

The GREAT Health Program FAQs

1. What is the GREAT Health Program?

Georgia's Rural Enhancement And Transformation of Health (GREAT Health) Program is the name of the State of Georgia's new Rural Health Transformation Program.

2. What is the Rural Health Transformation Program?

On July 4, 2025, Congress passed H.R. 1, commonly referred to as the One Big Beautiful Bill Act (Section 41401 of Public Law 119-21). This bill contains a section that creates a new, completely federally funded Rural Health Transformation Program. This is a grant program that allows states to apply once for potentially five years of funding across a variety of initiatives.

3. What was the deadline for the Rural Health Transformation Program?

The Centers for Medicare & Medicaid Services (CMS) released the Notice of Funding of Opportunity for the Rural Health Transformation Program on September 15, 2025. The submission deadline was November 5, 2025, before midnight.

4. How much funding is available through the Rural Health Transformation Program?

Congress provided \$10 billion per year for five years for the Rural Health Transformation Program. Each year, \$5 billion is divided equally between all states that applied for the Rural Health Transformation Program and \$5 billion is distributed based on a methodology developed by the federal government. The Program funding is for fiscal year 2026 – 2030.

5. When will Georgia find out how much it will receive?

States will be notified of their final first year award amount by December 31, 2025.

6. How much did Georgia apply for in Program funds?

Georgia has applied for funding to implement twenty-nine strategies across five initiatives. The specific amount will vary based on the number of states that apply, and the methodology shared by CMS. This is the beginning of the process for rural health transformation in Georgia. Please note that this is a collaborative agreement between CMS and the state, and funding amounts and strategies are subject to change based on CMS award results.

7. What are the goals of the GREAT Health Program?

The goals of the GREAT Health Program are:

- Use Evidence-Based Models for Value-Based Care to Innovate and Strengthen the Healthcare Delivery System in Rural Georgia
- Make Rural Georgia Healthy Again
- Increase and Sustain Access to Healthcare in Rural Georgia
- Build and Sustain a Highly Skilled Rural Healthcare Workforce
- Use Technology Resources to Improve Healthcare Access, Delivery, and Information in Rural Georgia

8. What are the initiatives of the GREAT Health Program?

The initiatives of the GREAT Health Program are:

- Transforming for a Sustainable Health System in Rural Georgia
- Strengthening the Continuum of Care in Rural Georgia
- Connecting to Care to Improve Healthcare Access in Rural Georgia
- Growing a Highly Skilled Healthcare Workforce in Rural Georgia
- Leveraging Technology for Healthcare Innovations in Rural Georgia

9. What is the difference between an “initiative” and a “strategy”?

An “initiative” is comprised of multiple “strategies”, which, when combined, work together to achieve the intended goals above. “Strategies” are a subset of an “initiative”.

10. Will DCH provide a list of final strategies being pursued in Georgia?

The details of all strategies and initiatives are included in the application’s project narrative, which is posted on the RHTP landing page of the DCH website. This site can be found at <https://dch.georgia.gov/rural-health-transformation-program>. Also, please note that this is the beginning of a conversation between CMS, DCH, and stakeholders. More details will be made available as they are determined and as further guidance is given by CMS.

11. What is the AHEAD model?

AHEAD stands for Achieving Healthcare Efficiency through Accountable Design. This is a model developed by CMS for health systems to participate in value-based care. The AHEAD model as designed in the GREAT Health application will be unique to Georgia. It will require an additional application for the state to be accepted into the cohort, and there will be a planning period from 2026-2028, giving providers several years to make adjustments and learn more about the benefits of participation. More details on the AHEAD model can be found on CMS’s website, linked [here](#).

12. How could the AHEAD model help Georgia?

The AHEAD model has the potential to transform the way healthcare is financed in rural Georgia. This model, and the potential funding and strategy coordinated through the AHEAD initiative in the GREAT Health Program, can bring vital health resources that rural Georgia has never had before. Instead of providers being paid when a patient is sick, this model incentivizes hospitals and providers alike to help keep patients well by paying them based on a global budget across Medicare, Medicaid, and commercial plans. This can shift the way healthcare is delivered and encourages higher quality, more comprehensive care for patients. Georgia is committed to working *with* rural providers to ensure they are supported and informed on the model as they embark on this change.

13. What is the definition of rural used in this application, and how was it decided?

In creating the application, Georgia utilized the Health Resources and Services Administration (HRSA) definition of rural as stated within the NOFO provided by CMS in the RHT Program grant. All Georgia counties were run through the HRSA Rural Health Grants Eligibility Analyzer, resulting in 126 eligible counties and portions of counties. A full list can be found in the application as published in the appendix (Attachments C and D). The list as published for the RHT Program *does not change* the state’s overall definition of rural or impact any current, in-progress, or future grants, applications, or initiatives of the State Office of Rural Health.

14. If my organization/healthcare entity is outside of a rural area as defined in the application, am I eligible for any of the grants?

There are some grants that will not be applicable to areas outside of a rurally designated county within this application. However, there will also be opportunities for providers serving rural areas, particularly involving graduate medical education, outside of the counties designated in this application. Please refer to the application draft for strategy-specific grant language.

15. Will there be another application for further years?

No. CMS has stated one application will be submitted for all five years of funding.

16. Are you still taking ideas for funding for further years?

There was only one application to CMS for all five years, and the state is not authorized to add any additional initiatives at this time.

17. If I have questions, who do I contact?

Please email RHTP@dch.ga.gov with any questions.