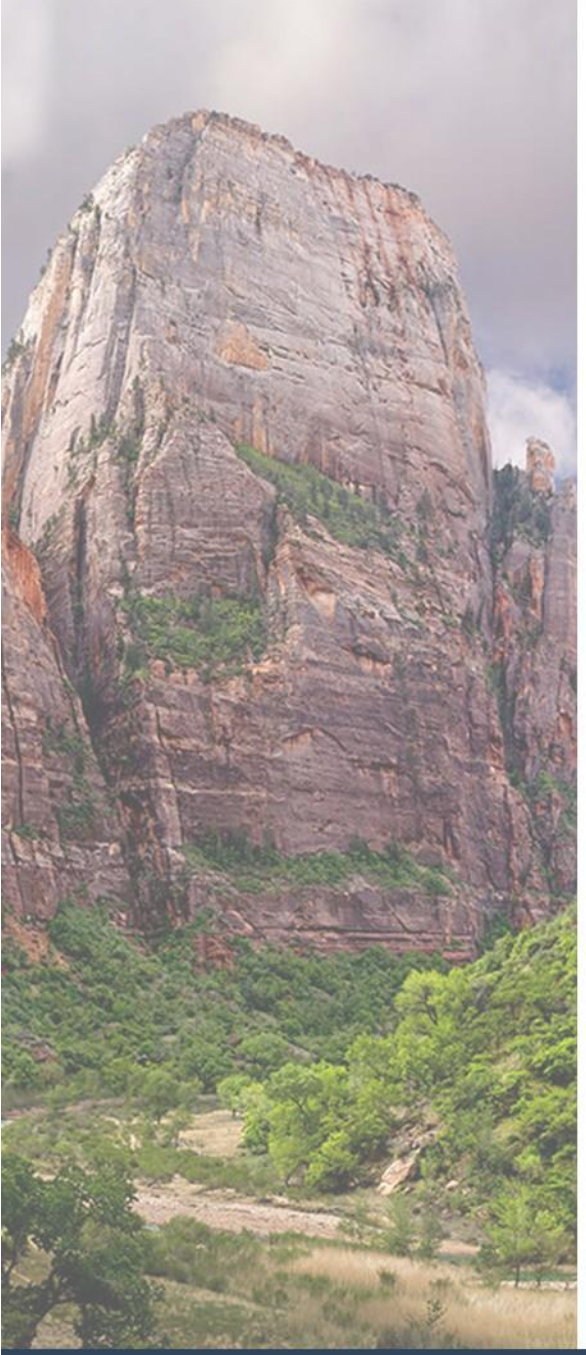
WELCOME!

August 6, 2026



August 2026 Agenda

12:00 p.m.	Welcome & House Keeping
12:05 p.m.	**Gibson Insurance** • Presented by Nick Hansen & Kevin Olsen
12:25 p.m.	Gibson Insurance Q&A
12:30 p.m.	**Utah Commission on Aging** • Presented by Rob Ence
12:50 p.m.	Utah Commission on Aging Q&A
12:55 p.m.	Closing

RURAL HEALTH TRANSFORMATION

New funding.
New risk.
A better plan.

Kevin Olsen | Employee Benefits
Nick Hansen | Commercial Risk / P&C
Gibson, A Unison Risk Advisors Company

Who we are: an advisory, not just a broker

Two disciplines, one team — built around how rural healthcare organizations actually operate.

Commercial risk

Property, casualty, workers' comp, cyber, and management liability, built around clinical operations rather than generic commercial accounts.

Employee benefits

Self-funded and level-funded health plan strategy designed to compete for talent without punishing the budget for growth.

Rural-first footprint

We work across Utah, Wyoming, Idaho, and Colorado with a deliberate focus on rural and frontier communities.

One coordinated team

A Unison Risk Advisors company — one team covering both sides of risk, so nothing falls between the benefits plan and the P&C program.

What that means in practice: the person looking at your workers' comp and the person looking at your health plan are in the same room, working from the same set of facts.

Why this moment matters

RHTP is a major opportunity, but it lands in a high-pressure operating environment.

$50B

National Rural Health Transformation Program funding over five fiscal years, 2026–2030.

$195.7M

Utah's first-year RHTP award from CMS.

41.2%

Rural hospitals operating in the red nationally, according to Chartis.

