NEBRASKA
RURAL HEALTH TRANSFORMATION

Rural Health Transformation Program

Rural Health Workforce Incentive Program

Cohort 1 Outcomes and Recommendations

Report to the Director of Public Health

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Executive overview

More than one-third of Nebraskans live in rural and frontier areas with critical workforce shortages and limited access to family practice physicians, specialty care providers such as obstetricians, and behavioral health services. Utilizing the once-in-a-generation opportunity offered by the RHTP, Nebraska has a stated goal of improving recruitment and retention of health care professionals in rural communities.

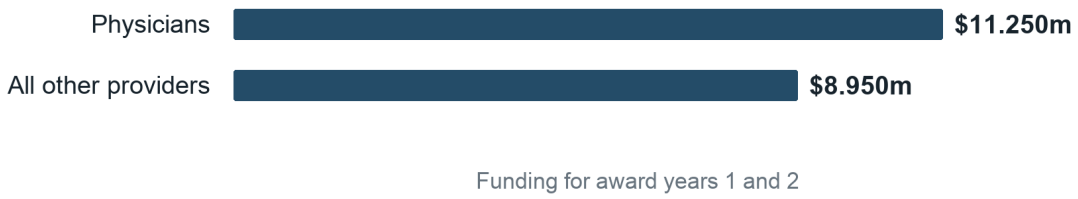
To achieve this goal, the **Nebraska Rural Health Workforce Incentive Program** offers monetary incentives to health care providers in exchange for a service commitment to work in a rural county for a 5-year period. The program supports recruitment, retention, and expansion of clinical services in rural communities as described by the Rural Health Transformation Program (RHTP).

Cohort 1 awarded 239 providers $10.1 million annually across 64 counties. Physicians account for 58.2% of awardees and 55.7% of annual award dollars. Critical access hospitals and rural health clinics account for 58.6% of awardees and 60.6% of annual dollars.

The main decision for Cohort 2 is whether to continue this concentration or shift the workforce funded by the program. Cohort 1 prioritized physician retention and recruitment into selected professions and facility types. As a result of the scoring model used for Cohort 1, applicants with zero profession points and retention applicants outside the physician scoring category could not reach the initial award threshold.

Measure	Cohort 1 result
Verified applicant pool	8,610 applications
Initial offers	246
Final awardees	239
Annual awards	$10,100,000
Funding for award years 1 and 2	$20,200,000
Provider types receiving awards	13 standardized categories
Counties listed by final awardees	64

Figure 1. The award mix



The final cohort includes 109 recruited providers receiving $10.45 million for the first two award years and 130 retained providers receiving $9.75 million. After applicants declined or recruitment classifications were corrected, the program office made additional offers in rank order until the first two years of awards totaled approximately $20 million.

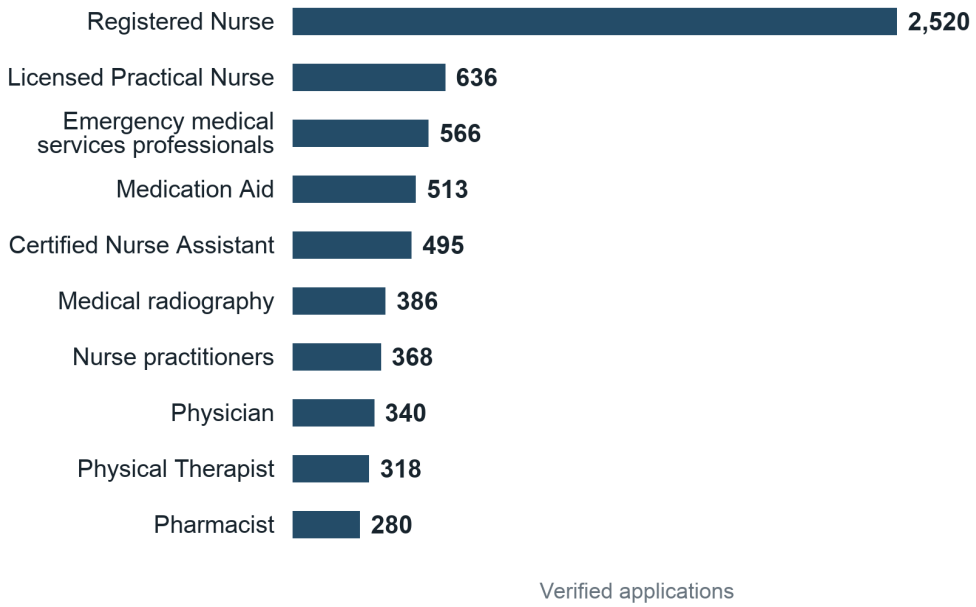
The funding model plans five annual payments per cohort. The $20.2 million reported here funds the first two payments, equivalent to $10.1 million annually.

