

2025 Annual Report

Transforming Rural Healthcare



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A WORD FROM OUR LEADER

Dear RHRC Community Partners,

As we reflect on the past year, I am extremely proud of the unwavering commitment and dedication to our mission that is evident in every one of our board members, staff, partners, and stakeholders. The ability to advance rural health sustainability through innovation, with a vision of thriving rural communities, is truly inspiring. Our mission to redesign and strengthen the rural health delivery system has never been more critical. The introduction of the Rural Health Transformation Program in 2025 presents an opportunity for thought leaders and strategists to make meaningful, once-in-a-lifetime, sustainable change.

Our team has successfully supported over 250 healthcare organizations across the country. In calendar year 2025, we introduced two new technical assistance (TA) centers and expanded our consulting services to other states. One of our most notable achievements was the revitalization of the next-generation payment and sustainability efforts in Pennsylvania, with the goal of expanding this groundbreaking work across the country. While our flagship program, the Pennsylvania Rural Health Model, may be sunsetting, the energy and commitment from Commonwealth stakeholders, particularly the payer community, to build upon lessons learned and design next-generation solutions are noteworthy. The recognition that our collective work must continue is evidence that, while the initial program was not perfect, it created the sense of partnership essential to solving systemic, macrosystem issues such as rural health sustainability.

As we look ahead to 2026, our resolve remains steadfast. We will continue to facilitate, innovate, adapt, and work tirelessly to build partnerships and address barriers to advance the mission and vision of the RHRC. Our commitment to excellence and pragmatic, rural-relevant solutions will guide us as we navigate the path forward.

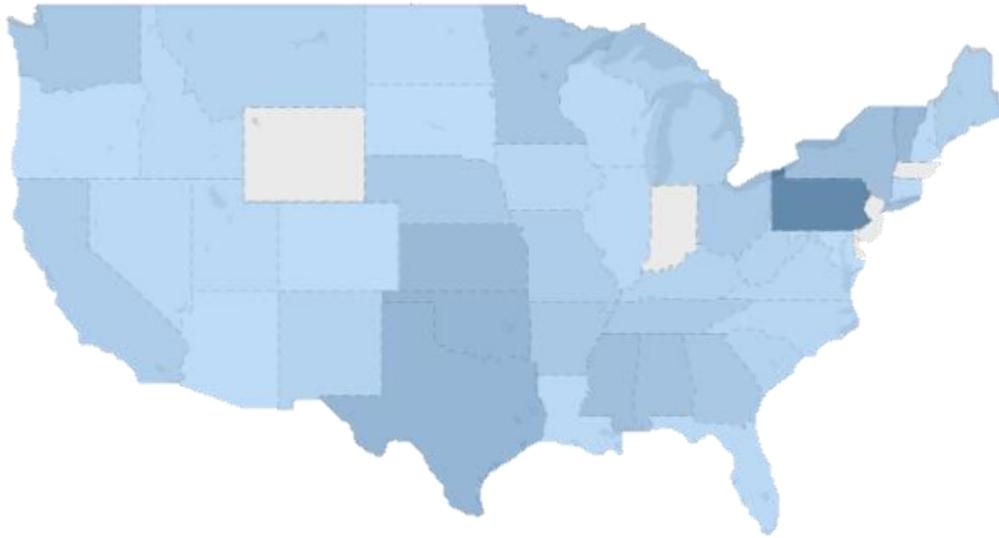
I extend my heartfelt appreciation to all of you for your continued partnership. Together, we are making a meaningful difference in the lives of countless rural residents, many of whom are dear friends and family.

With gratitude and determination,



Janice Walters
CEO

THE COMMUNITIES WE SERVE



Serving
250+
Providers

Across
44
States

Impacting
7M
Lives

ORGANIZATIONAL DEVELOPMENT STRATEGY

In 2025, the RHRC Senior Leadership Team formed a development strategy to enhance RHRC's services and long-term sustainability.



Subscription
Service



Shared
Services



FFS
Consulting



Grant
Funding



Philanthropic
Donations



To carry out this strategy, the RHRC board of directors authorized the creation of a for-profit company, **RHRC Plus.**

MISSION, VISION, AND VALUES UPDATE

To ensure alignment with our strategic goals and adapt to the constantly changing landscape, RHRC employees and Board members assessed our current mission, vision, and values in 2025. The following revisions were approved by the RHRC Board of Directors.

PRIOR:

Mission

To protect and promote access by the residents of the Commonwealth and other states to high-quality health care in rural communities by encouraging innovation in health care delivery.

Vision

To help rural communities thrive through improved health.

Values

- Service: We support rural providers and communities that need our assistance.
- Excellence: We perform our work with the highest degree of integrity and ethical standards.
- Rapid Response: We respond to all of our partners quickly, acknowledging outreach and making a commitment to meeting needs within a reasonable amount of time.
- Value: We provide high-quality, rural-relevant technical assistance and consulting services.
- Every Partner. Every Community: We make this same commitment to all of our partners and communities.

NEW:

Mission

To protect and promote access to high-quality health care in rural Pennsylvania and the nation.

Vision

Through partnership, improve the health and wellness of rural communities.

Values

- Service: We serve providers and communities who need rural-relevant expertise.
- Excellence: We perform our work with the highest degree of integrity and ethical standards.
- Responsive: We respond rapidly to all of our partners, acknowledging outreach and making a commitment to meeting needs in a timely way.
- Visionary: We provide innovative and transformative healthcare solutions.
- Every Partner. Every Community: We make this same commitment to all of our partners and communities.

DELIVERING RURAL-RELEVANT SERVICES AND SUPPORT

What We Do:



Offer operational and strategic support to rural healthcare organizations.



Implement scalable, innovative solutions, including TA programs, to address rural issues nationwide.



Support the development and implementation of alternative payment models to transform healthcare delivery.

Combining our team’s collaborative expertise with that of our best-in-class partners, we offer the following TA and support services to healthcare organizations across the country.