The practical issue:

Rural healthcare leaders are being asked to transform care delivery while still managing reimbursement pressure, workforce shortages, technology change, compliance demands, and thin margins.

That is why the insurance conversation should start before money is spent, contracts are signed, or new programs go live.

Sources: CMS Rural Health Transformation Program overview; Utah DHHS Rural Health Transformation Program page; Chartis 2026 Rural Health State of the State.

The funding clock is already running

Year 1 dollars arrive with fixed dates and spending limits attached. Both shape what you can commit to, and when.

Aug 30, 2026

Year 2 application and Utah's first annual progress report are due to CMS.

Oct 30, 2026

End of the first budget period for Utah's Year 1 award.

Sep 30, 2027

Year 1 funding can be spent through the following federal fiscal year.

Plan-locked

CMS may reduce, withhold, or recover funds used inconsistently with the approved application.

GUARDRAILS ON YEAR 1 SPENDING

Caps: capital and infrastructure 20% · provider payments 15% · administration 10% · replacing an EMR that was in place before Sept 1, 2025, 5%.

Not allowed: supplanting existing funding, new construction or building expansion, and clinician salaries.

Utah plans roughly $1 billion across seven initiatives through FY2030 — but every dollar carries a date and a limit.

Sources: Utah DHHS RHTP legislative interim briefing (key dates, initiative budgets, allowable use limits); CMS Rural Health Transformation Program Notice of Funding Opportunity.

The “triage mode” window:

Members are gathering information now so they can act quickly when the dominoes start to fall.

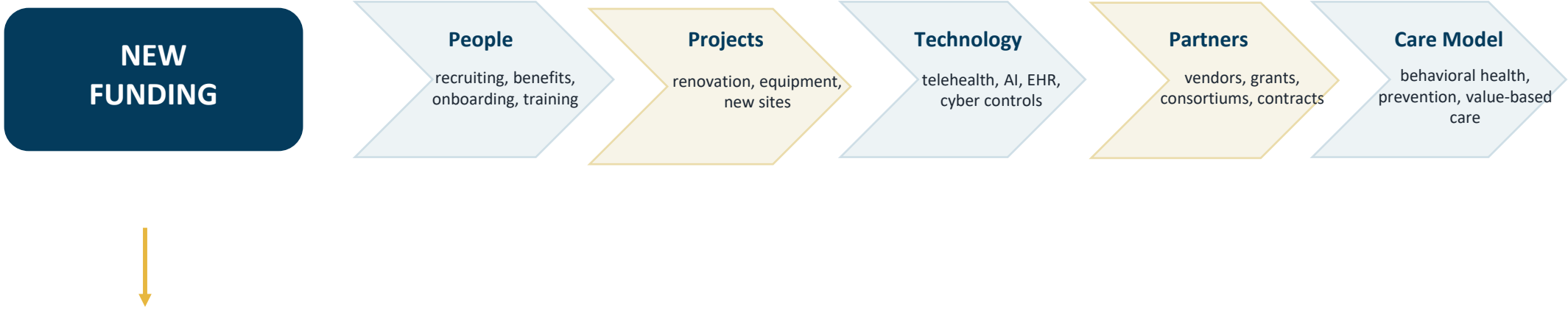
WHAT MEMBERS ARE SORTING THROUGH

Funding	Which grants fit? What restrictions come with them?
Staffing	Who needs to be hired, retained, trained, or redeployed?
Technology	What new platforms, vendors, data flows, and cyber controls are needed?
Operations	What services, sites, partnerships, or care models are changing?
Budget	How do we stretch dollars while protecting the balance sheet?

Today’s goal: give you better questions to ask before new funding becomes new exposure.

The hidden risk: new funding changes the operation

And when the operation changes, last year's renewal strategy may no longer fit.



WHAT CHANGES UNDERWRITERS SEE

More people	Workers' comp, EPL, benefits, training, return-to-work
More technology	Cyber, privacy, vendor contracts, business interruption
More construction	Builders risk, property valuation, equipment, insurance requirements
More governance	D&O, crime, fiduciary, grant compliance, entity structure
More care delivery	Professional liability, general liability, abuse/misconduct, patient safety

Sources: Utah DHHS RHTP funding opportunities; CMS RHT approved uses of funds.

