

Care Management Opportunities for RHCs in 2025

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NARHC Survey Results

RHC Attitude Towards Care Management		
	2023	2024
We want to expand our care management services	43.5%	52.7%
We plan to maintain our current level of care management services	25.9%	21.7%
We plan to reduce our care management services	0%	0.5%
We do not offer care management services	30.6%	25.1%



Share your Medicare Care Management Experiences

Why do you offer these services? Why do you not?



The Federal Landscape and the Latest Care Management Policy

- CMS goal of engaging all beneficiaries in value-based care arrangement by 2030
- Make America Healthy Again (MAHA) Movement
 - Efforts to reduce the chronic disease crisis, move towards value-based care, etc.
- CMS making efforts to align RHC care management billing with other providers – should increase opportunities



Historical Care Management Billing

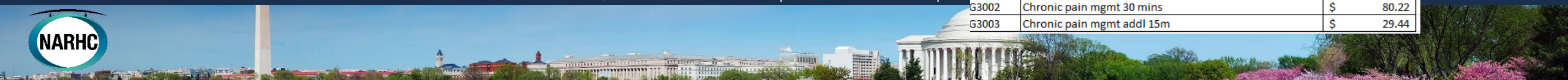
- Since 2016, RHCs have been able to bill for care management services through a consolidated care management code – G0511
 - ~\$72 reimbursement
 - Each year, CMS added new services billable under the G0511 code
 - Chronic Care Management
 - Remote Physiologic Monitoring
 - General Behavioral Health Integration
 - Community Health Integration, and more!
 - RHCs were limited in billing G0511 more than once per patient per month and identifying which services they were actually doing
 - More administrative burden makes offering any service more complicated



Care Management Billing 2025 and Beyond

- Flexibility began January 1, 2025, but there is a grace period for billing **either** G0511 or the individual care management codes until October 1, 2025
- Following that grace period, RHCs will be required to switch their billing from the consolidated G0511 code, to the individual CPT codes shown [here](#)

HCPCS	Short Descriptor	NonFac Payment CY 2025
98975	Rem ther mntr 1st setup&edu	\$ 19.73
98976	Rem ther mntr dev sply resp	\$ 43.02
98977	Rem ther mntr dv sply mscskl	\$ 43.02
98980	Rem ther mntr 1st 20 min	\$ 50.14
98981	Rem ther mntr ea addl 20 min	\$ 39.14
99091	Collj & interpj data ea 30 d	\$ 51.75
99424	Prin care mgmt phys 1st 30	\$ 80.87
99425	Prin care mgmt phys ea addl 30	\$ 58.87
99426	Prin care mgmt staff 1st 30	\$ 61.78
99427	Prin care mgmt staff ea addl 30	\$ 50.46
99437	Chrc care mgmt phys ea addl 30	\$ 57.58
99439	Chrc care mgmt staf ea addl 20	\$ 45.93
99453	Rem mntr physiол param setup	\$ 19.73
99454	Rem mntr physiол param dev	\$ 43.02
99457	Rem physiол mntr 1st 20 min	\$ 47.87
99458	Rem physiол mntr ea addl 20	\$ 38.49
99474	Self-meas bp 2 readg bid 30d	\$ 16.50
99484	Care mgmt svc bhvl hlth cond	\$ 53.05
99487	Cplx chrc care 1st 60 min	\$ 131.65
99489	Cplx chrc care ea addl 30	\$ 70.52
99490	Chrc care mgmt staff 1st 20	\$ 60.49
99491	Chrc care mgmt phys 1st 30	\$ 82.16
G0019	Comm hlth intg svcs sdoh 60 mn	\$ 77.96
G0022	Comm hlth intg svcs addl 30 m	\$ 48.52
G0023	Pin srv 60 min pr m	\$ 77.96
G0024	Pin srv addl 30 min pr m	\$ 48.52
G0071	Comm svcs by rhc/fqhc 5 min	\$ 13.91
G0140	Nav srv peer sup 60 min pr m	\$ 77.96
G0146	Nav srv peer sup addl 30 pr m	\$ 48.52
G0323	Care manage beh svcs 20mins	\$ 53.70
G0511	RHC/FQHC 20min mo	\$ 54.67
G0512	RHC/FQHC 60min mo	\$ 139.41
G0556	Adv prim care mgmt lvl 1	\$ 15.20
G0557	Adv prim care mgmt lvl 2	\$ 48.84
G0558	Adv prim care mgmt lvl 3	\$ 107.07
G2025	Dis site tele svcs rhc/fqhc	\$ 94.45
G3002	Chronic pain mgmt 30 mins	\$ 80.22
G3003	Chronic pain mgmt addl 15m	\$ 29.44



Challenges with Current Care Management System

- Expectation that once fully implemented, the new billing system will be less burdensome, limit year-after-year changes, and allow for RHCs to bill for more than one service per patient per month, etc.
- However, the new system doesn't entirely kick in until September 30 because MACs are struggling to operationalize the changes
 - Coinsurance
 - Claims Denials
 - Payment Amounts



Why Consider Care Management Services?

- Care management billing can help to generate some reimbursement related to care you are likely already providing for your patients (patient education, care transitions, encouraging them to complete screenings, more frequent communications, etc.)
 - In-house services
 - Contracting with an external care management service
- While care management is a large umbrella of types of services, most facilities begin with Chronic Care Management (CCM) services
 - Two or more chronic conditions
 - Conditions expected to last at least 12 months



CPT CODE	SHORT DESCRIPTION
99490	CCM; 20+ min of clinical staff time
99439	CCM; each additional 30 min of clinical time
99491	CCM; \geq 30 min of provider time
99437	CCM; each additional 30 min of provider time
99487	Complex CCM; first 60 min clinical staff time
99489	Complex CCM; each additional 30 min of clinical staff time



Who Can Provide These Services

Auxiliary / Care Management / Clinical Support Staff

- RNs, LPNs, social workers, MAs, Community Health Workers, EMTs, Others

Auxiliary personnel under the general direction of the billing practitioner who can provide:

- Applicable knowledge of services, including community-based resources
- Communication (family and patient) and relationship-building skills
- Patient advocacy and facilitation
- Professionalism and ethical conduct
- Care coordination and health care/community systems navigation and assessment
- Patient advocacy and its facilitation
- Individual patient and community assessment
- Develop and strengthen the skills and abilities of the patient and family to improve access to health care and community services



Preparing to Offer These Services

How do you plan to track time, document patient consent, create and follow care plans, educate staff and patients?

Consider starting small – most in-house CCM programs have an enrollment rate <5%!

EMR options / limitations

Don't reinvent the wheel!



Patient Education

Care management will likely include patient responsibility (co-insurance)

Potential benefits to patients: more time focused on them, assistance in working towards patient's health and quality of life goals



Provider and Staff Education

Benefits of care management

What are their concerns and pain points?

Possible financial gain / incentive





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