



Rural Rounds Summary

OCTOBER 14, 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 its 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.

October 1st Telehealth Billing Changes - Claims Update

Effective 10/1/2026, G2025 will no longer be accepted by Medicare for distant site telehealth services. Ensure your EHR/PM system is ready to handle these changes.

- Replace with approved Medicare telehealth CPT code that describes the service you performed
- Append either modifier 95 (synchronous audio/visual) or 93 (synchronous audio-only)
- DO NOT append modifier CG to medical telehealth claims
- Reimbursement Rate: RHC's will continue to receive the standalone medical telehealth rate of \$97.53
- Behavioral Health telehealth- NO Changes, continue to bill with approved CPT, along with 93 or 95 modifier AND CG modifier. Will receive your AIR.
- Consult your cost report preparer to ensure your medical telehealth costs and visits are properly segregated in your financial reporting
- Often there are MAC processing issues when there are changes of this type. Monitor your claims closely to ensure they are being paid and paid correctly. If they are not you can email Sarah Hohman with NARHC at sarah.hohman@narhc.org with your issues and examples (DO NOT

include PHI in your examples sent to her). She will communicate with CMS on any MAC issues processing the claims.

- Bring claim successes and rejections or improper payments to future sessions for discussion.

Add-On Codes During Annual Wellness Visits (AWVs)

- **Reimbursement Rules:** Discussion clarified that only one all-inclusive rate is reimbursed for an AWV regardless of additional preventative services rendered during the same encounter. Additional preventative services may be performed for clinical care and closing gaps but generates no extra payment.
- **Cost-Sharing:** AWVs carry no patient cost-sharing (reimbursed at 100% of the AIR minus 2% sequestration). Adding additional preventative services does not trigger coinsurance for the patient.
- **RN-Led AWVs & Advocacy:** No regulatory update was included in the proposed rule allowing RNs to perform AWVs independently in RHCs. Highlighting that RHCs are the only provider setting restricted from RN-led AWV billing presents a critical advocacy focus for Congressional outreach during the lame-duck session. Can email Mo Sullivan at mo.sullivan@narhc.org to share your advocacy for allowing RN's in an RHC to perform an AWV.

Incident-To Billing Rules

- **Payer Applicability:** Incident-to billing is a moot point for Medicare and Medicaid in RHCs because RHCs bill as facility encounters rather than individual provider fees. It applies strictly to commercial payers.
- **Commercial Utilization:** Used primarily to bill NP or PA services under a physician to avoid standard 15%-20% non-physician reimbursement reductions. Strict requirements apply: established patients/problems only, established physician treatment plan, and direct physical presence of the physician in the building.
- **Operational Reality:** Commercial insurers are actively phasing out incident-to arrangements. Best practice is to use a temporary bridge during provider credentialing rather than a long-term billing strategy.

Mobile Units - Lessons Learned & Setup

- **Mobile Units as an RHC:** Mobile units represent the only permitted form of satellite facility attached to an existing RHC certification, avoiding the need to independently fulfill all standalone RHC structural requirements.
- **State Regulatory Roadblocks:** State-level regulations vary significantly; for example, Louisiana strictly prohibits mobile RHC units, requiring state-level advocacy before deployment. Should verify state and local regulations before implementing.
- **Operational Resources:** Key setup resources identified include *Mobile Health Map* <https://www.mobilehealthmap.org/> (technical assistance and national registry) and Texas A&M's established women's mobile health program in Nacogdoches. For contact for the Texas A&M, email Tracy Smith at tracys@dhealth.care

Point-of-Care (POC) Lab Training & Multi-Site Tracking

- **Operational Challenges:** Multi-site provider-based organizations (14-15 clinic sites) face significant friction managing manual paper logs for daily temperatures and quality controls without automated review mechanisms.
- **Digital Solutions:** Transitioning from physical binders to shared digital platforms (Microsoft Teams, shared drives) or dedicated software (Media Lab (Now Vastian) <https://www.vastian.com> or Attentio <https://www.attentio.net>) enables real-time central oversight across multiple locations.
- **Staffing & Governance Models:** Recommendations include establishing a designated "Site Champion" at each clinic, implementing rotating staff assignments to eliminate gaps, and conducting standardized annual competency reviews.
- **Survey Readiness:** Surveyors closely examine QC logs, temperature trends, documentation of missed days, and formal protocol actions taken to verify reagent integrity after temperature variances.

