

*Rural Health Transformation Program
Tennessee Listening Session*

September 24, 2026



Rural Health Association of Tennessee has had many informal conversations with healthcare organizations, other associations, and people from across the country about Tennessee's Rural Health Transformation Program, but we wanted to put something formal together to hopefully better quantify how Tennessee's Healthcare leaders feel about the RHTP Funding.

This presentation is meant to level-set our understanding of the RHTP program funding distribution, to the best of our current knowledge, to use as a starting point for our discussion.

Mission and Vision

Mission: Lead the way to a healthy tomorrow throughout rural Tennessee



Partnerships



Education



Advocacy



Resources

Vision: For every rural community to have the resources and support needed to achieve health and prosperity.

www.tnruralhealth.org/about



RHA was founded in 1994 as a 501c3 nonprofit. We are a membership organization of more than 850 members that represent all 95 counties.

Membership is \$175 annually and that supports our ability to serve as a connector and convener of rural healthcare organizations, schools, and community-based organizations, and I would say most importantly advocating for rural health policies and programs aimed at advancing access to quality healthcare.

Listening Session Goals

1. Understand Healthcare Organization Perspectives
2. Develop a Feedback Summary and Questions for TDH
3. Draft Recommendations for Moving Forward
4. Consider what should RHA's role be?



Our goal today is to better understand your perspectives on the RTHP program, collect your feedback and offer that to Tennessee Department of Health who has led our state's RHTP efforts, draft questions and recommendations for moving forward – and if we can get to it – what should RHA's role be.

Tennessee's Rural Health Transformation Program

Strategic Pillars

Make Rural America Healthy

Advance rural health by expanding access and promoting prevention through evidence-based interventions in chronic disease management, behavioral health, and prenatal care.

Sustainable Access

Strengthen rural providers as sustainable access points by enhancing efficiency and collaboration with regional systems in care delivery, technology, and emergency services.

Innovative Care

Promote innovative care models and payment strategies to improve outcomes, coordinate services, and shift care to more efficient, cost-effective settings.

Workforce Development

Recruit and retain skilled healthcare providers, health workers, and pharmacists in rural communities to meet local access needs.

Tech Innovation

Advance digital health by expanding telehealth, improving data sharing and cybersecurity, and supporting adoption of emerging healthcare technologies.



Here is a quick refresher of how Tennessee designed our program. The state identified 5 Strategic Pillars, that serve as “big buckets” for the various funding streams.

Tennessee Awarded \$207 Million *(based on rural provider landscape)*



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Tennessee is expected to receive \$1Billion over 5 years. Only \$207 has been guaranteed for Year 1 – so all the numbers we discuss are Year 1 estimates.

This graphic is a little outdated but gives a relatively accurate overview of what is considered by the federal government to be part of the rural health infrastructure. Healthcare organizations that rely heavily on Medicaid, Medicare, and ACA marketplace plans as a payor source for offering healthcare services.

Tennessee's funding amount was based on this number of healthcare providers – therefore we reasonably expected that funding would largely if not 100% go to these types of healthcare providers.

Current Funding Distribution (Year 1)



These are estimated numbers based on publicly available RFPs and preliminary funding announcements. Exact numbers may vary. RHA has requested input from TDH.



For Year 1 Tennessee received nearly \$207 Million Dollars.

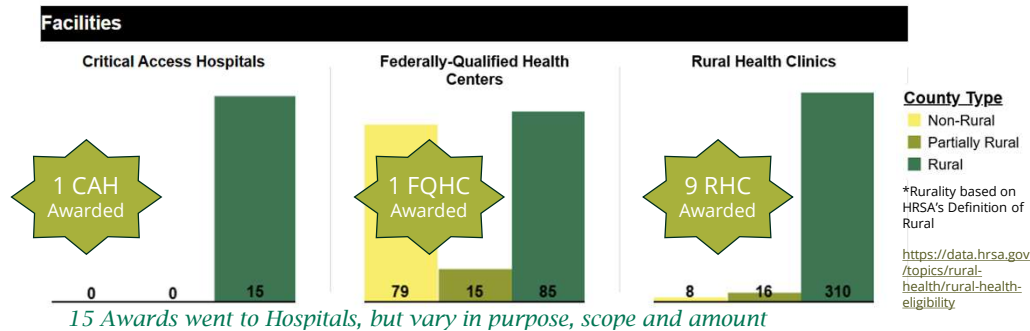
Based on publicly available RFPs and preliminary funding announcements, this is our understanding of the funding to date. Approximately 50% of the funding has been released in competitive grants, which we will discuss more later. Approximately \$12 Million has been issued in RFPs for state contracts – things like a call center for a Health Department Program, Marketing and Advertising Services, a pregnancy mobile app, and a Rural Health Innovation Catalyst opportunity.

That leaves about \$90 Million that I am unclear what it is allocated for. Presumably some of this is the state's administrative costs, workforce development related (a "strategic pillar"), and possibly the anticipated Health Information Exchange.

TN Submitted request for Year 2 funding from CMS. Should hear back October 15th for Year 2.

