Rural Rounds Summary

SEPTEMBER 2, 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.

Great American Shake Out

If your clinic is need of an emergency exercise for 2026 a great way to satisfy the annual exercise requirement is to participate in the Great American Shake Out. It is scheduled this for October 15, 2026 at 10:15am (your local time). For resources on how to participate visit https://www.shakeout.org/healthcare/index.html. Don't forget to document your exercise through an After Action Plan.

Billing for RHCS

Several billing questions were discussed.

- **Transitional Care Management (TCM)-** on leaders raised a concern that her billing auditing company's interpretation of the TCM requirements, specifically whether specialist referrals are mandatory. Their auditors have indicated that a straightforward hospital discharge followed by a clinic follow up may not qualify as a true TCM without specialist coordination or additional follow-up visits. They noted that this came from recent direction from WPS (Medicare MAC).
  - Specialist referrals are not a mandatory TCM requirement. Per MLN 908628, it state "Physicians or NPPs may provide these non-face-to-face services:" One of those being

"Interact with other health care professionals who may assume or reassume care of the patient's system-specific problems."
    - The goal of the TCM services it to return the patient to a baseline and prevent rehospitalization. Primary care providers are qualified to manage most conditions independently.
    - For more information on what is required to bill for a TCM visit visit https://www.cms.gov/files/document/mln908628-transitional-care-management-services.pdf
    - If you would like a copy of a TCM charting template that is used by one of the clinic, please email Cassie at cbeesley@empowerruralhs.com.
- **Self-Administered Medications (Insulin and GLP-1)**- one leader reported issues with EPIC flagging claims when billing for a "self-administered" medication such as Insulin when given during a face-to-face visit. The clinic is supplying the Insulin.
    - If the clinic supplies the medication they can administer it in the office as part of treatment if it is part of a qualified face-to-face visit.
    - You cannot split bill the medication and bill under the hospital if provider based.
    - Regarding administering a GLP-1 medication brought into the clinic by the patient, you can bill for the administration if done during a face-to-face visit same day or within 30 days, but it cannot be billed alone.
- **Wellness Visits and TCM vs E&M Coding**- one leader reported that the providers are questioning why they are being told to bill an E&M code vs TCM or Wellness Visit code in order to receive the AIR.
    - Both TCM and Annual Wellness Visits codes are billable to receive the Medicare AIR. If performing these services you should bill the appropriate CPT and not an E&M. TCM (99495 or 99496) are payable at 80% of the AIR plus 20% of total billed charges. AWV (G0438 or G0439), as well as Welcome to Medicare (G0402) are payable at 100% of the AIR and no cost-sharing.
    - If you are billing an E&M vs the TCM you could be loosing out on revenue as often the TCM fee is higher than the E&M level being billed.
    - You can bill an AWV with a an E&M service if meet the requirement of both, but you will only receive 80% of your AIR and 20% of the charge for the E&M. No additional reimbursement for the AWV.
    - You can also bill a TCM with AWV if it is in the best interest of the patient to receive both services the same day. But you will only receive 80% of the AIR plus 20% of the charge for the TCM. No additional reimbursement for the AWV.

Setting and Reviewing Fee Schedules

One leader asked for suggestions on how to properly set the fees for their services.

- One leader suggested finding your highest paid commercial contract fee-schedule rates and setting your rates at 140% above their rates. She shared that if patients have concerns on the fees explain to the patients that they have a single fee-schedule that is set high enough to accommodate all payer contracts.
- Another leader suggested setting your rates at 150% above the Medicare fee-schedule
- Medicare rates will vary by geographic locations and are available by going to your MAC's website typically. If using Medicare as your basis, you should pull the current Medicare fee schedule and apply a consistent multiplier. Common multipliers are 150% or 200%, but some

clinics go as high as 400%. Should us caution when setting your rates in an RHC as the impact can be great on your Medicare patients without a supplemental insurance (coinsurance is 20% of charges).
- When there is a code that is not on the Medicare fee schedule (e.g. 99397), you can use Medicare's RVU multiplier for your geographic region and multiply by the RVUs for the specific code. Then apply your standard multiplier (e.g. 150%) to set your fee. This helps ensure your fee setting is standardized.
- Bottom line, stay consistent with how you set your rates and make sure your fees are staying above your highest paying contract. If you are receiving 100% of your billed fee from a contracted commercial payer then your rate is mostly set too low.
- If you need assistance with accessing your geographic Medicare fee schedule you can email Cassie at cbeesley@empowerruralhs.com.

Cost Reports

There was an open discussion on any cost report questions the attendees had.

- Cassie asked if anyone had noted a difference in their 2025 cost report settlement with the midyear change last year on how Part B vaccines are paid in an RHC.
  - One leader noted for the first time they did not receive a settlement.
  - It was noted that the intent of the vaccine billing change was to allow clinics to receive vaccine reimbursement throughout the year rather than one lump-sum cost report settlement. Clinics should have been seeing monthly revenue increases in the latter half of 2025 through current as a result

VaxCare- Third-Party Vaccine Billing Solution

One leader noted they are beginning to use VaxCare to bill for their vaccines and this will be their first flu season using them. VaxCare is a third party vaccine supplier and billing solution. They supply and bill for the vaccines administered in your clinic. You receive a per vaccine administration fee administering the vaccine.

