



# **Evaluation of the Community Health Access and Rural Transformation (CHART) Model Executive Summary**

**Center for Medicare and Medicaid Innovation (Innovation Center)**

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## Executive Summary

The Community Health Access and Rural Transformation (CHART) Model's implementation across Alabama, Texas, South Dakota, and Washington from 2021 to 2023 showed that rural health care transformation is challenging and not just limited to payment structure. State agencies found that demographic trends such as outmigration, Medicare Advantage growth, and historical provider relationships created barriers to achieving the collaborative care models and cost savings envisioned by the CHART Model. The CMS Innovation Center's success criteria require models to achieve cost-neutral quality improvements, quality-neutral cost reductions, or both quality improvements and cost reductions—benchmarks that proved challenging given the structural impediments rural providers faced. Baseline conditions in rural contexts differ significantly from urban health care markets. Participants reported that health care transformation in rural areas is fundamentally a community development challenge requiring coordination across multiple sectors. Participants noted the benefits of enhanced technical assistance, telemedicine flexibilities, recognition, and desire longer timelines for implementation. The recently authorized Rural Health Transformation (RHT) Program addresses these concerns and empowers states to strengthen rural communities across America by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.