Verified applicant pool

The verified applicant pool comprised 8,610 applications. These providers had complete applications, active Nebraska credentials, and Nebraska residency, and were working full time or held an offer for full-time recruitment – all requirements for program consideration. For this program, full time is at least 32 hours per week. Initial offers represented 2.9% of verified applications; final awards represented 2.8%.

Placement	Verified applications	Share
Recruited	413	4.8%
Retained	8,197	95.2%
Total	8,610	100.0%

Figure 2. Largest professions in the verified applicant pool



Registered nurses were the largest profession in the verified applicant pool, with 2,520 applications, or 29.3%. The pool spans 44 profession categories and 86 service counties. Final awards cover 13 provider categories.

Prioritization criteria

Initial offers went to applicants with scores strictly greater than 35.152. Each score combines facility, profession, physician specialty, recruitment, and rurality points. When an offer was declined or a recruitment classification was corrected to retention and the resulting score fell below the threshold, the program office continued making offers in rank order.

Criterion	Points in the scoring model
Facility type	10 for critical access hospitals and rural health clinics, dental practices, federally qualified health centers, local health departments, Indian health facilities, and mental or behavioral health facilities; 0 for other categories
Profession	0, 7.5, or 15 by profession
Physician specialty	0, 20, or 30; applies only when profession is Physician
Recruitment	20 for recruitment, using a qualifying start date after April 9, 2026; 0 for retention
Rurality	County rurality value multiplied by 2; multi-county values use an unweighted county average

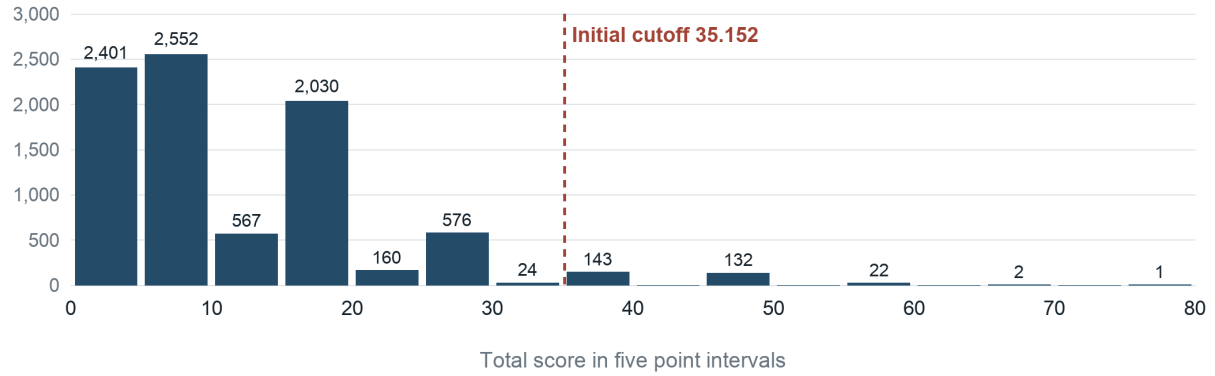
Zero profession points prevented 3,151 applicants (36.6%) across 27 professions from reaching the initial threshold. Even the maximum other points yielded only 34.571. The largest affected professions were emergency medical services professionals (566), certified nurse assistants (495), medical radiography (386), physical therapists (318), paramedics (230), and pharmacy technicians (201). The comparison table on page 14 identifies all 27 zero-point professions.

Four other professions had priority points but no initial offers: certified nurse midwives (6), licensed dental assistants (10), public health dental hygienists (3), and psychiatrists (7). All were retention applicants. Outside the physician scoring category, retention applicants could score at most 29.571, below the 35.152 initial threshold. All 127 retention offers were in the physician category.

During prioritization design, DHHS staff met regularly with Nebraska healthcare associations. Participants repeatedly identified the physician and physician specialty, as well as recruitment, priorities reflected in the scoring model.

Physician specialty points are 20 for qualifying family medicine, general surgery, and psychiatry, including child and adolescent psychiatry; 30 for qualifying obstetrics and gynecology or family medicine with obstetrics; and zero for other specialties.

Figure 3. Distribution of applicant scores



The rurality scale permits up to 4.571 points; the maximum observed contribution was 3.761. Among applicants with a base score of 35 before rurality, 22 received initial offers and 54 did not.

Offers and final awards

The program initially offered awards to 246 candidates. Of those, 230 ultimately received awards and 16 did not. The candidates who did not receive awards either declined or had applied as recruitments and were subsequently determined to be retentions. For the reclassified candidates, removing recruitment points lowered their scores below the award threshold.

Award stage	Candidates	Years 1 and 2 funding
Initial offers	246	$21,035,000
Initial offers not ultimately awarded	(16)	($1,510,000)
Additional candidates ultimately awarded	9	$675,000
Final awardees	239	$20,200,000

The program office made additional offers in rank order until awards totaled approximately $20 million funded over two years. Nine additional candidates ultimately received awards, bringing Cohort 1 to 239 awardees and $20.2 million for award years 1 and 2. While the total award budget was originally $20.0 million, initial offers totaled $21.0 million to extend offers through a sequence of tied scores.

