

Rural Health Transformation Program: A Strategic Technology Planning Guide



A practical technology guide for state government leaders and rural health transformation teams designing, reviewing, and operationalizing Rural Health Transformation Program investments.

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Executive Summary

The Rural Health Transformation Program (RHTP) provides states with a significant opportunity to improve access, quality, sustainability, and health outcomes in rural communities. Technology is a critical enabler of these goals, but technology alone does not create transformation. Successful programs combine policy, governance, operating models, workforce capabilities, data, and technology into a coordinated strategy.

How States Can Use This Rural Health Transformation Planning Guide

States can use this guide during planning workshops, portfolio reviews, vendor evaluations, implementation planning, and executive briefings. It's intentionally practical. The questions and examples are meant to help teams identify whether an initiative is ready to move forward, what dependencies must be addressed, and how to avoid building a technology portfolio that becomes too fragmented to operate or measure.

The guide isn't a substitute for legal, regulatory, policy, or grant-management advice. It's a planning framework for organizing the work: what problem the state is trying to solve, which partners need to participate, what data and governance are required, how workflows will change, how burden will be reduced, how results will be measured, and what operating capability will remain after RHT.

I. Understanding the Rural Health Transformation Program

RHTP gives states a rare opportunity to improve rural access, quality, sustainability, and health outcomes. With the award of federal funds, states now face the daunting challenge of translating their goals and plans into successful, sustainable operations with demonstrable health improvements. Faced with a tight five-year implementation window, state programs must be implemented quickly, governed across many partners, measured credibly, reported accurately, and sustained after the funding period ends.

For many of the RHTP goals, technology can and should be a foundational element of a state's implementation strategy. A technology portfolio approach can help a state ensure its investments deliver faster, go farther, and are sustainable after the RHTP funds are gone.

Transformation takes practical operating capacity: regional access models, workforce support, reliable referrals and transitions, trusted data sharing, analytics, public health coordination, and accountability mechanisms that show which investments and initiatives are improving care for rural communities. Disconnected grants, one-off technology purchases, and isolated pilots don't add up to that on their own.

This guide is designed to help states move from broad priorities to executable plans. It provides a way to test proposed technology investments, translate ideas into operational building blocks, identify shared infrastructure needs, and evaluate the partners and platforms required to make RHTP initiatives work in real rural settings.

The central premise: every RHT technology investment should not only solve a rural problem; it must also strengthen the overall operating capacity of the rural care ecosystem and leave behind a capability that can be reused across programs, populations, and geographies.

What Is RHTP?

RHTP is a five-year, \$50 billion federal program for approved states to improve rural healthcare access, quality, and health outcomes by transforming the healthcare delivery ecosystem. Guidance from the Centers for Medicare & Medicaid Services (CMS) define the priorities as prevention and chronic disease management, sustainable access, workforce development, innovative care models, technology, data sharing, cybersecurity, infrastructure, and measurable outcomes.

For states, that means managing more than a funding application. It means managing a transformation portfolio that can be governed, implemented, measured, reported, and sustained while minimizing the burden on rural providers.

What Does RHTP Do?

RHTP helps states strengthen rural communities by rebuilding the rural healthcare delivery ecosystem rather than patching it. By assisting rural communities and supporting access across rural America, the program works to support rural health innovations and new access points that promote preventative health and address the root causes of disease through evidence-based interventions. It encourages rural healthcare providers to become long-term access points for care and to right-size their healthcare delivery systems, improving efficiency and sustainability so they can coordinate operations and share resources with regional systems.

In practice, the program does several things at once. CMS backs states by providing technical assistance and funding that expand access through telehealth networks, digital health tools, mobile clinics, and remote patient monitoring that bring care closer to home. It protects and preserves vital rural hospitals, clinics, and rural facilities, including acute inpatient care where it remains viable, while promoting financial solvency through regional collaboration. It invests in significant information technology advances and works to enhance cybersecurity capability development. It also builds the measurement and reporting capacity states need to improve outcomes for patients and to prove that efforts at improving healthcare access are working.

