Rural Rounds Summary

JULY 29, 2026

About Us

Rural Rounds was started as a way to connect rural health leaders across the nation in order to tackle the real-world issues facing rural healthcare today. You no longer have to feel isolated and you don't have to fight your battles alone!

We know that leading a clinic in Rural America brings it own challenges and it can often feel very isolating. So, every Wednesday from 9am to 10am CST, rural health leaders from across the United States come together virtually to discuss hot topics or challenges that are facing their clinics and organizations. This is a safe zone for leaders to ask questions, share ideas, and learn from their peers.

Summary of Today's Rural Rounds

Thank you to those who brought important topics to today's discussion. Below is a summary of what we discussed.

Information on how the All-Inclusive Rate (AIR) Works

- When you become an RHC you are opting out of the fee-for-service reimbursement for Medicare and are accepting a cost-based reimbursement (All-Inclusive Rate).
- Your AIR is based on your annual cost report. The AIR calculations is:

Total Allowable Costs/Total Allowable Visits = All Inclusive Rate

- RHCs are subject to an annual "cap" or Upper Payment Limit (UPL). If you are an Independent RHC or became a Provider-Based RHC 2020 or after you are subject to an Upper Payment Limit that is increasing each year by $13.00 until it reaches $190.00 in 2028, when it will then go up by the Medicare Economic Index (MEI). The UPL for 2026 is $165.00. If you are Provider-based RHC prior to 2020, your clinic has a grandfathered UPL at your filed 2020 cost per visit.
- If your cost per visit is at or above the current UPL you will receive the UPL as your AIR. If it is below the UPL then your AIR will be your actual cost per visit filed on your cost report.
- Medicare will then pay you based on your AIR for any qualifying visit that is medically-necessary, and face-to-face visit with an allowable RHC provider. Medicare will pay your clinic 80% of your current AIR (minus the 2% Sequestration).

- The 20% coinsurance is based off your total charges reported in the line with CG modifier.
- Certain Medicare preventative services (such as the Annual Wellness Visit) are paid at 100% of your AIR (minus the 2% sequestration). When there is no cost-sharing with the patient, then there will be no additional 20% coinsurance.

Osteoporosis High Cost Injectable Meds in an RHC

- Bone health medications such as Evenity and Prolia are becoming popular to prescribe and administer in the primary care setting, but it is not always profitable in an RHC. Drug reps when promoting the medications often do not understand the differences in RHC billing and the impact to the patient or to the clinic.
- These medications, like any other injectable medications, when administered in an RHC without a medically-necessary face-to-face visit are not a billable service. They can be added to a face-to-face visit within 30 days prior or after, but you will only receive 20% of the billed charges. This is often not enough to cover the cost of the medication. Additionally, patients do not always require a face-to-face visit every 30 days, so their may be no ability to bill for the medications.
- It is important to also note, since coinsurance is based on total billed charges in an RHC, the out-of-pocket expense for the patient could be considerably higher if they don't have a supplemental plan.
- Some clinics reported that they send their patients to the outpatient infusion department at the local hospital and this works well. They also added that it is important to let the patient know that by receiving their injection at the hospital could cost them considerably less because of the difference in coinsurance.

Workflow Suggestions for Managing Prior Authorizations and Referrals

- Ideas were shared on how clinics are managing the high volume of prior authorizations and referrals on top of all the other responsibilities.
- Some clinics reported they utilize a dedicated "triage nurse" to manage the medication prior authorizations, incoming clinical calls, and call backs.
- Other clinics reported they use a "referral specialist", who is often a non-clinical member of the staff to handle scheduling of referral appointments, obtain prior authorizations for testing and referrals. They report this frees the nurses up for clinical tasks. They do not use them to do medication prior authorizations.
- Some clinics stop scheduling patients at 11:30am and the last 30 minutes of the day to allow staff time to do prior authorizations, refills, and faxes.
- One clinic reported that they use a platform called Infinx to manage their prior authorizations. They report this has reduced the phone time for prior authorizations. They also report that they often get the authorization returned within 30 minutes to 2 hours. Additionally, they stated that entry of the information only takes the staff approximately 2 minutes. For more information on Infinx visit https://www.infinx.com/prior-authorization-solution-ai-and-automation/
- A few clinics have utilized Cover My Meds as a way to complete medication prior authorizations. This is typically prompted from a fax that they receive from the pharmacy that includes code that links directly tgo the patients insurance data. They report that not all insurance plans participate, but they have found that the majority do and it has reduced call time considerably. For more information on Cover My Meds https://www.covermymeds.health/

Temporary Closure of RHC

- The question was asked, “If an RHC needed to close to perform renovations for a period of time, is this allowable?”
- Temporary closures are often not allowable except if there was an emergency. You must have an alternative way to ensure your patients are being cared for.
- It was recommended that before considering closing you should explore all avenues of keeping the RHC open in some capacity. This could be by reducing hours or setting up a temporary modular building on the RHC property.
- Before moving forward with temporary closing you should reach out to deeming agency, whether it is QuadA, TCT, Joint Commission or your State Agency to see if you will be allowed to do so.
- Of note, RHC’s can apply for a staffing waiver if there is a loss of an NP or PA that does not allow you to maintain the required 50% staffing requirements of an NP or PA. This waiver can be applied for if you have been out of compliance for 90 days and you have made reasonable effort to recruit. You can receive a waiver for up to one year. This would be requested from your deeming agency. There is no waiver for loss of your Medical Director. You must replace your Medical Director ASAP.