Changes in the final population

Provider category	Offered but not awarded	Additional awardees
Physician	7	7
Registered Nurse	4	0
Dentist	3	0
Licensed Independent Mental Health Provider	1	0
Physician Assistant	0	1
Licensed Mental Health Practitioner	0	1
Licensed Practical Nurse	1	0
Total	16	9

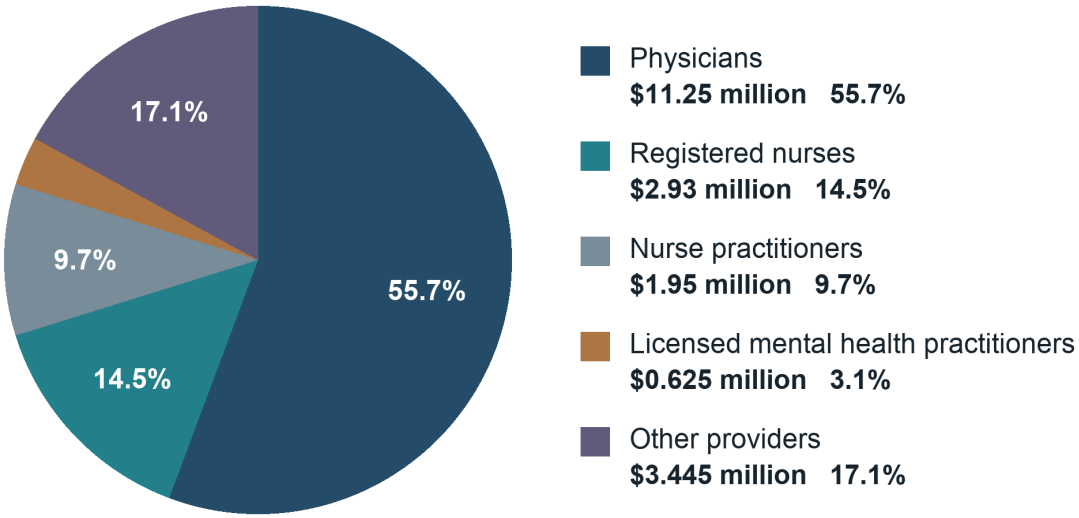
The additional awardees had initial scores between 35.1023 and 35.1509, just below the initial threshold. Their awards total $675,000 over two years.

Provider types receiving awards

Physicians receive $11.25 million for award years 1 and 2, followed by registered nurses at $2.93 million and nurse practitioners at $1.95 million. Together, these categories account for 185 awardees, or 77.4%, and 79.9% of award funding.

Provider type	Awards	Years 1 and 2 funding	Funding share
Physician	139	$11,250,000	55.7%
Registered Nurse	33	$2,930,000	14.5%
Advanced Practice Nurse Practitioner	13	$1,950,000	9.7%
Licensed Mental Health Practitioner	12	$625,000	3.1%
Licensed Independent Mental Health Provider	10	$500,000	2.5%
Licensed Practical Nurse	8	$400,000	2.0%
Physician Assistant	8	$1,125,000	5.6%
Medication Aid	6	$180,000	0.9%
Certified Nurse Anesthetist	3	$450,000	2.2%
Dentist	2	$300,000	1.5%
Pharmacist	2	$300,000	1.5%
Psychologist	2	$100,000	0.5%
Dental Hygienist	1	$90,000	0.4%
Total	239	$20,200,000	100.0%

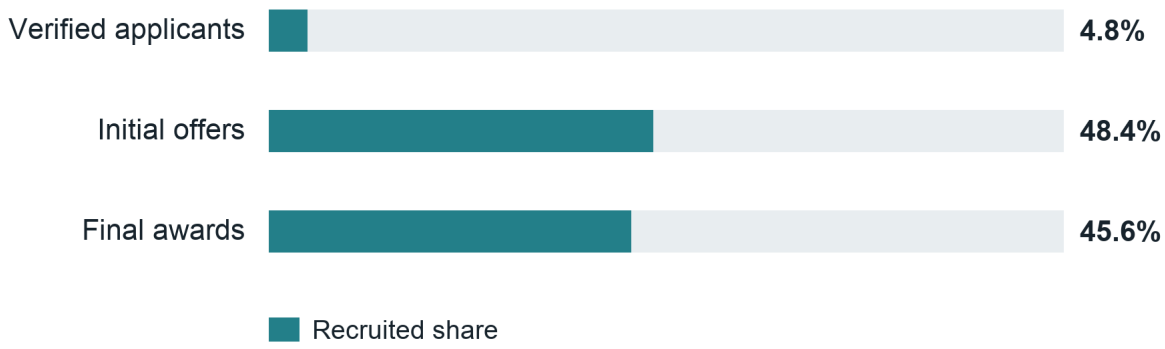
Figure 4. Funding for award years 1 and 2 by provider group



Recruitment and award amounts

Recruited applicants account for 4.8% of the verified applicant pool, 48.4% of initial offers, and 45.6% of final awards. Of 413 applications scored as recruited, 119 received initial offers. Of 8,197 scored as retained, 127 received initial offers. The respective initial offer rates were 28.8% and 1.55%. This difference reflects the high priority given to recruitment in the scoring model and applicant mix.

