

Request for Applications (RFA)

Rural Health Transformation Program (RHTP) Revenue Cycle Optimization Grant — Key Action FAST 4.2

1. Overview

Issuing Agency: *Utah Healthcare Education and Research Foundation, a subsidiary of the Utah Hospital Association (UHA)*

Funding Source: *Rural Health Transformation Program, authorized under Public Law 119-21, Sec. 71401*

Total Funding Available: *\$9,000,000*

Number of Awards: *As many awards as available funding allows; award size will be scaled to applicant size, scope, and documented need. While there is no maximum amount for individual awards, we suggest keeping total amount requested at or below \$500,000.*

Period of Performance: *December 1, 2026 through September 30, 2027 (year 1 budget period)*

Purpose: As part of Public Law 119-21, Congress established the RHT Program to help rural communities reimagine their health care delivery systems and improve health outcomes. This program addresses longstanding health-care challenges facing rural communities. This RFA will fund projects under Utah's RHTP Key Action 4.2 — Develop Infrastructure for Revenue Cycle Optimization — to help rural hospitals, clinics, and other eligible providers strengthen the financial systems that keep care available locally. Eligible activities include but are not limited to denials management support and coding/billing training and certification; patient registration and scheduling improvements to reduce missed appointments and increase revenue; and payer negotiation support, patient portal development, and AI/chatbot technology.

2. Eligible Activities

Applicants may propose any revenue cycle optimization project under one or more of the following Activities (G, H, and/or I), drawn from Key Action 4.2:

G. Denials Management, Coding & Billing

- e.g. Denials management support (root-cause analysis, workflow redesign, staff support)
- e.g. Coding and billing training and professional certification
- e.g. Projects to reduce overall time in Accounts Receivable

H. Patient Engagement & Scheduling

- e.g. Systems to improve patient registration and scheduling
- e.g. Tools and workflow changes to reduce missed appointments and recover associated revenue

I. Payer Negotiation, Portals & AI

- e.g. Support for payer contract negotiations
- e.g. Patient portal development
- e.g. AI/chatbot technology supporting patient engagement or revenue cycle workflows

3. Eligibility Criteria

- Must be physically located in one of Utah's 25 rural counties (all counties except Davis, Salt Lake, Utah, and Weber).
- Be a provider billing Medicare / Medicaid
- Be in good standing with no unresolved findings from a prior state or federal award
- Certify requested funds will supplement, not replace, funding already planned or obligated from another source

4. Key Dates

Milestone	Date
RFA released	October 26, 2026
Informational webinar / Q&A session	[date]
Deadline for written questions	November 13, 2026, 5:00pm MT
Application deadline	Friday, November 20, 2026, 5:00pm MT
Review period	November 23, 2026 – December 3, 2026
Award notification	December 4, 2026
Anticipated project start date	December 1, 2026
Project end date (deadline for fund expenditure)	September 30, 2027

5. Application Requirements

A. Narrative

- Statement of Need — current revenue cycle performance (e.g., denial rate, days in accounts receivable, missed-appointment rate) and the gap this project addresses
- Project Description and Implementation Plan — which Key Action 4.2 activity/activities (G, H, and/or I) this project covers, and the specific system, vendor, or training approach proposed as well as project timeline.
- Expected Financial Impact — projected revenue recovery, cost avoidance, or reduction in denials/missed appointments, with the basis for the estimate
- Expected Patient Impact — how the project affects patient access, scheduling, or engagement
- Sustainability — how ongoing costs (software licensing, staffing, subscription fees) will be covered once grant funding ends
- Results-Based Accountability (RBA) - identify performance measures and outcomes to monitor and report on each quarter

B. Budget

- Line-item budget (e.g., software/licensing, training and certification fees, staffing, consulting, implementation costs)
- Budget narrative justifying each cost category
- Vendor quotes, where applicable

C. Required Attachments

- W-9 or equivalent taxpayer identification form
- Letters of support / partnership agreements, if applicable
- Vendor proposals / quotes, if applicable

6. Review Process & Scoring Criteria

Applications will be reviewed by a scoring committee against the following proposed criteria:

Criterion	Points Possible	Total
Project cost share rate	10	10
Need – Baseline data	15	25
Need – Scope & clarity	10	
Project Plan – Readiness & feasibility	10	10
Impact – Financial / ROI	10	20
Impact – Patient access & engagement	10	
Budget	15	15

Sustainability	10	10
		90
Bonus points:		
Frontier county	5	10
Consortium/partnership	5	
		100

DHHS reserves the right to fund in whole, in part, or not at all, and to negotiate scope or budget prior to final award.

