Exhibit 9

RHTP Funding Submission

Rural Health Transformation Program (RHTP) Intent to Apply Survey Instructions and Questions - Preview

Survey Questions

1) **Please select the roles you would be interested in.** [Check all that apply]
   a) Catalyst Grantee: Those looking to receive funding for projects listed in this survey.
   b) Catalyst Awards Administrator: Assists OHA in technical assistance and award monitoring.
   c) Partnerships Convener: Brings groups together at a statewide, regional, or local level, or based on a shared focus area to drive strategies and solutions towards rural health sustainability.

2) **Please provide your Organization Information:**
   a) Lead Organization Name – Oregon Office of Rural Health
   b) Address - 3181 SW Sam Jackson Park Rd, L593, Portland OR 97239
   c) Website Link - https://www.ohsu.edu/oregon-office-of-rural-health
   d) Contact Information:
      1) Main Point of Contact – Robert Duehmig
         i. Name
         ii. Email address - duehmigr@ohsu.edu
         iii. Phone number - 503-887-4454
      2) Secondary Point of Contact
         i. Name – Sarah Andersen
         ii. Email address – ansarah@ohsu.edu

3) **Provide 2-3 sentences on Organization's mission and purpose –** The Oregon Office of Rural Health (ORH) is the coordinating body for rural health in the State of Oregon. Its mission is to improve the quality, availability and accessibility of health care for rural Oregonians. ORH meets its mission by providing education programs, technical assistance and support to rural hospitals, clinics, public health agencies and EMS, focused on quality improvement, financial and operational improvement, population health improvement and workforce recruitment, retention and incentive services.

1) **If your organization directly provides health care or other services, please indicate the geographical areas served.** [Check all that apply]
   a) Urban

b) Rural
c) Frontier/Remote

2) **If your organization directly provides health care or other services, please provide an estimate of # of persons served per year.** [Select one]
   a) 0 – 1,000 people
   b) 1,001 – 10,000 people
   c) 10,001 – 40,000 people
   d) 40,001 – 100,000 people
   e) 100,000+ people – for the CIN

3) **If your organization directly provides health care or other services, please provide an estimated percentage of population served that live in rural areas of the state.** [Select one]
   a) 0%-25%
   b) 26%- 50%
   c) 51%-75%
   d) 76% - 100%

4) **Are you currently or planning to partner with any other organizations if you receive RHTP funds?** (Yes/No) - Yes

5) **If yes to above, please list them here**. All of Oregon's rural hospitals, clinics and EMS agencies. Specific to the CIN, partners include the following hospitals:

Bay Area Hospital, Blue Mountain Hospital, Columbia Memorial Hospital, Coquille Valley Hospital, Curry General Hospital, Good Shepherd Hermiston, Grande Ronde Hospital, Harney District Hospital, Lake District Hospital, Lower Umpqua Hospital District, Pioneer Memorial Hospital, Santiam Hospital, Sky Lakes Medical Center, Southern Coos Hospital & Health Center, Wallowa Memorial Hospital, all system-based critical access hospitals, all rural/frontier EMS agencies, clinics, the State EMS Office, Oregon Area Health Education Centers (program office and regional center, and COMP-NW

6) **Did your organization submit public comment to the RHTP request in September or October?** (Yes/No) - Yes

Project Details:

You may describe up to two projects, prioritized based on their importance to your organization and alignment with the Catalyst Award timeline, proposed initiatives, and activities.

Project #1:

1) **Project Name** – Oregon High Value Network

2) **Estimate total annual dollar amount needed**: $3.5 million per year for five years = $17.5 million

3) **What are your estimated start and end dates of the project?** January 1, 2026

4) **Short description of project**:
   The Oregon High Value Network (OR-HVN) is a group of 15 independent rural Oregon hospitals working together to form a clinically integrated network (CIN). Its goal is to sustain rural independence while driving measurable improvements in health outcomes through value-based care. By aligning governance, data systems, coordinated care and payer contracting into one framework, the OR-HVN provides the infrastructure rural facilities need to thrive while remaining locally governed.

   The OR-HVN aims to operationalize CMS's six RHTP use of funds priorities within a sustainable framework that achieves the following:
   a. Sustaining Rural Independence – Empowering locally governed hospitals and their clinics to remain independent while accessing the scale and shared expertise of the network.
   b. Building Integrated Infrastructure – Deploying a robust data and technology backbone, standardized quality initiatives and shared workforce capacity.
   c. Advancing Value-Based Care – Pooling covered lives to negotiate payer agreements, manage risk, and distribute shared savings across members.
   d. Driving Measurable Care Improvements – Reducing fragmentation, strengthening chronic disease management, closing preventive care gaps and expanding specialty and emergency access.
   e. Ensuring Long-Term Sustainability – Embedding disciplined governance, payer alignment, and durable financing models that extend well beyond the grant period.