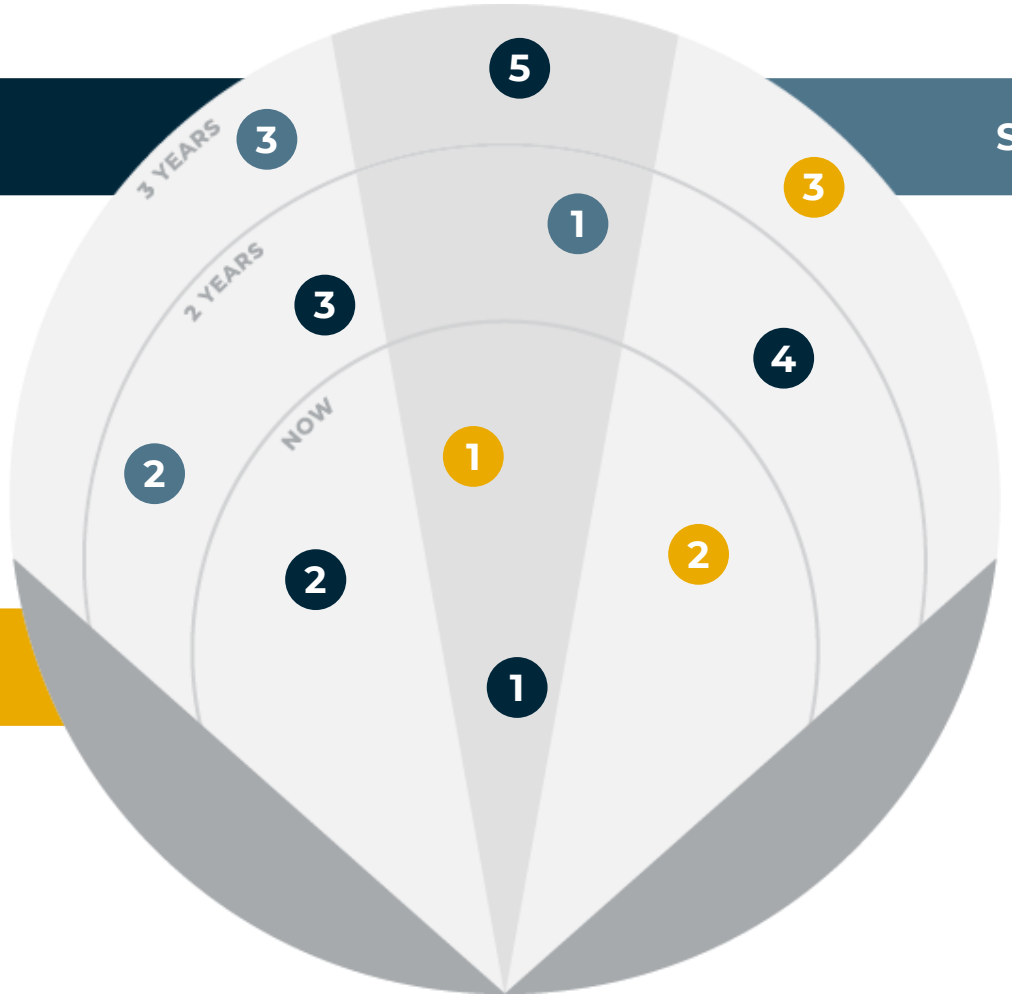
SIGHTLINE ASSESSMENT OPPORTUNITIES FOR IMPACT

COST CONTAINMENT

1. Property conservation.
2. Fleet safety.
3. Business continuity.
4. Safety culture.
5. Privacy and data protection.

CONTRACT CERTAINTY

1. OSHA compliance.
2. Insurance structure.
3. Third-party liability.



STRATEGIC RELATIONSHIP

1. Claims management.
2. Marketplace representation.
3. Alternative risk analysis.

Sightline: a way out of the year-to-year rut

A simple planning process for risk, benefits, and insurance decisions during transformation.

1 Guided Assessment

What is changing in funding, people, care, technology, contracts, and facilities?

2 Market Strategy

What should carriers, plan vendors, and underwriters know before renewal?

3 Negotiation & Execution

What program structure, limits, funding strategy, vendors, and terms fit the real risk?

4 Ongoing Review

How do we keep this from becoming a once-a-year scramble?

The point is not more complexity. The point is more control.

