VIRGINIA
RURAL HEALTH TRANSFORMATION

VIRGINIA HEALTH CARE FOUNDATION

Provider Productivity: Technology that Makes Times for Care

Pre-Application Webinar

RFA-RHTP-2026-02 | August 20, 2026

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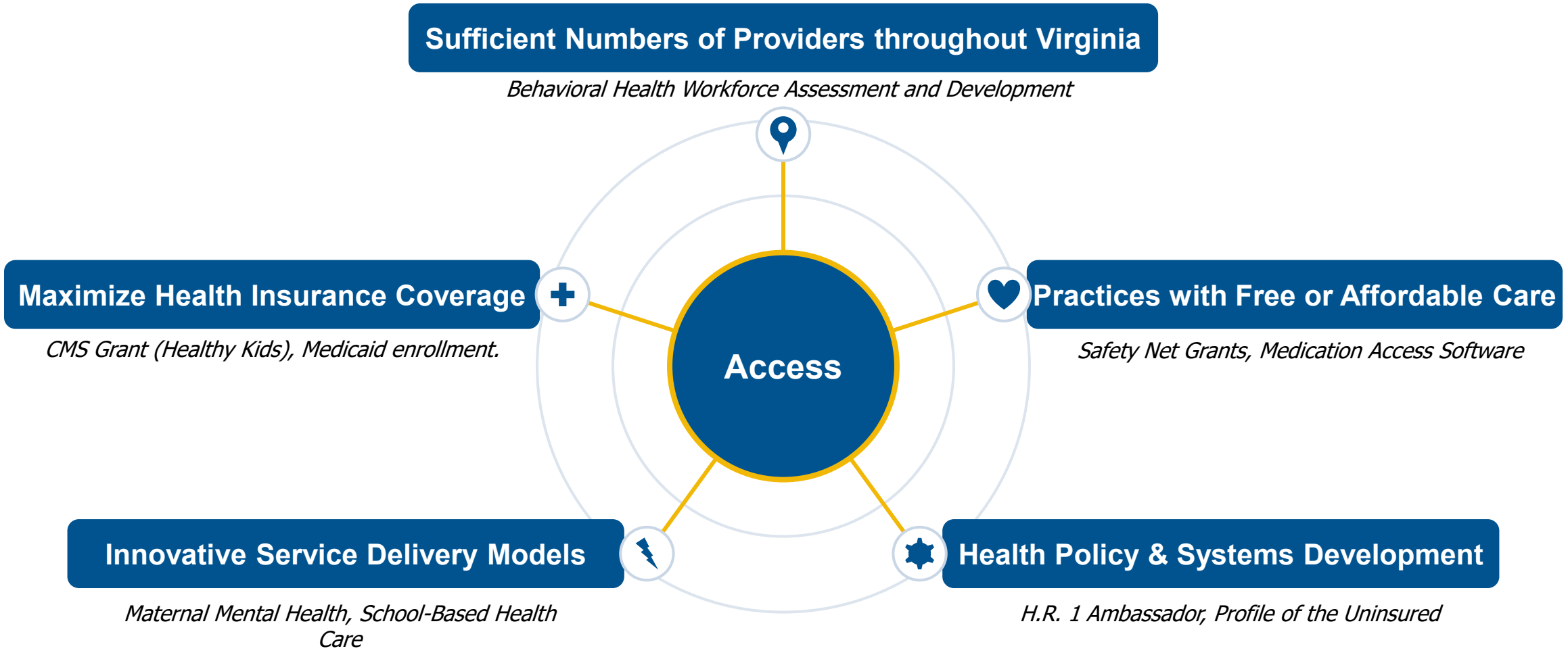
Director's Remarks

