Informational Webinar

Rural Healthcare Provider Transition Project (RHPTP)

September 2025

National Rural Health Resource Center

The Center's Purpose

The National Rural Health Resource Center is the nation's leading technical assistance and knowledge center focused on rural health — directly supporting rural hospitals, clinics and community health centers, State Offices of Rural Health and other rural health organizations with information, tools and resources designed to help sustain access to quality health services in rural communities and improve the health of residents living there.

RHPTP Informational Webinar

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Rural Healthcare Provider Transition Project (RHPTP)

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HRSA

Federal Office of Rural Health Policy

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Agenda

- ✔ Welcome
- ✔ RHPTP Purpose & Goal
- ✔ Eligibility & Expectations
- ✔ Technical Assistance Overview
- ✔ Project Timeline
- ✔ Application and Selection Process

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Rural Healthcare Provider
Transition Project

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RHPTP Team

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Rural Healthcare Provider Transition Project

The Rural Healthcare Provider Transition Project (RHPTP) guides small rural hospitals and certified rural health clinics as they prepare for participation in alternative payment and care delivery models.

Value-Based Care

In-Depth Consultations

Financial Assessments

HELP Webinars/ Learning Collaboratives

Assessments and Training in Efficiency, Quality, Patient Experience, and Safety of Care

RHPTP
Rural Healthcare Provider Transition Project
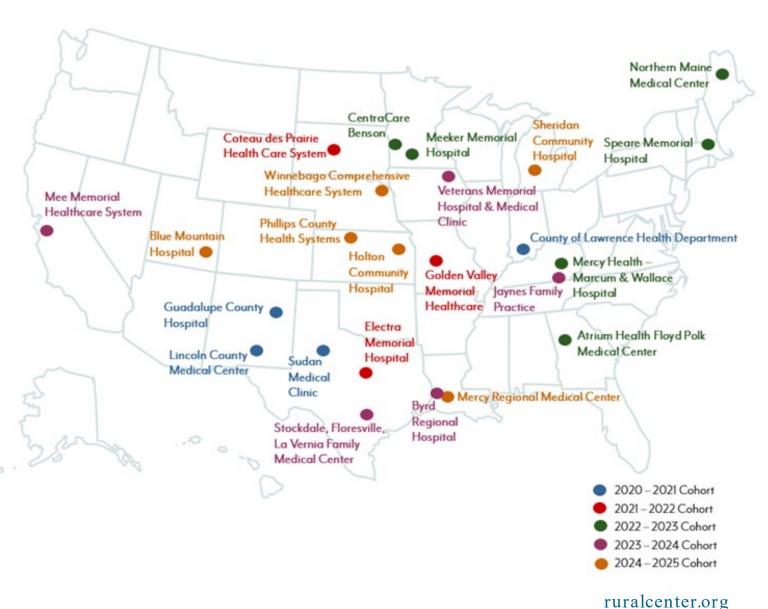
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Small Rural Hospital and Rural Health Clinic Eligibility

✔Hospitals must meet the definition of small rural hospital. For purposes of this project, a "small rural hospital" is defined as a non-federal, short-term, general acute care hospital that:

  ◯ Is located in a rural area as defined in 42 U.S.C. 1395ww(d), treated as if located in a rural area pursuant to 42 U.S.C. 1395ww(d)(8)(C), or located in a FORHP rural area.
  ◯ Has 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.
  ◯ Small rural hospitals may be for-profit or not-for-profit, including faith-based. Small rural hospitals in U.S. territories as well as tribally operated hospitals under Titles I and V of P.L 93-638 may receive TA if they meet the other criteria in this section.

✔Clinics **MUST** be a CMS certified rural health clinic.
  ✔ Provider-based and independent clinics are eligible.
✔Must not be actively receiving similar TA from other federal or state programs.
✔Verify rural eligibility for all small rural hospitals and RHCs using HRSA's Rural Health Grants Eligibility Analyzer.