- RHCs utilizing VaxCare should work with their cost report preparer to properly carve out the cost associated with time spent administering VaxCare vaccines, as those cost should not be included in the cost report for services the clinic is not billing.
- One leader noted that they had heard mix responses about VaxCare from clinics using in Tennessee.

Hormone Replacement Therapy (HRT), GLP-1, and other "Spa" Type Services in an RHC

There were questions about offering "cash-pay-only" services within an RHC such as HRT, GLP-1 and other "spa" type services.

- Running "cash-pay-only" services such as Botox, HRT, and cosmetic weight loss programs within an RHC is not advisable. These services should be offered during non-RHC hours and not during the open RHC hours to avoid commingling concerns.
- Medicare will cover intensive behavioral therapy for obesity in an RHC and there is no cost-sharing for the patient. The patient's BMI must be 30 or higher. They will have one face-to-face visit a week for the first month, then one face-to-face visit every other week for months 2-6.

Then if the patient looses 6.6 pounds or greater in the first 6 months they can continue in the program and then have one -face-to-face visit every month for months 7-12. The CPT to bill for this service is G0447. If you would like more information on billing for this service you can reach out to Cassie at cbeesley@empowerruralhs.com

- It is not advisable to stock GLP-1 medication in an RHC, as your will not be reimbursed sufficiently to cover the expense. If patients are not able to administer themselves they can bring the medication into your clinic to administer. You will not be able to bill for the administration if that is the only service provided that day. If you are storing the medication for specific patients make sure you obtain the necessary consents to allow you to manage the medication for expirations, etc.

Swing Bed Billing Through the RHC

The topic of billing swing bed visits through your RHC.

- Swing bed visits are a qualifying visit to billed through an RHC if they are being performed by one of your RHC providers.
- Make sure Revenue Code 524 with applicable CPT.
- Swing bed visits will count in your total RHC encounters on your cost report.
- If you are a provider based RHC and your hospital utilizes hospitalist to see the patients admitted through your hospital, you may be able to add these providers to your RHC provider list and bill their visits through your RHC. It is advisable to work with your cost report preparer on ensuring their salaries and expenses are properly accounted for. If you are a CAH hospital work with your cost report preparer on where best to bill their services out of.
- One leader asked how often a provider can see a patient in a swing bed. When patients are in a swing bed status they are not seen typically daily. The visit must be medically necessary.

September Schedule

Due to the NRHA and NARHC conferences in September there will be NO Rural Rounds sessions on 9/16/2026 and 9/30/2026. We hope to see you at one or both of the conferences instead.

Beyond the Rounds

Once a month, we will dive deeper into one of the topics discussed that week during Rural Rounds.

- Written by trusted RHC consultants or RHC leaders
- 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/Educational Opportunities

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- How to Become a 5 Star Clinic & Get the Recognition
Sept 17th, 2026 at 12:00pm EST | Register at
https://us06web.zoom.us/webinar/register/WN_zmR_rdMkSpqk-XN_zOd8bw#/registration

NARHC- Medicare AWV Strategies for RHC Success
Sept 22nd, 2026 at 2:00pm EST | Register at

https://us06web.zoom.us/webinar/register/WN_hHXKBeTnQp2WEwUcLCS3jg#/registration

NARHC FREE RHC 101 Webinar Series

RHC Billing 101 |Sept 3rd , 2026 at 1:00pm EST |Register at
https://us06web.zoom.us/webinar/register/WN_14Uom6feQey4b_U7qQA0Pg#/registration

RHC Compliance 101 |Sept 9th , 2026 at 2:00pm EST |Register at
https://us06web.zoom.us/webinar/register/WN_R1E34cr9T5O0YvVmA9aHcg#/registration

RHC Cost Reporting 101 |Sept 14th , 2026 at 2:00pm EST |Register at
https://us06web.zoom.us/webinar/register/WN_zYDxWJ07Sbepy7rOKfTkOg#/registration

National Association of Rural Health Clinics (NARHC)- Front Office Guide Online Course
For more information on this and other courses visit
https://www.narhc.org/narhc/NARHC-Academy-Courses.asp

NARHC Academy- Certified Rural Health Clinic Professional Course (Winter Session)
Opens up Sept 8th, 2026 | Cost is $500 for members and $650 for non member | Register at
https://www.narhc.org/assnfe/ev.asp?ID=555

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

Advocacy Opportunities

It is important for both Congress and CMS to hear directly from the clinics, staff, and providers of RHCs on how current policies and proposed policies impact your clinics and communities. Both the National Rural Health Association (NRHA) and National Association of Rural Health Clinics (NARHC) have advocacy tools available that make it easy for you to do so. Visit their sites below to send messages to your own Congressional leaders.

National Rural Health Association Voter Voice

https://www.ruralhealth.us/advocacy/advocacy-campaigns

National Association of Rural Health Clinics Voter Voice

https://www.votervoice.net/NARHC/Home

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.

Reminder: If you have submitted a topic and will not be present on an upcoming call please notify Cassie Beesley, so that your topic can be held for discussion at a later session.

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 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.