About the Virginia Health Care Foundation

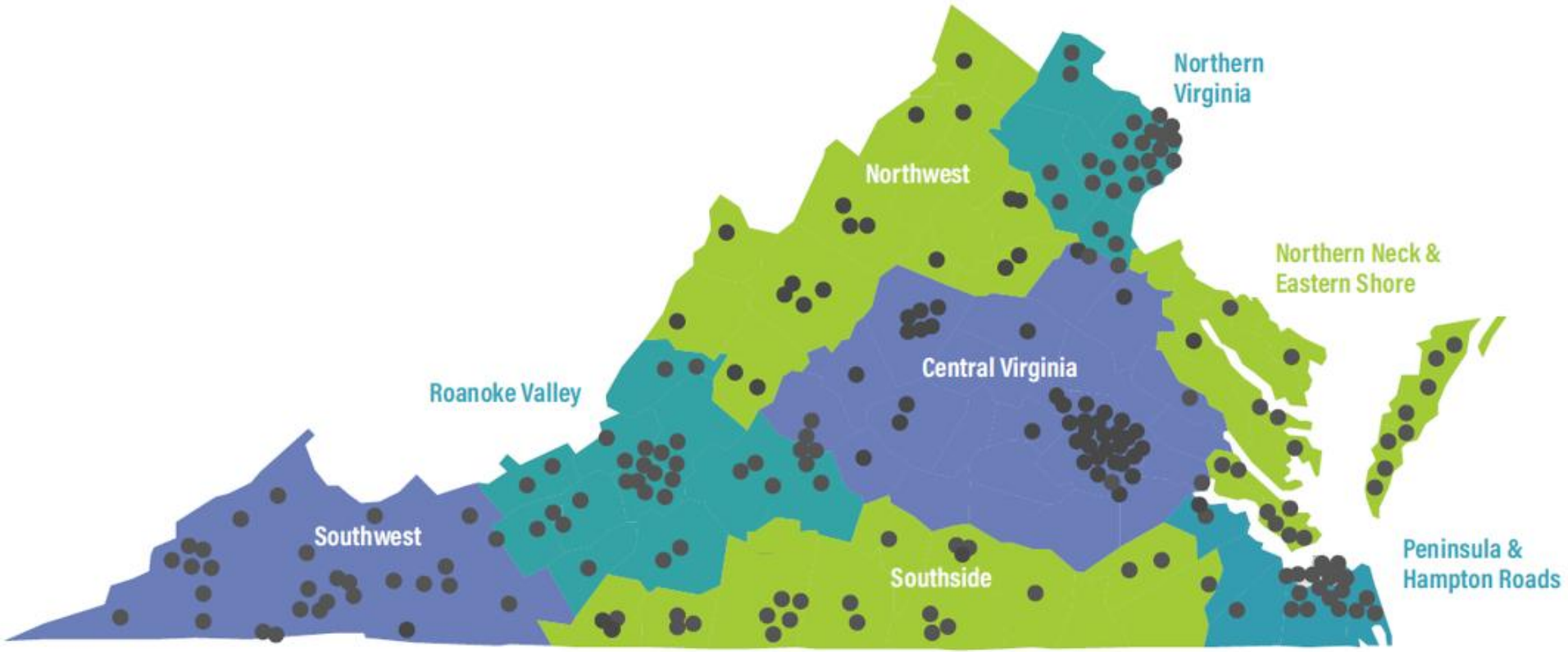
- Established by the Joint Commission on Health Care in 1992 as a public private partnership.

- VHCF's mission is to increase access to primary health care for uninsured and medically underserved Virginians.

VHCF's Five Facets of Access

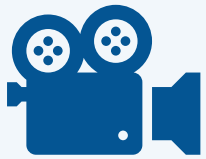


Our Grantmaking



VHCF Grants (1992–2025)

Before We Start



Webinar is Being Recorded

Materials Will be Published

Use "Raise Hand" to Ask Questions. Please hold questions until the end.

The webinar recording, slides, and updated FAQs will be made available Friday, August 21.

Today's Agenda

1. Background & Purpose
2. Objectives & Use of Funds
3. Eligibility
4. Milestones & Metrics
5. Building the Application
6. Budget and Allowable Costs
7. Evaluation Criteria
8. Post-Award Requirements & Reporting
9. Questions & Answers

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Background & Purpose

Rural Health Transformation Program Structure

- H.R. 1 authorized **$50 billion** over five years for states to transform rural health care.
- Virginia received **$189 million** in Year 1. Future funding depends on Year 1 performance.
- **Four key initiatives** and **15 subinitiatives**, administered by DMAS and eight ”key implementation partners.
- VHCF stewards the Provider Interoperability & Provider Productivity subinitiatives (**$26 million** in Year 1).

Provider Interoperability Sub-initiative Goals

"The **Provider Productivity** sub-initiative is intended to support adoption of decision-support, documentation, and workflow tools, including AI advances to reduce administrative burden, ease provider burnout and allow rural clinicians to focus more of their valuable time on patient care."

-*Virginia's RHTP Application*

Provider Interoperability vs. Provider Productivity

Both are sub-initiatives of CareIQ and both are administered by VHCF, with some key differences.