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Previous RHPTP Cohorts

Mee Memorial Healthcare System

Coteau des Prairie Health Care System

CentraCare Benson

Meeker Memorial Hospital

Sheridan Community Hospital

Northern Maine Medical Center

Speare Memorial Hospital

Winnebago Comprehensive Healthcare System

Veterans Memorial Hospital & Medical Clinic

Blue Mountain Hospital

Phillips County Health Systems

County of Lawrence Health Department

Holton Community Hospital

Golden Valley Memorial Healthcare

Jaynes Family Practice

Mercy Health – Marcum & Wallace Hospital

Guadalupe County Hospital

Electra Memorial Hospital

Atrium Health Floyd Polk Medical Center

Lincoln County Medical Center

Sudan Medical Clinic

Byrd Regional Hospital

Mercy Regional Medical Center

Stockdale, Floresville, La Vernia Family Medical Center

Legend:
- 2020 – 2021 Cohort
- 2021 – 2022 Cohort
- 2022 – 2023 Cohort
- 2023 – 2024 Cohort
- 2024 – 2025 Cohort

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Candidates

While all eligible hospitals and clinics are encouraged to apply, ideal applicants are those that demonstrate:

- ✔ Highest need (candidates that are not currently, or have not recently received similar TA, and those without readily available support and access to VBC transition tools and resources)
- ✔ Strong readiness for comprehensive TA through financial stability, and strong, stable leadership committed to active engagement in all phases of the project, including the application and interview process, where timeliness and responsiveness to any request for additional information is critical to the selection process

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Project Expectations

Selected organizations must be ready, willing, and able to:

- ✔ Undertake a comprehensive consultation project
- ✔ Meet participation expectations including:
  - ○ Strong leadership commitment to full project participation
  - ○ Access/availability to internal support for project
  - ○ Full participation in financial and operational assessment, and clinical quality TA
  - ○ Work with The Center staff to secure TA meeting dates
  - ○ Meet deadlines for data requests
  - ○ Attend Kick-Off Webinar
  - ○ Attend Peer-to-Peer Learning Collaborative Sessions and Annual TA Summit
  - ○ Share successes and lessons learned
- ✔ Sign and return MOU confirming project acceptance/participation

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Technical Assistance Overview

- Quality focused TA project (Stratis Health)
- Financial/operational focused TA project (Stroudwater Associates)
- Coaching to support implementation of best practices and adoption of transition to VBC strategies
- Peer-to-Peer Learning Collaborative sessions for implementation and sustainability
- HELP webinars for education
- Recommendation Adoption Progress Calls to gather project outcomes

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Stroudwater Technical Assistance Team

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Wade Gallon

Cameron Smith

Melodie Colwell

STROUDWATER

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Transition Framework

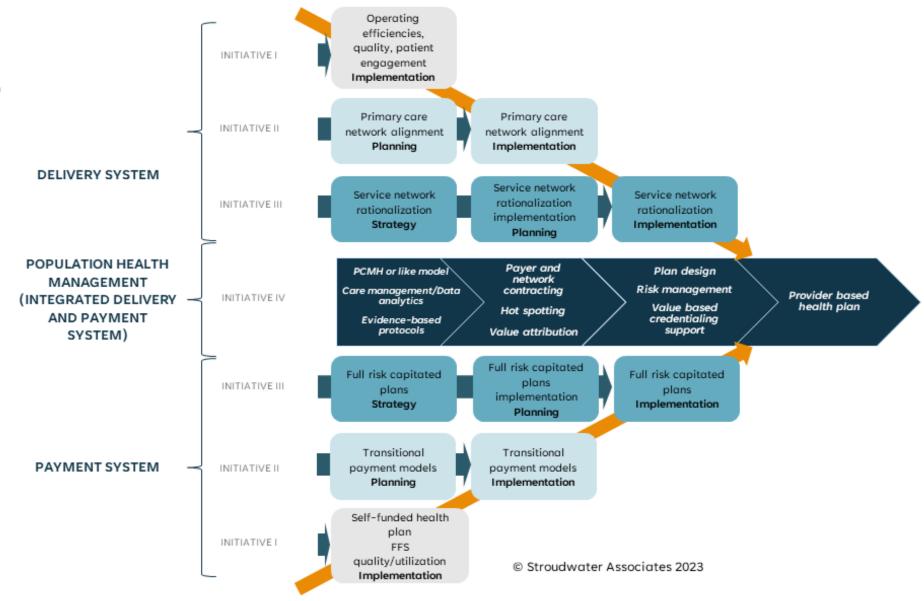|	F–F–S	PHASE I	PHASE II	PHASE III	PBPS
DELIVERY SYSTEM — INITIATIVE I		Operating efficiencies, quality, patient engagement **Implementation**			
INITIATIVE II		Primary care network alignment **Planning**	Primary care network alignment **Implementation**		
INITIATIVE III		Service network rationalization **Strategy**	Service network rationalization implementation **Planning**	Service network rationalization **Implementation**	
POPULATION HEALTH MANAGEMENT (INTEGRATED DELIVERY AND PAYMENT SYSTEM) — INITIATIVE IV		PCMH or like model / Care management/Data analytics / Evidence-based protocols	Payer and network contracting / Hot spotting / Value attribution	Plan design / Risk management / Value based credentialing support	Provider based health plan
PAYMENT SYSTEM — INITIATIVE III		Full risk capitated plans **Strategy**	Full risk capitated plans implementation **Planning**	Full risk capitated plans **Implementation**	
INITIATIVE II		Transitional payment models **Planning**	Transitional payment models **Implementation**		
INITIATIVE I		Self-funded health plan FFS quality/utilization **Implementation**			

