



NARHC's 2026 Policy Survey Questions

To effectively inform policymakers and other stakeholders, NARHC must gather accurate data that reflects the real-world experiences of Rural Health Clinics (RHCs) nationwide. To support this effort, NARHC conducts an annual Policy Survey.

Participants are encouraged to prepare for the 2026 Policy Survey by reviewing the questions below. If the requested information is gathered in advance, the survey should take fewer than ten minutes to complete. As a reminder, please complete the survey using 2025 data.

To ensure data accuracy, we kindly ask that one representative from each organization complete the survey at the Survey Monkey [linked here](#) by February 25, 2026. Once you begin the survey in Survey Monkey, you will not be able to save your progress so please gather in advance. Thank you in advance for your time and participation.

With any questions, please contact the Deputy Director of Government Affairs, Mo Sullivan, at Mo.Sullivan@narhc.org.

Section 1: RHC Profile

1. Please enter the number of RHCs by type:
Independent:
Provider-Based:
2. Please list the state(s) that your organization operates RHCs in:
3. Across all RHCs in your organization, please indicate the total Full-Time Equivalents (FTEs) of the following RHC practitioners from CY 2025 across all RHCs you represent. This question is intended to gain insight into the size of your organization. Please note that a number in every field is required, and than 0 is an acceptable figure.
Physician
Physician Assistant
Nurse Practitioner
Certified Nurse Midwife
Visiting Registered Professional or Licensed Practical Nurse
Clinical Psychologist
Clinical Social Worker
Marriage and Family Therapist



Mental Health Counselor

4. Do your RHCs offer a sliding fee scale?
5. (Optional) What is the name of your organization?
6. (Optional) Contact information:

Section 2: Patients Served

7. Please indicate the number of unique patients served in Calendar Year 2025 across all RHCs in your organization. For the purposes of this survey, please only include patients who had at least one countable visit in the year.

Countable visits are services that contain all of the following components:

Licensed or credentialed provider + independent professional judgement + documented services + individualized care + in-person or virtual = Countable Visit.

Number of Patients Served:

8. Please indicate the payer mix of your RHC (Total must add up to 100%. Do not include % sign in answer).

Traditional Medicare
Medicare Advantage
Medicaid/ CHIP (including MCOs)
Commercial Insurers
Uninsured
Other

9. Please share the number of pediatric only RHCs your organization operates? You may enter "0" if your organization does not operate any.

Section 3: Telehealth & Care Management

10. Please select all that apply:

In 2025, my organization provided mental health telehealth through our RHCs (billed through AIR for traditional Medicare)

In 2025, my organization provided medical health telehealth through our RHCs (G2025 for traditional Medicare)



In 2025, my organization did not provide distant site telehealth services through our RHCs

11. (Optional) If your organization offers medical telehealth, please select all applicable services:

- Chronic Care Visits
- Acute Care Visits
- Medication Management
- Post-Surgical/ Other Follow-ups
- Other (please specify)

12. Please select the answer that best describes your organization's attitude towards telehealth:

Telehealth is the future of medicine and we are fully committed to offering a full suite of telehealth services to our patients and hope to expand utilization.

Telehealth is a complimentary service to our in-person services but is not a major focus of our organization.

Telehealth is not a priority for our organization and we are not interested in offering telehealth services.

Unsure/Not Applicable

13. (Optional) If your organization does not utilize telehealth services, please select the reasons that apply:

- Low reimbursement from Medicare
- Lack of continuity with short-term Congressional extensions of flexibilities
- Lack of patient interest
- Patient lack of technology/connectivity
- Lack of provider interest
- Other (please specify)

14. Please select the answer that best describes your organization's situation relative to care management services (all services billed through G0511 in 2024 including Chronic Care Management, Principal Care Management, Remote Physiologic Monitoring, Remote Therapeutic Monitoring, Community Health Integration and Principal Illness Navigation). **Please note, in 2025 RHCs will bill for care management services using individual CPT codes, not the G0511 consolidated**



code. This new billing structure will be required beginning July 1, 2025.

15. (Optional) What is your organization's greatest limitation in expanding telehealth and/or care management offerings?

Section 4: Medicare Advantage

16. Please select the response that best describes the majority of your organization's Medicare Advantage contracts:

Our Medicare Advantage contracts are structured on a fee-for-service basis where we are paid differing amounts based on CPT codes and other billing codes.

Our Medicare Advantage contracts are structured on an encounter basis, similar to our Traditional Medicare and Medicaid payments where we are paid a specific rate per encounter.

We do not have Medicare Advantage contracts.

Our Medicare Advantage contracts have an alternative payment structure.
Unsure.

17. Please select the response that best describes the majority of your organization's Medicare Advantage reimbursement in aggregate. Our Medicare Advantage contracts reimburse:

Significantly (20% +) more than our traditional Medicare reimbursement

Slightly more (5-20%) more than our traditional Medicare reimbursement

Roughly the same (+/- 5%) as our traditional Medicare reimbursement

Slightly less (5-20%) than our traditional Medicare reimbursement

Significantly less (20% +) than our traditional Medicare reimbursement

Unsure/Not Applicable

Section 5: Mobile Units

18. Does your organization utilize mobile units?

Yes/No

19. Please indicate your organization's attitude towards mobile units:

My organization is planning to expand our mobile unit services

My organization is planning to maintain our current level of mobile unit usage

My organization is planning to reduce our current level of mobile unit usage



My organization is not interested in utilizing mobile units

20. (Optional) If your organization does not utilize mobile units, please explain why:

Lack of patient need

Lack of resources to purchase and maintain mobile units

Lack of staffing capacity to operate mobile units

Need for more technical assistance / best practices on mobile unit development and operation

Other (please specify)

Section 6: Value-Based Care Participation

21. Please indicate whether your organization's RHC(s) participate in an original/ traditional Medicare specific value-based care / quality reporting program:

Medicare Shared Savings Program or ACO Primary Care Flex Model

Voluntary reporting of MIPS / QPP

AHEAD Model

ACO REACH

We do not participate in a Medicare specific value-based care / quality reporting program.

Other (please specify)

Section 7: Primary RHC Challenges

22. Please rank the following issues from most important/concerning to your organization's RHC(s) to least important/concerning to your organization's RHC(s):

Medicare Advantage Reimbursement

Medicare Advantage Other: Prior Authorization, Claims Denials, Other

Administrative Burdens

Compliance with New Regulations – Section 1557 Nondiscrimination

Medicaid Reimbursement

Compliance with New Regulations – Good Faith Estimate

Medicare Cap/Upper Payment Limit Concerns

Provider Recruitment / Retention

Cybersecurity

Provider Enrollment



23. (Optional) Please list other significant concerns for your organization's RHC(s).

24. Did any of your organization's RHCs close this year?

Yes/No

25. (Optional) To get a better understanding of RHC closures, please share the driving factors that caused your organization's RHC(s) to close, if applicable.