Provider Productivity

Funded Under this RFA — RFA-RHTP-2026-02

WHAT IT FUNDS

Clinical decision support, documentation assistance, and workflow automation digital productivity tools.

THE CHALLENGES IT ADDRESSES

Administrative burden and burnout: clinician time spent on documentation instead of patient care.

PRIMARY CMS METRIC(S)

Providers using productivity tools; estimated clinician time saved; change in billable services.

Provider Interoperability

A separate sub-initiative — Applications Due August 31 at 5:00 PM Eastern

WHAT IT FUNDS

Network capacity, EHR modernization, cybersecurity, and electronic health data exchange technology infrastructure.

THE CHALLENGE(S) IT ADDRESSES

Outdated digital infrastructure that prevents interoperability and care coordination.

PRIMARY CMS METRIC(S)

Providers on certified EHR technology (CEHRT)

Applicants may apply to both sub-initiatives.

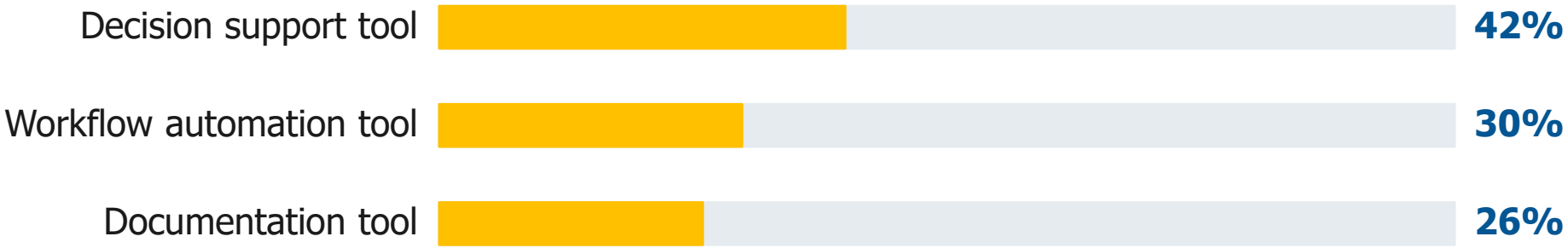
What We Heard

84 stakeholders interviewed

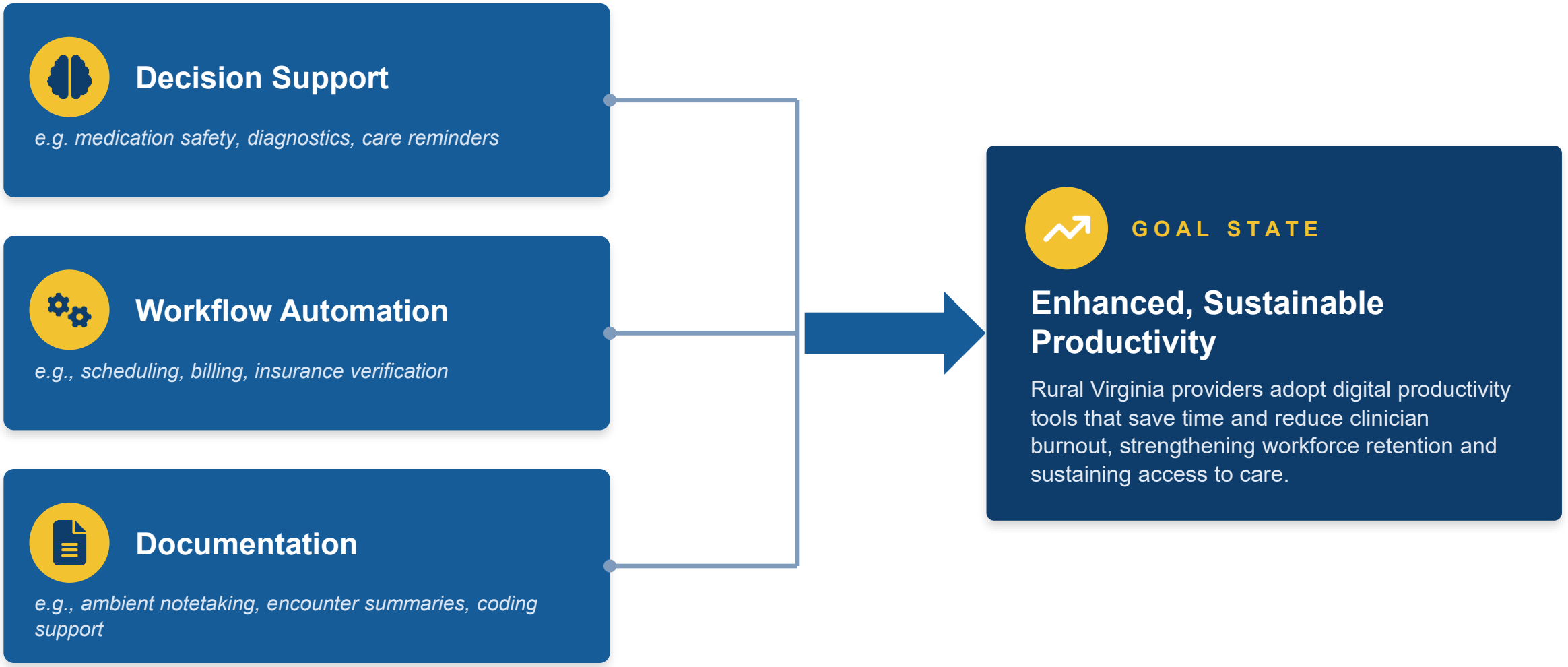
44 organizations represented

50 rural providers surveyed

Of 50 rural provider organizations surveyed, the share reporting a fully implemented digital productivity tool:



Provider Productivity Program Design



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Objectives & Use of Funds

Allowable Funding Uses

Funds may support projects that:

- Reduce time spent on clinical documentation, inbox management, prior authorization, and other administrative tasks
- Improve the timeliness, consistency, or quality of decision-making at the point of care
- Automate manual administrative and back-office processes
- Reduce clinician and staff burnout and support workforce retention
- Expand patient access by returning clinical time to patient care resilience

Technical Assistance & Implementation Support

VHCF will facilitate training, technical assistance, and implementation support for awardees throughout the project period.

Selecting Health Technology

- Understanding available digital health offerings
- Evaluating and selecting health tech vendors

Optimizing Systems

- Optimizing system functionality
- Integrating tools with existing EHR and data systems
- Aligning workflows with new technology

Training Staff

- Using new documentation, decision support, and workflow tools
- Responsible use of AI-enabled tools
- Ongoing support as staff and needs change

Applicants may have but do not need in-house technical expertise to apply. VHCF-facilitated support is available to every awardee.