Figure 5. Recruited share of applicants, initial offers, and final awards



Placement	Awardees	Years 1 and 2 funding	Funding share
Recruited	109	$10,450,000	51.7%
Retained	130	$9,750,000	48.3%
Total	239	$20,200,000	100.0%

Annual award distribution

Annual amount	Awardees	Share of awardees	Annual dollars
$15,000	6	2.5%	$90,000
$25,000	32	13.4%	$800,000
$37,500	130	54.4%	$4,875,000
$45,000	33	13.8%	$1,485,000
$75,000	38	15.9%	$2,850,000
Total	239	100.0%	$10,100,000

The mean annual award is $42,259 and the median is $37,500. Recruited providers average $47,936 annually. For the same profession, the recruitment award schedule is twice the retention amount; differences in group averages also reflect provider mix.

Employer types

Critical access hospitals and rural health clinics account for 140 awardees and $12.235 million in two-year funding. Prospective payment system facilities follow with 35 awardees and $3.235 million. Mental and behavioral health facilities account for 26 awardees and $1.57 million.

Facility type	Awards	Award share	Years 1 and 2 funding
Critical access hospitals and rural health clinics	140	58.6%	$12,235,000
Prospective payment system facilities	35	14.6%	$3,235,000
Mental and behavioral health facilities	26	10.9%	$1,570,000
Private practices	14	5.9%	$1,200,000
Specialty practices	10	4.2%	$825,000
Dental practices	3	1.3%	$390,000
Indian health facilities	3	1.3%	$170,000
Federally qualified health centers	2	0.8%	$125,000
Schools	2	0.8%	$100,000
Local health departments	1	0.4%	$75,000
Physical, occupational, and speech therapy practices	1	0.4%	$50,000
Senior care and rehabilitation facilities	1	0.4%	$150,000
Telehealth providers	1	0.4%	$75,000
Total	239	100.0%	$20,200,000

Figure 6. Critical access hospital and rural health clinic share



Critical access hospitals and rural health clinics account for 26.9% of verified applicants and 58.6% of final awardees. Senior care and rehabilitation facilities supplied 1,024 verified applications but account for one award. Emergency medical services supplied 730 applications and have no awards in the final facility classification.

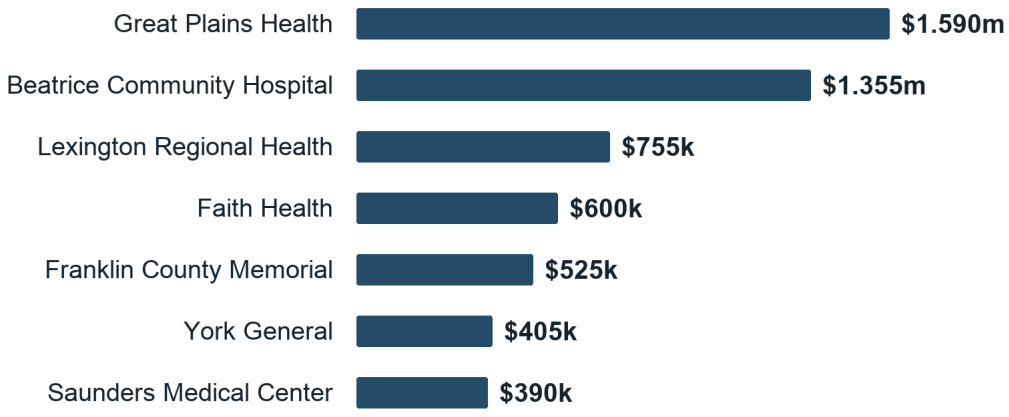
Employer distribution

Awards are associated with 126 employer names. Beatrice Community Hospital and Health Center has the most awardees at 16. Great Plains Health has the largest two-year award total at $1.59 million across 15 awardees. Together, the two account for 13.0% of awardees and 14.6% of award funding.

Employer	Awardees	Years 1 and 2 funding
Beatrice Community Hospital and Health Center	16	$1,355,000
Great Plains Health	15	$1,590,000
Faith Health	7	$600,000
Lexington Regional Health Center	7	$755,000
Howard County Medical Center	5	$340,000
York General	5	$405,000
Fillmore County Medical Center	4	$315,000
Franklin County Memorial Hospital	4	$525,000
Midlands Family Medicine	4	$300,000
Saunders Medical Center	4	$390,000
Valley County Health System	4	$300,000

Employers with at least four awardees are shown. Counts are grouped by reported employer name. Legal entities and health-system parents are not consolidated.