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Financial and Operational Technical Assistance

- Technical Assistance:
  - Organizations will receive an assessment to determine **financial risk, identify strategies and to develop tactics** to address operational cost-efficiency opportunities in preparation for participating in VBC arrangements.

Assessment includes, but is not limited to, key components of Phase 1 of the Transition Framework:

- Population health readiness survey
- Limited assessment of financial and operational performance relative to benchmarks
- Primary care provider arrangement and alignment
- Results from any pay-for-performance type contracts
- Primary and secondary market area served, including beneficiary complement
- Evaluate system alignment approach and strategy

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Shared Savings Pro Forma

Summary	Baseline	Pro Forma - Status Quo					Baseline	Pro Forma - Joining ACO					Cumulative Impact of Joining ACO vs. Status Quo
	Base Year	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Base Year	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Hospital P&L													
Total Net Patient Revenue													
Medicare	5,444,597	5,664,246	5,893,586	6,133,079	6,383,209	6,644,487	5,444,597	5,727,018	6,026,045	6,342,712	6,678,116	7,033,426	1,088,711
Medicaid	605,502	621,259	637,432	654,031	671,068	688,555	605,502	632,182	659,798	688,381	717,960	748,568	174,544
All Other	11,665,330	11,827,680	11,992,290	12,159,191	12,328,415	12,499,994	11,665,330	12,149,912	12,645,722	13,152,980	13,671,908	14,202,733	5,015,685
Total Patient Revenue	17,715,429	18,113,186	18,523,308	18,946,301	19,382,692	19,833,035	17,715,429	18,509,111	19,331,566	20,184,073	21,067,985	21,984,727	6,278,940
Other Revenue (excl. COVID)	3,859,260	3,936,445	4,015,174	4,095,478	4,177,387	4,260,935	3,859,260	3,936,445	4,015,174	4,095,478	4,177,387	4,260,935	-
Total Revenue	21,574,689	22,049,631	22,538,482	23,041,779	23,560,079	24,093,970	21,574,689	22,445,557	23,346,740	24,279,551	25,245,372	26,245,662	6,278,940
Expenses													
Expenses	19,362,934	19,955,035	20,566,926	21,199,343	21,853,059	22,528,874	19,362,934	20,210,913	21,094,810	22,016,265	22,977,002	23,978,832	4,174,583
Total Operating Expenses	19,362,934	19,955,035	20,566,926	21,199,343	21,853,059	22,528,874	19,362,934	20,210,913	21,094,810	22,016,265	22,977,002	23,978,832	4,174,583
Operating Margin	2,211,755	2,094,596	1,971,557	1,842,435	1,707,020	1,565,096	2,211,755	2,234,644	2,251,930	2,263,286	2,268,370	2,266,830	2,104,357
% of Net Revenue	10.3%	9.5%	8.7%	8.0%	7.2%	6.5%	10.3%	10.0%	9.6%	9.3%	9.0%	8.6%	
Hospital Volume													
Days	4,043	4,068	4,094	4,121	4,149	4,178	4,043	4,204	4,367	4,533	4,702	4,875	2,070
Visits	171,527	171,620	171,740	171,886	172,061	172,263	171,527	175,911	180,327	184,778	189,267	193,796	64,508
Physician Group - P&L													
Total Net Patient Revenue													
Medicare	852,804	881,470	911,166	941,932	973,810	1,006,844	852,804	883,091	914,586	947,344	981,424	1,016,885	28,107
Medicaid	959,827	1,472,490	1,515,771	1,560,329	1,606,202	1,653,429	959,827	1,474,308	1,519,495	1,566,048	1,614,010	1,663,422	29,063
All Other	1,911,589	1,938,193	1,926,635	1,915,146	1,903,725	1,892,373	1,911,589	1,962,421	1,974,801	1,986,964	1,998,912	2,010,646	357,671
Total Patient Revenue	3,724,220	4,292,153	4,353,572	4,417,407	4,483,737	4,552,645	3,724,220	4,319,820	4,408,882	4,500,357	4,594,345	4,690,952	414,840
Total Operating Expense	5,550,280	5,717,239	5,889,313	6,066,664	6,249,459	6,437,870	5,550,280	5,724,343	5,903,962	6,089,323	6,280,617	6,478,043	115,743
