



**KANSAS**  
**RURAL HEALTH** TRANSFORMATION

# Emerging Technology Committee

**Thank you for joining!**

**The meeting will begin at 1 p.m. CST**

*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.*



**KANSAS**  
**RURAL HEALTH** TRANSFORMATION

# Emerging Technology Committee

Meeting 6

## Project Updates and Continued Prioritization Feedback

September 24, 2026

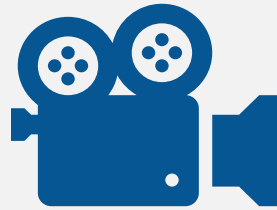
*Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$221.89 million in Budget Period 1 with 100 percent funded by CMS/HHS.*

# Before We Get Started



---

Use the **Q&A feature** to ask questions and drop your comments or thoughts in **chat**!



---

This session is being **recorded** for technical and content follow-up purposes. It is also being livestreamed.



---

Technical questions about Zoom?

Find “**Karsen DeWeese, KHI, IT Help**” in the Participants list.

# Agenda

- 1:00 – 1:05 p.m. Welcome
- 1:05 – 1:10 p.m. Meeting 5 Recap
- 1:10 – 1:20 p.m. RHTTP Updates
- 1:20 – 1:35 p.m. Final Ambient AI RFA Feedback
- 1:35 – 2:15 p.m. Prioritization Criteria for RCM
- 2:15 – 2:25 p.m. Year-2 Meetings & Schedule
- 2:25 – 2:30 p.m. Upcoming Events
- 2:30 p.m. Adjourn

# 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.  | <b>Project Updates; Finalize Eligibility &amp; Prioritization Criteria</b> |
| ETC #7  | Oct. 22  | Virtual          | 1:00–2:30 p.m.  | CHRI Feedback; Final Workplan and Budget Review                            |



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Emerging Technology Committee Meeting 5 Recap

# Meeting 5 Recap



## Accelerated Timeline

- ~Originally scheduled for 10 months, now condensed into ~2.5 months
- Criteria and application to KDHE after Labor Day
- Timeline has been further updated since the meeting, will review later in the meeting



## Ambient AI Criteria Set

- Rural sites only (FORHP definition)
- Evidence-Based Practice Grant facility types plus Skilled Nursing Facilities (SNF), Ambulatory Surgery Centers (ASC) and LHDs
- Needs assessment and data-sharing pledge required
- Priority: rurality, access, readiness and more



## RCM Discussion Begins

- Financial stability proposed as an RCM-only criterion
- Measures for FQHCs and CCBHCs in development
- AHAP RCM RFP responses to inform next steps
- Will run separately from Ambient AI



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Emerging Technology Committee Updates

# RHTP Updates



**Martie Ross**

*Operations Director*  
Care Collaborative

# From Year 1 → Year 2

CMS Site  
Visit

RPGP and  
CAP RFPs  
(+ others)

Additional  
Programs  
Coming  
Online

Quarterly  
Reporting



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Emerging Technology Grants

# Emerging Technology Grants

## Ambient Listening Technology (ALT)

- Led by CCA
- RFA Announcement & Portal for Grantees
- RFA Webinar
- RFP for Vendors
- Vendor Demonstrations

## Revenue Cycle Management (RCM)

- Led by KDHE
- ETC to provide proposed prioritization criteria and application to KDHE
- No RFP (AHAP-selected vendor)

# Emerging Technology Grant: *Ambient Listening Technology & Revenue Cycle Management Grants*

## ALT

| Eligibility & Scoring Criteria | RFA Developed   | RFA Launch Webinar | RFA Responses Due | Vendor RFP Publication | Vendor RFP Responses Due | Vendor Demos   | Grantee Selection | Vendor Selection |
|--------------------------------|-----------------|--------------------|-------------------|------------------------|--------------------------|----------------|-------------------|------------------|
| <i>Complete</i>                | <i>Sept. 24</i> | <i>Oct. 6</i>      | <i>Nov. 2</i>     | <i>Nov. 11</i>         | <i>Dec. 2</i>            | <i>Dec. 16</i> | <i>Dec. 18</i>    | <i>Jan. 7</i>    |