Alternative Payment	Clinical Transformation	Cultural Improvement
Data Analysis & Reporting	Financial Modeling & Analysis	Grant Research & Writing
Leadership & Team Development	Legal Advice & Support	Marketing Support
Performance Improvement	Project Management	Quality Improvement
Regulatory Compliance	Revenue Cycle Optimization	Service Line Assessments & Outmigration
Stakeholder Engagement	Strategic Planning & Facilitation	Value-Based Care & Population Health



OUR PROGRAMS

In addition to our independent services, we continue to support rural healthcare organizations and communities at no cost through the state and federally funded programs we lead.



Pennsylvania Rural Health Model

Impacting 1.3 million Pennsylvanians through alternative payment and rural healthcare transformation.



Northern Border Region Technical Assistance Center

Providing technical assistance (TA) to providers in rural Maine, New Hampshire, New York, and Vermont to help them improve access to and quality of care.

HRSA | 2022-2025 | \$1.8M per year



Emergency Medicine & Community Health Industry Integration Partnership

Strengthening the EMS and community health workforces to support Mobile Integrated Healthcare (MIH) solutions.

PA Dept. Labor & Industry | 2023-2025 | \$150k



Peer Recovery Expansion Project

Enhancing access to behavioral health and substance use disorder treatment.

HRSA | 2022-2026 | \$500k per year



Rural Emergency Hospital Technical Assistance Center

Helping hospitals across the country assess the feasibility of the Rural Emergency Hospital (REH) provider-type.

HRSA | 2022-2027 | \$5M per year



Appalachian Region Healthcare Technical Assistance Center

Providing technical assistance to help rural healthcare organizations in the Appalachian Region improve operations and expand services.

HRSA | 2024-2027 | \$1.5M per year



Appalachian Region Commission Technical Assistance Center

Providing technical assistance to rural healthcare organizations in 52 counties in Pennsylvania and New York to help improve organizational operations, workforce, and value-based payment approaches.

ARC | 2025-2029 | \$5.2M

PENNSYLVANIA RURAL HEALTH MODEL & NEXT-GENERATION SUSTAINABILITY

Background:

The Pennsylvania Rural Health Model (PARHM) is an innovative payment model developed by the Centers for Medicare & Medicaid Innovation (CMMI) to test whether using global budgets can improve hospital stability, population health, and total costs of care. Official implementation of the Model concluded in 2024, and its participants are currently in a two-year transition period. Under an inter-agency management agreement, RHRC is responsible for administering the Model, but its governance is held by the [Pennsylvania Rural Health Redesign Center Authority \(RHRCA\)](#).

Program Details:

- 1.02M payer-covered lives
- 18 hospitals, 6 payers

Program Impact:

- ✓ 16 hospitals staying in the program through the transition period.
- ✓ 39 next-generation planning sessions held since 2024.

“PARHM has helped maintain financial viability at Punxsutawney. It has transformed wellness and care avoidance with the desire to generate fewer fee-for-service transactions at the same time as expanding community services.”
*Jack Sisk, President,
Punxsutawney Area Hospital*

“Through PARHM, [Kane] has become a beacon of excellence in our rural community, maintaining every level of service with the highest quality and safety standards, at the same time reducing overall costs. PARHM has resulted in favorable revenue since its inception... This transformation into a vibrant enterprise within our system is a testament to the goals and vision of the PARHM.”
Mark Papalia, CEO, UPMC Kane

2025 At A Glance:

We continued robust TA to PARHM participating hospitals to administer their global budgets and implement transformation plans. Most notably, however, we built on our momentum from 2024 to continue development of a next-generation successor program, supported by funding from the Appalachian Regional Commission (pg. 14) and \$1 million from the PA Department of Community and Economic Development.

In coordination with other efforts of the governor’s office, we reconvened robust stakeholder engagement sessions to develop a possible methodology for the next-generation program. This included:

- Two in-room working sessions
- Bi-weekly workgroup meetings
- Survey & feedback distribution

At the request of stakeholders, the workgroups were established to further refine and model methodology concepts in four key areas:

Alternative Payment

Clinical Transformation

Quality Program

Infrastructure Planning

The RHRC continues to engage with stakeholders to refine the methodology and is seeking partnerships with funding organizations to advance this work, including the implementation of a pilot program, recognizing it as a true avenue towards the reform needed to solve the rural healthcare crisis in Pennsylvania and beyond.

RURAL NORTHERN BORDER REGION TECHNICAL ASSISTANCE CENTER

Background: Through this program, RHRC provides support to rural healthcare organizations across Maine, New Hampshire, Vermont, and New York. This program is currently operating under a No Cost Extension (NCE) period that concludes in August 2026.

2025 At A Glance

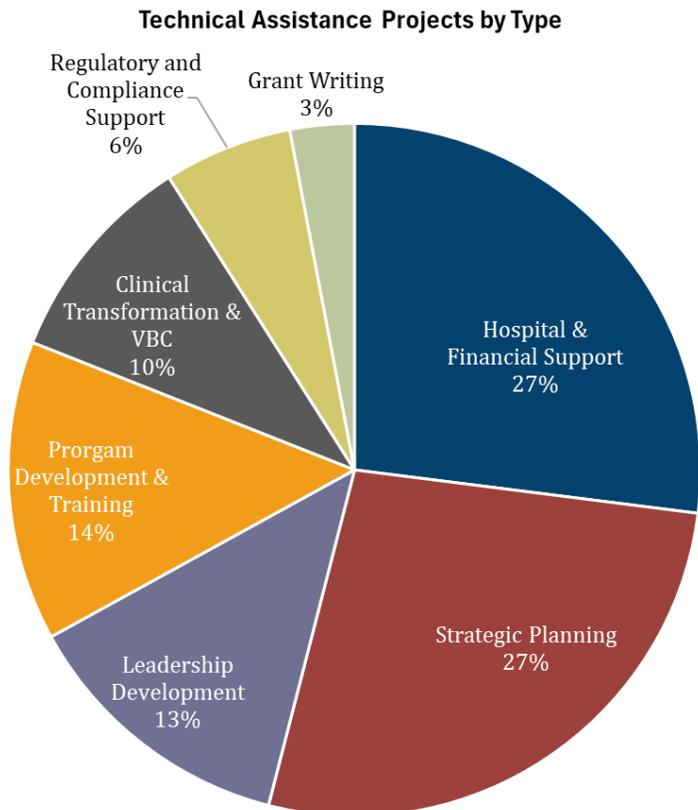
Since 2022, we have assisted over 60 healthcare organizations across the region by completing more than 88 TA projects. Our work spans hospitals, health systems, dental centers, and community organizations. Additionally, we provided sub-grantee funding for 8 supplemental, community-based projects.

