Rural Rounds Summary

AUGUST 12, 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.

Transitional Care Management (TCM)

- Discussed some billing rules around billing for TCM.
- TCM can be billed at the same time as home health services being performed
- TCM cannot be billed when a patient is discharged from inpatient to a SNF bed or location. But once the patient is discharged from the SNF the TCM period will start and TCM services can be billed.
- TCM can be billed if the patient goes from inpatient to a nursing home Part B stay, as the nursing home is the patient's home. If the face-to-face visit for TCM happens within the nursing home, make sure to use the appropriate Rev Code of 525.
- TCM and Chronic Care Management (CCM) can be billed in the same month
- Recommendations for managing patients that meet TCM criteria were discussed
    - Work closely with local hospitals to obtain both admission and discharge lists and then have a staff member (e.g. health coach or care coordinator) assigned to starting the 2 day post discharge call and TCM process
    - Educate staff to watch for hospital admission and discharge summaries or other notifications and have a process in place for those documents to go to, so that necessary staff are notified to start the TCM process

- For Provider-based clinics, have a Teams group for discharge notifications
- Sign up for insurance portals that notify you of your patient admissions

Medicare Annual Wellness Visits (Billing Same Day as Acute or Chronic Visit)

- You can perform an AWV the same day as an acute or chronic visit. You will only receive one AIR payment and the patient will owe a 20% coinsurance for the acute or chronic visit portion.
- If you place the CG modifier on the AWV (G0438 or G0439) and not on the E/M you will not receive the 20% coinsurance on the E/M service.
- It is important to report both visit CPT codes (e.g. 99214 and G0439) even though you will only get one AIR. The AWV visit is a once a year service for a Medicare beneficiary, so it needs to be reported in order for Medicare to track the benefits.
- Patient education is key, make sure the patient understands that because the AWV is focused on ways to keep you healthy and is at no cost to the patient, any other services, such as an acute issue or review of chronic conditions, are outside the scope and will be billed additionally. They will be responsible only for the 20% coinsurance for the charges associated with the acute or chronic conditions, not the AWV.
- Verbiage suggested to use with patient is the AWV is at "no additional cost" to the patient, rather than "FREE" service, to help avoid confusion.

Commingling in RHCs

- Discussed what constitutes commingling in an RHC, common scenarios, and how to avoid compliance issues.
- Medicare's definition of commingling per the Medicare Benefit Policy Manual Chapter 13 is "the sharing of Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) space, staff (employed or contracted) supplies, equipment, and/or other resources with an onsite Medicare Part B or Medicaid fee-for-service practice operated by the same RHC or FQHC physician(s) and/or non-physician(s) practitioners"
- Commingling is a concern in RHCs because they receive cost-based reimbursement and you need to be able to distinguish the RHC actual costs from those reimbursed on a fee-for-service basis.
- A common scenario is a visiting specialist renting space in the RHC. The recommended option with visiting specialists is for the RHC to contract directly with the specialist and all billing is handled under the RHC. It is not recommended to lease RHC space and allow the specialist to bill on their own as this could be high commingling risk, as it is very difficult to carve out those costs from the cost report appropriately.
- Specialists can be billed in an RHC as long as "some" primary care is being performed.
- To avoid commingling concerns when operating RHC space and non-RHC space in the same building some surveyors want to see a door that is clearly separating the space and not allowing patients to travel through one to get to the other. Should have separate entrances into the physical space. Waiting rooms are allowed to be shared, but check in desks, along with the staff should be separate. The patient must clearly understand whether they are a patient of the RHC or visiting specialist.
- A scenario was discussed where an outside OB nurse (not an NP or physician) would come to the RHC to perform fetal heart tones for pregnant patients. The outside practice would be billing for the services.

    - If that nurse is not on your clinic's payroll or contracted under your RHC to bill, then this would be a commingling concern.
    - If that nurse would be contracted by your RHC to perform that service and bill under the RHC then it would not be considered commingling. BUT, it was noted in may states (such as Texas that was discussed) a nurse visit would not meet the definition of a billable face-to-face service under Medicaid.
- A scenario was discussed where a patient would come into the RHC to receive telehealth services, where the patient is located in the RHC and the provider is located in another clinic outside of the RHC.
    - This would not be a commingling concern, as the RHC is allowed to bill as an originating site (where the patient is) and the treating provider will bill as a distant site (where the provider is). RHCs are allowed to be an originating site.
    - In this situation, the RHC would bill Q3014 (no CG modifier) and would receive a rate outside of the AIR of around $30.00
- There was a question on performing wound care in an RHC and if this was advisable.
    - Wound care can be billed in an RHC, but due to the high supply costs (such as skin grafts) it is typically not financially advisable to do so.
    - If the wound care service is performed solely by the nurse, then you do not have a billable face-to-face visit. It could be added with another face-to-face visit within 30 days, but still often the cost is hard to recoup.

Annual Staff Training Requirements for RHCs

- Discussed what annual training is required for staff in an RHC, where to find it, and how to manage compliance tracking.
- It was noted that it is often hard to find a consolidated list of all the training required annually for staff and that it is difficult to track when multiple training platforms are having to be used. Some of the training systems are often costly as well.
- Unfortunately, there is no single "free" training platform to manage all the training requirements.
- Often your waste management companies (e.g. Stericycle) will provide OSHA and bloodborne pathogen training through their portals.
- It is important to note the trainings your clinic requires in your policies, as the surveyors will survey you against your policy.
- Some of the accreditors also have specific requirements for training. For example, QuadA requires CPR training, Hazard Safety training(OSHA) and BBP training, universal precaution training, HIPAA, Emergency Preparedness, others as required by your organization specific to job position
- Some clinics reported using training systems such as Relias, HealthStream, and NetLearning.
- Additional resources could be provided by your local health department as well.
- Suggested to create in-house training modules kept on a shared drive.
- Suggested to conduct during staff meetings throughout the year and create a competency quiz as documentation of completion.

CNA-to-Medical Assistant Training and Competency Documentation

- Discussed whether CNAs can be trained in-house to function as a Medical Assistant in a clinic setting.

- This would be governed by individual state laws; some states will allow it, others do not. Some states have strict delegation rules governed by their medical boards.
- One Texas manager, confirmed that they uses their CNAs to function as an MA to room patients, with all on-the-job training provided in-house.
- It is strongly recommended to do initial competency check-offs (do not always trust what is on a resume) and annual check-offs for all clinical staff. Covering skills such as manual blood pressure, safe needle practices, 5 Rights of Medication Administration, sterile procedure setup, hand hygiene, emergency responses, etc.

Beyond the Rounds

THERE WILL NOT BE A BEYOND THE ROUNDS THIS WEEK.

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 weekly
- 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**

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 Members Only Webinar- Connecting RHCs to Congressional Funding Opportunities
Aug 17th, 2026 at 3:00pm EST Register at
https://us06web.zoom.us/webinar/register/WN_ygXzng_hSNKqCGZZFPTchw#/registration

NARHC Webinar- Top Provider Enrollment Mistakes |Aug 31st, 2026 at 2:00pm EST
Register at **https://us06web.zoom.us/webinar/register/WN_zmR_rdMkSpqk-XN_zOd8bw#/registration**

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

NARHC has a survey available through August 15, requesting feedback regarding the 2027 Medicare Physician Proposed Fee Schedule and the AI comments requested by CMS. To complete the survey visit, **https://stage.narhc.org/Forms.asp?MODE=NEW&pvw=1&Forms_FormTypeID=-3404**

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 Navigating Policies and Procedures. There is not a separate sign-up. Utilize the same weekly Rural Rounds Zoom link to join.

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.