Rural Primary Care Access -Information Session Q&A

Information Sessions held September 2, 2026 | September 2, 2026

This document compiles questions and answers from the Rural Primary Care Access RFA information session on September 2, as well as questions submitted via email to GO-NORTH-FHC@healthynh.org.

Eligibility & Geographic Designation

Q: Which rural designation map should applicants use to verify eligibility?
A: FHC follows the HRSA (Health Resources and Services Administration) definition of rurality. Applicants should use the HRSA Rural Health Grants Eligibility Analyzer, available online at the HRSA website. You can enter your address to confirm whether your location qualifies. This is the definitive tool FHC uses for rural geographic eligibility. Rural Health Grants Eligibility Analyzer

Your proposal may also qualify as Rural through Path B: CMS Rural Facility Designation: These include proposals for healthcare facilities defined as a "Rural Health Facility" under the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21) such as RHCs and FQHCs are also eligible.

Q: We are not located in a HRSA-designated rural town but would be working with a practice that serves a significant number of rural communities. Would we be eligible?
Q: If we have clinics located in urban locations but at which some portion of patients live in rural communities, can funding be used for improvements at that site, and does that affect the funding we can request for that site?
A: An organization does not need to be located in an HRSA-recognized rural health community to be eligible to apply. However, the application should clearly articulate the anticipated impact on the rural communities identified. Applicants should demonstrate how the proposed project is directed at, and primarily, benefits individuals living in a HRSA-defined rural area of NH. Proposed project may indirectly benefit individuals living in non-rural areas, provided that, the focus and reason for the project is to benefit access to primary care services in Rural New Hampshire. Verify rurality through the HRSA Rural Health Grants Eligibility Analyzer. Rural Health Grants Eligibility Analyzer. Applicants should keep in mind that the application will be scored based on rural impact and support for rural communities and therefore should clearly describe how the proposed project will serve rural patients and the specific impact it will have on rural communities.

Q: Can an organization representing statewide primary care practices be a lead applicant and have its Members be 'funded partners?' e.g., NH Pediatric Improvement Partnership
A: Although applicant is not primary care provider, the applicant is eligible because the proposed project integrates with or coordinates services with a primary care delivery model (pg. 6 RFA). We would look for you to clearly demonstrate that partnership or what's looking to be done in partnership with those primary care organizations.

Q: Can a proposal be put in from an OB practice – acknowledging that OB care often assumes the role of primary care during the perinatal period?
A: HRSA defines primary care as family medicine, general internal medicine, general pediatrics, and combined general internal medicine with general pediatrics.

If the lead applicant is not an organization that delivers primary care, the applicant must clearly describe in the project narrative how the proposed project:

- Directly supports or expands primary care access, coordination, or delivery in rural communities
- Integrates the applicant's services into the primary care delivery model rather than operating as a standalone service

Applications that do not demonstrate a clear and meaningful connection to primary care access and transformation will be screened out as ineligible (pg. 5 RFA).

Q: With regards to eligibility... Can associations apply for funding on behalf of its members (assuming the members are primary care practices)?
A: Yes, we would look for you to clearly demonstrate that partnership or what's looking to be done in partnership with those organizations.

Process & Logistics

Q: What if we've never received a federal grant before and don't know what a UEI is?
A: Organizations that have not previously received federal funding need to register with SAM.gov and obtain a Unique Entity Identifier (UEI). This process can take a couple of weeks, so please start now - do not wait until the application deadline. If you or your team are unfamiliar with SAM.gov or UEI registration, reach out to FHC at GO-NORTH-FHC@healthynh.org and we will help guide you through the process.

Q: Who do we contact with questions during the application period?
A: Email GO-NORTH-FHC@healthynh.org for both general program questions and one-on-one technical assistance requests. All questions submitted via email will be incorporated into this Q&A document.

Q: What happens if FHC determines that our project is at a different readiness phase than the one we applied under?
A: FHC reviews each application against the readiness phase criteria. If the narrative, work plan, milestones, and budget suggest the project is better suited to a different phase - for example, an application submitted under Project Development that demonstrates the partnerships, detail, and readiness of a Program Ready project- FHC will contact the applicant during the review period to discuss. At that point, the applicant may (1) revise the application to align with the recommended phase, (2) accept an award under the recommended phase with award terms -funding level, budget period expectations, and milestones, adjusted accordingly, or (3) maintain the original classification if, after discussion, FHC and the applicant agree it is appropriate.

