



Alaska Rural Health Transformation Program Portfolio Analysis Review Framework

This portfolio analysis framework is designed to support a comprehensive review of projects considered for funding under the Rural Health Transformation Program (RHTP). While each application is evaluated on its own strengths, the full portfolio of applications submitted during each funding opportunity will be considered collectively to understand how proposed projects fit together, where there may be concentrations or gaps, and how the overall mix of projects advances Alaska's rural health transformation goals.

Portfolio analysis is used to inform funding decisions by examining the distribution of proposed investments across geography, RHTP initiatives, pathway, Department of Health focus areas, project size, populations served, organization types, service types, and key federal funding limitations. This approach helps ensure that RHTP investments support Alaska's diverse communities and health system needs, advance all six RHTP initiatives, and comply with federal program requirements.

Portfolio review complements project-level review. It is used alongside individual project evaluation to provide context for decision-making, help inform funding decisions and help guide how limited funds are allocated across otherwise strong projects. All DOH funding decisions are subject to review and approval by the Centers for Medicare & Medicaid Services (CMS) under the State's cooperative agreement.

How Portfolio Review Works

Project scoring and portfolio review are separate steps. Applications are first scored against the project evaluation framework that applies to their pathway. Only projects that meet the advancement threshold in that framework are considered in portfolio review. Portfolio review does not alter any project's score.

Portfolio review is conducted by the Commissioner and Department of Health RHTP program leadership. Portfolio review is the process of balancing amongst the different criteria.

Portfolio review produces a recommended slate of projects. Recommended projects then proceed through applicant clarification and federal allowability review, which may change the final set of awards.

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Portfolio Analysis Criteria

Criterion	Purpose	Sub-Categories
Project Service Area	Support geographic balance across Alaska's rural regions and communities <i>(Note - Geographic service areas may be refined over time to better reflect referral patterns and hub-and-spoke care models.)</i>	• Aleutians East Borough • Aleutians West Census Area • Anchorage (Municipality) • Bethel Census Area • Bristol Bay Borough • Chugach Census Area • Copper River Census Area • Denali Borough • Dillingham Census Area • Fairbanks North Star Borough • Haines Borough • Hoonah-Angoon Census Area • Juneau (City and Borough) • Kenai Peninsula Borough • Ketchikan Gateway Borough • Kodiak Island Borough • Kusilvak Census Area • Lake and Peninsula Borough • Matanuska-Susitna Borough • Nome Census Area • North Slope Borough • Northwest Arctic Borough • Petersburg Borough • Prince of Wales-Hyder Census Area • Sitka (City and Borough)

		• Skagway (Municipality) • Southeast Fairbanks Census Area • Wrangell (City and Borough) • Yakutat (City and Borough) • Yukon-Koyukuk Census Area • Statewide • Not Yet Operating in Alaska
RHTP Initiative	Support balance across the six initiatives identified in Alaska's RHTP application	• Healthy Beginnings • Health Care Access • Healthy Communities • Pay for Value: Fiscal Sustainability • Strengthen Workforce • Spark Technology and Innovation
Pathway	Support balance between planning and implementation awards within a funding round	• Planning • Implementation
Populations Served	Support projects serving the target populations identified in Alaska's RHTP application	• Alaskans with behavioral health and substance use disorders • Alaskans with complex care needs • Alaskans with or at risk of chronic disease • Children and youth • Elders and older Alaskans • Health care workforce • Pregnant and postpartum women • Rural Alaskans • Vulnerable or underserved populations • Other

Organization or Provider Type	Support a varied mix of eligible entity types	• Behavioral health/substance use disorder treatment • Clinic • Dental • Education organization (Not public university in Alaska) • Emergency Medical Services • Family medicine or primary care • Federally qualified health center • Health Information Exchange (HIE) • Home-and-community-based services provider • Hospital (all types) • Local government • Maternal health • Non-Profit, Social Service, or Community Based Organization • Organizations providing health technology solutions • Other health care provider • Other vendors partnering with an Alaska healthcare or community organization • Pharmacy • Private practitioner • Specialist • Tribe • Tribal Health Organization • Alaska Native Regional Corporation
Service Type <i>(See Appendix A for further details on Service Type Categories)</i>	Support projects that provide or support the provision of various types	• Behavioral health services • Care coordination and navigation • Chronic disease and care management services • Health-related needs support

	of needed health care and health-related services	• Integrated health care technology services • Long-term services and supports • Maternal and child health • Oral, vision and ancillary clinical services • Pharmacy and medication management • Post-acute and recovery care • Primary and preventive care • Specialty and complex medical care • Urgent, emergency and stabilization care
Department Focus Area	Support projects aligned to the Department's focus areas for the funding round. The Department may set a target amount of funding for these areas.	• Care Coordination • Emergency Medical Services • Pay for Value Readiness

Portfolio-Level Review

Portfolio review is an analytic process to consider how each category is represented across the full pool of applications received in a funding round. All dimensions are considered. Rather than setting a predetermined priority for any dimension in advance, projects are reviewed in context of the overall application mix within each portfolio dimension. This approach allows the Department to promote balance across the full set of funded projects, respond to application patterns as they emerge, and avoid over-concentration of funding in any single region, population, initiative, pathway, or service type.