## RCM

| Eligibility & Scoring Criteria to KDHE | RFA Developed | RFA Launch Webinar | RFA Responses Due | <i>Vendor selection based on Anchor Hospital Advancement Program (AHAP) decision.</i> |  | Grantee Selection |
|----------------------------------------|---------------|--------------------|-------------------|---------------------------------------------------------------------------------------|--|-------------------|
| <i>Sept. 30</i>                        | <i>TBD</i>    | <i>TBD</i>         | <i>Nov. 6</i>     | <i>No RFP</i>                                                                         |  | <i>Dec. 18</i>    |



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Ambient Listening Technology RFA

# Ambient Listening Technology Funding Opportunity: Draft Feedback

## Current Draft Highlights



Rural providers  
with an EHR can  
apply



One year of costs  
reimbursed



Applications due  
Nov. 2<sup>nd</sup> (*Revised date  
from draft*)



Funds expected to  
cover all



Today's ask: your feedback on eligibility, prioritization and the application

# Eligibility

## Ambient Listening Technology Funding Opportunity: Draft Feedback



### What the Draft Says

- Rural location (FORHP) and an EHR required
- Hospitals, clinics, FQHCs, local health departments, CCBHCs, tribal and SUD facilities
- Oracle CommunityWorks users excluded
- New since Meeting 5: tribal, SUD and REH look-alike facilities



### For Discussion

- What is missing/needs to be added?
- Are there areas that should be cut or streamlined?

# Prioritization Criteria

## Ambient Listening Technology Funding Opportunity: Draft Feedback



### What the Draft Says

- Only used if funding falls short
- Rurality: KDHE population density category of the county
- Care setting: multi-site organizations first, hospital inpatient and ED last
- Multi-county applicants receive an average rurality score



### For Discussion

- What is missing/needs to be added?
- Are there areas that should be cut or streamlined?

# Application and Attestations

## Ambient Listening Technology Funding Opportunity: Draft Feedback



### What the Draft Says

- *Due Oct. 16, 2026 → Revised Date Nov. 2*
- Six attestations: IT support, clinical champion, Medicare standing and more
- Four questions: name, EHR, locations and current ambient AI use
- Tech capability questions inform the RFP



### For Discussion

- What is missing/needs to be added?
- Are there areas that should be cut or streamlined?

# Emerging Technology Grant: *Ambient Listening Technology*

## What comes next?

- Share final written feedback with Kristin & Martie by Friday, Sept 25
- Feedback will be compiled and applied within the application
- RFA webinar launch, Oct. 6



| ALT                            |               |                    |                   |                        |                          |              |                   |                  |
|--------------------------------|---------------|--------------------|-------------------|------------------------|--------------------------|--------------|-------------------|------------------|
| Eligibility & Scoring Criteria | RFA Developed | RFA Launch Webinar | RFA Responses Due | Vendor RFP Publication | Vendor RFP Responses Due | Vendor Demos | Grantee Selection | Vendor Selection |
| Complete                       | Sept. 24      | Oct. 6             | Nov. 2            | Nov. 11                | Dec. 2                   | Dec. 16      | Dec. 18           | Jan. 7           |



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Revenue Cycle Management RFA Prioritization

# RCM Vendor Selection – A Rigorous, Multi-Stage Process

**11** Vendors invited Curated shortlist from market scan

**9** Responded RFP submissions received

**5** Finalists Advanced to live demonstrations

**2** Finalist partners To final Q&A

Sept. 8  
Demos completed

Sept. 21  
Final Q&A – top 2

Sept. 22  
Comparative cost model

Sept. 24  
Final selection

# Sustainability Framework

**Sustainable** = the recurring value a solution produces covers its recurring cost after grant funding ends — predictably, at rural scale, and on measured results. We hold every finalist to these four tests.

## 1 Self-Funding After the Grant

**Test:** Gains cover cost once RHTP funds end?

**Measure:** Benefit  $\geq$  operating by Year 2; break-even  $\leq$  Year 3

## 2 Grant-Timed Cost

**Test:** One-time cost absorbed in the funded window?

**Measure:** Implementation in Year 1; nothing deferred past the grant

## 3 Predictable & Rural-Right-Sized

**Test:** Fee flat, transparent, scaled to facility size?

**Measure:** No escalators or volume penalty; priced to NPR & providers

## 4 Value on Measured Outcomes

**Test:** Return tied to real results, not projections?

**Measure :** Denials  $\downarrow$  · eligibility  $\uparrow$  · throughput  $\uparrow$  · staff time  $\downarrow$  vs. baseline

