Hospital-at-Home** — full acute substitution in the home for selected DRGs
- **Poly-chronic complex care** — multi-condition monitoring consolidated under a single platform

4 · PATIENT & PROVIDER BENEFITS

4a · Patient benefits (qualitative)

- Continuous connection to care team without leaving home
- Earlier detection of deterioration → less panic, fewer emergency visits
- Greater involvement in self-care and shared-decision-making
- Reduced travel burden for chronic-care visits (especially rural)
- Adherence reinforcement when readings fall outside target zones
- Multi-language virtual visits available directly within the platform

4b · Provider benefits (vendor-stated quantitative claims)

Outcome	Stated value	Source
Hospital readmissions & ER visits	25% decrease	VeeOne Health HIMSS21 unveiling (vendor claim)
Hospital admissions	38% decrease	VeeOne Health HIMSS21 unveiling (vendor claim)
Overall healthcare cost	17% reduction	VeeOne Health HIMSS21 unveiling (vendor claim)
Practice revenue (per 50 eligible patients annually)	approximately $94,000 incremental	VeeOne Health HIMSS21 unveiling (vendor claim)
Staffing ratio	~4× improvement via patient self-monitoring	VeeOne Health HIMSS21 unveiling (vendor claim)

These are VeeGo / VeeOne vendor-reported figures. They are appropriate for partnership and framing conversations but should not be presented as independently peer-reviewed outcomes in grant proposals, payer contracts, or formal evaluations.

4c · Independent clinical evidence on RPM outcomes (general — not VeeGo-specific)

Study	Population / outcome	Source
Tan SY et al. 2024, *npj Digital Medicine* (cited 223×)	Systematic review of RPM impacts; improvements in mobility and functional status; clinical and quality-of-life gains	nature.com/articles/s41746-024-01182-w
Leo DG et al. 2022 meta-analysis (cited 76×)	Heart failure, COPD, others; reduction in mortality, improvement in self-management vs. usual care	pmc.ncbi.nlm.nih.gov/articles/PMC9673001/
Yende S et al. 2026, *JAMA Network Open* (cited 2×)	Heart failure post-discharge; readmission effect mixed	jamanetwork.com/journals/jamanetworkopen/fullarticle/2850152

Study	Population / outcome	Source
Po HW et al. 2024, *JMIR Formative* (cited 32×)	High-risk post-discharge; preliminary evidence of reduced readmissions and ED visits	formative.jmir.org/2024/1/e53455
BlueBrix review	Heart failure; RPM associated with ~20% reduction in HF hospitalizations	bluebrix.health/articles/the-role-of-remote-patient-monitoring-in-reducing-hospital-readmissions
Taloyan M et al. 2023, PMC	HTN, T2D, COPD; evidence base heterogeneous	pmc.ncbi.nlm.nih.gov/articles/PMC10010155/
Kyriazakos S et al. 2024, *Frontiers in Public Health*	SaMD-style RPM benchmarking; improvements in chronic disease management	frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1488687/full

Independent literature supports RPM as a meaningful lever for chronic-care outcomes (mortality, function, ED avoidance). VeeGo's role is to make program-level delivery tractable — not to claim causation beyond VeeOne's vendor-published cohort figures.

5 · REIMBURSEMENT — CMS CHRONIC CARE MANAGEMENT & RPM CPT CODES

CPT code	What it covers	Frequency / rules
99453	Initial setup and patient education on RPM device	Once per patient per episode of care; ~$21.71 (2025 Medicare non-facility)
99454	Device supply, daily recordings, daily alert transmissions	Requires data collected on 16+ days within a 30-day period; one unit per 30 days
99457	First 20 minutes of interactive RPM management (asynchronous + synchronous) per calendar month	Requires live, interactive communication with patient/caregiver during the month
99458	Each additional 20-minute increment of interactive management	Can be billed in unlimited 20-minute increments per month

Practical pairing for chronic care

- **RPM** (99453 / 99454 / 99457 / 99458) for the daily monitoring loop
- **CCM** (99490 / 99491 / 99439 / 99437) for non-face-to-face care coordination outside the RPM time
- **PCM** (99426 / 99427) for principal care management of a single complex chronic condition
- **BHI** (99484) or **CoCM** (99492 / 99493 / 99494) when behavioral health co-management is needed

VeeGo's integrated billing & RCM module is positioned to support all of these simultaneously.