Billing of Rabies Series in an RHC

- There were discussion on how clinics were handling or billing for rabies series in an RHC.
- Most reported that they refer their patients to public health to receive
- This was researched after the session, and found that rabies would be treated like tetanus and would be considered part of treatment and would be a Part B service. The vaccine could be billed with a medically necessary face-to-face encounter the same day or within 30 days before or after and the vaccine fee would roll into CG line. You would not receive an additional payment from Medicare, but the 20% coinsurance of total charges would apply. As rabies is administered as a typical series of 4 vaccines given at day 0, 3, 7 and 14, you would need to hold the face-to-face visit claim and add all doses of the vaccine to the face-to-face visit claim and roll the fees into the CG line. Again, if there was no face-to-face visit you would not be able to bill for the vaccine and you cannot split bill to Part B MAC, nor can you bill the patient.
- Depending on if the 20% coinsurance covers the cost of the vaccine it may still be best practice to send these patients to public health to receive.

Using Staff to Provide Translation Services for Patients

- There was discussion on if you are allowed to use your own staff to translate for patients if they are fluent in the patients primary language and if they required any certification.
- Using your own staff or providers to translate is acceptable, but you should have a list of staff available who are able to translate and what languages they can translate for.
- Per Section 1557 the qualified interpreter is someone who “[h]as demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language (qualified interpreters for relay interpretation must demonstrate proficiency in two non-English spoken languages); [i]s able to interpret effectively, accurately, and impartially to and from such language(s) and English (or between two non-English languages for relay interpretation), using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement; and [a]dheres to generally accepted interpreter ethics principles, including client confidentiality.”

- You should have a back up service in place in the event that the staff are not available or you have a loss of staff.
- Reminder that minor children are not allowed to interpret for their parents and unqualified adults, such as a family member are prohibited.
- For more information on the language access provisions of the Section 1557 Affordable Care Act visit https://www.hhs.gov/sites/default/files/ocr-dcl-section-1557-language-access.pdf

Beyond the Rounds

Every Friday, we will dive deeper into one of the topics discussed that week during Rural Rounds.

- Written by trusted RHC consultants or RHC leaders
- Available in your inbox every Friday morning
- All articles will be published on Facebook and available at www.empowerruralhs.com/ruralrounds
- If you are interested in writing an article, please email Cassie at cbeesley@empowerruralhs.com.

Upcoming Conferences/Webinars

National Rural Health Association (NRHA), RHC Conference | Sept. 15-16, 2026 | Kansas City, MO
To Register: **https://www.ruralhealth.us/events/schedule/rural-health-clinic-conference**

National Association of Rural Health Clinics (NARHC) Fall Institute | Sept 29-Oct. 1, 2026 | Louisville, KY. To Register: **https://www.narhc.org/narhc/Conferences.asp**

NARHC- 2027 Medicare Physician Schedule Proposed Rule Webinar | July 31st at 12:00pm CST
To Register:
https://us06web.zoom.us/webinar/register/WN_FkRb334hQjefOmJWyalkeA#/registration

If you have an RHC conference that you would like to spotlight here, please email Cassie at cbeesley@empowerruralhs.com.

Grant Opportunities

Small Health Care Provider Quality Improvement Program

- Eligible applicants must be a rural domestic public or nonprofit private health care provider or provider of health care services, such as a critical access hospital, a rural health clinic, or be another rural provider or network of small rural providers identified by the Secretary as a key source of local or regional care; and not previously have received an award under this subsection for the same or similar project. Applicant's organization must be located in a rural area.
- 20 Awardees; up to $250,000 per year over 4-year project period
- The purpose of the grant is to improve the delivery of cost-effective, coordinate, high-quality care services in rural primary care settings. (Care Coordination, enhancing chronic disease

management, & improving health outcomes)
- Deadline is 8/6/2026 (11:59pm), with expected award date of 9/1/2026
- For more information, **https://www.grants.gov/search-results-details/362831**

Topic Suggestions

If you would like to suggest a topic for upcoming Rural Round sessions, please visit www.empowerruralhs.com/ruralrounds to submit your topic. Submissions should be submitted each week by Tuesday at 3:00pm CST to be added to discussion for that week.

On August 26th, the Rural Rounds session will be focused on Managing Your Policies & Procedures in an RHC.

Invitation to Rural Rounds

If you know of someone who would benefit from attending Rural Rounds, please direct them to sign up at www.empowerruralhs.com/ruralrounds and click on "Get Your Spot at the Table." Attendees must now complete a Zoom registration request in order to receive the recurring Zoom invite. You only have to complete this registration once.

Recording of Past Rural Rounds

Rural Rounds, starting 7/15/2026 will be recorded for those unable to attend. To access the recordings please visit www.empowerruralhs.com/ruralrounds. The videos will be posted within 24 hours after the session. A summary of the session will be emailed to all invitees, as well.

Contact

If you need further information on any topics discussed today or need further assistance, please email info@empowerruralhs.com

If you would like speak with any consultants participating in Rural Rounds, please contact them directly. No one participating in Rural Rounds will be directly solicited to purchase services. If you have any concerns, please email info@empowerruralhs.com to discuss.