MONTANA
RURAL HEALTH TRANSFORMATION

Montana RHTP Implementation Team (MRIT)

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What We'll Cover

An overview of MRIT and the road ahead

MONTANA RURAL HEALTH TRANSFORMATION

1

Who MRIT Is

Our role in the model, our team, and how we serve as the bridge between DPHHS and providers

2

MRIT's Upcoming Work and First Steps

Two buckets: work that starts now and work that follows the S&A assessment

3

How MRIT Will Engage With You

What working with MRIT looks like for your facility, and where we need your input

Who's on the MRIT Team

Four groups, one integrated team

MHREF

Core leadership, administration, fiscal, and compliance

Implementation Partners

Statewide network: MORH, MPCA, MMA, MHN, and YHVN

Teamed Partners (SMEs)

Subject-matter experts supporting implementation: PYA, Eide Bailly, Premier, Accenture, MCUIH

Program Management Office

Summit coordinates timelines and deliverables across the team

MRIT as the Bridge

Between DPHHS and providers, in both directions



Funding

With DPHHS approval and oversight, we support implementation through direct grants and provider payments.

Technical assistance

Subject-matter experts and in-house implementation specialists provide boots-on-the-ground support, including hands-on help and change management.

Compliance

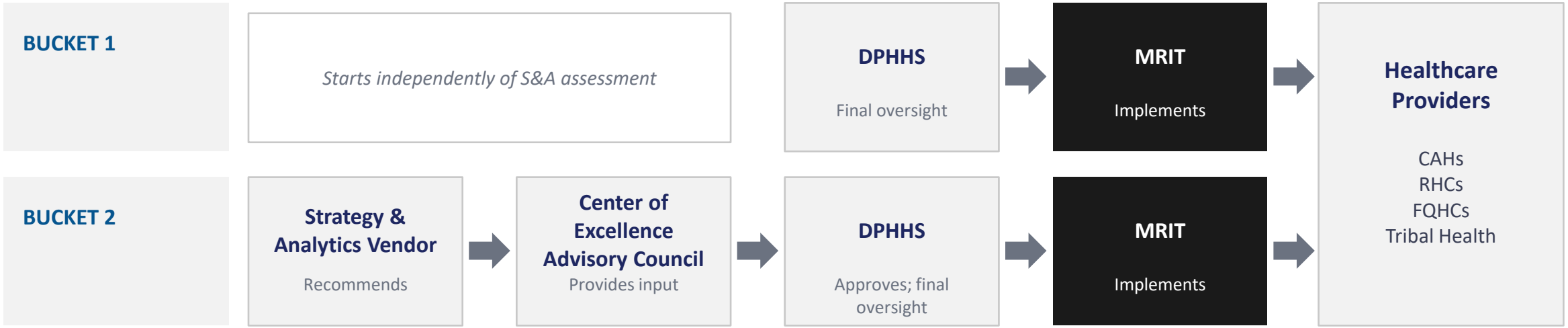
We help both providers and DPHHS stay compliant on financial and metric reporting.

Stewardship

We help DPHHS meet its goals for CMS while supporting providers, so improvements are practical and sustainable.

MRIT's Role in the Model

MRIT implements statewide, at the provider level, across two buckets of work



- Focus is implementation
- DPHHS provides final oversight for both buckets
- MRIT is the implementer, providing implementation and change management support across both, with shared accountability for fiscal stewardship

How MRIT's Work Is Organized

BUCKET 1:

Independent of the S&A assessment

1 Stand Up MRIT

Contracts, hiring, governance, communications, and provider engagement

2 Year 1 Provider Payments

Facility feedback on the draft menu, plus reporting support

3 GPO Assessment and Repair Prioritization

DPHHS projects open to all facilities

4 Telehealth Assessment and Investment

Capacity and gaps; equipment, onboarding, and training

BUCKET 2:

Follows the S&A assessment and CoE input

1 Implement CoE Recommendations

Initial sites starting approx. Mar 2027, then 25 more starting Sep 2027

2 Progress Toward Incentive Goals

Ongoing support as sites work toward annual incentive payments

Across both buckets: DPHHS provides final oversight, and MRIT provides implementation and change management support

MRIT's Upcoming Work and First Steps

Four projects that don't wait on the S&A assessment

Back-Office Efficiency (GPO) Assessment

- What current GPOs offer, and what they don't
- Who participates, who doesn't, and why
- Unmet needs, and capacity to add facilities

HOW WE'LL ENGAGE YOU

We'll ask about your purchasing: what you use, what you don't, and why.