# RCM Prioritization – Overall Factors

| Prioritization Category | Criteria                                   | Description                                                                            | Potential Scale (Examples)                                                                                                                                                                                                                                                                                                                                                                                          | Notes                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------|--------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rurality                | KDHE Rurality Classification (Peer Groups) | Most rural = highest priority; least rural = lowest. Score by KDHE persons/sq-mi tier. | <i>Frontier=5, Rural=, Densely-Settled Rural=3, Semi-Urban=2,</i>                                                                                                                                                                                                                                                                                                                                                   | Aligns with approach used for Ambient Listening Technology (ALT)<br><br><b>Agreed with rural designation priority</b>                                                                                                                                                                                                                                                           |
| Care Setting            | Facility / Setting                         | Score against agreed priority order Higher-priority type = higher score.               | ALT Example Priority Order:<br>1. Provider organizations with multiple rural locations with single shared EHR instance ( <b>Stay at #1</b> )<br>2. Ambulatory primary care<br>3. CCBHCs and licensed substance use disorder facilities<br>4. Independent full-time specialty clinics (including geriatrics, pediatrics, OB/GYN) ( <b>Potentially move to #2</b> )<br>5. Hospital inpatient and emergency department | Potential to move hospitals higher on list → Questions regarding how #1 gets applied -> is this a broad catch all for multiple facility types? Concerns that ALT example may have the greatest potential to drive impact but may not reflect the greatest need. How should the two be balanced?<br><br>Potential to move CCBHC/SUD facilities down, pull hospital inpatient up. |

# RCM Prioritization – Financial Performance

| Prioritization Category | Criteria                                   | Description                                                                                     | Potential Scale (Examples)              | Notes |
|-------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|-------|
| Revenue                 | Operating revenue                          | Group to set direction & bands (e.g., lower operating revenue = higher need = higher priority). | <i>Band \$ revenue to 1-5 (TBD)</i>     |       |
| Claims                  | Number of claims / month by type (IP / OP) | Higher monthly claim volume = larger RCM opportunity = higher score.                            | <i>Band monthly claims to 1-5 (TBD)</i> |       |
| Open Headcount          | Open headcount in RCM team(s)              | More vacant RCM positions = greater automation need = higher score.                             | <i>Band open FTE to 1-5 (TBD)</i>       |       |

# Emerging Technology Grant: *Revenue Cycle Management Grant*

## What comes next?

- Share final written feedback with Kristin & Martie by Monday, Sept 28
- Feedback will be compiled and applied within the application



## RCM

|                                                                        |                                    |                                            |                                              |                                                                                                                    |                                            |
|------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Eligibility<br>& Scoring<br>Criteria to<br>KDHE<br><br><i>Sept. 30</i> | RFA<br>Developed<br><br><i>TBD</i> | RFA<br>Launch<br>Webinar<br><br><i>TBD</i> | RFA<br>Responses<br>Due<br><br><i>Nov. 6</i> | <i>Vendor selection based on Anchor<br/>Hospital Advancement Program (AHAP)<br/>decision.</i><br><br><i>No RFP</i> | Grantee<br>Selection<br><br><i>Dec. 18</i> |
|------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Year-2 Meetings and Schedule

# Year 2 Meetings at a Glance

## Year 2 ETC Meeting Schedule: Draft for Feedback



### In Person

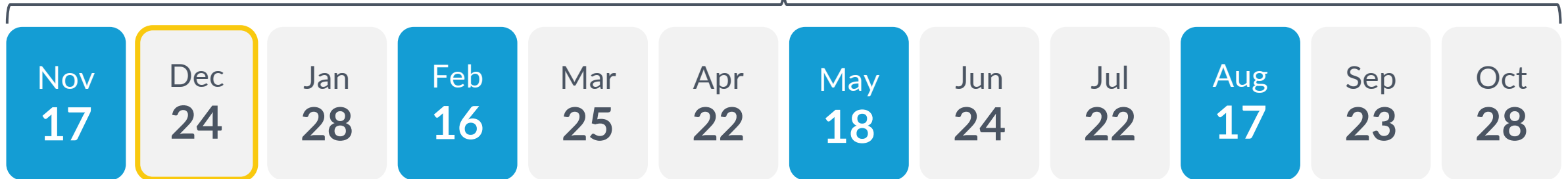
Third Tuesday of the month, once a quarter,  
12:00pm – 4:00pm, starting in November.