RHTP Goals and Approved Uses

RHTP operates under five core strategic goals aimed at overhauling rural care delivery:

- 1. Make Rural America Healthy:** Promote preventative health and chronic disease management that target the root causes of poor patient health outcomes.
- 2. Sustainable Access:** Protect long-term access points so rural communities keep essential rural healthcare close to home.
- 3. Workforce Development:** Recruit and retain clinical workforce talent, including community health workers and pharmacists, and support providers to practice at the top of their license. Retaining clinical workforce talent in rural communities is a core goal of the program.
- 4. Innovative Care:** Spark innovative care models that promote efficient care delivery and flexible care arrangements. These innovative care models often run through accountable care organizations, using value-based care arrangements and alternative payment models that reward keeping people healthy. Accountable care organizations give rural healthcare providers a path to shared savings, so the program works to support innovative models that promote flexible care arrangements and improve outcomes rather than volume.
- 5. Tech Innovation:** Drive significant information technology advances and digital health tools that support telehealth and remote monitoring, plus the data sharing the rural healthcare delivery ecosystem depends on.

To achieve these goals, the RHTP limits states to ten specific “approved uses” of the funds:

- 1. Chronic Disease Management:** Promoting evidence-based, measurable interventions to improve preventative health and chronic illness care.
- 2. Direct Provider Payments:** Providing direct payments to healthcare providers for specific medical items or services, subject to CMS guidelines.
- 3. Patient-Facing Technology:** Promoting consumer-targeted digital health tools and technology-driven solutions for managing chronic diseases.
- 4. Advanced Medical Tech Training:** Providing technical assistance and training for advanced hospital technologies, including artificial intelligence (AI), robotics, and remote patient monitoring.
- 5. Workforce Recruitment & Retention:** Recruiting clinical workforce talent to rural areas by offering incentives tied to a minimum 5-year service commitment.
- 6. IT Infrastructure & Cybersecurity:** Upgrading health information technology, software, and hardware to optimize operational efficiency and maximize cybersecurity protections.
- 7. System “Right-Sizing”:** Assisting rural communities in restructuring their systems by identifying and aligning necessary ambulatory, emergency, acute inpatient, and post-acute care service lines.

- 8. Behavioral Health Access:** Supporting and expanding access to mental health services, opioid use disorder (OUD) treatment, and substance use disorder (SUD) care.
- 9. Value-Based Care Delivery:** Developing and implementing innovative delivery models, including alternative payment arrangements and value based care readiness initiatives.
- 10. Other Transformative Uses:** Funding additional unique projects explicitly approved by the CMS Administrator that promote long-term, high-quality, and sustainable rural healthcare access.

Within the broad parameters of these goals and approved uses, states are empowered to craft tailored, state-driven solutions, using innovative system-wide change rather than temporary fixes to improve health outcomes. States have broad latitude to identify the most pressing challenges and most promising solutions to address their local needs, without being constrained by a one-size-fits-all nationwide solution.

How RHTP Funding Is Structured

RHTP is administered by CMS, part of the U.S. Department of Health and Human Services (HHS). This program structure directs a total of \$50 billion to approved states across five fiscal years, from federal fiscal year 2026 through federal fiscal year 2030.

That total is split evenly into two pools:

- **Baseline Share: \$25 billion (50%):** Distributed in equal amounts among all approved states, giving each approved state a predictable base of federal funding over the life of the program.
- **Impact Share: \$25 billion (50%):** Allocated dynamically at the discretion of the CMS Administrator, based on each state's application and the specific geographic and rural health challenges it documents.

States must direct funding to three or more of the approved uses that improve healthcare access, quality, and outcomes in rural communities. State health authorities are expected to use some of these federal funds to make local grants to organizations such as rural hospitals, emergency medical services, clinics, and pharmacies that serve rural communities. HHS frames these as funding opportunities that states must spend on rural communities and rural healthcare, not general budget relief.

How was RHTP funding awarded?

All 50 states applied for RHTP funding and CMS approved awards for all states beginning in December 2025. Awards ranged from \$147 million to \$281 million, with an average award of \$200 million. Each state now administers its own version of the program according to its approved grant application plan. The federal framework is shared; the operating plan is built state-by-state.

II. From Funding to Operating Capability

RHTP provides states with a historic opportunity to improve healthcare access, quality, sustainability, and outcomes across rural communities. Funding alone, however, does not create transformation. The long-term success of RHTP depends on whether states can convert financial investments into sustainable operating capabilities that continue delivering value after federal funding concludes.

