



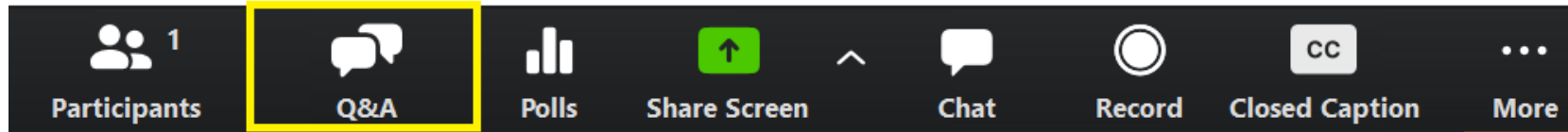
New York's Rural Health Transformation

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Preparing for RHT & the Future of Rural Value-Based Care

March 24, 2026

Housekeeping

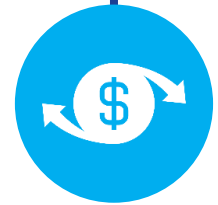
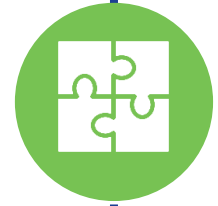
- Please enter questions through the Q&A feature in Teams (screenshot below), and we will answer questions at the end
- You may also email questions directly to info@copehealthsolutions.com



- Attendees will receive a PDF copy of the presentation, a link to the recording and a written Q&A.

Agenda

- **Introductions**
- **Context: Converging Opportunities for Rural Health**
- **New York Rural Health Transformation (RHT)**
- **RHT, ACCESS & LEAD – Strategizing for Success**
- **Panel Discussion**
- **Q&A**



Introducing Our Presenters

Hosts



Bridgette Wiefling, MD
Chief Medical & Transformation Officer
COPE Health Solutions



David Gross
Consultant
Sachs Policy Group

Panel



Jim Sinkoff
Deputy CEO & CFO
Sun River Health



David Bender
CEO
Community Health Center
of the North Country



Eric Shell
Chairman
Stroudwater Associates



Tom Meixner
Principal
COPE Health Solutions

Context: Converging Opportunities for Rural Health

Context: Converging Opportunities for Rural Health

- **Rural health in transition**
 - Projected cuts to Medicaid; Essential Plan
 - New investment as a (limited) band-aid
- **Trends in Medicare ACOs**
 - Evolving program design to increase participant risk-taking
 - Evolving priorities with each Administration
 - Challenges engaging FQHCs and rural providers
- **Federal interest in technology/AI**

Rural Health Transformation in New York

- **RHT funding was included in OBBBA – \$50B over 5 years**
 - Each State submitted a competitive application

- **New York State was awarded \$212M for the first year**
 - Funding to be allocated by October 30, 2026
 - Still working with CMS on final parameters of approval/distribution
 - Distribution/RFP process still TBD, although NYS likely to try to expedite distribution

RHT Funding Buckets – New York State

- **Rural Community Health Integration (est. \$71M-\$80M)**
 - To support the building of integrated health networks in rural areas
 - Application must be spearheaded by an “anchor institution,” which can include any sort of key provider (e.g., IPA, FQHC, hospital), but a rural hospital must be included in the application
- **Strengthening Rural Communities with Technology-Enhanced Primary Care (est. \$30M - \$40M)**
 - Enhanced funding to PCPs looking to become PCMH certified and existing PCMH practices
 - Includes funding technology integration (e.g., AI, virtual care, care integration, CHWs/SCNs, SHIN-NY alerts)
- **Investments in Technology Innovation and Cybersecurity Enhancements for Rural NY (est. \$62-68M)**
- **Rural Roots: Building a Sustainable Rural Health Care Workforce (est. \$13M - \$14M)**

ACO Opportunity

- **CMS remains committed accountable to care for 100%**
 - FFS enrollment in ACOs (MSSP and REACH) currently at 52%
- **ACO REACH set to expire December 2026**
- **ACO LEAD is the Administration's successor program**
 - Key features:
 - Add-on payments for FQHCs and rural health providers
 - Lower beneficiary minimums
 - Incentives to incorporate patients with complex needs
 - 10-year model
- **MSSP remains a reliable/steady alternative for providers not yet ready to take on significant risk**