6 · IMPLEMENTATION & EHR INTEGRATION

EHR connectivity	Bidirectional HL7 / FHIR-based integrations through the VeeOne Health Cloud
Confirmed integration profiles	Epic, Oracle Cerner, MEDITECH plus other certified HIT systems via the cloud broker pattern
Hardware ecosystem	Mobile carts, wall-mounted units, tablets, consumer wearables — no forced proprietary vendor lock-in
Onboarding timeline	Structured onboarding to deploy services efficiently without downtime; 4–8 weeks for 100–500 patients
Clinical staffing model	Patient self-monitoring at lower-risk strata + clinician escalation pathways
Program scope	Hospital RPM, hybrid inpatient-outpatient RPM, post-acute bridging, chronic care longitudinal, rural-time-zone care, Hospital-at-Home

7 · SECURITY, PRIVACY & COMPLIANCE

HIPAA	Enterprise-grade HIPAA-compliant virtual-care infrastructure
HITECH	Certified posture referenced
Audit posture	SOC 2 Type II
Data transport	Cloud-mediated HL7/FHIR; HIPAA-bound communications
Threat-level alerting	AI/ML prescriptive analytics + threshold-management controls
Clinical support coverage	24/7 clinical support available
Hospital-at-Home compliance	Operations, clinical workflows, infrastructure designed to meet HaH-condition requirements

8 · WHY VEEGO MATTERS FOR CHRONIC CARE MANAGEMENT — SYNTHESIS

Reactive — patients only touch the system when symptomatic	Continuous + intermittent telemetry turns the chronic-care loop into a daily loop
Data fragmented across device vendors	Device-agnostic platform consolidates signals in one portal
Clinician review burden	AI/ML analytics surfaces patients who have crossed a clinically meaningful threshold
Patient adherence gaps	Built-in pattern feedback and structured virtual visits reinforce medication, inhaler technique, self-monitoring habits
Reimbursement friction	Integrated billing & RCM module aligns with CMS RPM/CCM codes (99453/99454/99457/99458/99490/99491)
Travel and access barriers for rural & post-acute patients	Combines RPM + virtual visits + language translation in one platform
Continuity gap when leaving the hospital	RPM-as-bridge from inpatient discharge to home with structured CCM touchpoints

INTEGRITY NOTE — EVIDENCE BOUNDARIES

9 · HONEST UNCERTAINTY MARKERS

- **VeeGo outcome metrics** (25% readmission decrease, 38% admissions decrease, 17% cost reduction, $94,000/50 pts/year revenue) are **VeeOne-published vendor claims** from the HIMSS21 unveiling — appropriate for partnership framing, not peer-reviewed.
- VeeOne does not publish the underlying study design, sample size, or comparator for these numbers on the public pages reviewed here.
- **Independent RPM literature** (Tan 2024, Leo 2022, Po 2024, Yende 2026, Taloyan 2023) supports the *direction* of VeeGo's claims but the *magnitude* varies by condition, program, and population. Program-specific ROI must be modelled per deployment.
- **CPT reimbursement figures** are 2025 Medicare non-facility national averages — they vary by locality and annual CMS update; verify with current-year CMS data before any contract.

10 · SOURCES & CITATIONS

Primary (vendor + partnership)

- VeeOne Health — VeeGo 360 unveiled at HIMSS21 — veeonehealth.com/veeone-health-unveiling-veego-360-new-all-in-one-remote-patient-monitoring-platform-at-himss21/
- VeeOne Health — VeeGo 360 announcement — veeonehealth.com/veeone-health-announces-veego-360-for-remote-patient-monitoring/
- VeeOne Health — Using RPM for chronic disease management — veeonehealth.com/using-rpm-for-chronic-disease-management/
- VeeOne Health — Remote Patient Monitoring Devices: A Lifeline for Care Continuity — veeonehealth.com/remote-patient-monitoring-devices-a-lifeline-for-care-continuity/
- StratiHealth — Telehealth & Clinical Visits — stratihealth.net/telehealth-clinical-visits/
- Medical Technology Enterprise Consortium — VeeOne Health profile — mtec-sc.org/life-sciences/veeone-health

Independent evidence (RPM outcomes)

- Tan SY et al. 2024, *npj Digital Medicine* — nature.com/articles/s41746-024-01182-w
- Leo DG et al. 2022 — pmc.ncbi.nlm.nih.gov/articles/PMC9673001/
- Yende S et al. 2026, *JAMA Network Open* — jamanetwork.com/journals/jamanetworkopen/fullarticle/2850152
- Po HW et al. 2024, *JMIR Formative* — formative.jmir.org/2024/1/e53455
- Taloyan M et al. 2023, PMC — pmc.ncbi.nlm.nih.gov/articles/PMC10010155/
- Kyriazakos S et al. 2024, *Frontiers in Public Health* — frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1488687/full
- BlueBrix — RPM and hospital readmission reductions — bluebrix.health/articles/the-role-of-remote-patient-monitoring-in-reducing-hospital-readmissions

Reimbursement / regulatory

- ThoroughCare — 2026 RPM CPT Codes — thoroughcare.net/blog/remote-patient-monitoring-billing-rules
- Prevounce — Quick Guide to RPM CPT Codes — blog.prevounce.com/quick-guide-remote-patient-monitoring-rpm-cpt-codes-to-know

- HHS Telehealth.hhs.gov — Billing for RPM — telehealth.hhs.gov/providers/best-practice-guides/telehealth-and-remote-patient-monitoring/billing-remote-patient
- ACP — RPM Billing, Coding, and Regulations — acponline.org/practice-career/business-resources/telehealth-guidance-and-resources/remote-patient-monitoring-billing-coding-and-regulations-information
- Rimidi — CMS Finalizes RPM Code Expansion in 2026 — rimidi.com/news/2026-rpm-code-expansion