Rural Rounds Summary

AUGUST 5, 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.

Value-Based Payment Models and Provider/Staff Incentives

- Ideas were shared on how to encourage providers and staff to complete the necessary clinical and documentation items in order to receive Value-Based Payments (VBP) from some payers. Some leaders report that they struggle with providers expecting to receive the revenue directly from the VBP, but clinics are having to use this money to offset other expenses such as overhead.
- Some report that they found value in combining value-based care with chronic care management and applying gap metrics broadly across all patients.
- It was suggested that while some clinics may not be able to give directly back to the providers, that it could be used to give staff raises.
- Some suggest sending quarterly updates to the providers and staff showing them the VBP received and how they were able to use the money to offset overhead or provide staff with wage increases.
- It was also suggested that you can use the gap closures as a team goal that is tied to performance evaluations and merit increases, rather than trying to individualize it at the staff level.

Good Faith Estimates (No Surprises Act) Workflows

- Workflows around how clinics handle providing the required Good Faith Estimates (GFE) were shared. This includes identifying who needs a GFE and who is responsible for generating.
- Good Faith Estimate is a document that healthcare providers must give to patients who do have insurance or are choosing not to use their insurance. It needs to outline the expected costs for medical items and services when they are requested or scheduled a least 3 days in advance. It must be in writing (printed on paper or emailed) and include all related costs, such as testing and clinic fees. See **https://www.cms.gov/files/document/nosurpriseactfactsheet-whats-good-faith-estimate508c.pdf** from CMS that can be posted or given out to patients. For more information on the requirements visit **https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149/subpart-G/section-149.610**
- Some clinics report they utilize a price estimator on their website.
- One leader whose clinic utilizes Cerner, reports that they have a hard stop a scheduling requiring an insurance verification. Self-paying patients triggers a message to a health coach who manages the GFEs. They also have a finance team member who pulls a daily self-pay report as a secondary check.
- Another leader reports that patients are provided a GFE at checkout for their next appointment that includes anticipated services (e.g. labs and vaccines). They report that their providers are good at putting in orders for future labs or testing, so the staff look for those orders at checkout to help determine the GFE.

Insurance Payment Hurdles

- One leader reported having issues with a payer who started depositing EFTs into an old bank account. They cannot identify where this old information is located.
- It was suggested to check that insurance's website or Availity, as well as contact the provider enrollment of that insurance, as they could be pulling from an old contract or file.

In-House vs Outsourced Billing

- Discussion around different billing models, Key Performance Indicators (KPI), and controls
- A leader who does billing in-house reports that she has several KPIs that she runs weekly, monthly, or quarterly to ensure that claims and payments are processing correctly.
  - Aging Report
  - Days in AR (targe is to stay in the 20's, but currently at 29-33 days)
  - Weekly Cash Collected vs Average Baseline (they use this catch any potential payment issues)
  - Write-Off/Adjustments reviewed once or twice a year to help manage any specific insurances or denial categories
- Another former practice manager, who utilized an outside billing company, held monthly dedicated meetings with the billing company to review denials, write-offs, any insurance issues, and other reports. Below is the list of items they covered (per email sent after)
  - Financial Performance (charges, payments, adjustments, and collections)
  - A/R Aging and Aging Trends
  - Denials and payer-specific issues
  - Provider Productivity and coding utilization trends (if multi-provider)
  - Changes in payer mix
  - Collection opportunities and operational improvements
- It was also noted the even with outsourced billing, clinics should maintain control over write-offs and administrative adjustments. No write-offs or administrative adjustments should occur

with out clinic approval. They should have accountability measures for AR days, aging, and denial management.

G2211 Add-On Code- Billing and Reimbursement in RHCs

- Discussion around the use of the G2211 add-on code and if clinics are receiving reimbursement for this code.
- In an RHC, the G2211 does generate any additional payment from Medicare directly, due to the all-inclusive rate model. Instead, it increases the patient's coinsurance, as coinsurance in an RHC is based on 20% of the total charges reported on the CG line. The fee from the G2211 should be rolled into the line with the CG modifier.
- Some clinics report that insurances are not paying for the G2211 at all and that providers are receiving increased RVUs from billing this code, but no payment is coming in to support the RVUs received.
- It is important to note that for Medicare it may appear that the G2211 is not being paid because subsequent lines on an RHC claim are adjusted off to a CO-97 (Bundling Adjustment), but the payment for this service is transferred to the coinsurance due based on the total charges reported on the CG line item of the claim.
- It was suggested that if you have guidance from an insurance plan that they will not cover the G2211, you could work with your PM vendor to set up rules to remove the G2211 those instances.
- It was cautioned when setting the fee for the G2211 to not set too high, as this could inflate the coinsurance beyond what fee-for-service patients pay at other clinics. It was suggested to align the fee with the geographic Medicare fee-for-service rate.
- It is also important to note, that in the current 2027 Proposed Medicare Fee Schedule it is being proposed to eliminate the G2211 code and replace with a fee affecting modifier. If your clinic is benefiting from billing the G2211, you are encouraged to share that information and the impact of the removal of this code with CMS or with NARHC to include in their comments to CMS.

EHR- Workflow Sharing

- Attendees were requesting to be connected with other like leaders that use the same EHRs. Specifically Athena users were requested to connect on running bad debt reports and other reports necessary for cost report preparations.
- If you are an Athena user and would like to connect with other Athena users to discuss this topic, please email Cassie Beesley at cbeesley@empowerruralhs.com and she will coordinate.
- Attendees were asked to enter their EHR name in the comments and this would be added to the spreadsheet being maintained for Rural Rural attendees. This can be used to connect like leaders to support peer-to-peer knowledge sharing.

OB Global Billing Changes Effective 1/1/2027

- Effective 1/1/2027, global OB delivery codes will be eliminated. Effective 1/1/2027, for all payers providers should begin to bill the individual services codes for obstetric care including prenatal, delivery, and post-partum codes. Medicaid in most states have already been billing individual codes.
- Clinics should confirm that their PM systems and workflows are setup to support these changes to avoid missed revenue opportunities.

Annual Wellness Visit (AWV) Strategies

- Strategies were discussed on ways to increase AWV completion rates, as some report provider and staff resistance, as well as some patient resistance. Some report that providers feel they take up too much time or that the insurance company is dictating how they provide care.
- Some report using a chart prep process done by their nurses to identify patients eligible for an AWV. They add to the scheduling comments when the patient is due. One reporting that they track their AWVs as a goal and has maintain high completion rates over the past five years.
- Others report that they send text message reminders to patients that have a portal link to an AWV questionnaire to complete ahead of the visit.
- Some reported that they provided revenue/RVU data to their providers to motivate compensation.
- It was suggested that AWV should take no longer than 5-10 minutes of provider time with the patient, as nurses can do the bulk of the visit, with the provider reviewing the findings, confirming the treatment plan, and obtaining the patient agreement. It was suggested to have approved provider standing orders for the common preventative services that the nurses enter or complete during the visit. It is also suggested to have the questionnaire completed in advance of the visit via phone call from nursing staff to patient or via a patient portal. This can help speed up the time spent during the visit.

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 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

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 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 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.