



KANSAS

RURAL HEALTH TRANSFORMATION



Ambient Listening Technology Funding Opportunity

October 13, 2026

Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$221.89 million in Budget Period 1 with 100 percent funded by CMS/HHS.

Today's Presenters



Martie Ross
UKHS Care Collaborative Association



Kristin Ebert
Center for Rural Health Innovation
BioSTL



Sheena Schmidt
Kansas Health Institute

Kansas' RHT Plan includes 24 programs across 5 initiatives (55 total workstreams)

Initiative	Program	Y1 Budget (in millions)
1 Expand Primary and Secondary Prevention Programs	1.1 Accountable Food is Medicine + CHW Deployment Program	\$2.3
	1.2 Consumer-Facing Technologies Program	\$5.3
	1.3 Behavioral Health Services Program	\$7.7
	1.4 Integrated Care for Dual Eligible Beneficiaries Program	\$7.6
	1.5 Mobile Cancer Screenings Program	\$0.1
	1.6 Tribal Health Program	\$2.3
2 Secure Local Access to Primary Care	2.1 Regional Partnerships Grant Program	\$50.0
	2.2 REH Conversion / Transformative Capital Investment Grant Program	\$31.3
	2.3 Revenue Improvement Program	\$5.2
	2.4 Anchor Hospital Advancement Program	\$10.2
	2.5 Mobile Integrated Health Pilot Program	\$0.2
	2.6 Rural Primary Care – Public Health Integration Program	\$0.5
3 Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program	\$3.1
	3.2 Education and Training Program	\$7.6
	3.3 Recruitment and Retention Program	\$0.8
	3.4 Career Exploration Program	\$0.7
4 Enable Value-Based Care	4.1 Evidence-Based Practices Program	\$33.4
	4.2 ACO Readiness Program	\$3.4
	4.3 Transportation Program	\$8.4
	4.4 Medicaid Provider Incentive Payment Program	\$1.1
5 Harness Data and Technology	5.1 Remote Patient Monitoring Program	\$9.7
	5.2 Telehealth Navigator Program	\$0.2
	5.3 Data Infrastructure Program	\$1.8
	5.4 Emerging Technology Program	\$20.5



Program 5.4 – Emerging Technology

Emerging Technology Committee

*Administered by CCA;
Facilitated by Kansas Health
Institute; Advised by Center for
Rural Health Innovation - BioSLT*

Emerging Technology Grant Program

Administered by KDHE

Ambient Listening Technology (ALT)

Year 1 – Oracle
Community Works
Year 2 – Other EHRs

*Administered by CCA
With ETC Input*

ETC Role

- Establish a transparent, collaborative process that supports the long-term capacity of Kansas rural health stakeholders to evaluate and adopt emerging technologies.
- Evaluate the use of AI and other emerging technologies to improve health outcomes for rural Kansans.
- Review recommendations from subject matter experts in the field of health technology and AI.
- Make evidence-informed recommendations related to the use of available RHTP funding for technology procurement, implementation and evaluation.
- Identify high-value AI and emerging technology use cases relevant to Kansas rural providers.
- Provide stakeholder feedback and guidance on technology vendor selection, RFP development and budget priorities.

Emerging Technology Committee Participants

MEMBERS

Aaron Wootton

Stormont Vail Health

Alan Wamser

Hays Medical Center

Alisha Hermann

Edwards County Medical Center

Chad Austin

Kansas Hospital Association

Chris Harper

University of Kansas Health System

Dereck Totten, MD

Kansas Department of Health and Environment, Rural Provider

Dick Flanigan and Liz Shaffer

Digital Health KC

Doug Stacy

Labette Health

James Stowe, PhD

Center for Practical Bioethics

Kyle Kessler

Association of Community Mental Health Centers of Kansas

Monte Coffman

Windsor Place Holdings, Inc.