Featured by the Rural Health Information Hub (RHihub)

RHihub recently featured our \$1.17 million supplemental funding award, highlighting seven innovative sub-grantee projects advancing rural health in the following focus areas:

- Substance and opioid use treatment
- Leadership development
- Food insecurity
- Pediatric oral health
- Primary care access
- Mobile integrated health (MIH) implementation

View our published sourcebook on RHihub [here](#).



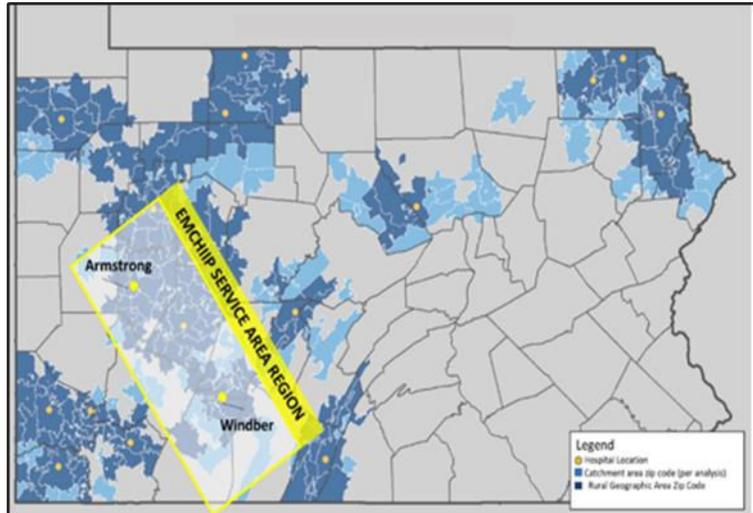
“Where to start? All our engagements have been top-notch and have helped us significantly improve operations. We could not afford this level of consultative services without the help of the RHRC.”

Northeastern Vermont Regional Hospital, VT

EMERGENCY MEDICINE COMMUNITY HEALTH INDUSTRY INTEGRATION PARTNERSHIP

Background:

The RHRC received a planning grant from the Pennsylvania Department of Labor and Industry in 2023 to explore workforce development strategies for EMS and Community Health Workers (CHW) within Pennsylvania's Somerset and Armstrong counties. The goal of the program is to strengthen the workforce for these industries to support MIH solutions.



2025 At A Glance:

Since EMCHIIP's inception, we have worked collaboratively with hospitals, workforce development boards, educational institutions, EMS state leaders and providers, area health education centers (AHECs), and other relevant subject-matter experts. The program has identified the need to develop the paramedic workforce, along with EMS and CHWs, and to strengthen retention across all three fields. Additional considerations underway are regulatory, reimbursement, tele-connectivity, and partnership strategies needed to implement a pilot program. The grant has been extended from its original 18-month performance period to engage further discussions, finalize recommendations, and explore funding opportunities for an MIH pilot program.



PEER RECOVERY EXPANSION PROJECT

Background:

The RHRC is serving as a central convenor for the federally funded Peer Recovery Expansion Project (PREP), a multi-regional collaboration that has partnered seven rural hospitals with their local drug and alcohol programs - Single County Authorities (SCAs). This project aims to enhance access to substance use and mental health treatment by embedding Certified Recovery Specialists (CRS) in emergency departments.

2025 At A Glance:

We focused on the continued execution and monitoring of the program. The program experienced the unexpected departure of three CRSs, resulting in vacancies in three of the five counties. Despite these workforce barriers, we have continued to support program partners, while keeping systems and protocols in place to ensure patients continue to receive uninterrupted care.

Throughout the year, PREP prioritized initiatives to strengthen behavioral healthcare through workforce development and community education. The program expanded its Mental Health First Aid (MHFA) footprint by offering additional classes and Instructor training.

We also partnered with our TA providers, Armstrong-Indiana-Clarion Drug & Alcohol Commission and Pitt PERU, to expand training offerings. RHRCO and AICDAC co-hosted a two-day Recovery Support Services (RSS) Conference open to PREP partners and surrounding drug and alcohol and recovery organizations. Additionally, collaboration with Pitt PERU resulted in individually tailored SBIRT training, delivered in-person or virtually to each county.



“PREP has delivered essential resources to our community, guaranteeing that assistance is accessible to those in need during crucial times. Thanks to this program, we successfully integrated a CRS into our organization.”

Punxsutawney Area Hospital, PA

PREP by the Numbers:

- 160 Referrals to PREP
- 7 Hospitals
- 5 SCAs
- 5 Counties

Educational Initiatives:

- ✓ 92 partner and community members educated in MHFA
- ✓ 3 RHRC Staff are certified MHFA Instructors
- ✓ 9 community partners obtained MHFA Instructor Certification
- ✓ 14 attended the RSS Conference
- ✓ SBIRT trainings are ongoing and will be completed in all 5 counties in early 2026



RURAL EMERGENCY HOSPITAL TECHNICAL ASSISTANCE CENTER

Background:

We serve as the national technical assistance center (TAC) to support critical access hospitals and small prospective payment system (PPS) hospitals that have been converted to or are interested in assessing the Rural Emergency Hospital (REH) designation.