Welcome New Clinic Leadership - Guidance for New Directors

- **Leadership Transition:** Welcomed new clinic leadership transitioning from bedside nursing to clinic management.
- **Core Strategies:** Prioritize relationship-building with medical directors and providers, implement operational changes incrementally rather than all at once, and focus on continuous progress rather than immediate perfection. Don't be afraid to ask questions, whether within in Rural Rounds, on the NARHC Forum, or Rural Health Clinics Information Exchange on Facebook.

MCO Contracting as Rural Health Clinics

- **Contracting Pitfalls:** Many RHCs are incorrectly contracted with Managed Care Organizations (MCOs) regular clinics rather than RHC facilities, resulting in lost RHC rate protections. MCOs often lack the knowledge of RHCs resulting in improper processing of claims or inability to contract with them as an RHC.
- **System & Billing Barriers:** MCOs frequently lack automated claim systems equipped to handle RHC rates, leading to manual processing delays and claim errors.
- **Contract Management Best Practices:**
 - Proactively renegotiate MCO contracts to include specific RHC language and AIR rates.
 - Perform monthly provider roster updates with MCOs to prevent credentialing-related claim denials.
 - Maintain strict documentation and email read receipts to navigate high MCO staff turnover.

AI Charting Tools - Compliance & Operational Considerations

- **Patient Consent Protocols:** Providers must obtain direct verbal or written consent from patients before activating ambient AI recording tools—relying solely on waiting room signage is insufficient. If a patient declines, the recording must be turned off immediately.

- **Vendor & Privacy Compliance:** A formal Business Associate Agreement (BAA) is required with all AI software vendors. Verify that vendor platforms do not retain audio or clinical data to train public AI models.
- **Policy Frameworks:** Make sure to have policies in place in how you utilize AI in your clinics, who can use, training required, and process for obtaining consents.
- **Audit Oversight:** Incorporate AI consent documentation checks into routine clinical chart auditing workflows.

October Schedule

Back to normal schedule in October. Every Wednesday from 9am to 10am CST.

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

NARHC Virtual Office Hours

Join anytime between 1pm and 2pm EST on 10/21, 11/4, 11/18, 12/2, 12/16

10/21 Session is dedicated to follow up questions from RHC Compliance 101 Webinar

11/4 Session is dedicated to follow up questions from RHC Cost Reporting 101 Webinar

Other Sessions will be open for questions

NO Registration Required. Log in <https://us06web.zoom.us/j/81747173194> or dial in by calling (301) 715-8592 PIN: 817 4717 3194# Meeting ID: 817 4717 319

NARHC Academy- Certified Rural Health Clinic Professional Course (Winter Session)

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.

NARHC: AI In Rural Health, Without the Hype Webinar

Oct 29, 2026 at 1:00PM EST

Register at

https://us06web.zoom.us/webinar/register/WN_vwHCIIGOT9eYri3VSC3KUA#/registration

NARHC Spring 2027 Institute | April 26-27, 2027 | Salt Lake City, UT

Registration Opens Jan 4, 2027

<https://www.narhc.org/narhc/Conferences.asp>

Kentucky Rural Health Conference | Nov 19-20, 2026 | Bowling Green, KY

Register at: <https://kyrha.org/page-1863755>

Tennessee Rural Health Conference | Nov 18-20, 2026 | Knoxville, TN

Register at: <https://www.rhat.org/annual-conference>

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 2027 Bill Finerfrock Health Policy Fellowship

Applications are open and accepted through Jan 8, 2027 at 11:59EST

Information and application at:

https://www.narhc.org/narhc/Bill_Finerfrock_Health_Policy_Fellowship.asp

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.