



Rural Rounds Summary

OCTOBER 21, 2026

About Us

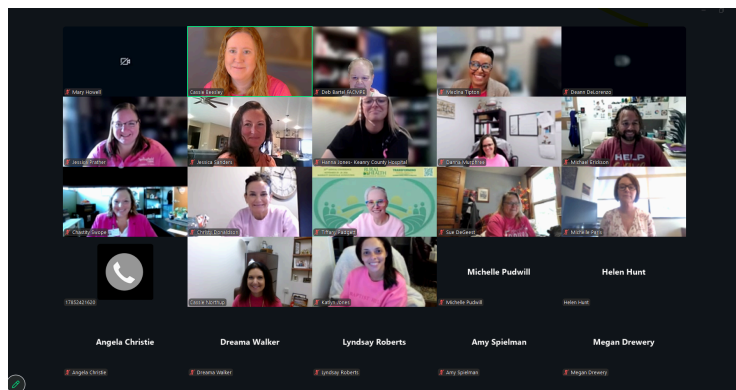
Rural Rounds was started as a way to connect rural health leaders across the nation in order to tackle the real-world issues facing rural healthcare today. You no longer have to feel isolated and you don't have to fight your battles alone!

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.

Thank you to everyone who participated today and wore pink in honor of those who have been impacted by breast cancer



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.**

Chart Reviews/Audits

There was discussion around the types of chart audits required and how attendees are conducting them.

- **Chart Audit for Completeness (42 CFR 491.10):** No minimum requirement; accreditors recommend 5 per month or 15 per quarter; should represent all providers. These are quality checks and can be performed by anyone trained to conduct.
- **NPPA Physician Oversight (42 CFR 491.8):** Requirements vary by state (e.g., Tennessee requires 20% co-signature by collaborating physician). The medical director can delegate to any physician or DO, including outsourced reviewers.
- **Peer Review for Program Evaluation (491.11):** Requires 5% of active patient charts or 50 charts per year, whichever is less. Physician oversight reviews can count toward this requirement if properly documented. All providers, including MDs and DOs, must be reviewed. These reviews are to ensure that patient care policies and medical guidelines are being followed.

The chart audit for completeness and the review for the program evaluation can be combined into one audit form to satisfy both requirements simultaneously.

Explore your EHR capabilities for conducting the peer review. If your EHR can assist with random chart selection and review criteria to allow for proper review and documentation, you can use this as well, but suggest pulling a report periodically to pull it all together along with cover page to demonstrate review and communication back to providers

VA CCN Billing for RHCS

Question was raised about the correct way to bill for VA CCN (Veterans) claims for RHC services.

- Per a provider manual by Optum, "Medicare rates are applied to all Medicare priced services regardless of provider type, Medicare billing status, place of service, claim type or patient condition. Medicare participating providers should bill VA CCN as they would bill Medicare. All providers are required to follow CMS billing and coding requirements outlines in the Medicare Claims Processing manual, unless their VA CCN Agreement states otherwise."

- Attendee had recently heard that because of the above statement that VA claims should be submitted just like Medicare RH claims, on a UB with CG modifier.
- *After researching post session, it was found that whether you bill as an RHC or not would depend on the clinics individual contract/agreement with the VA administrator. It is recommended to review your contract. If you are contracted under a standard clinic/fee schedule you will most likely bill on a 1500 for fee-for-service reimbursement. If your contract has RHC language then follow the guidance based on your contract on how you will bill.*
- *It is probable that most RHCs have not negotiated RHC language into their agreements, but it is highly recommended to review your agreement and contact your representative.*
- *If anyone has any different guidance, please email Cassie Beesley at cbeesley@empowerruralhs.com.*

Billing Procedures Without an E&M Code

Discussed whether or not you need an E&M code on an RHC claim in order bill for a procedure (e.g. joint injection, mole removal, etc.).

