



MISSOURI DEPARTMENT OF  
**HEALTH &**  
**SENIOR SERVICES**

# Rural Health Transformation

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## RHTP Intro

### Understanding the Rural Health Transformation Program (RHTP)

The RHTP is a landmark \$50 billion federal investment designed to reshape healthcare in rural communities across America

This five-year program is a significant opportunity to build a stronger, more sustainable healthcare system for the future

Strategic goals of the RHTP include:

- Make Rural America Healthy Again
- Sustainable Access
- Workforce Development
- Innovative Care
- Tech Innovation

### What is the intention of the RHT Program?



**Rural communities have long struggled with healthcare challenges**, such as hospital closures and doctor shortages, leading to poor health outcomes. The RHTP was established to tackle these persistent issues directly



The program signifies a **major change in federal policy**, focusing on supporting states to implement **systemic, long-term changes** rather than just providing temporary financial aid



The aim is to **transition** from a healthcare system that faces challenges in rural regions to one that is **financially secure** and fosters innovation

*This program prohibits new construction, supplanting funds, duplicating services, or lobbying activities*

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## How Much Funding is Available?

The RHTP will distribute a total of \$50 billion nationwide over five federal fiscal years (2026-2030), with \$10 billion made available each year.

### Baseline Funding (\$25 Billion Available Nationwide)

Half of the program's funding is Baseline Funding, equally distributed among states with approved applications. If all 50 states are approved, each would receive about \$100 million annually.



### Workload Funding (\$25 Billion Available Nationwide)

The other half of the program's funding is Workload Funding, distributed competitively based on a state's rural needs and the quality of its transformation plan.

## What Amount will Missouri Receive?

If Missouri's application is approved, the state will receive a portion of these funds through a two-part model designed to provide both a stable foundation and an incentive for high performance. Estimates suggest Missouri could receive up to \$200 million annually through this program.

### Baseline Funding

Baseline Funding is distributed over 5 years. This ensures a stable annual funding stream, allowing Missouri to support its transformation plan.



### Workload Funding

Missouri can secure significant additional funding by effectively showcasing its rural health challenges and presenting a strategic, impactful plan.

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## Calculating Missouri's Award: The Federal Scoring Formula

The amount of Workload Funding Missouri receives each year is determined by a formula that combines two distinct scores.



### Rural Facility and Population Score

This score is a snapshot of Missouri's existing rural healthcare needs and challenges. It is calculated by CMS only once at the beginning of the program and will not change over the five years. It is based on several data-driven factors, including:

- The total number of people living in rural areas of the state.
- The number and proportion of rural health facilities, such as Critical Access Hospitals and Rural Health Clinics.
- The level of uncompensated care provided by hospitals in the state. The percentage of the state's total population that lives in rural areas.
- The state's total land area and the presence of very remote "frontier" areas. The percentage of hospitals that receive Medicaid Disproportionate Share Hospital (DSH) payments.



### Plan and Performance Score

The score evaluates Missouri's transformation plan quality, strategic vision, and performance, recalculated annually by CMS based on progress. This annual rescoring transforms the RHTP from a simple grant to a dynamic, performance-based partnership. Unlike typical grants focused on compliance, RHTP ties future funding to current performance; successful implementation can increase funding, while failures may lead to lower scores and reduced funding. This structure incentivizes effective execution and robust project management from the start.

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## Missouri's vision and objectives for Rural Health Transformation

**Our Vision** Every rural Missourian has access to the high-quality care they need through a delivery system that is well aligned, community anchored, and built to last.

### Our Objectives

#### Expanding access to care

Ensure rural Missourians can access primary and behavioral health providers close to home, community-based maternity options, with connections to specialists and complex care enabled by telehealth and provider interoperability

#### Improving health outcomes

Strengthen healthcare quality through integrated care coordination, aligned incentives, and evidence-based practices – so that rural Missourians consistently experience seamless, high-value care

#### Strengthening provider sustainability

Reinforce the long-term sustainability of rural providers through targeted investments in infrastructure, adoption of innovative technologies, and payment models that reflect the realities of rural care delivery

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## Missouri is transforming how rural healthcare works through the Transformation of Rural Community Health Care (ToRCH Care)

### What ToRCH Care is

A statewide healthcare network of “hubs” that

- Creates **30 Local Community Hubs** and **7 Regional Coordinating Networks**
- Operates at **three connected levels** of state, regional, and local
- Builds on our successful **ToRCH pilot** that has proven potential for locally governed, data-driven collaboration

### What ToRCH Care does



**Bring care closer to rural residents** by convening providers and partners through Hubs



**Integrate clinical and non-clinical services**, making care seamless for patients



**Enable partners to share** data, technology and infrastructure



**Empower local communities** to design locally tailored solutions while having statewide consistency and supports



**Create long-term sustainability** by reinvesting shared savings into programs that improve rural health outcomes

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## Missouri Transformation of Rural Community Health Care (ToRCH Care): Five interconnected initiatives

### 1. Regional Coordinating Networks and Hub Activation

Building the foundation of Regional Coordinating Networks (RCNs) and Local Community Hubs (Hubs) to coordinate local care delivery and expand entry points for physical, behavioral, and social services

### 2. Alternative Payment Models

Designing and launching alternative payment models to sustain ToRCH Care through rewarding collaboration and high quality and high value outcomes

### 4. Rural Health Workforce Programs

Creating a talent pipeline that encompasses the cultivation, recruitment, training, and retention of rural clinicians and a broad array of healthcare professionals



### 3. Digital Backbone

Establishing the foundational layers of technology that enable ToRCH Care to function, including platform interoperability and data modernization