Operating Margin	(1,826,060)	(1,425,085)	(1,535,740)	(1,649,257)	(1,765,722)	(1,885,225)	(1,826,060)	(1,404,523)	(1,495,080)	(1,588,966)	(1,686,272)	(1,787,091)	299,097
% of Net Revenue	-49.0%	-33.2%	-35.3%	-37.3%	-39.4%	-41.4%	-49.0%	-32.5%	-33.9%	-35.3%	-36.7%	-38.1%	
Physician Group - Visits													
Total Visits	22,055	22,072	22,093	22,118	22,146	22,178	22,055	22,348	22,646	22,948	23,254	23,564	4,151
ACO P&L													
ACO Revenues													
Chronic Care Management	-	-	-	-	-	-	-	133,482	276,201	428,634	591,284	611,741	2,041,342
Wellness Visits	-	-	-	-	-	-	-	20,818	41,802	62,952	84,270	84,605	294,447
MSSP Shared Savings Investment	-	-	-	-	-	-	-	250,000	(209,165)	(40,835)	-	-	-
MSSP Shared Savings Payment	-	-	-	-	-	-	-	209,165	236,963	267,386	300,647	336,978	1,351,140
Total ACO Revenues	-	-	-	-	-	-	-	613,466	345,800	718,137	976,202	1,033,324	3,686,929
ACO Expenses													
ACO Administration	-	-	-	-	-	-	-	150,000	118,482	133,693	150,324	168,489	720,987
Total ACO Expenses	-	-	-	-	-	-	-	150,000	118,482	133,693	150,324	168,489	720,987
ACO Contribution Margin	-	-	-	-	-	-	-	463,466	227,319	584,444	825,878	864,835	2,965,941
Consolidated P&L													
Total Revenue	25,298,909	26,341,784	26,892,055	27,459,186	28,043,817	28,646,615	25,298,909	27,378,843	28,101,422	29,498,045	30,815,919	31,969,938	10,380,709
Total Expenses	24,913,214	25,672,274	26,456,238	27,266,008	28,102,518	28,966,744	24,913,214	26,085,256	27,117,253	28,239,280	29,407,942	30,625,364	5,011,314
Status Quo - Total Operating Margin	385,695	669,511	435,816	193,178	(58,701)	(320,129)	385,695	1,293,587	984,169	1,258,764	1,407,977	1,344,574	5,369,396
% of Net Revenue	1.5%	2.5%	1.6%	0.7%	-0.2%	-1.1%	1.5%	4.7%	3.5%	4.3%	4.6%	4.2%	
Hospital Volume													
Days	4,043	4,068	4,094	4,121	4,149	4,178	4,043	4,204	4,367	4,533	4,702	4,875	2,070
Visits	171,527	171,620	171,740	171,886	172,061	172,263	171,527	175,911	180,327	184,778	189,267	193,796	64,508
Total Physician Visits	22,055	22,072	22,093	22,118	22,146	22,178	22,055	22,348	22,646	22,948	23,254	23,564	4,151

Stroudwater has developed a Financial Risk Assessment to help evaluate and maximize growth opportunities within its current ACO and compare current "status quo" financial performance and projections to an ACO model that maximizes revenue growth opportunities

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Care Management

- Evaluation of care management programs, including Chronic Care Management (CCM), Transitional Care Management (TCM), Medicare Annual Wellness Visit (AWV) and others, including potential for growth and the operational realities of starting care management programs in primary care clinic(s)

- Establish a clear understanding of a team-based approach to patient care and the potential benefits, including enhanced care coordination, additional reimbursement from governmental and/or commercial payers, enhanced patient satisfaction, and clinic operational efficiencies
  - This evaluation includes development of a financial model to evaluate the impact of care management program development and volume growth

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Stroudwater's SFOA TA Timeline

December 2025:   Meet and Greet Call

January 2026:   Key Stakeholder Interviews

March 2026:   Report, Recommendations, and Action Planning Meeting

April/May: 45-Days Post TA Follow-Up Call

June/July: 90-Days Post TA Follow-Up Call

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Stratis Health Technical Assistance

"Stratis Health is a nonprofit organization that leads
collaboration and innovation in health care quality
and safety and serves as a trusted expert in
facilitating improvement for people and
communities.