Rural healthcare challenges are rarely caused by a single missing program or technology solution. More often, they stem from fragmented care delivery, workforce shortages, disconnected information systems, limited coordination among organizations, and insufficient visibility into outcomes. Addressing these challenges requires investments that strengthen how organizations work together, share information, measure performance, and coordinate services across the healthcare ecosystem.

Why Technology Matters

Technology is referenced throughout RHTP because it supports many of the program's approved uses, including health information technology modernization, cybersecurity, telehealth, remote patient monitoring, digital health innovation, and advanced medical technology adoption.

More importantly, technology enables the operational capabilities required to achieve broader program goals. Whether the objective is chronic disease management, workforce support, behavioral health integration, value-based care, care coordination, or community-based intervention, success depends on the ability to access, exchange, analyze, and act on information.

Effective technology investments can:

- Improve coordination across organizations and care settings
- Reduce administrative burden on rural providers and staff
- Support referrals, transitions of care, and follow-up activities
- Expand access through telehealth and digital engagement
- Enable population health management and proactive outreach
- Strengthen reporting, analytics, and performance measurement
- Support evidence-based decision making at both the patient and program level

Technology should therefore be viewed as an enabler of transformation rather than an objective in itself.

Sustainability

Because RHTP funding is time-limited, sustainability should be considered from the earliest stages of planning.

States should prioritize investments that:

- Support multiple programs, populations, and use cases
- Build upon existing infrastructure whenever practical
- Improve efficiency across participating organizations
- Reduce operational and administrative burden
- Create reusable capabilities that can support future initiatives
- Demonstrate measurable value and outcomes
- Minimize long-term support and maintenance requirements

Where possible, states should enhance and extend existing assets, including electronic health records, health information exchanges, Medicaid systems, public health platforms, provider directories, and analytics environments; rather than create parallel systems.

The objective should be to strengthen and extend the healthcare ecosystem rather than duplicate capabilities that already exist.

Adopting a Portfolio Mindset

One of the most important strategic decisions states will make is whether to view RHTP investments as a collection of individual projects or as components of a broader transformation portfolio.

A project-focused approach often results in fragmented technology environments, duplicative data collection, inconsistent reporting, and increased support costs. By contrast, a portfolio approach evaluates investments based on both their immediate value and their contribution to a shared set of capabilities that can support multiple initiatives over time.

Examples of shared capabilities include:

- Health information exchange and interoperability services
- Patient identity management
- Provider directories
- Consent and information governance services
- Referral management
- Care coordination workflows
- Event notification services
- Population health analytics
- Community resource coordination
- Cybersecurity and identity management services

These capabilities become foundational assets that support multiple programs simultaneously.

The most successful RHTP investments will not necessarily be those that deploy the largest number of technologies. They will be those that strengthen the healthcare ecosystem's ability to coordinate care, share information, measure outcomes, and continuously improve performance over time.

III. Operationalizing Rural Health Transformation Initiatives

Introduction

Once strategic priorities have been established, states must translate those priorities into initiatives that can be implemented, governed, measured, and sustained.

Technology selection should occur only after operational requirements are clearly defined. Before evaluating solutions, states should understand how an initiative will function, what information it requires, how participating organizations will interact, and how success will be measured.

Successful operationalization requires states to evaluate initiatives through three complementary perspectives.

Operational Perspective

The operational perspective focuses on how the initiative will function on a day-to-day basis.

States should define:

- How patients will move through the process
- Which organizations will participate
- The responsibilities of each participant
- How services will be coordinated
- Opportunities to reduce manual effort and administrative burden

A clear understanding of future-state workflows is essential for identifying technology requirements.

Administrative Perspective

The administrative perspective focuses on how the initiative will be governed and managed.

States should determine:

- Which agencies and organizations will oversee implementation and operation.
- How funding and resources will be administered
- What compliance requirements must be satisfied
- How participants will be onboarded and supported
- What governance structures are required

Strong governance and operational accountability are critical to long-term success.

Measurement and Reporting Perspective

The measurement perspective focuses on how performance will be monitored and evaluated.

States should establish:

- Program goals and expected outcomes
- Key performance indicators
- Reporting requirements
- Data sources
- Accountability mechanisms

Measurement requirements should be incorporated into program design from the outset rather than added after implementation.