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Eligibility

Who Can Apply

Legal standing

A legally organized entity in good standing, capable of receiving federal subaward funding.

Federal registration

Active SAM.gov registration with a current UEI, and no active exclusions, debarments, or suspensions.

Rural nexus

Physically located in — or providing direct services to — rural Virginia communities under the FORHP definition. See Appendix A of the RFA.

Target Audiences (Not Exclusive)

- Federally Qualified Health Center
- Free/hybrid or charitable clinic
- Hospital or health system
- Independent practice
- Rural Health Clinic
- Tribal entity
- Health care association or convening entity

If You Are Not Registered in SAM.gov, Start Today

An active SAM.gov registration with a current Unique Entity Identifier is a minimum eligibility requirement. No registration, no award.

- Registration is free. Never pay a third party to register on your behalf.
- New registrations commonly take several weeks, including entity validation.
- Existing registrations expire annually; confirm yours is active.
- Applicants must attach confirmation of active registration to the application.

Check SAM.gov registration first.

- Check your registration status at SAM.gov and confirm who at your organization holds the credentials.
- If you are not registered, begin now.
- Confirm your organization has no active exclusions, debarments, or suspensions.

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Milestones & Metrics

Key Dates

Period of performance: October 15, 2026 – September 30, 2027

VHCF anticipates awarding between $7 million and $9 million over the performance period. Individual awards will reflect the scope and scale of each proposed project.

Aug 20, 2026
Pre-application webinar

Sep 14, 2026
Applications due 5:00 PM Eastern

Sept 15–Oct 14, 2026
Review and scoring period

Oct 15, 2026
Notice of awards issued

Sept 30, 2027
Performance period ends

Funds **must** be spent within the performance period. Proposed projects must be implementation-ready.

Proposals Must Be Implementation Ready

Before you apply, you must have already:

- Confirmed technology needs
- Defined the proposed solution
- Secured organizational commitments
- Confirmed key personnel and partners are in place

Signals that a project isn't ready:

- Still identifying technology needs.
- No internal owner identified for the work
- Leadership or board approval not yet secured
- Personnel and partners not in place.