This initiative is structured around an initial portfolio of mutually reinforcing projects, each designed to accelerate statewide transformation:

- Population Health Platform – An integrated data and analytics system connecting EHR, claims, pharmacy and social drivers of health data to provide actionable insights at the point of care.
- Centralized Care Coordination – Shared care coordinators and AI-enabled workflows to close quality gaps, improve timeliness of interventions and reduce treatment delays.
- Referral & Transfer Hub – A centralized hub to streamline specialty referrals and patient transfers, improving timeliness and reducing administrative barriers.
- Payer Integration – Multi-payer contracting to align value-based care financing models, distribute shared savings, and sustain rural facilities.

As the network grows, it will add additional services, using shared savings dollars, that will work together to improve workflows and improve patient outcomes. Additional services include (these initiatives will not begin until at least year 3):

- Telemedicine Expansion – Independent, system-agnostic specialty care and emergency telehealth services to keep patients closer to home and reduce avoidable transfers.
- Remote Patient Monitoring (RPM) – Continuous monitoring of high-risk patients to prevent avoidable hospitalizations and improve chronic disease outcomes.
- AI-Enabled Documentation and Decision Support – Automation to reduce administrative burden, improve coding accuracy, and enhance clinician satisfaction.

Together, these initiatives create a comprehensive ecosystem where clinical integration, data insights and shared services compound to produce transformational improvements in access, quality and financial stability.

OR-HVN is designed to sustain past the RHTP funding period by embedding financial and operational sustainability into every initiative. Post-grant operations will be financed through:

- Shared savings from multi-payer value-based contracts.
- Operational efficiencies and group purchasing economies.
- Revenue retention by keeping patients in local facilities.
- Ongoing reinvestment of pooled savings into infrastructure and workforce development.

Projected ROI is three to four times investment within three to five years, with long-term viability secured through payer alignment, workforce resilience and governance reinvestment strategies.

1) **Is this an expansion of an existing project?** (Yes/No) – No

2) **Primary Initiative** [Select one] – Actually falls into Regional Partnerships & System Transformation Initiative per the State, but also a, b and c.
    a. Healthy Communities & Prevention (HCP)
    b. Workforce Capacity & Resilience (WCR)
    c. Technology & Data Modernization (TDM)

    Note - Refer to page 22 of the Project Narrative for each initiative proposed in the application.

3) **Once funds are distributed, when would this project be implemented?** [Select one]
    a. Immediately: within 1 –2 months of funding received
    b. Medium-term: within 3 months - 1 year
    c. Long-term: within 1- 4 years

4) **Is your organization well positioned to meet specific measurable outcomes for this project by August 2026? Please describe why or why not.** [Open Text]
    Note - Refer to page 50 of the Project Narrative to review the metrics and outcomes for each initiative proposed in the application.
    Our organization is well positioned to meet specific measurable outcomes for this project by August 2026 because the 15 independent rural hospitals in the state have already identified and will have committed to the initiative by signing a memorandum of understanding to participate in the project by 12/31/25. Additionally, the consortium of hospitals has selected a management company, Cibolo, which they have been meeting with to develop the initiative over the past nine months. Cibolo is ready to launch the project in collaboration with ORH and the hospitals starting 1/1/2026. The first four months will focus on establishing the nonprofit organization that will be developed for the OR-HVN. After the first four months of establishing the organization, the OR-HVN will be operational.

    Further, the OR-HVN is engaging with an attorney to submit the development of the OR-HVN for preliminary review by Oregon's Health Care Market Oversight program.

Project #2: [optional if respondent wants to propose a second project]

1) **Project Name** [Open text]

2) **Estimate total annual dollar amount needed** [Open text]

3) **What are your estimated start and end dates of the project?** [Open text]

4) **Short description of project** [Open text]

5) **Is this an expansion of an existing project?** (Yes/No)

6) **Primary Initiative** [Select one]
    a. Healthy Communities & Prevention (HCP)
    b. Workforce Capacity & Resilience (WCR)
    c. Technology & Data Modernization (TDM)

    Note - Refer to page 22 of the Project Narrative for each initiative proposed in the application.

7) **Once funds are distributed, when would this project be implemented?** [Select one]
    a. Immediately: within 1 –2 months of funding received
    b. Medium-term: within 3 months - 1 year
    c. Long-term: within 1- 4 years

8) **Is your organization well positioned to meet specific measurable outcomes for this project by August 2026? Please describe why or why not.** [Open text]