Q: We're not sure which readiness phase best describes our project. How should we decide?
A: Apply under the phase that reflects where your project is today, not where you hope it will be after the award. If the model is designed, partnerships are established, and implementation can begin in Budget Period 1, your project is likely Program Ready. If planning, assessment, or partnership development work must be completed before implementation, Project Development is likely the appropriate phase. If you remain unsure, contact GO-NORTH-FHC@healthynh.org before submitting - FHC would rather have that conversation before the application than after.

Q: If a project is submitted and not selected, could the applicant submit the same or similar project under the forthcoming hospital RFA or a different RFA that aligns?
A: If a project is submitted and not selected, the applicant can submit the same or similar project under the forthcoming RFA that aligns better.

Q: Can a single entity advance a few applications that contemplate a single innovation per each application?
Q: Can the same agency be the lead applicant for more than one distinct and differing project?
A: No, an organization or entity can only submit one application as lead unless they are also submitting the pilot program for the Occupational Health Hub. An organization or entity can be a partner in another application for another organization that's a lead as long as there is no duplication of funding (e.g. Duplication such as: Organization A submits as lead in a telehealth proposal in Region A and also is a subrecipient to Organization B that is also proposing telehealth in a specific town in Region A).

Q: Can one site be a lead applicant in one proposal and a partner site in another proposal?
A: Yes, an organization may be a lead applicant on one proposal, with the exception of the Occupation Health Hub innovative model, and be a partner on another proposal. However, the partnership must not be duplicative funding (e.g. Organization A submits as lead a telehealth proposal in Region A and also is a subrecipient to Organization B that is also proposing telehealth in a specific town in Region A).

Q: By addressing all 4 goals - does this mean our project has to propose outcomes that address all 4 goals? Ex: VBC may not be an ultimate goal of a project
A: Not necessarily. We recognize that value-based care, for example, may not be the ultimate goal of every project. However, for purposes of this application, applicants should consider how their proposed project aligns with and supports the four goals overall.

The key is to explain how your project contributes to transformational care and identify meaningful outcomes or metrics that demonstrate that progress. For example, if your organization is already engaged in value-based care, you could describe how the project strengthens or enhances your existing work. If you are earlier in the process, you could explain how the project helps move your organization closer to being prepared for a transition to value-based care.

Q: Can funding be used to support something similar to a Physician Hospital Organization (PHO)?
A: Yes, potentially. A Physician Hospital Organization (PHO) may be eligible if the proposed project supports primary care access or integration and meets the other eligibility requirements outlined in the RFA. Applicants should clearly demonstrate how the PHO's activities will support primary care and advance the goals of the proposed project. A separate RFA focused on critical access and acute care hospitals is also expected to be released soon.

Allowable Costs & Equipment

Q: If providing a billable service but not currently billing due to capacity, can we propose paying for the staff during the time when we are moving toward a billing capacity?
A: It is unallowable to replace payment for clinical services that could be reimbursed by insurance or payments that duplicate billable services and/or attempt to change payment amounts of existing fee schedules. Any funding for healthcare services must include justification for why they are not already reimbursable, how the payment will fill a gap in care coverage, and/or how they transform the current care delivery model. (pg. 19 RFA)

A recommended approach would be paying for staff time to build the infrastructure (IT, EHR infrastructure, workflows, staff training etc.) to get them ready to submit for payer reimbursement but not funding for that billable service itself.

Q: Can you talk more about the vision of the RHT funds for covering services that are not currently reimbursable and the role of RHT grant in shifting healthcare policy with regard to the ways we cover services in the future?
A: There is interest in exploring how RHTP investments can help inform future health care delivery and payment models, particularly for important services that are not currently reimbursable.

The broader transition toward value-based care is intended, in part, to create more flexibility in how organizations are supported and reimbursed, potentially creating opportunities to sustain services that do not fit within traditional fee-for-service payment models. There is also ongoing interest in understanding what policy or payment changes may be needed to support broader rural health transformation goals.