Milestone 1
Project Kickoff
Oct – Dec 2026

Milestone 2
Project Implementation
Jan – Jun 2027

Milestone 3
Project Closeout
Jul – Sep 2027

Not ready for round one? Begin preparing now for future Provider Productivity funding opportunities.

Required Metrics

Metric	What/How You Will Report
Digital Productivity Tool Use	Count of active tool users by provider type at the beginning and end of the performance period.
Time Savings	EHR audit-log data if applicable; otherwise a structured provider time estimate collected using a VHCF-provided instrument at the beginning and end of the performance period.
Revenue & Billable Services	Encounter and billable service counts from the practice management system or billing system at the beginning and end of the performance period.
Clinician Burnout	A single-item validated burnout measure administered to all clinical staff at the beginning and end of the performance period.

All subrecipients also report unique patients served and total patient visits — overall and disaggregated by FORHP-designated rural locality — at the beginning and end of the performance period.

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Building the Application

Application Components

1. **Application cover page**
   Complete directly in the online submission form.

2. **Project narrative**
   Sections A–I, in order, within page limits

3. **Budget and budget narrative**
   Must use the VHCF template at www.vhcf.org/rural-health/

4. **Resumes and letters of support**
   Key programmatic staff; LOS or MOU for each partner (*resumes and LOS/MOUs are excluded from page limits*)

5. **Audited financials**
   Most recent audited financials or Federal Single Audit

6. **SAM.gov and debarment**
   Confirmation of active registration and debarment certification

Applications are submitted through the online form linked in the RFA and at vhcf.org/rural-health.
Deadline: September 14, 5:00 PM Eastern.

Project Narrative: Sections and Page Limits

Section	What We're Looking For	Page Limit
A. Organizational Overview	Basic information about the organization, including patients served and patient visits.	2
B. Project Design and Need	The project benefits patients in FORHP-designated rural communities.	3
C. Project Readiness	The project is implementation-ready.	3
D. Digital Technology Safeguards	The organization has digital technology usage standards and protections	3
E. Work Plan & Key Staff	The project has all key staff in place.	3
F. Stakeholder Engagement & Partnerships	All named or expected partners are supportive of the project.	3
G. Performance Metrics/Eval Plan	There is a clear plan for collecting and reporting required metrics.	1
H. Sustainability	There is a clear plan for sustaining the project and its benefits after the performance period.	1
I. Previous Grant Experience	Experience implementing and managing grant-funded projects.	1
Total	*Excludes resumes and letters of support*	**20**

Please see pages 13 – 16 for the Project Narrative questions.

Please Follow All Formatting Guidance

11-point Arial

All text, tables, and figures

1-inch margins

On all four sides

Double spacing

Throughout the narrative. ***Single spacing acceptable for charts and tables***

Sections in order

Do not omit or combine sections

Page limits observed

Per section, as published

Required budget template

Downloaded from vhcf.org/rural-health

Applications that do not meet these requirements will not be reviewed.

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Budget & Allowable Costs

Allowable Costs

Every cost you request must fall into one of seven budget categories and tie directly to an approved project activity.

A. Personnel

Salary for staff time on the project, prorated by effort and months.

B. Fringe Benefits

Employer-paid benefits, calculated separately for each position.

C. Travel

Transportation, lodging, and per diem tied to project activities.

D. Equipment

Items at or above $10,000 per unit with a useful life over one year.

E. Supplies

Items under $10,000 per unit — laptops, tablets, program materials.

F. Contractual

Vendors, consultants, and subawards carrying out project activities.

G. Other Direct Costs

Programmatic costs that fit no other category.

Direct costs only. Subrecipients may not charge a negotiated indirect rate, the de minimis rate, or facilities and administrative costs. Leadership time is budgetable only for documented, direct project responsibilities.

Prohibited Uses of Funds

- Pre-award costs
- Indirect costs
- Supplanting existing state, local, tribal, or private funding of infrastructure or services, including staff salaries
- Construction
- Capital improvements to land, buildings, or equipment that materially increase value or useful life, absent prior written approval
- Profit to any recipient, including for-profit organizations
- Goods or services not allocable to the approved project
- Meeting matching requirements for other federal funds
- Lobbying, and salaries or expenses tied to influencing legislation or regulation
- Certain telecommunications and video surveillance equipment (2 CFR 200.216)
- Promotional items, memorabilia, gifts, and souvenirs
- Advertising and public relations designed solely to promote the organization
- Meals, except in the narrow circumstances the RFA identifies

This is a summary. Please refer to Section 6.5 of the RFA for a complete list.