L. Nathan Gause, MD

University Health

Pankaj Gugnani, MD

Community Health Center of Eastern Kansas

Robert Feyerherm

Newman Regional Health

Sarah Irsik-Good

KFMC

Scott Rohleder

Great Plains Health Alliance

Terri Kennedy

Community Care Network of Kansas

LIAISONS

Emily Brown

Kansas Department of Health and Environment

Andrew Eichinger

State of Kansas Office of Information Technology Services

Facilitated by the Kansas Health Institute

ETC Meeting Schedule

Meeting	Date	Format	Time	Primary Focus
ETC #1	June 4	Virtual	9:00–11:00 a.m.	Kickoff, Introductions, Charter Development
ETC #2	June 18	Virtual	1:00–3:00 p.m.	Charter Development; Challenges and Solutions
ETC #3	July 9	Virtual	1:00–3:00 p.m.	Technology Discussions; Initial RFP Feedback
ETC #4	July 29	In-person/Hybrid	12:00–4:00 p.m.	CRHI Feedback; Workplan and Budget
ETC #5	Aug. 27	Virtual	1:00–2:30 p.m.	CRHI Feedback; Grant Eligibility & Prioritization Criteria
ETC #6	Sept. 24	Virtual	1:00–2:30 p.m.	Project Updates; Finalize Eligibility & Prioritization Criteria
ETC #7	Oct. 22	Virtual	1:00–2:30 p.m.	CHRI Feedback; Final Workplan and Budget Review

All ETC materials available at <https://ruralhealthkansas.com/emerging-technology-committee/>

Year 1: Oracle Health Clinical AI Agent

- Funds made available to Great Plains Health Alliance (30 Kansas hospitals) + 10 additional rural hospitals using Oracle EHR
- Contractor Agreement with CCA for reimbursement of cost associated with Clinical AI Agent
- Amendment to these organizations' existing Oracle contracts to include Clinical AI Agent

Year 2: Providers Using Other EHRs

Pending CMS Approval of Kansas Year 2 RHTP Budget

CCA solicits
applications
from interested
rural providers

Due Friday,
October 30

ETC releases
Request for
Proposals to ALT
vendors

- Product capabilities (including interoperability and ease of implementation and maintenance) and cost

By November 13

ETC evaluates
responses,
conducts demos/
interviews,
recommends
vendor(s)

By December 18

CCA contracts
with selected
vendors
regarding terms
on which vendor
may contract
with applicants