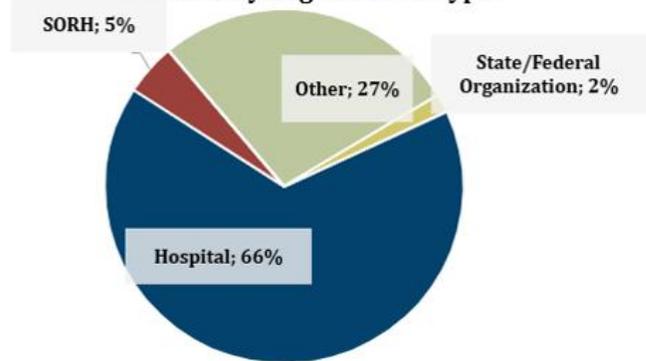


Map of REH Locations. Yellow indicates 2025 conversions. Note, not all converted REHs engaged with the TAC.

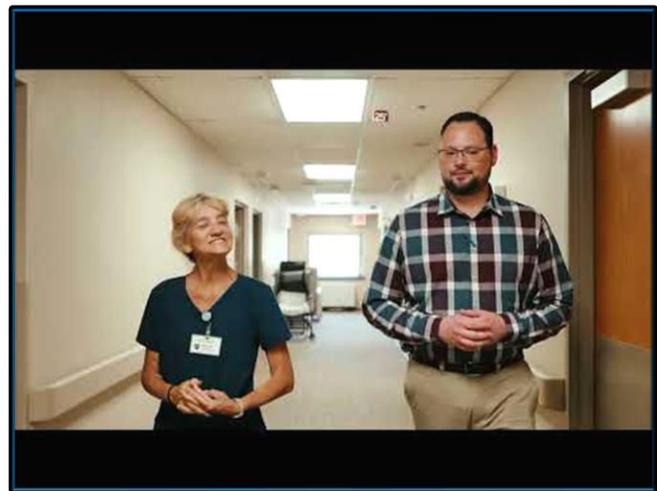
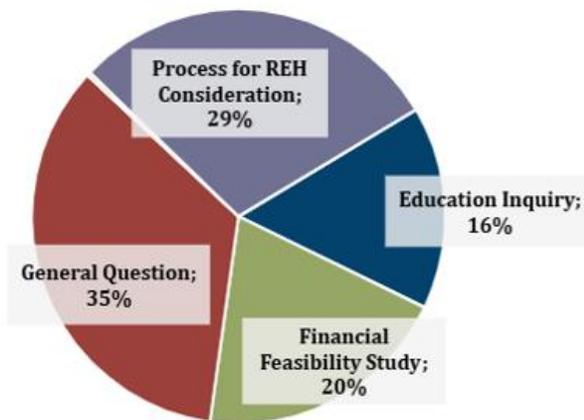
2025 At A Glance:

Over 360 hospitals have contacted the TAC. TA offered includes education, financial modeling, transition planning, stakeholder engagement, and application assistance. For the 44 hospitals that have converted since the program's inception, we have hosted an REH Peer Network and provided ongoing technical support. The most exciting function of the TAC has been helping individual REHs improve performance and stabilize. Programmatically, our service highlight was co-hosting the Rural Hospital Strategy Summit, where REHs from across the country came together to learn from each other.

Outreach By Organization Type



Inquiry by Category



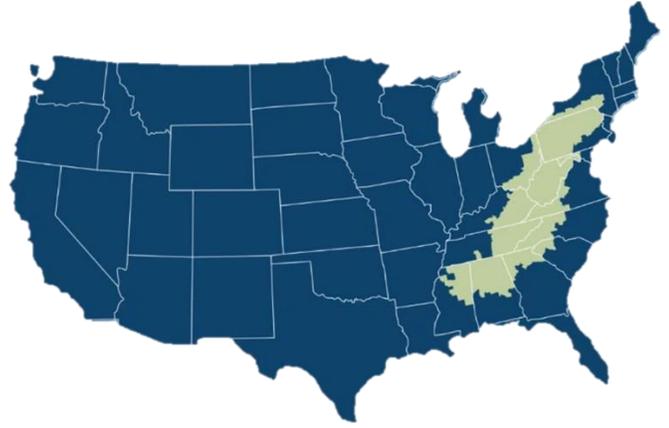
Click to watch video reel of 2025 Mercy Hospital Video Vignette

“Through the assistance of the RHRC we were successful in our facility transitioning to an REH. The first in our state. Their knowledge and expertise were invaluable throughout this process. The Center is a tremendous resource and asset for rural communities and healthcare providers.”

Billy Jolley, VP, TriStar Health Alliance

APPALACHIAN REGION HEALTHCARE TECHNICAL ASSISTANCE CENTER

Background: Through this cooperative agreement, we serve as a multi-state TA center for rural healthcare organizations located in the Appalachian Region. We are expected to serve approximately six healthcare organizations per year, providing TA to help them expand or enhance service lines and award seed funding for related start-up costs.



01

Assess

Financial status, quality indicators, and service gaps to plan for actionable change.



02

Identify

Areas of opportunity to better meet local needs and maximize quality of care.



03

Implement

Develop a roadmap for implementing services, including potential seed funding.

2025 At A Glance:

For Cohort 1, which runs from March 2025 to March 2026, we are working with six hospitals (see below). As of December 2025, we are approving sub-award contracts to five hospitals for software or equipment costs. We continue to provide individualized TA to each hospital as needs arise. Additionally, recruitment for Cohort 2 is underway, with an educational webinar having been held in November. Enrollment and initiation of Cohort 2 is anticipated to begin in January 2026.