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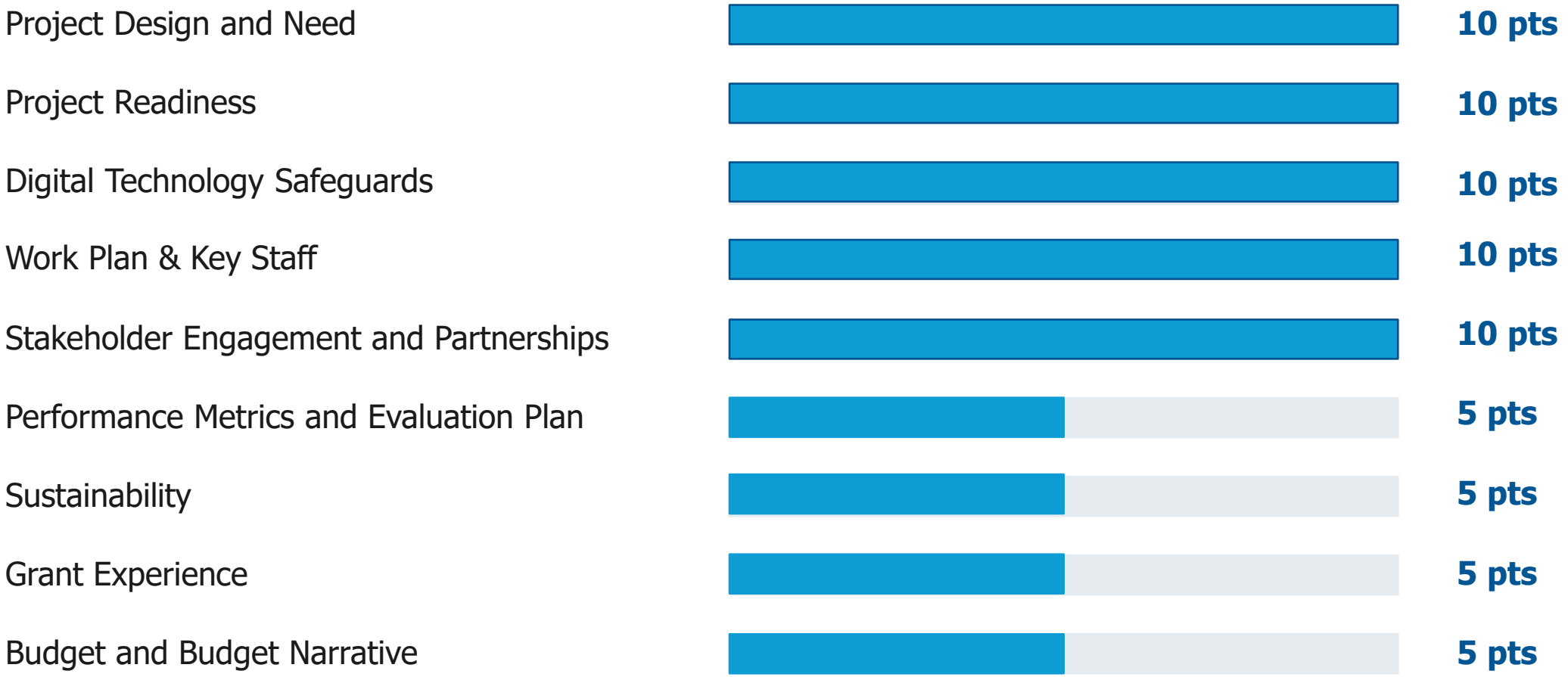
Evaluation Criteria

How Applications Are Scored



Next Steps

Today
Check your SAM.gov registration status. If you are not registered, start now.

This week
Download the budget template and review the submission form fields at vhcf.org/rural-health.

As needed
Submit written questions via the FAQ Submission Form

Contacts

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Applications due September 14, 2026, 5:00 PM Eastern. Written questions, the budget template, the submission form, and the weekly FAQ are all at vhcf.org/rural-health. This recording, these slides, and today's consolidated Q&A will be posted Friday, August 21.

Questions?

Please Use the "**Raise Hand**" function or submit your question via VHCF's FAQ Submission form at **www.vhcf.org/rural-health**. Responses will be posted each Friday.