Scoring Rubric Details

Project Cost Share (10 points)

Match %	Points
100% or more	10
90-99%	9
80-89%	8
70-79%	7
60-69%	6
50-59%	5
40-49%	4
30-39%	3
20-29%	2
Up to 10%	1
No cost share	0

Documented Need and Baseline Data (15 points)

Statement of Need: current revenue cycle performance and the gap this project addresses.

Points	What it means
15	Baseline figures for at least three metrics relevant to the chosen activity (e.g., denial rate, days in A/R, clean-claim rate, no-show rate, net collection rate), each with a stated time period and data source (billing system report, clearinghouse, audit). Information showing what drives the numbers (e.g., denials by reason code and payer, no-shows by clinic or appointment type). Context showing why it matters locally (operating margin, payer mix, services at risk). Supporting report or data excerpt attached or cited.
12	At least two relevant metrics with time period and source. Gap clearly identified with some cause analysis (e.g., top denial categories) and a target or benchmark. Local context stated. Minor gaps only, such as one metric missing its period or no supporting data.
9	Metric info is stated, but the period or source is missing for some. Gap is identified but without clearly defined root causes or a benchmark. Local context mentioned but not quantified.
6	Some metric info, but the period or source is missing. Gap described in general terms without root causes or a benchmark. Local context mentioned but not quantified.
3	Need described mostly in words, or a single figure with no period or source. Metrics missing or unrelated to the proposed activity. Statements such as "we have high denials" with no numbers.

Scope and Clarity of Proposed Activity (10 points)

Points	What it means
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10	States which Key Action 4.2 area(s) it covers (G, H, and / or I) and the specific sub-activity. Names the specific system, vendor, training program, or credential, and describes what it does, who delivers it, and who is affected (number of staff, sites, or patients). Shows how each gap identified in the Statement of Need is addressed by a specific component of the project. States what is in scope and what is not. No ineligible activities.
7	States the activity area(s) and a named approach with good detail. Gaps may be linked to project components. Minor vagueness about who or where, or the boundary of the project.
4	Activity falls within Key Action 4.2 but is described in general terms (e.g., "implement scheduling software") without a named vendor, program, or staff affected. Link to the identified need is implied rather than shown.
1	Activity is unclear, only partly within Key Action 4.2, or several activities are listed without explaining how they fit together or address the need.

Implementation Plan, Readiness and Feasibility (10 points)

Points	What it means
10	Clear timeline through Sep 30, 2027, with milestones and deliverables. Go-live or training completion early enough to show results before Sep 30, 2027. Vendor already selected, with a quote or draft contract, or a procurement schedule with a selection date. Plan for integration with the existing EHR or practice management system. For portal or AI/chatbot activities, data privacy and security steps (HIPAA review, business associate agreement).
8	Timeline with milestones that fits the performance period, go live-may fall outside the performance period. Vendor identified, or procurement steps and dates given. Minor gaps, such as no evidence of board commitment or security addressed only in general terms.
6	Timeline falls out of performance period. Vendor not yet identified and procurement steps and timeline are vague.
4	Timeline given only in broad phases. Vendor not yet identified and procurement timing unstated.
2	No timeline, or a timeline that cannot be completed by Sep 30, 2027. No responsible staff named. No path to selecting a vendor or starting the work.