Technology Push by the Federal Government

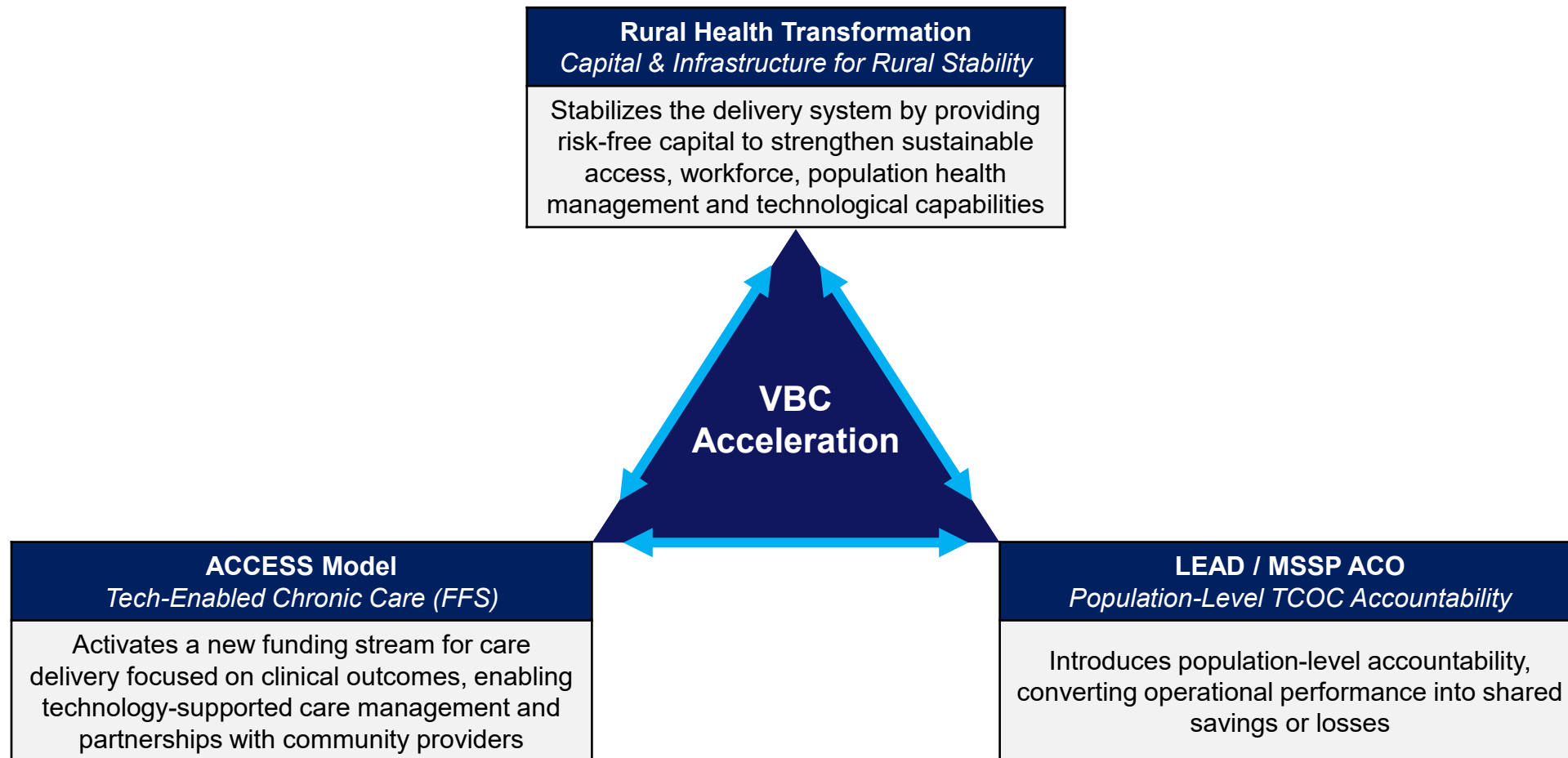
- **Federal government has been pushing technology adoption across the economy**
 - Large focus on encouraging AI, including proposals to preempt all state laws regulating AI
- **Culminating (for now) in ACCESS, a new Medicare funding stream for AI/technology enabled care management**
 - Key features:
 - Low payment rates – \$180-\$420/year (depending on condition)
 - 50% at risk for clinical outcomes
 - Direct-to-consumer model; beneficiaries sign up directly and not through their PCPs
 - Not (yet) replacing existing care management funding streams (e.g., APCM, CCM)
- **Insurers have been committing to incorporate the ACCESS model into their products across commercial, MA, and Medicaid**

RHT, ACCESS & LEAD

Strategizing for Success

Model Interaction: RHT, ACCESS & LEAD

While not cohesive by design, these new programs create an opportunity for organizations to leverage new funding streams, partnerships, and capital to strengthen VBC infrastructure in alignment with each.



Panel Discussion

Preparing for Success: RHT, ACCESS & LEAD

- **Organizational Readiness**
 - Assess readiness, including data infrastructure, quality reporting capabilities, and population health management capacity.
 - Understand the efficiency weaknesses of operational & management services that may impact performance as a network partner such as financial systems, coding and rev cycle
- **Regional Partnerships**
 - Strengthen regional partnerships across hospitals, FQHCs, clinics, behavioral health providers, SCNs and community partners to support coordinated, ecosystem level strategies
 - Consider: How do they add value to your core business and VBP arrangements?
- **Medicaid Alignment**
 - Align with Medicaid financing and other grant funding (i.e., Safety Net Transformation Program) to ensure RHT initiatives complement existing funding
- **Accountability & Sustainability**
 - Evaluate: Operational workflows, workforce and technology planning, risk-aligned financial and care delivery models
 - Focus on measurable outcomes, operational efficiency, and reinvestment beyond the funding period

Panel Discussion



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Question & Answer (Q&A)

Contact Us

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