Assess the Current Healthcare Technology Ecosystem

Before investing in new technology, states should evaluate the capabilities that already exist across providers, health information exchanges, Medicaid programs, public health agencies, behavioral health organizations, community-based organizations, and other participants.

Key questions include:

- What technology assets already exist?
- Which systems are functioning effectively and should be leveraged?
- Where do capability gaps remain?
- What governance structures are already in place?
- What existing investments can be expanded rather than replaced?

The goal is to maximize existing investments while minimizing duplication and fragmentation.

Define Program Workflows

For each initiative, states should document the future-state workflow before evaluating technology options.

States should consider:

- How patients will receive services
- Which organizations will participate
- The responsibilities of each participant
- Opportunities to automate manual activities
- How the workflow will be governed
- How performance will be measured

Many technology implementation challenges originate from poorly defined workflows rather than shortcomings in the technology itself.

Map Data Requirements and Information Flows

After workflows have been defined, states should identify the information required to support them.

Key questions include:

What data is required?

Identify the clinical, operational, financial, administrative, and community-based information required to support care delivery, program administration, analytics, and reporting.

Who generates and maintains the data?

Determine:

- Where information originates
- Which organizations generate it
- Which systems serve as systems of record
- Whether data-quality issues must be addressed

Who needs access?

Define:

- Which users require access
- What information they need
- What privacy and security requirements apply

How will information be exchanged?

Evaluate:

- Exchange methods
- Timing requirements
- Interoperability standards
- One-way versus bidirectional information sharing

Identify Shared Services

As initiatives are analyzed, states should identify opportunities to establish shared services that can support multiple programs simultaneously.

Examples include:

- Identity management and patient matching
- Provider directories
- Consent management
- Interoperability services
- Referral management
- Care coordination workflows
- Notification services
- Analytics and reporting platforms
- Community resource coordination

Shared services can reduce implementation costs, improve consistency, and strengthen long-term sustainability.

Define Technology Requirements

Only after workflows, information requirements, governance structures, and shared-service opportunities have been identified should states define technology requirements.

Technology investments generally fall into four categories:

1. Support Existing Infrastructure
2. Extend Existing Capabilities
3. Implement New Capabilities
4. Establish Shared Services

The objective is not simply to acquire technology. The objective is to create sustainable operating capabilities that improve access, quality, coordination, efficiency, and outcomes across rural communities.

IV. Portfolio Design and Considerations

Overview

RHTP funding provides states with a unique opportunity to invest in technology, data, and operational capabilities that support long-term improvements in rural healthcare access, quality, sustainability, and outcomes.

Because funding is limited to a five-year period, technology decisions should be evaluated not only on their ability to address immediate program requirements, but also on their ability to create durable capabilities that support future initiatives.

Rather than viewing technology investments as a collection of independent projects, states should adopt a portfolio approach. A technology portfolio consists of the systems, services, data assets, governance structures, and operational capabilities that collectively support multiple programs, stakeholders, and objectives.

The goal is not to create a collection of technology products. The goal is to create a sustainable operating foundation that supports rural health transformation across the state.

Portfolio Design Principles

The following principles can help ensure that technology investments contribute to a coherent and sustainable portfolio.

Build on Existing Infrastructure

States should leverage existing healthcare technology assets whenever practical, including:

- Electronic health records
- Health information exchanges
- Medicaid systems
- Public health platforms
- Provider directories
- Analytics environments

Enhancing existing capabilities often reduces cost, accelerates implementation, and improves adoption.

Invest in Shared Capabilities

Many initiatives require the same foundational services. Shared capabilities can support multiple programs while reducing duplication and long-term support costs.

Examples include:

- Identity management and patient matching
- Provider directories
- Consent management
- Interoperability services
- Referral management
- Care coordination workflows
- Notification services
- Analytics platforms
- Community resource coordination

Prioritize Interoperability

No single platform will meet every need across the rural healthcare ecosystem. Technology investments should therefore support standards-based information exchange across providers, community organizations, health plans, public health agencies, and government programs.

Interoperability should be treated as a foundational requirement rather than an optional feature.