While specific future policy changes cannot be addressed at this time, organizations are encouraged to share their experiences and ideas with GO-NORTH and the RHTP team so that barriers and opportunities can help inform these broader conversations.

Q: If services are currently fully reimbursable than there is no funding available?
A: Correct, if a proposed service is already fully reimbursable through an existing payer or funding source, RHTP funding would not be available to pay for that same reimbursable service. However, reimbursement can be complex, and the definition of a "service" may vary depending on the specific circumstances. Applicants should carefully consider whether there are aspects of the proposed care model or service that are not currently reimbursable and clearly explain that distinction in their application. Please refer to Appendix C in the RFA for additional details and requirements.

Q: What if the services have minimal reimbursement, that does not cover the cost of the service, how could we proceed?
A: GO-NORTH funds may not be used to enhance payment rates for currently billable services. If a proposed service is reimbursable under an existing fee schedule (Medicare, Medicaid, or commercial insurance) — even where the reimbursement rate does not fully cover the cost of delivering the service — funds cannot be used to supplement or offset the difference between the reimbursement received and the cost of providing the service. Consistent with CMS's Rural Health Transformation Provider Payments guidance, Provider Payments are limited to items and services not currently paid by insurers or other programs. Applicants facing below-cost reimbursement should instead consider proposals that transform the delivery model, for example, assessing current encounter rates, restructuring workflows, adopting team-based care, or otherwise improving efficiency and sustainability of the service, rather than proposals that subsidize the existing payment rate.

Budget & Financial

Q: When an organization submits a multi-year plan, should they state the first year of funding for "funding amount" or the BP1-5 for "funding amount"?
A: For the funding amount requested in the application, organizations should state the total amount requested for Budget Period 1 only. The application should not list the combined funding amount for Budget Periods 1–5 as the requested amount.

The budget template includes separate tabs for Budget Periods 2–5 to allow applicants to provide multi-year budget planning. Applicants should complete those additional budget periods as applicable, but the funding amount requested in the RFA should reflect Budget Period 1 only.

Q: With the increase in total funding for this initiative, will the maximum funding amount per applicant change or does this remain the same?
A: FHC has made adjustments to the funding amount section.

Award amounts will be determined based on the overall merit, scope, feasibility, and potential impact of the proposed project. In determining the appropriate award amount, consideration may be given to factors such as the number, quality, and strength of committed partnerships; the project's potential to achieve meaningful and transformative outcomes for rural communities; the extent to which the project addresses documented rural health needs, challenges, and disparities; the potential for long-term sustainability beyond the grant period; and the degree to which the proposed budget is reasonable and aligned with project goals, activities, and anticipated outcomes. Additional proposal characteristics and funding consideration may also be taken into account as part of the review and award determination process.

Partnerships & Collaboration

Q: Is partnership with non-NH entities or individuals allowed?
A: No, partner organizations must be in NH. However, a vendor, consultant or contractor may be located outside of NH.

Partnership is defined by FHC as two or more organizations sharing financial, operational, and clinical responsibility for a funded initiative- with each partner contributing defined resources, delivering a defined scope of work, and accountable for defined outcomes.

A vendor/contractor/consultant agreement is defined by FHC as a formal agreement in which an external entity or individual provides specified goods, service, expertise or deliverables in exchange for payment.

Q: Do partners need an UEID?
A: Organizations participating in a partnership will be identified using a Unique Entity ID and/or Tax ID or Employer Identification Number (when applicable).

Technical Assistance

Q: Can you clarify who is eligible for writing support?
A: Application writing support is available to eligible applicants who demonstrate a need for assistance. Applicants who meet the RFA eligibility requirements may request writing support by contacting the program team.

However, support is intended to prioritize organizations that have limited grant-writing capacity or resources and would otherwise face a meaningful barrier to completing an application. For example, a smaller organization may have limited staff capacity due to competing operational demands and may not have the resources to hire a grant writer or consultant.

Larger organizations with significant administrative resources and the ability to reasonably fund their own grant-writing support may receive greater scrutiny regarding their need for this assistance. Applicants requesting support should be prepared to explain their current grant-writing capacity and why additional assistance is needed to successfully complete the application.

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