We make lives better!"

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Quality Project Planning and Consultation Process

- Provide training and technical assistance for chosen Quality Project
- Embed and improve organizational structures and culture with a focus on one of the following areas:
  - Quality Improvement
  - Patient Safety
  - Coordination of Care
  - Patient Experience & Engagement

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Quality Technical Assistance

- Aligned organizational assessment
- Identify target opportunities for improvement
- Develop SMARTIE goals and work plans
- Provide one onsite training to support work plan goals
- Regular discussions to support progress, identify resources, problem solve, and celebrate successes
- Action planning for future improvement efforts

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Quality Project Track Descriptions

	Quality Improvement	Patient Safety	Coordination of Care	Patient Experience & Engagement
Description	Embedding strong change management skills and use of improvement methods will strengthen organizational capacity for value-based care. This offering will focus on building a solid foundation for ongoing improvement across your organization.	Delivering safe, timely, and effective care is the bedrock of providing value-based care. This offering will help strengthen your culture of safety to prevent and reduce errors and improve overall health care quality including a focus on teamwork, communication, reporting, and collaboration to seek solutions.	Coordination of care across settings and into the community is a critical component for success under value-based arrangements This offering will focus on effective communication and processes for transitioning patients between health care settings and into the community.	Patient experience is a key metric for value-based arrangements and is critical factor in providing high quality care. This offering will focus on best practices for patient and family engagement, staff resiliency and patient experience.

See Appendix B of this slide deck for full descriptions

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Quality TA Timeline

February: Meet and Greet Calls

March: Complete Quality Assessment and submit data requests

April: Quality project implementation begins via bi-weekly meetings

May – July: Onsite Quality training

End of August: Final Report

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Full RHPTP Timeline

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026
Application Deadline	10/10/25										
Kick-Off Webinar		11/17/25									
Financial/Operational TA			Meet & Greet Call	Key Stakeholder Interviews		Final Report & Action Planning Mtg	45-Days Post TA Call		90-Days Post TA Call		
Quality TA					Meet & Greet Call	Complete Quality Assessment and Submit Data Request	Bi-Weekly Quality Project TA				Final Report Mtg
Quality On-Site Visits								On-Site TA Visits			
Peer to Peer Learning Collaborative					Session 1		Session 2	Session 3	Sessions 4 and 5		
HELP Webinars			Webinars								

Examples of Cohort Successes

Newly Implemented Processes/Services

- Developed expanded care coordination program plan
- Expanded swing bed service
- Implemented two-patient identifier process
- Launched a patient safety campaign
- Developed workflow process mapping of a care coordination program's current and future states
- Established or reinstated a PFAC committee
- Developed a quality dashboard
- Intentional staff celebrations of successes (big or small)

Outcomes

- 79% reduction of hospital readmission rate
- $29K increase in revenue tied to value
- 32% improvement in fall prevention
- 66% increase in patient portal usage
- 15% increase in patients who reported YES, they would definitely recommend hospital
- 33% increase in days cash on hand
- 8% increase in operating margin

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Cohort Selection and TA Implementation Timeline

Friday, October 10	Application must be submitted by 11:59pm
End of October	60-minute interview calls completed
Early November	Selected organizations are notified
Tuesday, November 18, 1:00/12:00 PM CT	Kick-off webinar held for new cohort
November	Project TA begins
August 31, 2026	Project TA ends

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Options for Organization Applications

RHPTP offers the following application options:

1. Small Rural Hospital and Certified Rural Health Clinic(s)
2. Small Rural Hospital Only
3. Certified Rural Health Clinic Only
4. Consortium of Certified Rural Health Clinics

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Application Review and Selection

- The National Rural Health Resource Center (The Center) reviews all applications for eligibility
- Each submitted application is followed by a 60-minute phone interview between The Center and applying hospital/clinic leadership
- Based on the interview, an overall recommendation will be made concerning the organization's likelihood of benefiting from RHPTP focused TA. This is based on organizational need and readiness.
- Upon completion of interviews, up to five organizations are recommended for selection to FORHP for the upcoming project year