Design for Sustainability

Technology investments should remain valuable after RHTP funding concludes. States should evaluate:

- Long-term operating costs
- Staffing requirements
- Vendor support models
- Maintenance obligations
- Scalability requirements
- Opportunities for reuse across programs and populations

Core Digital Capabilities

Although each state's strategy will differ, most successful RHT efforts depend upon a common set of digital capabilities.

Longitudinal Health Information

The ability to aggregate information from multiple sources and create a trusted view of the patient across care settings.

Care Coordination and Workflow Management

Technology that supports collaboration among providers, care managers, community organizations, public health agencies, and health plans.

Referral and Transition Management

Capabilities that support referral tracking, closed-loop communication, and coordinated transitions of care.

Patient Engagement and Access

Tools that improve patient access to information, services, communications, and care regardless of geography.

Population Health Analytics

Capabilities that support risk identification, performance monitoring, program evaluation, and outcome measurement.

Identity and Access Management

Services that support accurate identification of patients, providers, and participating organizations.

Artificial Intelligence and Automation

Capabilities that support administrative efficiency, care-gap identification, documentation support, population stratification, and workflow optimization.

Cybersecurity and Operational Resilience

Foundational capabilities that protect healthcare information and support operational continuity.

Evaluating Technology Solutions

Individual solutions should be evaluated not only on their features, but also on how they contribute to the broader portfolio.

Recommended evaluation criteria include:

- Compatibility with existing infrastructure
- Interoperability
- Scalability
- Flexibility
- Reliability
- Ease of use
- Sustainability
- Total cost of ownership

Solutions should be selected based on their ability to strengthen statewide capabilities and support long-term transformation objectives.

Portfolio Governance

Technology portfolios require clear governance structures.

States should establish governance mechanisms that address:

- Participation requirements
- Data-sharing policies
- Authorized uses of information
- Decision-making authority
- Funding responsibilities
- Performance expectations

Governance should provide a framework for managing shared services, resolving issues, and supporting continuous improvement over time.

Deployment Strategy

A phased deployment approach often provides the greatest opportunity for success.

States should prioritize initiatives that:

- Address urgent rural healthcare needs
- Deliver measurable value quickly
- Build stakeholder confidence
- Demonstrate the effectiveness of the operating model
- Contribute reusable capabilities to the broader portfolio

Each implementation phase should strengthen the state's long-term technology foundation.

V. Assessing Rural Health Transformation Readiness Before Deploying Technology

Overview

Not every approved RHTP initiative is ready for implementation.

Before procuring technology or committing funding, states should conduct a structured readiness assessment to determine whether an initiative is sufficiently defined, operationally feasible, measurable, and sustainable.

The purpose of readiness assessment is to reduce implementation risk and improve the likelihood that investments will produce meaningful and lasting improvements in healthcare delivery and health outcomes.

Characteristics of a Ready Initiative

Strong initiatives generally:

- Address a clearly defined rural healthcare challenge
- Support an approved RHTP goal or use
- Have measurable objectives and expected outcomes
- Define how participating organizations will work together

- Establish governance and accountability structures
- Identify required data and technology capabilities
- Minimize administrative burden
- Build upon existing infrastructure where practical
- Demonstrate a credible path to sustainability

Readiness Assessment Framework

1. Strategic Readiness

Key questions include:

- What problem is being addressed?
- Why is it a priority?
- Which populations or communities will benefit?
- How does the initiative support the state's RHTP strategy?
- What outcomes are expected?

2. Operational Readiness

States should evaluate whether the future-state workflow is sufficiently defined.

Questions include:

- How will the initiative operate?
- Which organizations will participate?
- What responsibilities will participants have?
- What staffing and training requirements exist?
- Are workflow changes realistic?

3. Data Readiness

States should determine whether the information required to operate and measure the initiative is available.

Questions include:

What data is required?

- Where does the data originate?
- What systems serve as systems of record?
- What information-sharing agreements are required?
- Are data-quality concerns understood?

4. Governance Readiness

States should evaluate whether governance structures are established and stakeholder alignment exists.

Questions include:

- Have key stakeholders been engaged?
- Are governance responsibilities defined?

- Are participation requirements clear?
- Are data-sharing policies established?
- Is executive sponsorship in place?

5. Technology Readiness

Technology should be evaluated only after operational and governance requirements have been defined.

Questions include:

Can existing infrastructure support the initiative?