December–January

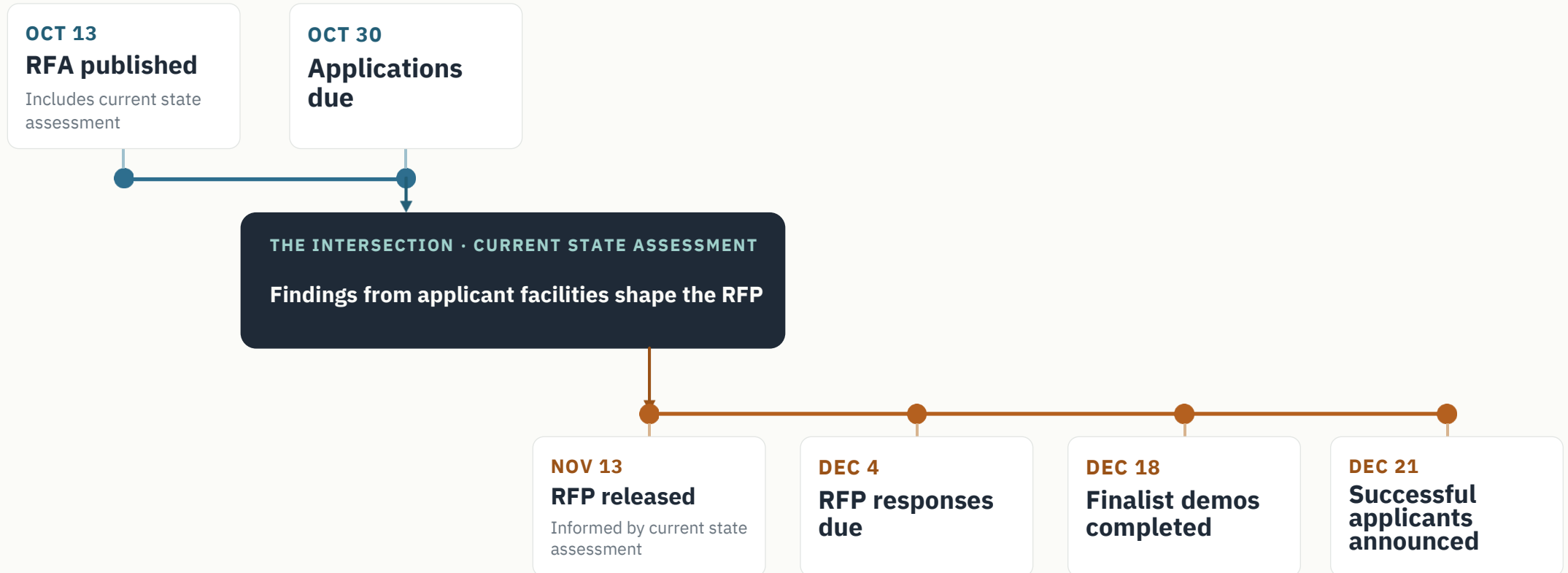
CCA offers
applicants
contractor
agreements to
receive funds to
secure ALT from
selected vendor

- Prioritization criteria
- Separate contract between applicant and vendor

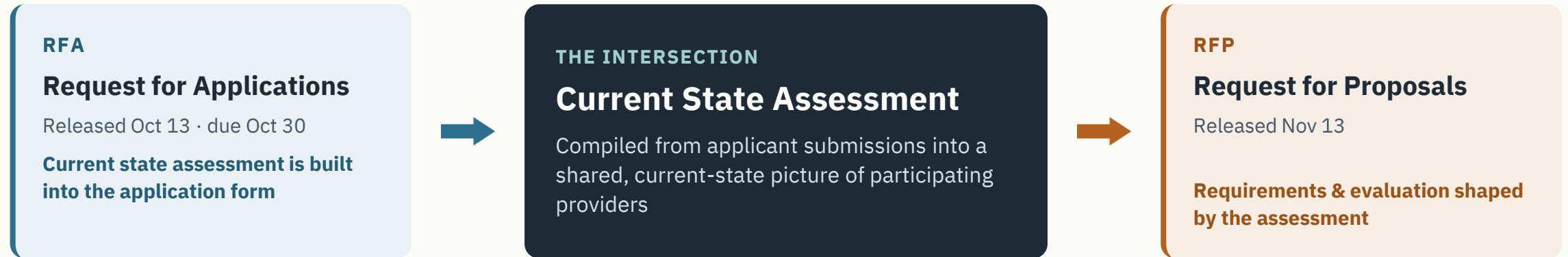
Successful Applicants
Announced
December 21

RFA → RFP: Two Linked Processes, One Timeline

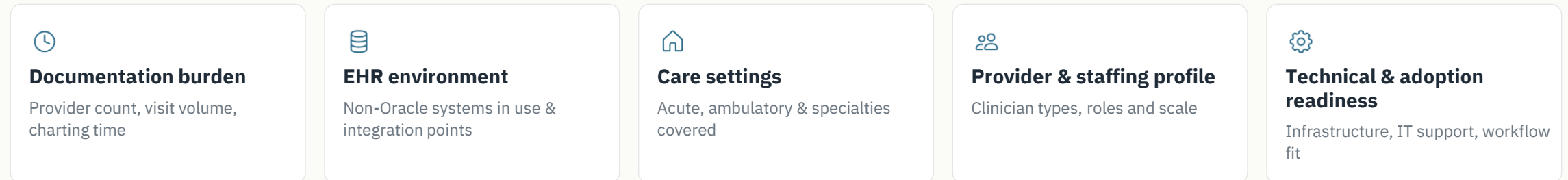
● **RFA** — Request for Applications · Provider-facing ● **RFP** — Request for Proposals · ALT vendor-facing



Current State Assessment Is the Hinge



What the assessment captures from each applicant



These findings make the **RFA** the evidence base for the **RFP** — vendors are evaluated against real facility need, not assumptions.