Employee benefits: make workforce dollars work harder

Recruitment and retention funding only helps if the benefit strategy supports the people strategy.

KEVIN'S LENS

Your benefits plan is part of your rural workforce strategy.

If RISE or other workforce funds are used to recruit and retain talent, benefits cannot be an afterthought.

The goal: compete for people without punishing the budget for growth.

- **Plan design** — Match plan options to what employees can actually use and afford.
- **Funding strategy** — Evaluate level-funded, self-funded, or fully insured options based on size and predictability.
- **Communication** — Make benefits understandable so retention dollars are actually felt by employees.
- **Compliance** — Track eligibility, ACA, plan documents, notices, and new entity questions.
- **Rural footprint** — Check networks, access, remote workers, and multi-location needs.

Question to ask: If we hire quickly, can our benefits plan flex without surprising the budget?

Source: Utah DHHS RISE Recruit and Retain funding opportunity; CMS RHT workforce objective.

Commercial risk: protect the organization behind the care

P&C insurance is not just a line item. It is balance sheet protection when operations change.

Cyber & privacy	Telehealth, EHR upgrades, AI, MFA, endpoint detection, data sharing, vendor access.
Property & construction	Renovations, new equipment, builders risk, property values, business interruption.
Professional / GL	New sites, new services, behavioral health, patient safety, abuse/misconduct exposure.
D&O / EPL / crime	New entities, grant governance, payroll growth, leadership decisions, funds handling.
Workers' comp	More staff, harder jobs, injury prevention, return-to-work, training, safety culture.
Contracts & vendors	Insurance requirements, indemnity, additional insureds, breach duties, grant obligations.

Question to ask: If a claim happened six months after a new RHTP project launched, would we know which policy responds?

Sources: Utah DHHS SPRINT, LIFT, FAST, SHIFT, PATH opportunities; CMS RHT technology and security uses.

RHTP readiness map: where risk and benefits meet

Use the funding initiative as the starting point, then ask what it changes.

Initiative	Likely change	Benefits question	P&C / risk question
RISE	Recruit & retain	Can the plan help us compete for clinical talent?	Do workers' comp, EPL, onboarding, and training move with growth?
SHIFT	Facilities & equipment	Will new staff or roles change eligibility and cost?	Is builders risk in place before work starts? Are values updated after?
FAST	Payment / care models	Does growth or a new entity need a separate plan strategy?	Do D&O, crime, cyber, contracts, and EPL follow the new structure?
LIFT	Telehealth expansion	Do remote clinicians have practical network access?	Is cyber sized for telehealth, PHI, downtime, and vendor failure?
SUPPORT / LINCS	EHR, AI, data exchange	Do support roles and vendors affect benefit administration?	Are MFA, endpoint detection, BAAs, and cyber sublimits reviewed?
PATH	Prevention & behavioral health	Can the plan flex with fast clinical hiring?	Does professional liability match new services, sites, and patient touchpoints?

Not a checklist to scare you. A roadmap to avoid surprises.

Source: Utah DHHS RHTP Funding Opportunities page and Utah RHTP initiative framework.

The readiness check: a simple next step

Plain-English guidance before you obligate dollars, sign contracts, or change operations.

1 Tell us your initiatives

Which RHTP buckets are you applying for, expecting funds from, or watching?

2 We map the exposure

We look at people, vendors, contracts, cyber, facilities, liability, benefits, and compliance.

3 You get a short summary

Use it yourself, share it internally, or ask us to look closer. No pressure.

What you get back: a one-page readiness summary with key risks, benefit considerations, likely coverage gaps, and questions to address before renewal or project launch.

This is designed for leaders who are still in information-gathering mode.

Six questions to ask before new funding becomes new exposure

01 What is changing in our people, locations, services, vendors, technology, or contracts?

02 Do our benefits plan, workers' comp, and EPL coverage reflect our hiring and retention plans?

03 If we add telehealth, AI, EHR upgrades, or data sharing, is cyber coverage sized correctly?

04 If we renovate, buy equipment, or open a new site, are property values and builders risk handled before day one?

05 If we create a new entity, consortium, or joint venture, do D&O, crime, EPL, and contracts follow it?

06 Are we telling the right underwriting story before renewal, or just reacting to renewal terms?

The better the questions, the better the plan.