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Last Cohort Testimonials

"The RHPTP project exceeded my expectations 100 times over!"
Blue Mountain Hospital, UT

"Our participation in RHPTP helped keep us on track and enabled us to get to where we wanted to be."
Holton Community Hospital, KS

"RHPTP TA helped hold us accountable, made our programs more robust."
Mercy Reg. Medical Center, LA

"Through our participation in RHPTP, we were able to achieve the next level in our QI work."
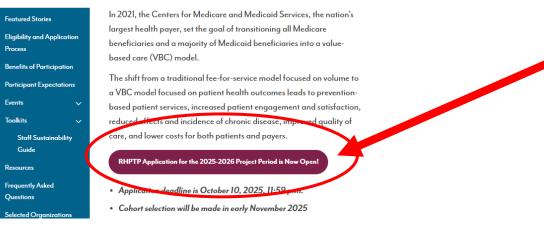Sheridan Community Hospital, MI

"RHPTP TA was provided with such positive energy."
Phillips County Health Systems, KS

"RHPTP provided us the focus to be able to more efficiently move forward in our QI work."
Winnebago Comprehensive Healthcare System, NE

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RHPTP Application

https://www.ruralcenter.org/programs/rhptp

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Apply for One Year of Virtual/Onsite Technical Assistance!

Who should apply?

- Small Rural Hospitals
- Certified Rural Health Clinics

How to apply?

- The application will take more than 10 minutes to complete.

When is the deadline?

- Applications are accepted on a rolling basis, however the deadline for the 2025-20026 project year is October 10, 2025.

When does TA begin?

- Technical assistance for the 2025-2026 project year begins Dec 2025 and ends Aig 31, 2026

What is the Rural Healthcare Provider Transition Project (RHPTP)?

RHPTP is designed to help strengthen your organization's foundation in the key elements of value-based care, including but not limited to efficiency, quality, patient experience and safety of care. The goal is to guide, prepare and position rural hospitals and clinics to be effective participants in a health system focused on value.

Did you know there are numerous ways to participate in value-based care? Let us help you navigate strategies that are the right fit for your organization.

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Contact the RHPTP Team

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RHPTP
Rural Healthcare Provider
Transition Project

RHPTP Website: www.ruralcenter.org/rhptp

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Appendix A: Quality Track Descriptions

	Quality Improvement	Patient Safety	Coordination of Care	Patient Experience & Engagement
Description	Embedding strong change management skills and use of improvement methods will strengthen organizational capacity for value-based care. This offering will focus on building a solid foundation for ongoing improvement across your organization.	Delivering safe, timely, and effective care is the bedrock of providing value-based care. This offering will help strengthen your culture of safety to prevent and reduce errors and improve overall health care quality including a focus on teamwork, communication, reporting, and collaboration to seek solutions.	Coordination of care across settings and into the community is a critical component for success under value-based arrangements This offering will focus on effective communication and processes for transitioning patients between health care settings and into the community.	Patient experience is a key metric for value-based arrangements and is critical factor in providing high quality care. This offering will focus on best practices for patient and family engagement, staff resiliency and patient experience.
This might be for you if...	Your organization is seeking to establish a shared and consistent approach to quality improvement based in mutual understanding of a standard methodology, to improve efficiencies, workflow, and communication.	Your organization is seeking to build processes and performance on a firm foundation of safety, teamwork, and accountability to reduce harm to patients and staff.	Your organization is seeking to improve patient outcomes and lower costs by improving coordination of patient care across health care and community service provider organizations.	Your organization is seeking to improve the holistic experience of patients' care, and to ensure the voice of patients and caregivers are incorporated into the design of healthcare delivery.
Training and Technical Assistance may include...	• Change Management • Facilitated support for use of QI basics online modules • Implementation Science • Structure and development for implementation of QI projects • Teamwork and communication • Telling your story through data	• Environmental safety • Emergency preparedness • Just Culture and psychological safety • Root Cause Analysis and/or Failure Mode Effects Analysis • Teamwork and communication • Transparency • Verbal de-escalation training	• Community-based care coordination strategies • Community-wide processes for Advance Care Planning • Discharge planning and reducing readmissions • Leading community coalitions • Social Determinants of Health • Teamwork and communication	• AHRQ best practices such as Patient and Family Advisory Councils, leadership rounding, and bedside shift report • Community Resiliency Model • Health literacy and teach-back • Teamwork and communication • Leading community coalitions • Trauma Informed Care