Cohort 1:

Bucktail Medical Center, PA

Grant Memorial Hospital, WV

Kentucky River Medical, KY

Montgomery General Hospital, WV

Russel Medical Center, AL

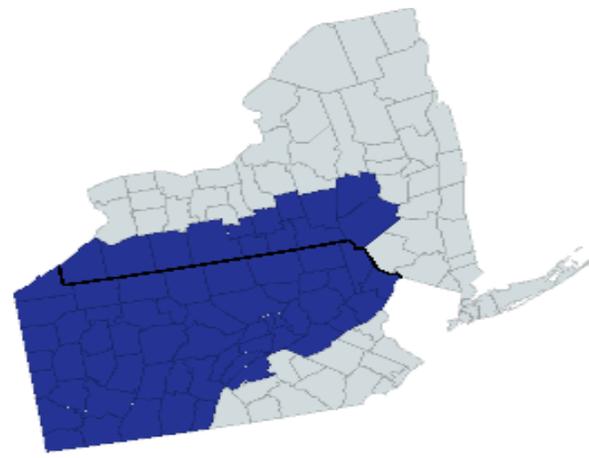
TJ Columbia Health, KY

“I have very much valued the partnership and support provided through the grant in assisting us with expanding services and increasing access for our rural healthcare patients. The RHRC team has been instrumental in providing us the information needed and guidance and support in accomplishing this.”

Brandon Dickey, RN, Chief Quality Officer, Chief of Hospital Operations at T.J. Regional Health

APPALACHIAN REGIONAL COMMISSION TECHNICAL ASSISTANCE CENTER

Background: In February 2025, the Appalachian Regional Commission (ARC) awarded RHRC a four-year grant to function as a two-state technical assistance center for rural healthcare organizations in ARC-designated counties of New York and Pennsylvania.



Thank You to Our In-Kind Contributors:

As a requirement of the grant, RHRC obtained \$4.8 million (48%) in generous matching commitments from the following organizations to help make this award possible.

- UPMC Health Plan
- Geisinger Medical Center
- Armstrong County Memorial Hospital
- Meadville Medical Center
- Hospital & Health Association of PA
- PA State Office of Rural Health
- Indiana University of PA
- National Rural Health Association
- Western NY AHEC
- NY State Association of Rural Health

2025 At A Glance

Objective 1: Support the viability of healthcare providers

To achieve this objective, RHRC is expected to provide TA to approximately 5 healthcare organizations per year. Recruitment is currently underway for our first-year applicants, of whom three have already been identified.

Objective 2: Retain jobs in a key economic sector

We have convened a workforce development committee with nine organizations across PA and NY, focusing on job creation and training, and have identified new strategies to enhance the rural healthcare workforce in this region.

Objective 3: Facilitate preparation for alternative payment

We are working with Pennsylvania hospitals, payors, state agencies, federal agencies, and technical partners to find solutions for next-generation payment options, which will aid in sustainability across this region.

Through this program, we reconvened next-generation sustainability efforts, including in-room working sessions and virtual workgroups, to develop methodology for a rural alternative payment model that will provide long-term sustainability. This work was later supported by PA Sustainability funds. We continue to seek partnerships to fund the implementation of the model once developed.



ADDITIONAL IMPACT ENGAGEMENTS



Rural Health Transformation Program

We engaged in many conversations regarding RHTP, including presentation at national conferences and supporting several state applications. We continue to support RHTP implementation efforts.

Health & Service Needs Assessment (HSNA)

We developed the HSNA to evaluate organizational services and community data to determine how to improve access to quality care, treatment, and services. Over 70 HSNA's have been provided to healthcare organizations to-date.

Service Line Assessment Infrastructure (SLAI)

In early 2025, we developed the SLAI to complement the HSNA in helping healthcare organizations determine which service lines could be added or expanded. This scalable tool assesses community needs and examines service lines across the county to predict which could lead to the greatest revenue increase. To date, **62 SLAIs have been conducted**. SLAI 2.0 is under development to support regional and statewide planning.

Regulatory Compliance Education Series

In 2025, our Compliance team piloted a virtual cohort-based education series for hospitals in need of capacity-building and training for their quality personnel. This series covers fundamental principles and high-risk areas related to patient safety and survey trends. The team is currently leveraging lessons-learned from the pilot to refine the delivery of this series moving forward.

ORGANIZATIONAL ACCOMPLISHMENTS

External Affairs & Fund Development

116%
Increase in year-end fundraising growth

50+
Advocacy and funding stakeholders maintain active engagement

10+
National conference presentations and attendance

Programmatic Growth & Sustainability

61
Active projects

30+
Onsite visits to healthcare providers

9
New REH conversions supported

29
ARH/REH hospitals convened at Rural Hospital Strategy Summit

Secured no-cost-extension for NBR-TAC and EMCHIIP extension to 2026

Operational Excellence & Modernization

100%
Electronic contract management

83%
SharePoint optimization

40%
IT cost savings

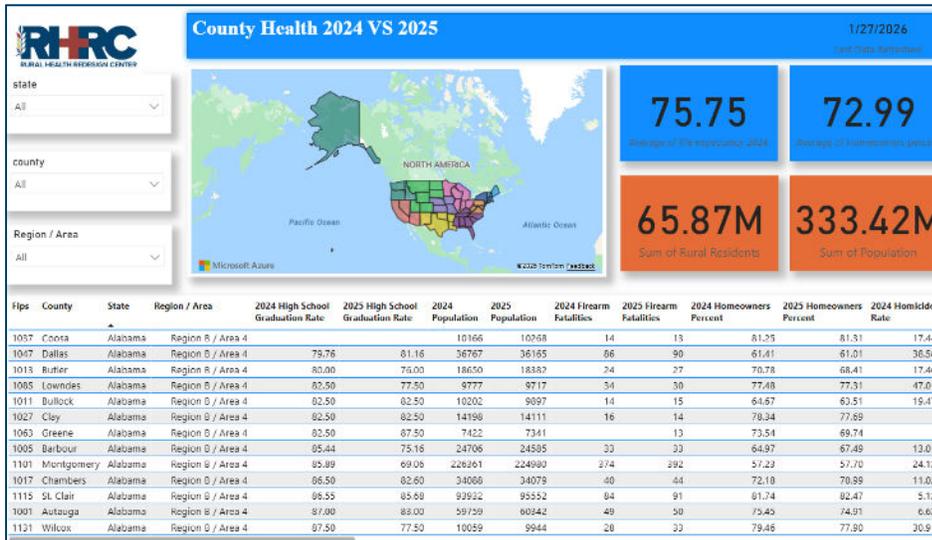
Professional development courses and SBIRT and MFHA training for staff

