UTAH RURAL HEALTH TRANSFORMATION PROGRAM

SPRINT Initiative

Technical Assistance Webinar

Tuesday, November 3, 2026 · Utah Hospital Association

Administered by the Utah Health Education and Research Foundation (UHERF), a UHA subsidiary.

SPRINT at a glance

$26.3M

SHIFT 3.1 Capital Infrastructure & Equipment (Category J: $13,676,000)

$1,500,000 suggested maximum

$9.0M

FAST 4.2 Revenue Cycle Optimization

$500,000 suggested maximum

$3.0M

FAST 4.3 Specialty Care Access Pilot

$250,000 suggested maximum

$38.3M across three grants

Competitive: every application is scored

Spend by September 30, 2027

Who can apply

- **Located** in one of Utah's 25 rural or frontier counties (all but Davis, Salt Lake, Utah and Weber)
- **Bill** Medicare or Medicaid
- **No unresolved findings** on a prior state or federal award

ELIGIBLE PROVIDER TYPES

Rural hospital	Rural Health Clinic
FQHC	Tribal health facility
Behavioral health facility	Long-term care facility
Independent provider office	Other (e.g. dental office)

What SPRINT funds can’t pay for

- **Supplanting:** replacing funds already budgeted from elsewhere
- **Salaries** and wages
- **Indirect** or overhead costs
- **Travel**

SPRINT funds short-term projects that sustain themselves after the grant ends.

Plus anything the CMS Notice of Funding Opportunity or Notice of Award prohibits. Each grant has its own limits, covered next.

SHIFT 3.1: Capital Infrastructure & Equipment

G Appropriate care availability

- New equipment for a new service
- Needs assessments and feasibility studies
- Master planning and outmigration analysis

J Capital expenditures and infrastructure

$13,676,000 RESERVED

- Equipment repair or like-for-like replacement, including upgrades
- Remodels and renovations
- Service line expansions

⚠ **Category J can't fund** new construction, expansions or added square footage, demolition, or cosmetic-only work (paint, carpet, décor).

FAST 4.2: Revenue Cycle Optimization

G Denials, coding & billing

- Root-cause analysis on denials
- Workflow redesign
- Coding and billing certification
- Reducing days in A/R

H Patient engagement & scheduling

- Tools that improve patient experience
- Scheduling workflow
- Fewer missed appointments

I Payer negotiation, portals & AI

- Payer contract negotiation support
- Patient portals
- AI or chatbot tools for engagement or revenue cycle

No need to split G, H and I in your budget.

FAST 4.3: Specialty Care Access Pilot

Per diem

payments to a specialist for on-site specialty care at your facility

YOUR PROJECT MUST SHOW

- The service line doesn't exist, or its volume is too low to sustain itself
- Recurring on-site time, such as set clinic days each month
- A per diem that declines as patient volume grows

⚠ **Can't fund** a service line that's already sustainable or replace compensation a specialist would otherwise receive through direct billing at adequate volume.

How applications are scored

Capital Infrastructure	Pts
Need	30
Project plan & community impact	30
Cost share	10
Budget & sustainability	10
Frontier county	5
Consortium	5
Site ready	5
Patient volume	5

Revenue Cycle	Pts
Need	25
Budget & sustainability	25
Financial & community impact	20
Cost share	10
Project plan	10
Frontier county	5
Consortium	5

Specialty Care Pilot	Pts
Need	35
Per diem justification	20
Volume ramp-up	15
Community impact	15
Cost share	10
Frontier county	5

Blind review by a scoring committee for each grant. An accepted application may not be funded in full.

Applying and key dates

THINGS TO REMEMBER

- Multiple submissions allowed, but not multiple drafts
- After you submit, edits only by request
- Scoring rubric is in each RFA
- Match funds highly encouraged
- Budget sheet is built into Submittable; attach the Excel version for more detail
- Up to 10 supporting attachments

KEY DATES

Nov 13	Questions due
Nov 20	Applications due, 5:00 p.m. MT
Dec 4	Awards announced
Dec 31	Contracts signed (effective Dec 1)
Sep 30, 2027	Funds spent

Questions

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Questions due Nov 19

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