Figure 7. Largest funding totals for award years 1 and 2



Funding is associated with individual recipients and does not represent payments to employers. Employers are party to the agreements with individual recipients and commit to a 10% match requirement.

Geographic reach

Awardees report service in 64 counties. Of 239 awardees, 200 report one county and 39 report more than one. Each county count includes every awardee reporting service there. The county counts add to 295 because some awardees serve multiple counties.

Figure 8. Top counties by awardee count

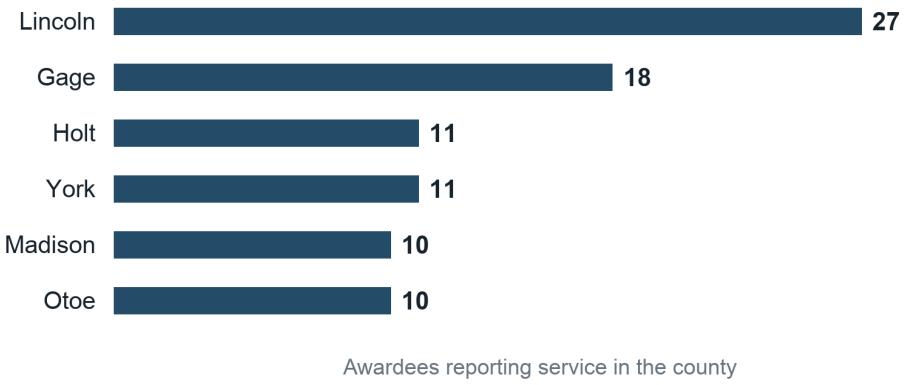
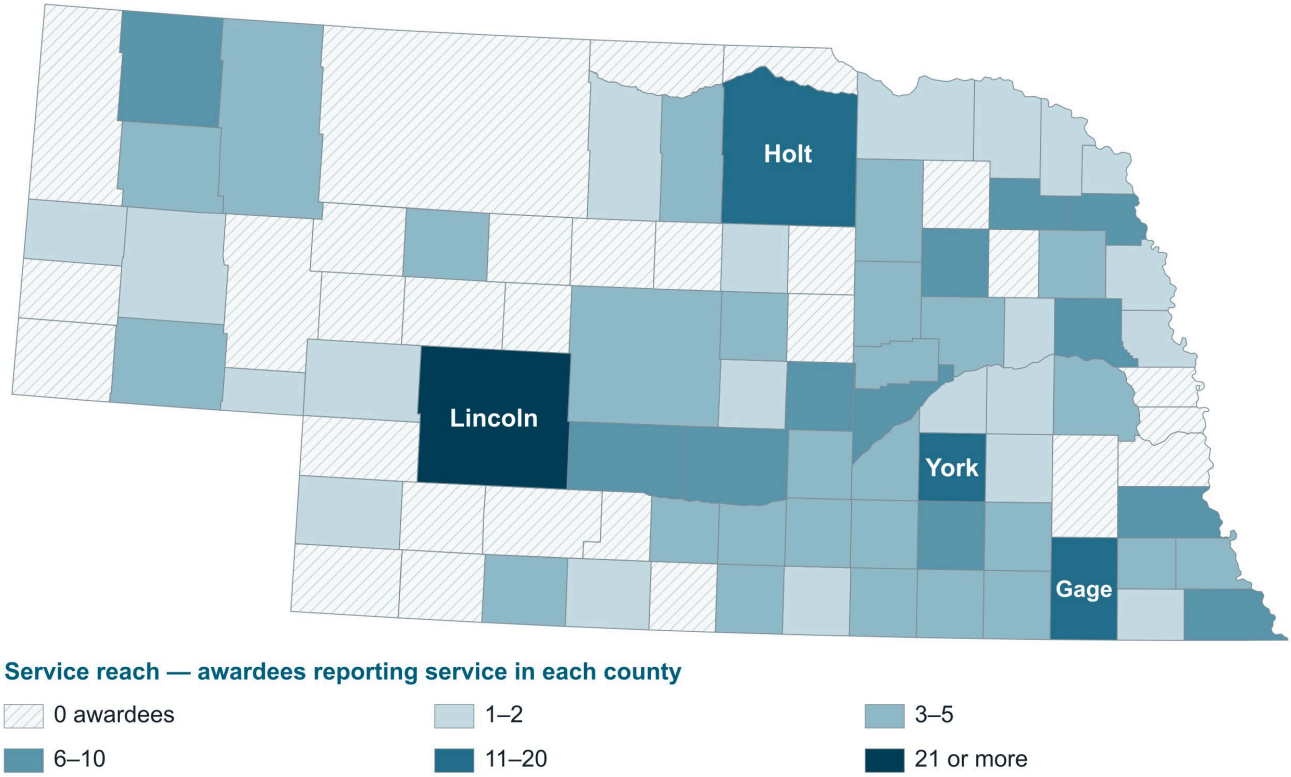


Figure 9. Counties served by awardees



The verified applicant pool lists 86 distinct counties, compared with 64 in the final awards. Twenty-two counties appear in verified applications without a final awardee listing them. The largest of these pools are Pierce with 72 scored county mentions, Harlan with 49, Cass with 45, Cherry with 39, and Dundy and Kimball with 35 each. Multi-county verified applications are counted once in each county listed.