\$103 Million in Competitive Grants

138 Notices of Award Distributed



Altogether, of \$207 Million for Year 1, we are estimating that Apx. 15% has gone directly to Health Care Organizations.

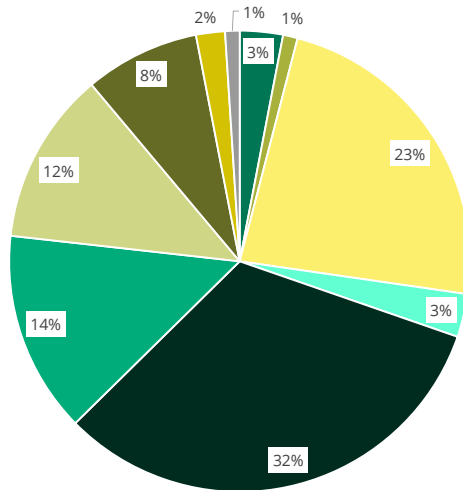


Of those \$103 million in competitive grants – 138 Notices of Award have been distributed.

Of those notices, best we can tell – 1 Critical Access hospital received 2 different awards, 1 FQHC received an award, and 9 RHCs were awarded (5 clinics were Vanderbilt for a community food pantry).

But it's very important to stress there that not all awards are created equally. So for example, several hospitals, a few RHCs, and 1 FQHC received a maternal health grant, but as you'll see later, the Maternal Health funding only accounts for 3% of the \$103 Million.

\$103 Million Competitive Funding



These are estimated numbers based on publicly available RFPs and preliminary funding announcements. Exact numbers may vary. RHA has requested input from TDH.

■ HART (3%) ■ End Zone (1%) ■ Service Line (23%) ■ Maternal Health (3%) ■ S.R Tech (32%)
 ■ L.R. Tech (14%) ■ MaRTHA (12%) ■ Memory Care (8%) ■ Infant Wellness (2%) ■ CHW Infr. (1%)

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This pie graph illustrates the \$103 Million allocated for competitive grants.

I have the disclaimer on the slides, but I would like to stress that this is based on the Grant Requests for Proposals (RFP) and preliminary funding announcements. Final numbers and awardees may vary. I have sent what I've compiled to TDH and asked them to correct my information by the end of September.

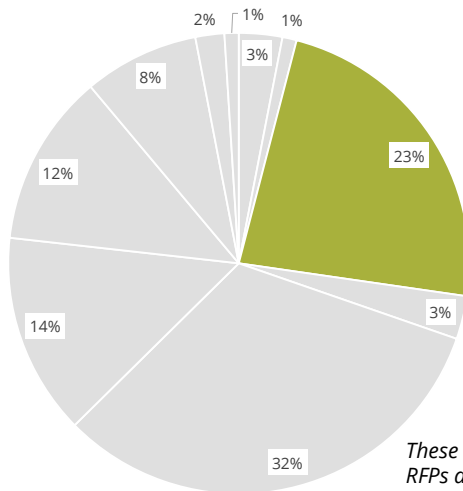
The only awards that have been formally announced are the Healthy Active Rural Tennessee (HART) – that 3% slice of the pie at the top. Those were small grants that went to a large number of communities across the state.

The most anticipated and competitive awards start with the Service Line funding in Yellow, then going clockwise to the mint green slice is Maternal Health, followed by the Short-Range Tech, Long Range Tech, and then ending with Making Rural Tennessee Healthy Again (MaRTHA) at 12%.

This is what we call the "Big 5." We were told there were 750 applicants and 75 Awards made.

Service Line and Co-Location

(Apx. \$95,000,000; 50 months)



Ballad Health
Covenant Health
Dickson Medical Associates
Erlanger Health Bledsoe
ETSU Institute for Integrated Behavioral Health
Family Care Wellness
Hardin County General Hospital
Jefferson County HMA, LLC
Livingston Regional Hospital
Playground Management
UTHSC – Knoxville
Volunteer Behavioral Health

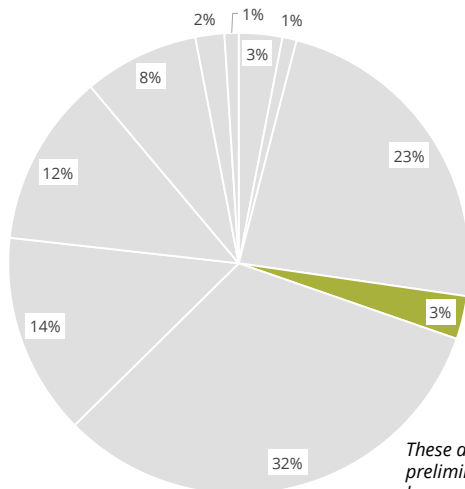
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Starting with the Service Line and Co-Location awardees – I think overall this list looks like we would hope and expect it. Overall, we are happy to see a mix of hospitals and clinics.

Maternal Health

(Apx. \$12,500,000; 50 months)



These are estimated numbers based on publicly available RFPs and preliminary funding announcements. Exact numbers may vary. RHA has requested input from TDH.