No pitch today.
Just a head start.

Tell us which RHTP initiatives you are pursuing, and we will send back a plain-language readiness summary specific to your organization.

Thank you, RHAU.

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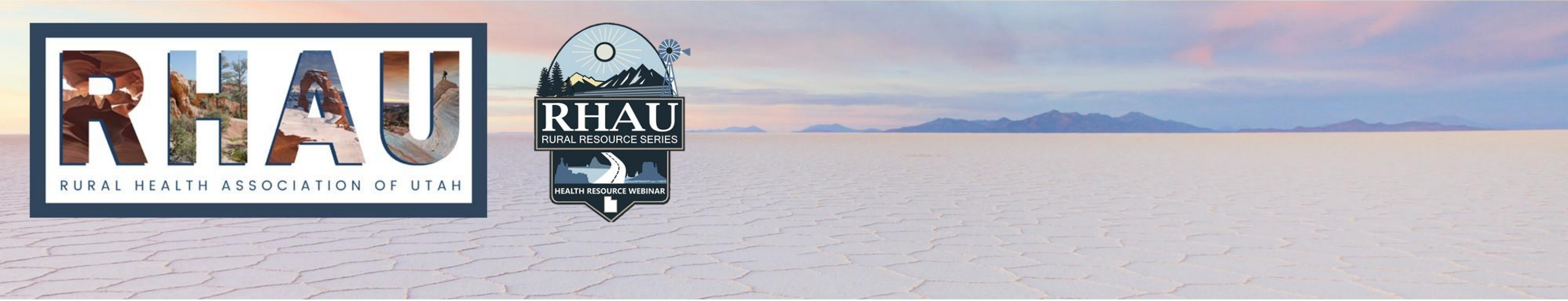


Gibson Insurance

Q&A

UCOA
Utah Commission on Aging

Utah for the Ages

A Master Plan for Aging in Utah in Rural Communities

Rob Ence, Executive Director
Utah Commission on Aging

prepared for the

Rural Health Association of Utah Webinar Series

August 06, 2026

UtahAging.org
Utah Commission on Aging

UtahAging.org
Utah Commission on Aging

UCOA – Why We Exist

- Unite stakeholders across Utah
- Demographic and system challenges
- Statewide collaborative and advisory body
- Policy, coordination, innovation, and public awareness
- Supports alignment across healthcare, housing, caregiving, transportation, and community systems
- Legislature commissioned the Utah Master Plan for Aging

Independence

Food Insecurity

Social Isolation

Ageism

Abuse & Fraud

Emergency Preparedness

Fitness

Falls Prevention

Affordable Health & Long-Term Care

Caregiving

Mobility

Financial Adequacy

Housing &
Aging In Place

Mental Acuity

End of Life

UtahAging.org
Utah Commission on Aging

Rural Ultimatum

- Primary care shortages
- Geriatric provider shortages
- Long travel distances
- Limited specialty care
- Behavioral health access
- Transportation barriers
- Caregiver shortages
- Broadband and digital divide
- Financial pressures on rural hospitals