Funding by primary service county

Geographic results reflect the service counties reported for final awardees. Funding is attributed once to a primary service county, assigned by order of listing on the application, which is an assumption this report makes. Awards total $20.2 million for years 1 and 2 across 56 primary service counties.

Figure 10. Funding allocated to primary service counties

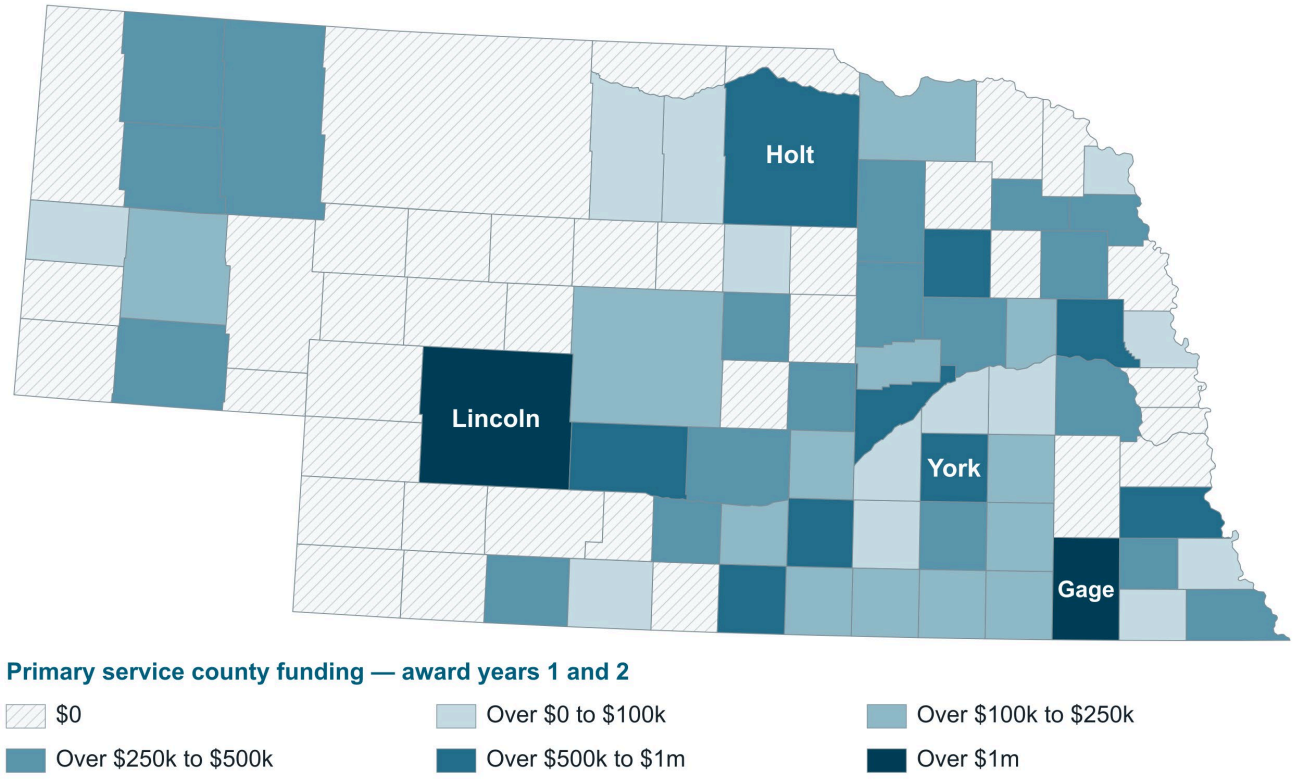
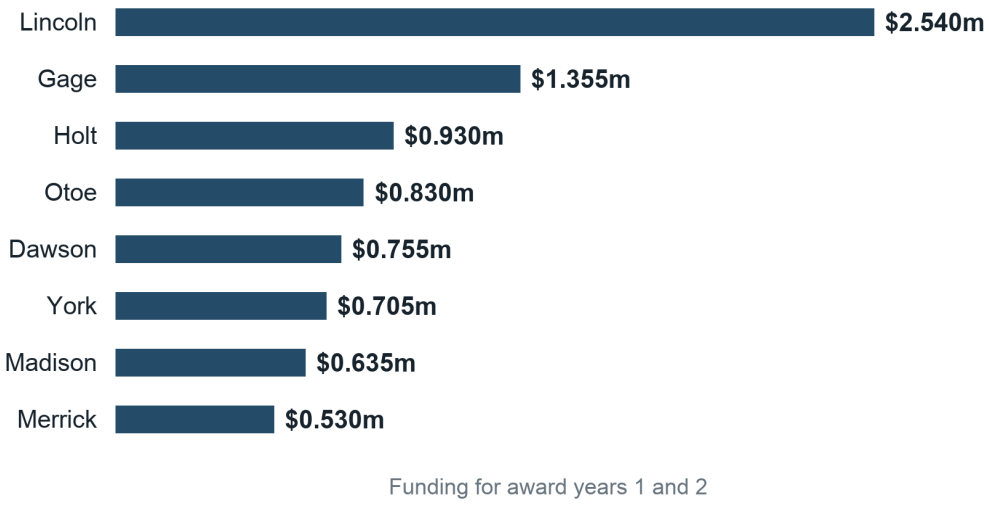