Year 1 Provider Payment Survey

- Input from hospitals, FQHCs, RHCs, Tribal Health, UIOs, and MRIT partners
- Must meet the CMS quality-or-access test

HOW WE'LL ENGAGE YOU

We'll ask for your feedback on the draft menu before it's final.

Repair & Renovation Prioritization

- A method weighing need, urgency, and likely CoE eligibility
- A ranked list of critical repairs, with approximate budgets

HOW WE'LL ENGAGE YOU

We'll ask you to share critical repair needs, urgency, and rough costs.

Telehealth Assessment and Investment

- Assess capacity, specialty connections, and gaps
- One-time equipment awards
- Onboarding, training, and upfront technology costs

HOW WE'LL ENGAGE YOU

We'll assess your capacity with you, then support equipment, onboarding, and training.

MRIT provides implementation and change management support across all four projects.

Year 1 Provider Payments: FY26 Funding

$60.3M in Initiative 2 provider funding, split two ways

$60.3M

Total FY26 Initiative 2 provider funding

$30.6M

Direct funding for services

$29.8M

Program entry stipend

Applications describe services and a budget meeting one or more RHTP objectives: access to primary, specialty, or emergency care; better outcomes; and stronger operating margins.

Per-facility amounts assume about 85 facilities apply.

Year 1 Provider Payments: How It Would Work

Proposed design; DPHHS is seeking feedback

1

Receive a Flat Amount

About $360,000 per facility

2

Choose Two or More Activities

From the menu, with a plan for splitting the funds

3

Attest New or Expanded

Not offered today, or an expansion like longer hours or more slots

4

Report After One Year

On use of funds and outcome metrics for each activity

Why This Design

The assessment is likely to recommend similar activities in Years 2–5, so these services can last past Year 1. Requiring new or expanded services moves the RHTP outcome metrics.

The CMS Test

Every funded activity must lead to specific, demonstrable improvements in quality of care or access to care.

Year 1 Provider Payments: Draft Menu

Facilities select at least two activities; open for feedback

Category	ID	Funded activity or capacity
Access	**A1**	Expanded community-based care capacity (e.g., maternity care, sexual and reproductive health)
	A2	Expanded weekend and holiday coverage for primary care, urgent care, or the ED
	A3	Capacity for virtual patient care, including behavioral health and specialty care
Care coordination	**B1**	Care coordination for hypertension and diabetes management
	B2	Behavioral health clinician support for PHQ-9 (depression) and GAD-7 (anxiety) screening
Primary care	**C1**	Hospital-at-home and ER-at-home capabilities
	C2	Preventive screenings linked to HEDIS measures (e.g., breast, colorectal, cervical cancer)
	C3	Follow-up phone calls after ED visits or inpatient discharge
	C4	Post-discharge home visits for high-risk patients

How MRIT Will Engage With You

What working with MRIT looks like for your facility

1

We Reach Out

- Introductions and provider engagement from the MRIT team
- Regular updates on timelines, funding, and opportunities

2

We Learn From You

- GPO, telehealth, and repair assessments
- Your feedback on the Year 1 payment menu

3

We Support Your Funding

- Help with Year 1 provider payment activities and reporting
- Telehealth equipment, onboarding, and training

4

We Work Alongside You

- On-site implementation specialists
- Subject-matter expert technical assistance
- Change management for staff, boards, and communities
- Reporting support

Across all MRIT work, now and after CoE approval

Our implementation partners are key: MORH, MPCA, MMA, MHN, and YHVN will serve as conduits for information with facilities across the state, helping keep communication flowing.

Implementation and Change Management Support

Across both buckets of work, helping facilities turn plans into lasting change

1

Implementation Support

Project management and in-house implementation specialists providing boots-on-the-ground help at your facility

2

Technical Assistance

Subject-matter experts bringing specialized expertise to your specific changes

3

Change Management

Resources to help staff, boards, and communities through the transition

4

Reporting Support

Help staying compliant on financial and metric reporting to DPHHS and CMS

Where: CoE sites, plus provider payment activities, telehealth investments, and other RHTP work across the state.

Questions?

Building lasting capacity that carries this work beyond the award

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RHTP RESOURCES

State of Montana (DPHHS)
dphhs.mt.gov/RuralHealthTransformationProgram
Montana Hospital Association
mtha.org/rural-health-transformation-program-in-montana

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