Projected Financial Impact / Return on Investment (10 points)

Score	What it means
10	Dollar estimates and percentage-point changes for at least two measures (e.g., denial rate reduction, revenue recovered, no-show revenue recovered). Step-by-step calculation using the applicant's own baseline volumes (claims per year, average payment, missed appointments times average visit revenue). Assumptions supported by vendor case data, published benchmarks, or the applicant's own pilot or prior results. A stated ROI ratio or payback period compared to the total request.
6	Dollar estimate with a calculation shown and a sourced basis. Timing of benefits stated. Minor gaps, such as one assumption left unsupported.
2	A dollar figure or percentage improvement is given, but the basis is limited (e.g., vendor claims with no verification) or the calculation is incomplete. Timing of benefits unclear.

Criterion 5: Patient Access and Engagement Impact (10 points)

Score	The application must include
10	A specific description of what changes for patients (e.g., online self-scheduling, text reminders, shorter registration, extended availability). At least two patient-facing measures with a baseline and target (e.g., no-show rate, time to next available appointment, portal enrollment, call

	abandonment rate). Identifies the patient groups most affected. Explains how the project helps keep care available locally.
7	A concrete description of the access change. One measure with a baseline and target. Names affected patient groups and mentions accessibility. Minor gaps in the plan for patients who cannot use digital tools.
4	Description of the change is identified but does not include targets. No mention of specific populations targeted. Accessibility acknowledged but not planned.
1	Patient benefit described in general terms with no measure.

Criterion 6: Budget Reasonableness and Cost-Effectiveness (15 points)

Score	The application must include
5	Complete line-item budget in which every item ties to a project activity and the timeline. Budget narrative that justifies each category with quantity times rate. All costs allowable and incurred within the performance period. Explicit statement that costs do not duplicate other funding.
4	Complete and consistent budget and narrative. Most costs justified. Minor issues, such as one rate unexplained or one comparative quote missing.
3	Budget mostly complete but narrative is general. Cost estimates missing for some major items. Some costs unclear or of uncertain allowability.
2	Budget is missing information or has significant unsupported line items. Unallowable or unrelated costs included.
1	Budget incomplete, internally inconsistent, or unsupported. Significant unallowable or unrelated costs. Arithmetic errors.

Sustainability (10 points)

Score	The application must include
10	Description of any itemized recurring long-term costs after Sep 30, 2027, if applicable. A named funding source for each ongoing cost (operating budget line, share of recovered revenue, other grant). A stated share of recovered revenue set aside for recurring costs. Plan to embed the change in practice (written procedures, cross-training, named process owner).
7	Recurring costs identified with amounts, if applicable. Funding source named for most costs, with some supporting evidence. Some plan to embed the change in daily work.
4	Recurring costs acknowledged but without amounts, or funding source stated only as "operating budget" without detail. Plan to embed addressed, but not detailed.
1	Assumes continued grant funding, or sustainability is addressed in a sentence or two without costs or sources.

7. Award Terms & Conditions

- Funds must supplement, not replace, expenditures already planned or obligated through other funding sources
- Funds cannot be used for administrative overhead, salaries, travel, etc.
- Awardees are subject to monitoring, which may include desk reviews and/or site visits
- Quarterly and annual reports are due on the first day of the month following the end of the quarter or year. If the due date falls on a weekend or holiday, it is due the next business day. Report templates will be provided to awardees and must include the results of the outcome measures completed, spending data broken down by use of funds, milestone progress, sustainability planning, and success stories.
- Awardees must report on outcomes and measures identified in the application and finalized in the contract.
- Awardees are encouraged to submit high expense invoices as they are received. All invoices, including small or recurring invoices, shall be submitted no later than the 10th of each month following the month of the expenditure. Invoices for allowable costs will be paid within 30 days of a correct invoice being received.

8. Submission Instructions

Submission method: Applications will be submitted through a secure online platform called Submittable. The link will be provided on the UHA website at <https://utahhospitals.org/> and on the Utah RHTP website at <https://dhhs.utah.gov/ruralhealth/funding-opportunities/>

Deadline: Friday, November 20, 2026, 5:00 p.m. MT

9. Questions & Contact

Name: Jenna Christensen

Title: Director, Grants and Project Management

Email: rhtp@utahhospitals.org

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