Figure 11. Top primary service counties by funding



Recommendations for consideration in Cohort 2

This section details recommendations by the RHTP Finance Officer for consideration by the Director of Public Health.

Narrow eligible provider types before full application

Use a first-stage eligibility screen to limit Cohort 2 to provider types that can be competitive under the approved priorities. Publish eligible types before applicants complete the full application. In Cohort 1, 3,151 verified applications received no profession points and could not reach the initial threshold even with the maximum other points.

Confirm which workforce gaps the scoring model should address

Retaining the Cohort 1 weights would preserve strong advantages for physician retention and selected recruitment categories. If Cohort 2 is intended to support broader retention, nursing support, EMS, or allied health needs, the weights or allocation structure need to change. Lowering the same cutoff should be tested by profession, facility, geography, and total cost before adoption. Separate recruitment and retention allocations are another option when both objectives need a defined share of funding.

Consider a conceptual Health Professional Shortage Area (HPSA) “Plus” framework to prioritize provider types and regional needs. Potential inputs include Community Resilience Estimates, the Social Vulnerability Index, and employment measures such as average recruitment time. Additional measures could recognize service to underserved populations, including languages in which care is provided.

Verify employer names and facility types

Require applicants to select a facility type from a standard dropdown. The program office should establish a consistent method for verifying employer names against facility types and consider Nebraska’s healthcare facility and services licensure database for form-linked verification. The form could present a standardized employer and facility match for the applicant to confirm, similar to address verification during online checkout.

Validate recruitment status before offers

Cohort 1 follow-up identified applicants who applied as recruitments but were retentions. Correcting those classifications removed recruitment points and placed the candidates below the award threshold. For Cohort 2, program office and employer confirmation should precede offers. A clear rule for multiple practice sites, expanded practices, and qualifying start dates would allow classification questions to be resolved earlier.

Continue ranked replacement offers within the funding plan

Cohort 1 used rank order to make additional offers after declines and recruitment-to-retention corrections. Cohort 2 should retain a dated offer log showing the candidate’s rank, classification, annual amount, response, and final disposition. Track funding for the first two payments and the cost of all five planned annual payments as offers are accepted. Separate counts for declines and rescinded offers would support a direct evaluation of the offer process.

Test geographic priorities against the full score structure

Rurality separated applicants already close to the threshold but could not make zero-point professions or retention outside the Physician scoring category competitive. If broader geographic distribution is a Cohort 2 objective, test county or regional allocations and score changes together. Use verified practice

sites and service shares for multi-county applicants. County population-density points alone do not measure local vacancy rates or unmet demand.

For Cohort 2, county reach should be considered alongside profession, verified practice site, and the share of service delivered in each county.

Use the UNMC health economist contract for cohort evaluation

Use the University of Nebraska Medical Center College of Public Health health economist contract to analyze the outcomes of each cohort, including changes in provider shortages and local economic impact. The analysis should consider recruitment, retention, and geographic distribution and inform the design and funding of subsequent cohorts.

Funding plan and evaluation

Two cohorts with five annual payments each

The Initiative 3.1 funding model plans $10 million annually for each of two cohorts, with five annual payments per cohort supporting five years of service. The baseline is $50 million per cohort and $100 million across both cohorts. The first two years of funding cover two of the five planned annual payments.

Budget Period 1 is assigned to Cohort 1 award years 1 and 2, beginning in 2026 and 2027. Budget Period 2 is assigned to Cohort 2 award years 1 and 2. Later annual payments remain part of the five-payment model. Budget-period allocation and payment timing should be tracked separately from continued service.

Cohort 1 measure	Annual amount	Years 1 and 2
Funding model baseline	$10,000,000	$20,000,000
Final awards	$10,100,000	$20,200,000
Difference	$100,000	$200,000

The final first-two-year amount is $200,000, or 1.0%, above the $20 million planning baseline. Continuing the final annual amounts through all five payments would require $50.5 million, compared with the $50 million model baseline. That five-payment projection does not establish funding for the later payments, which is dependent on future CMS award determinations.

One-time recruitment bonuses remain under consideration as funding levels and priorities under RHTP shift throughout the program's term. They remain a viable path to offering cohorts beyond the two currently planned but are not within scope of this report.