### 5. Provider Transformation

Investing in operational innovations that modernize and increase the sustainability of rural providers while preserving access with strategic renovations

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## 1. Regional Coordinating Network and Hub Activation



### Description

Building the foundation of Regional Coordinating Networks (RCNs) and Local Community Hubs (Hubs) to coordinate local care delivery and expand entry points for physical, behavioral, and social services



### Key components

- **Core Teams:** Build teams of dedicated regional and local staff to manage operations, data, and community partnerships
- **Access Expansion:** Expand local and remote access points for care, including telehealth, mobile integrated health-community paramedicine, pharmacies, and specialty consult lines for maternal and child psychiatry
- **Localized Programs:** Launch, expand, and/or enhance community-defined projects (e.g., perinatal home visiting, school-based care, nutrition and transportation support) tailored to local health priorities.
- **ToRCH Care Integration:** Implement shared referral and data systems that connect partners to ensure all Hubs operate within Missouri's value-based, population health framework



### Key outcome by 2031

*100% of rural Missourians connected to Hubs by 2031*

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## 2. Alternative Payment Models



### Description

Designing and launching alternative payment models to sustain ToRCH Care through rewarding collaboration and high quality and high value outcomes



### Key components

- **Incentive Model Design:** Define performance measures and payment schedules linking improvements to shared savings
- **Performance Pools:** Create value-based funding pools where payers compensate Hubs for measurable gains in outcomes and efficiency
- **Payer Participation:** Require Medicaid MCOs and engage commercial plans to align metrics and reduce administrative burden
- **Technical Assistance:** Provide TA to Hubs and providers on quality improvement, financial reporting, and value-based workflow adoption
- **Technology Enablement:** Support data-sharing and analytics capacity to measure performance and distribute payments transparently



### Key outcome by 2031

*≥ 50% of rural Missourians covered under value-based contracts, generating shared savings for reinvestment*

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## 3. Digital Backbone



### Description

Establishing the foundational layers of technology that enable ToRCH Care to function, including platform interoperability and data modernization



### Key components

- **Digital Readiness Assessment:** Evaluate rural facility's EHR maturity, interoperability gaps, and cybersecurity posture to guide investments
- **EHR Modernization & Shared Deployment:** Support upgrades or shared FHIR/USCDI-compliant platforms to ensure seamless clinical data exchange
- **Remote Patient Monitoring (RPM) Integration:** Link continuous monitoring data into EHRs for proactive health management
- **Social Care Referral Platform:** Digitally connect healthcare and community organizations for closed-loop social care referrals
- **Data & AI Governance:** Establish statewide standards for privacy, security, interoperability, and responsible AI use.



### Key outcome by 2031

*≥ 60% of rural facilities connected via certified interfaces*

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## 4. Rural Health Workforce Programs



### Description

Creating a talent pipeline that encompasses the cultivation, recruitment, training, and retention of rural clinicians and a broad array of healthcare professionals



### Key components

- **Early Healthcare Pathways:** Expand career-technical programs in rural schools to introduce healthcare careers and certifications early
- **Maternal Health Workforce Expansion:** Launch Missouri's first Certified Nurse Midwife program and train doulas and perinatal community health workers to fill maternal-care deserts
- **Medical School Clerkship Expansion:** Increase in-state clinical training opportunities through partnerships between rural hospitals and medical schools
- **Coordinated EMS investments:** Strengthen EMS system by expanding workforce capacity, strengthening training infrastructure, and incentivizing regional collaboration
- **Workforce Retention & Supports:** Provide grants for childcare, housing, and rural service awards to make rural practice more sustainable



### Key outcome

*≥ 4,000 rural healthcare workers trained or retained*

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## 5. Provider transformation



### Description

Investing in operational innovations that modernize and increase the sustainability of rural providers while preserving access with strategic renovations



### Key components

*Details to follow*

- **Operational Innovation:** Support adoption of Remote Patient Monitoring and Ambient AI to improve efficiency, documentation, and clinician experience.
- **Technical Assistance:** Support providers with technical assistance to integrate new technologies, redesign workflows, and track performance outcomes
- **Strategic Renovations:** Invest in infrastructure improvements through a three-horizon to help rural providers stabilize essential services and patient safety while building toward sustainable growth:
  - Horizon 1: Core access and service preservation
  - Horizon 2: Smart growth and service line modification
  - Horizon 3: Transformative and future-facing projects



### Key outcome

*Service and access restored and preserved*

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## ToRCH Care: Three connected local, regional, and state levels to deliver both structure and flexibility

### Local Level



The **30 Hubs** are the **front line**, where hospitals, behavioral health providers, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Local Public Health Agencies (LPHAs), EMS, pharmacies, and community organizations convene to bring care coordination down to the county level, ensuring decisions are grounded in community context

### Regional Level



The **7 Regional Coordinating Networks (RCNs)** provide the **scale and power** to make local action sustainable

Missouri's three major healthcare associations (Missouri Hospital Association, Missouri Primary Care Association, Missouri Behavioral Health Council) jointly anchor the RCN infrastructure

### State Level



The new **Rural Health Transformation Office (RHTO) within the DSS** will oversee **governance, align policy and financing, and serve as a center of excellence**

The Office will partner closely with the RCNs and Hubs to ensure development is consistent with best practices, while maintaining flexibility for local adaptation.

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## What to expect next



### Awaiting CMS feedback and award

We will share updates on CMS approval and next steps



### A coordinated Rural Health Transformation Office

The new RHTO will coordinate across agencies and partners to ensure alignment and transparency



### Ongoing communication and engagement

We will engage with stakeholders to provide input in shaping implementation planning

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