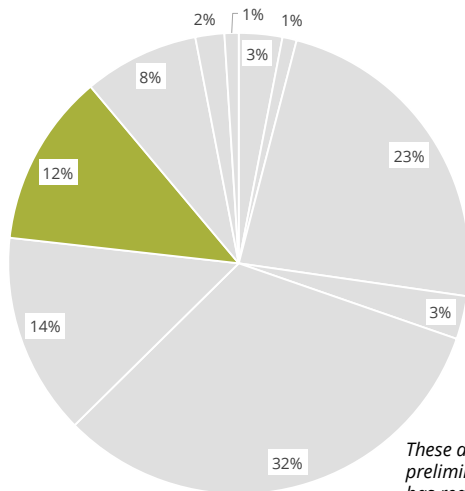


Next is Maternal Health.

Again, we are glad to see so many hospitals on this list, 1 FQHC and the Tennessee Primary Care Association, but this is really a small drop in the RHTP bucket.

MaRTHA Health

(Apx. \$50,000,000; 50 months)



Action for Healthy Kids
 Frontier Health
 HUSTLE Recovery
 Mental Health Cooperative
 Southeast Tennessee Human Resource Agency
 Tennessee Certification Board
 Tennessee Kidney Foundation
 Tennessee Voices for Children
 United Ways of Tennessee
 UT Agriculture – Extension Services
 VIGIL Corporation

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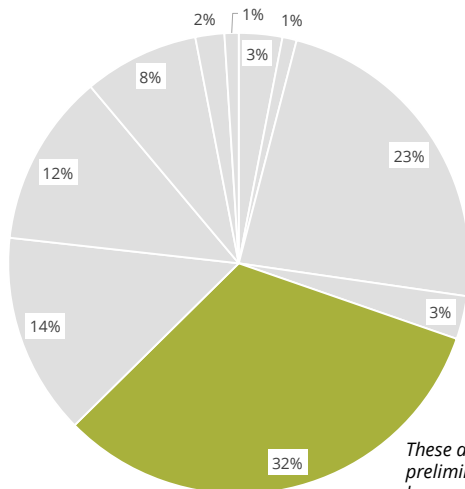


Going to MaRTHA – We know we had many members apply for this one and there is a lot of disappointment about who got funded.

According to Tennessee Department of Health, this funding bucket was meant for Community Based Non-Clinical Prevention

214 applicants that requested \$900 Million – 11 awards given. 95% applicants denied. Rural Health Association only has established relationships with Frontier Health, SETHRA, TN Voices for Children, United Ways of Tennessee, and UT's Extension Service, however we look forward to learning about the other organizations and their projects.

Short Range Tech (Apx. \$33,000,000; 1 Year)



Complete Wellness Solutions
Covenant Health
Feonix-Mobility Rising
Indiana Data Works
MD Health Pathways
MindWise Health
MyOwn Doctor
Psynergy Health Med
Qmetis, Inc
RH Health
Scene Health
Southern Pediatrics (Grace Pediatrics)
Southern TN Regional Health – Lawrenceburg
Tennessee Health Care Campaign
Upperline Health
Volunteer Behavioral Health
Watershed Health, Inc.

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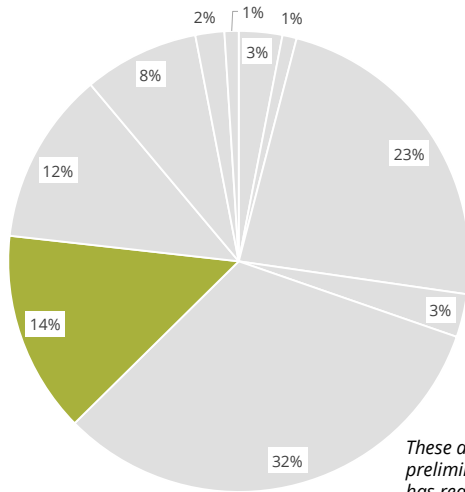


Then the largest bucket – the Short Range Tech grant.

This is funding that is meant to be spent in 1 year.

It has not been formally announced, but I presume that the short-range tech funding will be available again in Years 2-4.

Long Range Tech (Apx. \$59,000,000; 50 months)



Cartwheel Health Services
 Family Care Clinic
 Forum AI
 GeneSprout
 Integrative Health Centers, Peregrine Health
 Meharry Medical College
 Peerbridge Health
 Tennessee Pharmacists Research and Education Foundation
 Tennessee Primary Care Association
 Vanderbilt University Medical Center

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Questions

<https://form.menti.com/s/al5fxvrqiikw>



*Also email jacy@tnruralhealth.org;
All names will be kept confidential*



We've prepared 7 questions to capture how you feel about this information, what additional information would you like, and about what RHA's role should be moving forward.

All the questions are open-ended. If you would like me to be able to follow up with you about a comment, please put your first name in front of the comment.

Lastly – You are also welcome to email me. I will confess I'm very slow to respond to emails these days, but I do read everything and will compile your comments and questions into feedback we prepare for TDH. Our next meeting with them is October 7th.