Applicant and provider comparison

Profession	Verified applications	Profession points	Initial offers	Final awards
Advanced Practice Nurse Practitioner	368	15	13	13
Alcohol and Drug Abuse Counselor	34	0	0	0
Audiologist	5	0	0	0
Behavioral Analyst	3	0	0	0
Certified Nurse Anesthetist	92	7.5	3	3
Certified Nurse Assistant	495	0	0	0
Certified Nurse Midwife	6	7.5	0	0
Certified Peer Support Specialist	21	0	0	0
Certified Social Worker	46	0	0	0
Chiropractor	50	0	0	0
Dental Hygienist	43	7.5	1	1
Dentist	70	15	5	2
Dialysis Patient Care Technician	21	0	0	0
Dietician Nutritionist or Licensed Nutritionist	18	0	0	0
Emergency medical services professionals	566	0	0	0
Licensed Athletic Trainer	19	0	0	0
Licensed Clinical Social Worker	31	0	0	0
Licensed Dental Assistant	10	7.5	0	0
Licensed Independent Mental Health Provider	175	15	11	10
Licensed Mental Health Practitioner	111	15	11	12
Licensed Pharmacy Technician	201	0	0	0
Licensed Practical Nurse	636	7.5	10	8
Licensed Surgical First Assistant	12	0	0	0
Marriage and Family Counselor	1	0	0	0
Medical Radiography or Limited Medical Radiography	386	0	0	0
Medication Aid	513	7.5	6	6
Occupational Therapist	185	0	0	0
Occupational Therapist Assistant	45	0	0	0
Optometrist	39	0	0	0
Paramedic	230	0	0	0
Perfusionist	5	0	0	0
Pharmacist	280	7.5	2	2
Physical Therapist	318	0	0	0
Physical Therapy Assistant	182	0	0	0
Physician	340	15	139	139
Physician Assistant	257	7.5	7	8
Podiatrist	10	0	0	0
Psychiatrist	7	15	0	0
Psychologist	28	7.5	2	2
Public Health Dental Hygienist	3	7.5	0	0
Registered Nurse	2,520	7.5	36	33
Respiratory Care Practitioner	100	0	0	0
Speech Language Pathology Assistant	5	0	0	0
Speech Pathologist	123	0	0	0
Total	8,610		246	239

County reach and funding

Awardees report service in 64 counties, totaling 295 county counts. Funding is attributed once per awardee across 56 primary service counties, totaling 239 awardees and $20.2 million.

County	Service reach awardees	Primary service county awardees	Years 1 and 2 funding
Adams	5	5	$525,000
Antelope	4	4	$315,000
Boone	5	4	$290,000
Box Butte	4	4	$330,000
Brown	1	1	$90,000
Buffalo	6	6	$390,000
Burt	1	0	$0
Butler	1	1	$75,000
Cedar	1	0	$0
Chase	1	0	$0
Cheyenne	3	3	$275,000
Clay	5	1	$50,000
Colfax	2	2	$165,000
Cuming	4	4	$465,000
Custer	3	2	$150,000
Dakota	1	1	$90,000
Dawes	6	6	$465,000
Dawson	9	7	$755,000
Deuel	1	0	$0
Dixon	2	0	$0
Dodge	9	8	$525,000
Fillmore	8	6	$465,000
Franklin	4	4	$525,000
Furnas	1	1	$50,000
Gage	18	16	$1,355,000
Garfield	1	1	$75,000
Hall	4	3	$200,000
Hamilton	3	1	$75,000
Holt	11	10	$930,000
Hooker	3	0	$0
Howard	7	6	$490,000
Jefferson	3	2	$125,000

County reach and funding continued

County	Service reach awardees	Primary service county awardees	Years 1 and 2 funding
Johnson	4	4	$350,000
Kearney	3	3	$225,000
Keith	1	0	$0
Knox	2	2	$240,000
Lincoln	27	26	$2,540,000
Madison	10	9	$635,000
Merrick	9	7	$530,000
Morrill	2	2	$150,000
Nance	4	2	$200,000
Nemaha	3	1	$75,000
Nuckolls	4	3	$225,000
Otoe	10	10	$830,000
Pawnee	1	1	$75,000
Phelps	4	3	$290,000
Platte	4	4	$275,000
Polk	2	1	$75,000
Red Willow	4	3	$270,000
Richardson	6	6	$400,000
Rock	3	1	$75,000
Saline	4	3	$225,000
Saunders	4	4	$390,000
Scotts Bluff	1	1	$50,000
Seward	2	2	$165,000
Sheridan	4	2	$300,000
Sherman	2	0	$0
Thayer	5	2	$165,000
Thurston	7	7	$400,000
Valley	5	4	$300,000
Washington	2	1	$75,000
Wayne	6	6	$495,000
Webster	2	2	$225,000
York	11	8	$705,000
Total	295	239	$20,200,000

Service reach includes all counties reported by awardees. A county may appear in service reach without a primary funding allocation when it is a secondary service location.