UtahAging.org
Utah Commission on Aging

Collective Impact

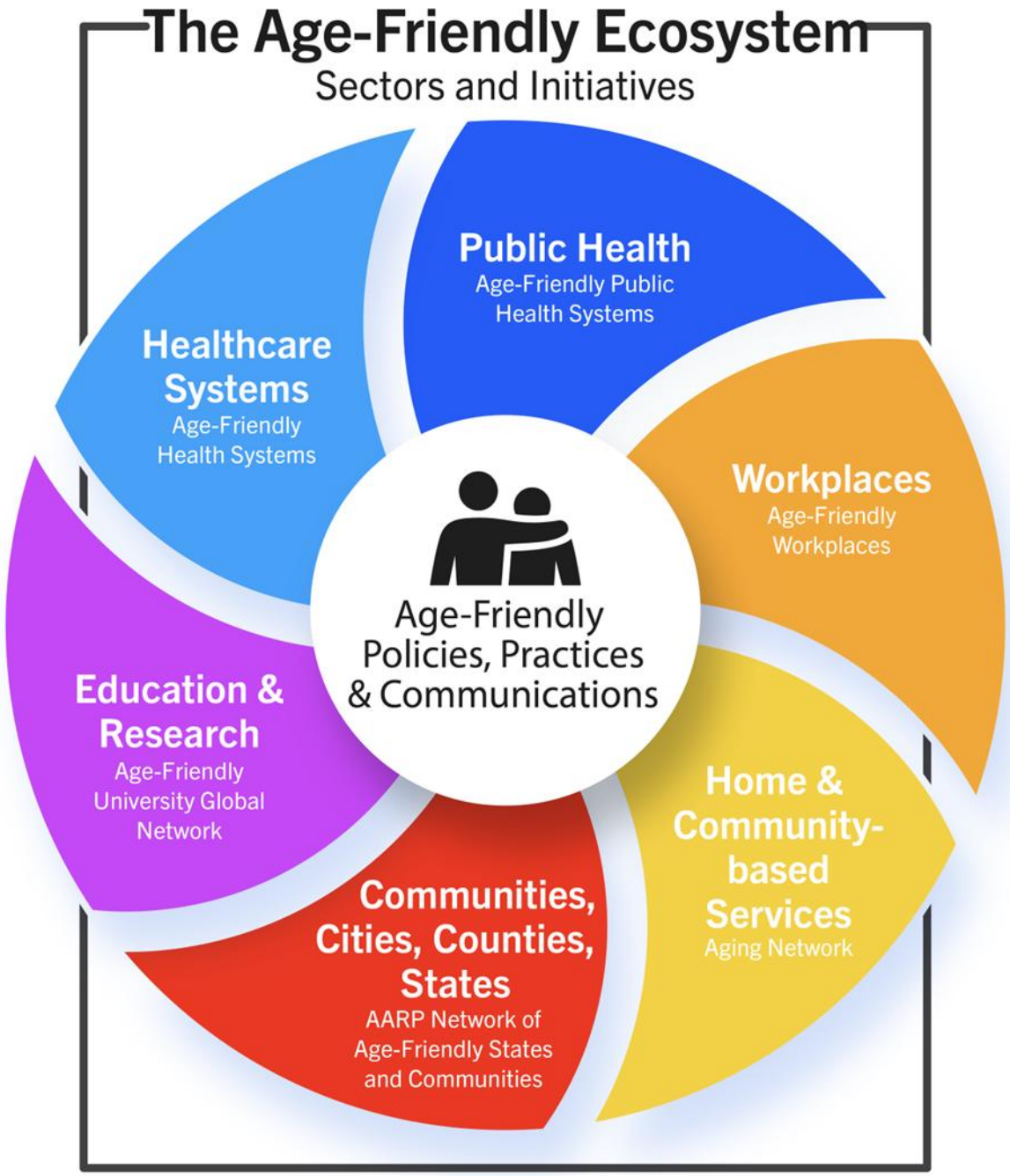
- Aging issues are interconnected
- RHAU providers are frontline system navigators
- Collaboration reduces duplication and closes gaps
- Rural and underserved communities require coordinated and innovative approaches
- Collective impact improves efficiency, outcomes, and quality

UtahAging.org
Utah Commission on Aging

Aging Plan Blueprint

- 10 or more years
- Guides the restructuring of policy, programs, and funding
- Focuses on aging well in the community
- Addresses differences across urban and rural localities
- Equitable and inclusive
- Is iterative, to be reviewed, and updated as needed

UtahAgin
Utah Commission



UtahAging.org
Utah Commission on Aging

Commitment to Rural Utah

Six Core Priority Areas

1. Age-Friendly Communities
2. Health & Education
3. Financial Security
4. Caregiving Supports
5. Empowerment & Planning
6. Technology & Broadband Access

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Utah Commission on Aging

Age-Friendly Communities

Focus

- Age-Friendly Health Systems (4Ms)
- Age-Friendly Communities
- Public health
- Local planning
- Workforce

Impact

- Better coordination
- Reduced hospitalization
- Better patient experience
- Stronger local partnerships

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Health & Education

Focus

- Falls prevention
- Nutrition
- Physical activity
- Chronic disease prevention
- Social engagement

Impact

- Fewer falls
- Better nutrition
- Reduced hospitalization
- Improved quality of life

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Financial Security

Focus

- Affordable housing
- Employment
- Fraud prevention
- Financial exploitation
- Medicaid navigation

Impact

- Reduced stress
- Better medication adherence
- Improved stability
- Reduced institutionalization