Because the composition of applications differs from round to round, the dimensions requiring the most attention also differ. Where applications are already well distributed across a dimension, fewer portfolio considerations arise. Where concentrations or gaps are evident, that dimension becomes central to how limited funds are allocated across otherwise strong projects.



Portfolio review is applied in the context of the mix of applications received, available funding, and the need to ensure balanced and effective use of RHTP resources.

Organizations submitting more than one application in a funding round are asked to rank their applications in order of priority. When more than one qualifying project from the same organization is considered in portfolio review, the organization's ranking may be taken into account. The ranking does not affect a project's evaluation score, and a lower-ranked project may still be recommended for funding.

Key Federal Budget Limitations

Portfolio analysis will consider the cumulative impact of applications on federal funding caps for the following expense categories in any given budget period:

- Administrative Expenses (10% of total RHTP award)
- Provider Payments (15% of total RHTP award)
- HITECH-Certified EMR Replacement (5% of total RHTP award)
- Technology Innovation Catalyst Fund (10% of total RHTP award, capped at \$20 million)
- Capital Expenditures and Infrastructure (20% of total RHTP award)

Where the total requested funding and anticipated expenditures exceed allowable limits in any given category, prioritization will consider both portfolio and project-level scores, as well as cost effectiveness.

See CMS [RHTP NOFO](#) and [FAQs](#) for more information on federal funding caps.

Appendix A

Service Type Category Detail

<i>Primary and Preventive Care</i> - Primary care services - Preventive screenings and wellness visits - Immunizations - Health promotion and early intervention services	<i>Maternal and Child Health Services</i> - Prenatal, perinatal, and postpartum care - Obstetric and midwifery services - Labor and delivery, newborn, and neonatal care - Pediatric primary care, well-child visits, and developmental screening services - Perinatal and pediatric behavioral health services, including maternal mental health screening and treatment - Home visiting and community supports during pregnancy, postpartum, infancy	<i>Behavioral Health Services</i> - Mental health services - Substance use disorder treatment - Crisis stabilization services - Integrated behavioral health within primary care settings
<i>Specialty and Complex Medical Care</i> - Medical specialty care - Surgical specialty services - Oncology, cardiology, neurology, and other advanced specialties - High-acuity outpatient specialty services	<i>Urgent, Emergency, and Stabilization Care</i> - Urgent care services - Emergency department services - Trauma stabilization - Emergency medical transport and transfer coordination	<i>Oral, Vision, and Ancillary Clinical Services</i> - Dental services - Vision care - Audiology services - Physical, occupational, and speech therapy services
<i>Chronic Disease and Care Management</i> - Chronic condition management programs - Population health management	<i>Pharmacy and Medication Management</i> - Medication dispensing; pharmacy access - Clinical pharmacy services	<i>Long-Term Services and Supports (LTSS)</i> - Nursing facility services - Home- and community-based services

▪ Clinical and non-clinical health and community workers ▪ Remote patient monitoring	▪ Medication therapy management ▪ Medication adherence support	▪ Personal care services ▪ Supports for aging/disability populations
<i>Post-Acute and Recovery Care</i> ▪ Skilled nursing facility care ▪ Inpatient rehabilitation services ▪ Home health services ▪ Transitional care following hospitalization	<i>Care Coordination and Navigation</i> ▪ Care coordination services ▪ Patient navigation services ▪ Care transitions and discharge planning ▪ Community care hubs and network	<i>Health-Related Needs Support</i> ▪ Medically tailored meals ▪ Permanent supportive housing ▪ Medical respite care ▪ Non-emergency medical transportation
<i>Integrated health care technology services</i> ▪ Technologies or software that facilitate the exchange of health information between providers ▪ Data solutions aimed at improving care quality and/or delivery ▪ Clinical decision support tools ▪ Electronic health record optimization and interoperability ▪ Telehealth and/or remote monitoring devices that expand accessibility and improve care outcomes ▪ Point-of-care and diagnostic technologies ▪ Care coordination and case management platforms		