Eligible Providers



- Located in rural area + use electronic health record
- Provider types
 - Hospitals (including PPS hospitals, CAHs, REHs, and REH “look-alikes”)
 - Ambulatory Care Providers
 - Provider-based full-time clinics (including rural health clinics)
 - Federally qualified health centers
 - Independent rural health clinics
 - Independent full-time primary care clinics
 - Independent full-time specialty clinics
 - Local health departments
 - Certified community behavioral health clinics
 - Native American Sovereign Tribe healthcare facilities
 - Licensed substance use disorder facilities

What Successful Applicants Will Receive

- Reimbursement of expenses under contract with selected ALT vendor
 - Initial award covers one year of expenses; KDHE will seek funding for second year
 - No reimbursement for expenses incurred prior to award
- Successful applicant will enter into two contracts
 - Standard vendor agreement with approved terms
 - CCA contracts with each selected vendor to specify terms on which vendor may contract with successful applicants
 - Standard contractor agreement with CCA regarding use of funds

How To Apply



- On-line application available at https://survey.qualtrics.com/jfe/form/SV_bldG0KcZedbhpbg
 - www.ruralhealthkansas.com – Programs – Ambient Listening Technology
- List each location using same instance of same EHR
 - If multiple EHRs/difference instances of same EHR, separate application for each
- Patient volume
 - For each hospital location, report inpatient admissions + emergency room visits for most recently completed fiscal year
 - For each clinic location, report current total FTE count of physicians and non-physician practitioners
 - Report separately for primary care and specialists

Current State Assessment



1. Identify current Electronic Health Record (vendor and current version)
 2. Describe release and upgrade cadence
 3. Specify EHR hosting model (self-hosted/on-premises, vendor-hosted cloud, shared/community instance)
 4. Identify any location presently using an ALT. For each such location, identify technology (vendor and brand name) and the date implemented.
 5. Identify integrations available with current EHR configuration/ IT support. (SMART on FHIR, HL7, Write-back capability (note, orders, problem list, coding) vs. copy-paste only)
 6. For each location, describe current device and audio landscape (issued vs. BYOD, desktop/laptop/tablet/phone, OS, microphone setup)
 7. For each location, describe current documentation method and cost (e.g., self-typing, Dragon dictation, human or virtual/offshore scribes).
 8. Identify existing contracts that would be displaced with adoption of RHTP-funded ALT.
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Attestations



1. Applicant will secure adequate IT support for implementation and ongoing maintenance for ALT.
 2. Applicant will have dedicated clinical champion for ALT (physician or non-physician practitioner).
 3. Applicant will commit to pursuing interoperability to make health records easier to share for treatment, payment, and healthcare operations.
 4. Applicant will require all users to complete necessary training regarding appropriate use of ambient listening technology.
 5. Applicant is presently a Medicare provider or supplier in good standing and none of its employees or independent contractors has been excluded from participation in any federal healthcare program.
 6. Applicant commits to participating in State efforts to evaluate the return on investment for ALT including, but not limited to, timely completion and return of survey questions.
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Questions?

Technical Questions Regarding Application Portal
Wyatt Beckman, wbeckman@khi.org

Questions on Completion of Current State Assessment
Kristin Ebert, kebert@biostl.org

Questions on Program Operations
Martie Ross, mross10@kumc.edu