Implemented CRM and full ETL pipeline

Established vendor procurement process to align with formal policies

Additional Feature:

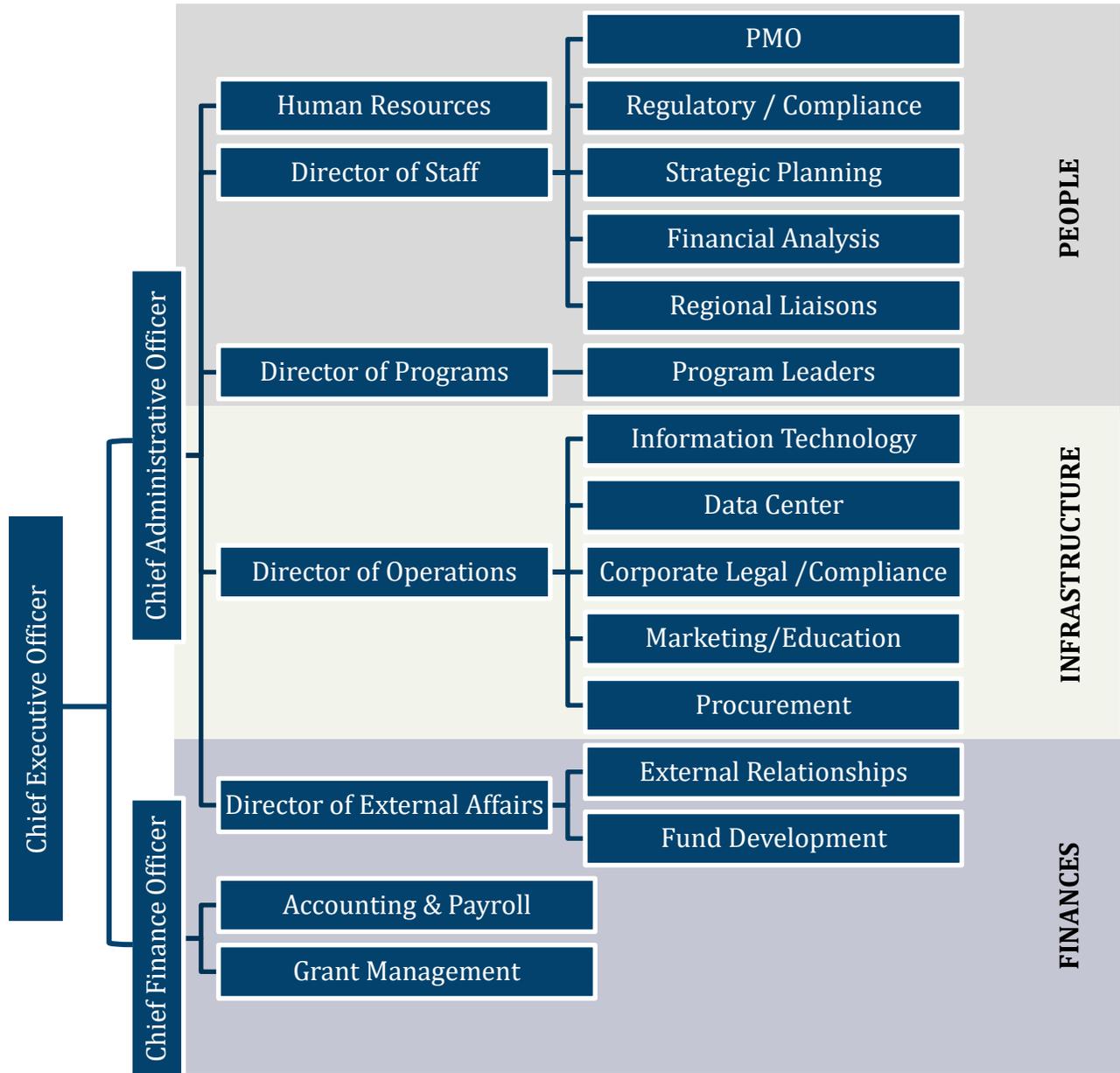
Our data team is developing new dashboard systems to identify hospital performance metrics and community needs to inform our engagement with states and facilities.



These dashboards centrally integrate measures incorporated from the University of Wisconsin County Health Rankings, internal data elements, CMS Quality Measures, cost report data, and the University of Missouri's Spark Map platform.

ORGANIZATION STRUCTURE

In 2025, the organization restructured to support our evolving needs.



Our Leadership Team



Janice Walters
CEO



Anna Anna
CAO



Bill Bizzaro
CFO



Beth Locke
Director of
Operations



Steven Davis
Director of
Ext. Affairs



Jess VanSickle
Director
of Staff



Jeff Bowman
Director of
Programs

OUR TEAM

As long-term rural residents and healthcare executives, we are passionate about helping rural communities thrive, drawing on our collective 500 years of lived experience. This mission inspires and energizes the team to pursue each engagement with dedication and commitment.



OUR BOARD OF DIRECTORS



Lauren Hughes, MD, MPH, MSc, FAAFP
Chairperson

State Policy Director,
Farley Health Policy Center, Colorado



Raymond Prushnok
Vice Chairperson

Executive Director, UPMC Center for Social Impact
Assistant Vice President of Government Programs,
UPMC Health Plan



Brock Slabach, MPH - Secretary

Chief Operations Officer,
National Rural Health Association



Lisa Davis, MHA - Treasurer

Director and Outreach Associate Professor of
Health Policy and Administration,
PA State Office of Rural Health



John Myers

Vice President of Federal Advocacy
Hospital and Healthsystem Association of
Pennsylvania (HAP)



Sheilah Borne

Associate Vice President of Government Health
Relations, Penn State Government and
Community Relations



Brian Bauer

Attorney,
Hall, Render, Killian, Heath & Lyman, P.C.