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Caregiving Supports

Focus

- Community partnerships
- Faith organizations
- Affinity groups
- Older adult community centers

Impact

- Resource navigation
- Caregiver support
- Volunteer networks

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Empowerment & Planning

Focus

- Advance Care Planning
- POLST
- Advance directives
- Family conversations
- End-of-life planning

Impact

- Better patient-centered care
- Reduced unwanted interventions
- Easier transitions across care settings

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Utah Commission on Aging

Technology & Broadband Access

Focus

- Broadband access
- Digital literacy
- Technology navigators
- Telehealth
- Remote patient monitoring

Impact

- Earlier intervention
- Better specialty access
- Reduced travel
- Greater caregiver support

UtahAging.org
Utah Commission on Aging

Measuring What Matters

Are We Making a Difference?

- Dynamic, measurable framework
- Guides future policy and investment decisions
- Improve aging outcomes across generations

"What gets measured gets improved…

- Annual reporting and dashboards – evaluate and refine
- Shared accountability across partners
- RHAU role in identifying real-world outcomes

…and what gets improved changes lives."

UCOA
Utah Commission on Aging

Contact Information

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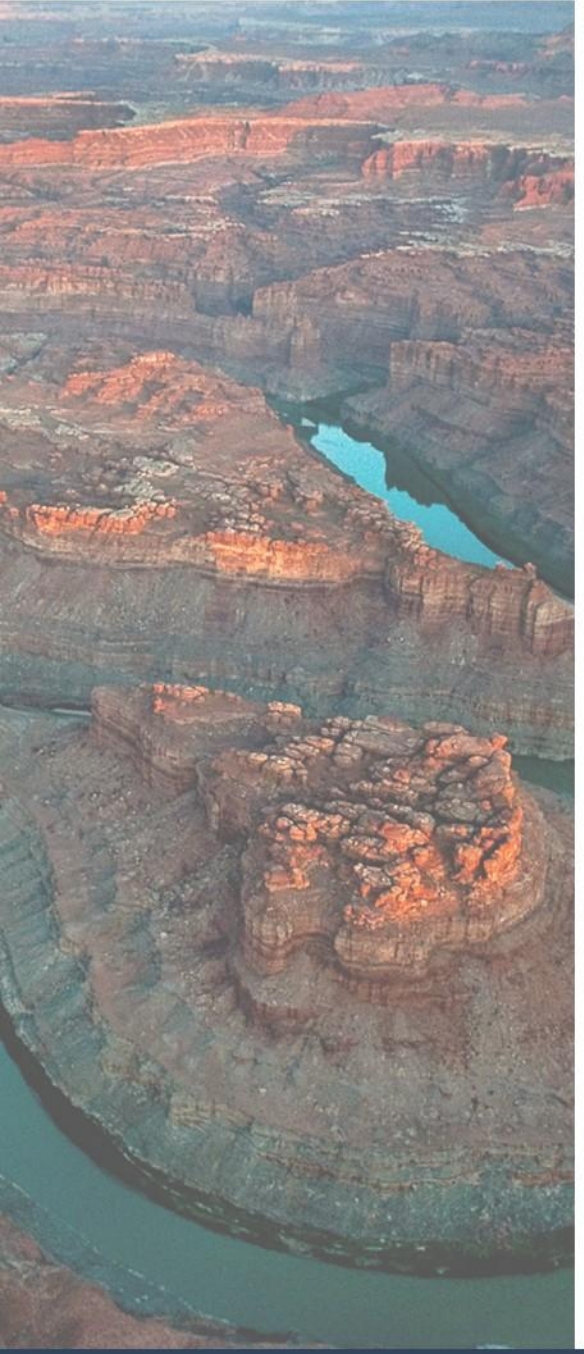
Utah Commission on Aging

Q&A

Early Bird Registration is now open!!!

Learn more at https://www.rhau.org/conference



CLOSING

- Next Session is September 3, 2026 at 12:00 p.m.
  - Topics:
    - University of Utah ASCENT Center
    - University of Utah ELEVATE Center
- The recordings from today will be available at: https://www.rhau.org/rhau-webinar-series
- The application to request to present can also be found on the RHAU website, we encourage you to apply to present!
- THANK YOU FOR ATTENDING!!!

September 2026 RSVP