- Are new capabilities required?
- Can interoperability requirements be met?
- Have cybersecurity requirements been addressed?
- Are implementation timelines realistic?

6. Workforce and Change Readiness

States should assess the organization's ability to adopt and sustain change.

Questions include:

- Who will be affected?
- What training is required?
- What administrative burden will be reduced?
- What new responsibilities will be created?
- Are staffing resources sufficient?

7. Measurement Readiness

Every initiative should define success before implementation begins.

States should establish:

- Baseline measures
- Target outcomes
- Reporting requirements
- Data sources
- Accountability mechanisms

Technology adoption alone is not an outcome measure. The focus should remain on improvements in healthcare delivery and health outcomes.

8. Sustainability Readiness

States should identify:

- Long-term ownership
- Ongoing funding sources
- Operating costs
- Support responsibilities
- Future staffing requirements
- Opportunities for reuse across programs

Readiness Assessment Summary

Before approving funding or moving to procurement, states should be able to answer the following questions with confidence:

- Do we clearly understand the problem?
- Do we know how the initiative will operate?
- Are governance responsibilities established?
- Do we understand the data requirements?
- Is the technology approach appropriate?
- Can the workforce support the change?
- Can success be measured?
- Is there a sustainable operating model?

If the answer to any of these questions remains unclear, additional planning may be warranted before implementation proceeds.

The objective is not to delay progress. It is to ensure that technology investments produce durable operating capabilities, measurable improvements in health outcomes, and lasting value for rural communities.

VI. InterSystems Perspective: Supporting Rural Health Transformation Planning and Execution

InterSystems Regional Health Connections is aligned to the practical RHT problem: states and rural partners need shared infrastructure that complements existing care platforms, connects heterogeneous participants, supports secure data sharing and role-based access, and turns data into workflows and measurable health outcomes.

For states, the value is an operating foundation that supports RHTP initiatives: chronic disease outreach, referral management, care transitions, behavioral health coordination, rural specialty access, community resource connection, population insights, public health coordination, and program reporting.

InterSystems Regional Health Connections can help frame the response around five practical needs:

Know the Patient Across Settings

Connect clinical, claims, administrative, admission, discharge, transfer (ADT), referral, and community data around the person, so every rural care setting sees the same longitudinal record.

Coordinate Care Across Organizations

Support referrals, transitions, alerts, care plans, and post-discharge follow-up that keep patients from getting lost between rural facilities and regional partners.

Support Scarce Staff

Reduce administrative friction through shared information, workflow automation, AI-assisted summarization, prioritized outreach, and fewer duplicate data requests, so scarce clinical staff can focus on patients.

Connect State, Payer, Provider, and Community Partners

Enable secure data sharing, consent-aware workflows, identity services, provider data, and standards-based exchange across the rural healthcare delivery ecosystem.

Prove what Changed

Turn activity into population insights and program reporting that track access, adoption, utilization, quality, health outcomes, equity, and sustainability.

Practical End State

A state RHT team should be able to say: we know the problem, the partners, the shared services, the workflow, the data, the governance, the measures, the burden reduction, and the operating capability that will remain after RHTP funding ends, so rural healthcare keeps improving across rural America.

Ready to Move from Rural Health Transformation Planning to Execution?

InterSystems can help states identify the shared data, interoperability, health information exchange, workflow, analytics, and reporting infrastructure needed to support RHTP priorities, reduce burden on rural providers, and demonstrate measurable progress.

About InterSystems

InterSystems is the information engine that powers some of the world's most important applications. In healthcare, finance, supply chain, and other sectors where lives and livelihoods are at stake, InterSystems has been a strategic technology provider since 1978. InterSystems supports federal agencies and public-sector partners with commercial off-the-shelf software, health data platforms, interoperability solutions, software updates, and 24x7x365 technical assistance for mission-critical environments.

Today, InterSystems technology touches the health records of 2 out of 3 Americans and handles more than a billion health records worldwide. The U.S. Department of Veterans Affairs has been a trusted InterSystems customer since 1979, reflecting a longstanding partnership built on reliability and results.

InterSystems is a privately held U.S. company headquartered in Boston, Massachusetts, with offices worldwide. Its software products are used daily by millions of people in more than 80 countries.

For more information, please visit [InterSystems.com](https://www.inter-systems.com).

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