Philip Pandolph

President & Chief Executive Officer,
Meadville Medical Center

RURAL HEALTH REDESIGN CENTER AUTHORITY (RHRCA)

The RHRCA is a government instrumentality created by Act 108, passed in November 2019. The overarching purpose of Act 108 is to protect and promote access to high-quality health care in the commonwealth's rural communities through innovation in healthcare delivery. Statutory duties of the RHRCA board of directors are broad, with authority to exercise all powers necessary and appropriate to further the purposes of the Act. Specific work assignments identified in the Act include managing and governing the overall [PARHM](#) program.

In July of 2020, the Rural Health Redesign Center Organization, Inc. (RHRCO) dba Rural Health Redesign Center (RHRC) was established for charitable, educational, and scientific activities that qualify it for federal income tax exemption under Section 501(c)(3) of the Internal Revenue Code. The RHRC's foremost objective is to serve as a supporting organization to the RHRCA by doing the following:

- Provide education and TA for a deliberate healthcare delivery model for rural hospitals, based on population-based payments.
- Study the quality and cost of care of such alternative payment models.
- Conduct research to adapt such a model to local conditions.
- Engage payer and provider stakeholders.
- Raise private funds to support education, TA, and research needed to assist Pennsylvania and other states in transforming health care delivery in their rural communities to improve the population health, reduce the total cost of care, and create health care services that match community needs.

RHRCA Board of Directors

Commonwealth Representatives:

- DOH: Dr. Debra Bogen, Secretary (chair)
- DHS: Dr. Val Arkoosh, Secretary
- PA Insurance Department: Michael Humphreys, Insurance Commissioner

Payer Representatives:

- Aetna: Antonia Gaetano, Director of Network Management
- Geisinger Health Plan: Dr. John Bulger, CMO
- Geisinger Health Plan: Sarah MacDerment, Actuarial Director
- Highmark Health Plan: Kate Musler, CFO,
- Highmark Wholecare: Doug Doyle, VP of Provider Network
- UPMC Health Plan: Mike Sweeney, Sr. VP of Network Strategy & Performance
- UPMC Health Plan: Ray Prushnok, Executive Director, UPMC Center for

Social Impact, Assistant VP of Government Programs

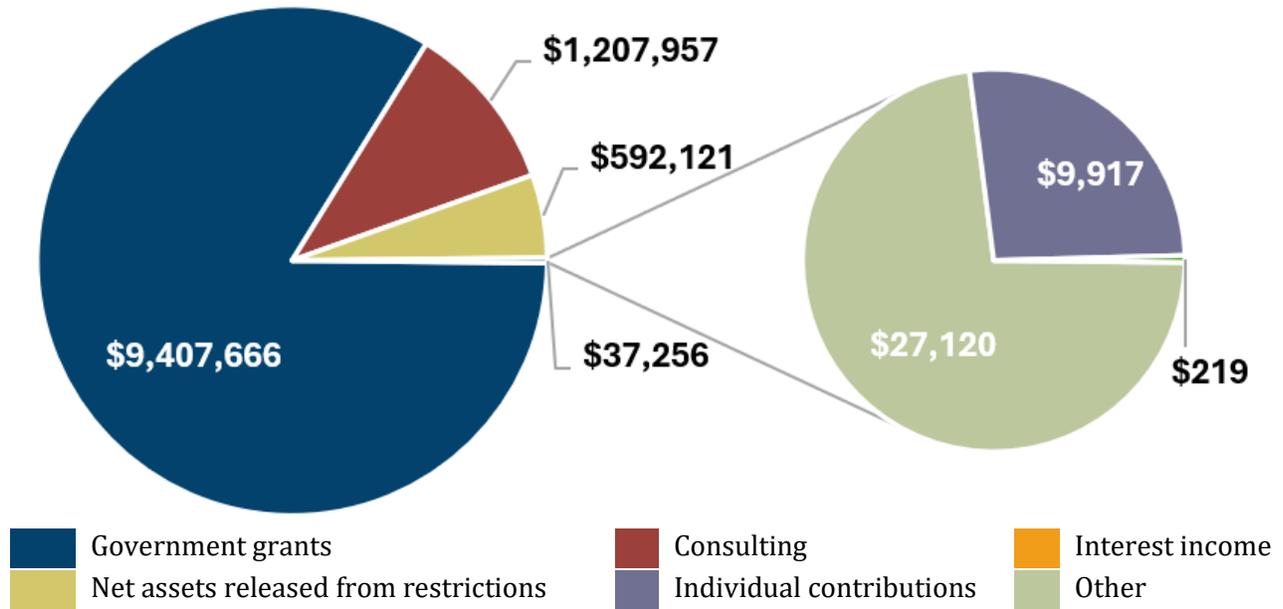
Hospital Representatives:

- Armstrong County Memorial Hospital: Nicole Geraci, CEO
 - Endless Mountains Health Systems: Loren Stone, CEO
 - Fulton County Medical Center: Mike Makosky, CEO
 - Indiana Regional Medical Center: Steve Wolfe, CEO
 - Hospital & Healthsystems Association of PA: Kate Slatt, VP of Policy and Care Delivery
 - Meadville Medical Center: Philip Pandolph, CEO
 - UPMC Kane: Mark Papalia, President
- #### Nationally Recognized Expert(s):
- National Rural Health Association: Brock Slabach, COO

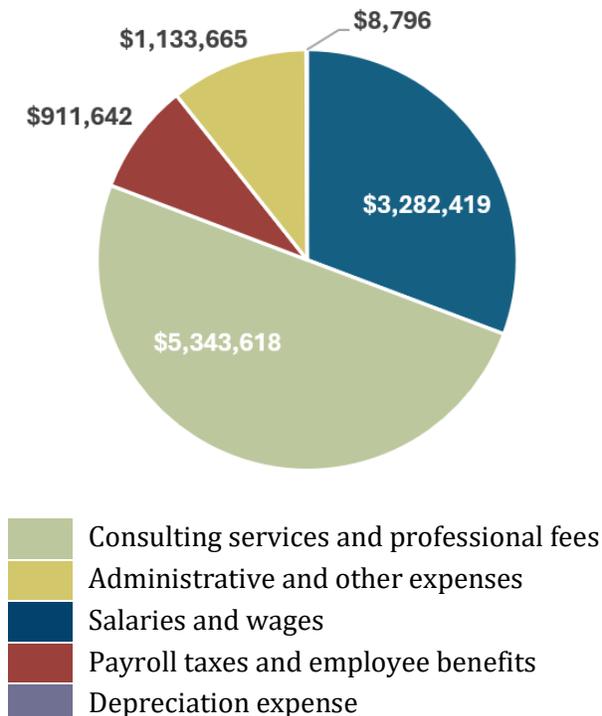
FINANCIALS

The RHRC’s financials are audited following a June 30 fiscal year. Below are highlights from our 2025 audit, completed by external auditor Forvis, LLP.