- An E&M code is NOT required on an RHC claim in order to receive your AIR. Any medically necessary, face-to-face visit with a qualifying RHC provider (MD, DO, NP, PA, CNM or mental health provider) constitutes a qualifying visit.
- The 2016 Qualifying Visit List (QVL) is a useful reference but has not been updated and CMS has state they will not update. Can use as a guide.
- If your visit meets billing both an E&M and another procedure the CG modifier would typically go on the E&M and all other services billed would roll into the E&M line to capture the correct coinsurance of total billed charges. DO NOT append a 25 or 59 modifier.
- When a qualifying procedure code is billed alone the CG modifier would be appended to the procedure code. (e.g. when patient is solely there for a join injection).

Railroad Medicare Billing in an RHC

Railroad Medicare claims should be handled just like traditional Medicare.

- RHC services should be billed on a UB to the RHC's Medicare MAC (e.g. Noridian, NGS). Do NOT bill them to Palmetto Railroad.
- Non- RHC services (e.g. labs, technical components) should go to Palmetto Railroad.

Bad Debt Tracking for Cost Reports in Athena

Jessica Prather would like to connect with other RHCs utilizing Athena regarding how you are handling and tracking Medicare Bad Debt. If you use Athena and would like to connect please email Cassie Beesley at cbeesley@empowerruralhs.com and she will connect you with Jessica.

To add to this, Cassie Beesley is looking to hold an educational session in the near future covering tips and tricks particularly around RHC specific configurations in Athena.

BLS Certification Tracking Multi-Site RHC Organizations

Attendee raised challenge of tracking BLS certifications across multiple clinics. Having trouble with her HR department's willingness to assist in tracking and not dedicated managers on site at each RHC.

- One attendee with 16 RHCs and approximately 750 employees is transitioning to an online SharePoint files for each RHC, but is coordinating with HR.
- It was suggested to push back on HR, as they should be able to add a field to track to BLS and other certifications in their existing system that is already tracking such things as licenses. This could already be a requirement of med staff.
- Suggest aligning expiration dates within each clinic where possible for easier tracking.
- Accreditors and State Surveyors will cite missing BLS certifications as a deficiency.
- One attendee reported using a system called Workday to help track.
- Another attendee reported using CARE Learning, and it sends the employee, manager, and education coordinator notifications when items will expire 90 days ahead of expiration.
- It was suggested to reach out to The Compliance team for recommendations on ways other clinics are tracking.

State Survey Frequency and Accreditation Options

Attended asked the group if any Kentucky clinics had recently gone through a recent RHC survey by the OIG.

- No KY clinics responded, but Medina Tipton with Kentucky Office for Rural Health confirmed that KY RHCs are experiencing long wait times in between surveys and are often going past 6 years in between, unless a compliant survey was conducted.
- Many states are experiencing going numerous years in between surveys. For example, in Texas some clinic have not had a survey in 15 years or in Oregon in 10 years.
- If clinics would like to stay on a more consistent cycle of surveys all RHCs have the option to use an accreditor to conduct their surveys. This would put your clinic on an every 3 year cycle with self-attestations in between. The approved accreditors are: The Compliance Team (TCT), QuadA, or Joint Commission.
- A clinic who opted to go with an accreditor can at any time after their initial cycle opt to drop their accreditation and go with their state for survey. The risk is having an inconsistent and long survey cycle.
- One attendee suggested that states should have a hybrid cycle where some documentation could be submitted remotely between on-site surveys, but this may still be impractical due to state resource limitations.
- If clinics are wanting a mock survey ahead of an actual survey, some State Offices of Rural Health may offer free mock surveys. Per Medina Tipton, Kentucky's Office of Rural Health conducts and can request by emailing her at medina.tipton@uky.edu. Per Christin McWhorter with the Rural Health Association of Tennessee, they also conduct and can request by emailing her at Christin@TNRuralHealth.org. Several consultants do mock surveys as well. If you need assistance in finding out who to contact at your state's Office of Rural Health, please feel free to reach out to Medina Tipton or Cassie Beesley.
- Internal mock surveys can also be conducted periodically to help your clinic stay survey ready.
- CMS has halted the potential move to an every 6 year self attestation. There has not been any updates since they halted.

October Schedule

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

If you would like to present at an upcoming Rural Rounds session on a particular subject, please email Cassie Beesley at cbeesley@empowerruralhs.com.

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.