Revenues



Expenses



Operating Income: \$573,830

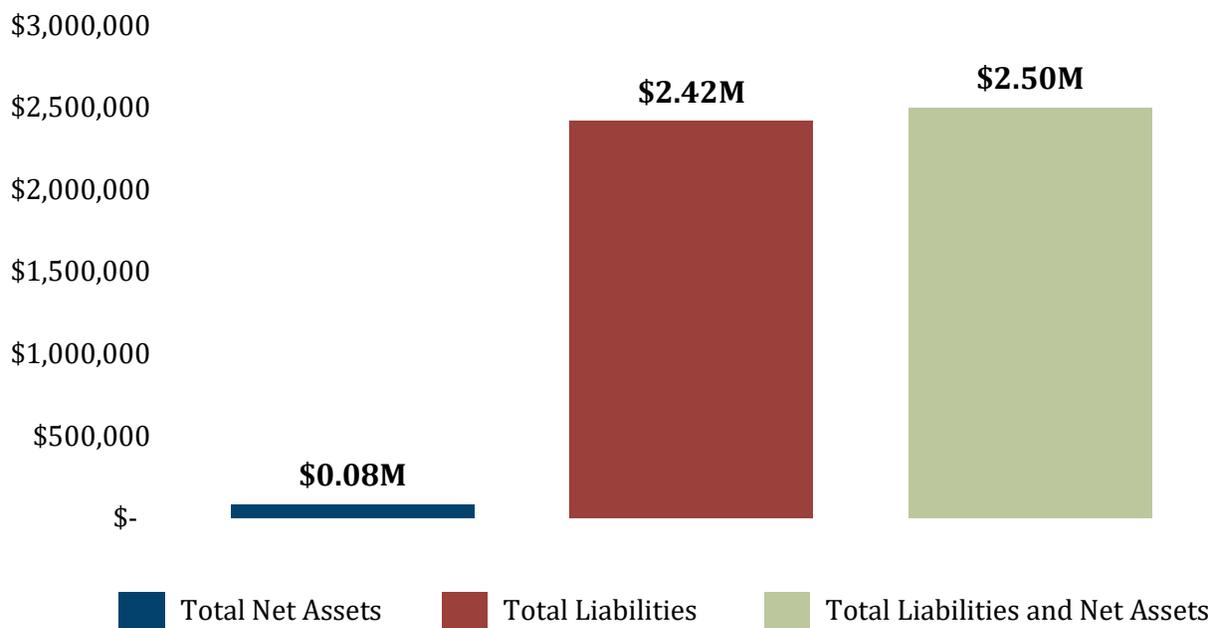
The RHRC serves as a supporting organization to the [RHRCA](#), structured to support fundraising efforts for its long-term sustainability. The RHRC recognized \$382,786 of contributions to the RHRCA during the year ended June 30, 2025. The RHRC also recorded a \$6,904 payable to RHRCA for the year ended June 30, 2025, related to cash held on behalf of RHRCA.

For a full review of the audit, visit:
<https://rhrco.org/annual-reports/>

FINANCIALS

This Financial position is reflective of all activities, including support of the PA Rural Health Model, Rural Emergency Hospital Technical Assistance Center, Northern Border Region Technical Assistance Center, Peer Recovery Expansion Project, Emergency Medical & Community Health Industry Integration Partnership, Appalachian Region Healthcare Technical Assistance Center, Appalachian Regional Commission Technical Assistance Center, and other client engagements.

Statement of Financial Position



**Anticipated 2026 Funding Sources:
\$12,470,809**

For review of the audit visit: <https://rhrco.org/annual-reports/>

LOOKING FORWARD

As we move into 2026, our focus will be on the continued execution of our programs and on expanding rural-relevant support to states and healthcare organizations to broaden our impact on the health and well-being of rural communities.

2026 Priorities:

Rural Health Transformation Program (RHTP)

We will continue to support states exploring the RHTP, including advancing next-generation work in Pennsylvania. In response to inquiries from multiple states, including Washington, our team is building on these early conversations to provide targeted technical assistance to states seeking sustainable strategies to preserve rural healthcare access. In 2026, this work will focus on supporting states—particularly those exploring alternative payment approaches—as they design and implement long-term rural health transformation efforts.

Support the Development of Alternative Payment Strategies in Pennsylvania and Beyond

As the Pennsylvania Rural Health Model nears the end of its performance period, we are committed to identifying what comes next for its participants. We will continue to work closely with our hospitals, payers, and state officials to develop alternative payment strategies that will secure access to care in rural Pennsylvania. Our team will also expand support and continue working with partners in other states to leverage lessons learned from the Rural Health Model to develop rural solutions beyond Pennsylvania.

Continued Execution and Expansion of Current Programs

Our team will advance the work of our other programs. We will continue our work with newly converted Rural Emergency Hospitals and continue walking with those assessing the designation. We will continue to support hospitals in the Northern Border region and Appalachian region, helping them improve operations and expand services. We will advance the execution of the Peer Recovery Expansion Project, including the continued cross-training in mental health.



Help Us:

- ✓ **Keep Rural Healthcare Providers Open**
- ✓ **Strengthen Rural Economies**
- ✓ **Make Rural Communities Healthier**

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