### Virtual

Fourth Thursday of the month, 1-3 p.m., in all  
other months

*November 2026 – October 2027*



 In person

 Virtual



# KANSAS

**RURAL HEALTH** TRANSFORMATION

## Upcoming Events and Next Steps

# Webinar: Decision Making at the Point of Care: Leveraging Real Time Data & AI – What is Possible for Rural Healthcare?



Center for Rural  
Health Innovation  
A BioSTL Initiative

- **Date:** Tuesday, Sept. 29, 2-3 p.m. CT
- **Featured Speaker:** Roberta Schwartz, EVP and Chief Innovation Officer, Houston Methodist
- **Cost:** Free
- This candid 60-minute session was built for RHTP stakeholders by The Center for Rural Health Innovation. It will cover:
  - What is realistic today versus what is still aspirational?
  - Data foundations, governance and vendor evaluation considerations
  - Measuring ROI and sustaining AI investments beyond grant funding

# Rural Health Summit Objectives



**bioStl**  
At the Center of U.S. Bioscience

- **Showcase curated innovation aligned with RHTP priorities**
- **Accelerate and inform your State's Year 2-3 RHTP outcomes**
- **Knowledge sharing: what is working/what is not**
  - Curated national case studies for state RHTPs to leverage & CMS updates
  - How are different states implementing RHTP: Program updates by State RHTP leaders
- **Answers to big questions every state is asking**
  - How to leverage RHTP funding to shore up rural healthcare before cuts arrive
  - How to build path to sustainability before RHTP funding runs out



# 2026 Rural Shopping List

Burning Innovation Priorities of  
Rural/RHTP Partners: Missouri &  
Kansas

## **Deliver Near Term Financial and Operational Lift**

- 1. Revenue Cycle Optimization**
- 2. Workforce Extension**
- 3. Workforce Augmentation**

## **Build Sustainable, Future Model of Care**

- 1. Strengthening and Transforming Primary Care and Workforce Activation**
- 2. Value-Based Care Readiness**
  - a. Data & Infrastructure Backbone
  - b. Interoperability
  - c. Predictive Modeling
  - d. Connected, Site-Agnostic Care Delivery

**Leveraging AI to address above pain points**



# Case Studies Featured at Summit

- 1. How Kansas' CCA convened rural providers, improved quality and built a high performing CIN: CCA Leadership - Dr. Bob Moser, Jodi Schmidt, Martie Ross, Univ. of Kansas Health System**
- 2. Rural Transportation Solution: How Oklahoma improved outcomes, increased provider revenues and lowered costs: William Paiva, Founder & Executive Director, Center for Health Systems Implementation at OSU**
- 3. Transforming Rural Primary Care w/AI: Dr. Oliver "Rocky" Mollère, System Chair, Primary Care, Ochsner Health**
- 4. How Improving Access To Health Related Social Needs improved outcomes, lowered costs, reduced unnecessary ED visits**
  - Impact Health, Western - rural North Carolina
  - Ballad Health, Virginia Dept. of Health & Hospital Assoc.- engaging community health workers
- 5. Food Is Medicine Taxonomy and program design factors for success: Impact Health Hannah Erickson, Senior Director of Innovation & Business Development**
- 6. Deployment of an innovative, AI driven technology for timely diagnosis and management of neonatal encephalopathy in limited resource rural hospitals in MO and IL: Dr. Amit M. Mathur, William J. Keenan Chair in Neonatal-Perinatal Medicine, Medical Director, NICU SSM-Health Cardinal Glennon Children's Hospital, St. Louis, MO**

# Rural Health Summit Agenda



OCTOBER 7 · WEDNESDAY

## Rural Health Summit Day 1

@ Knight Center

2:00 – 2:45 PM Registration Check In Opens

2:45 – 3:15 PM Welcome Comments

BioSTL, MO & KS: RHTP, HCT, CCA Leadership

Center for Rural Health Innovation & Summit Intro

3:15 – 4:00 PM RHTP Program Updates – multiple States

4:00 – 5:00 PM **How Kansas' CCA convened rural providers, improved quality and built a high performing CIN**

5:00 – 5:15 PM **Rural Transportation Solution: How OK improved outcomes, provider revenues and lowered costs**

Transition to Keynote

5:30 – 6:00 PM Missouri Gov Kehoe Keynote Address

6:00 – 7:30 PM Reception

OCTOBER 8 · THURSDAY

## Rural Health Summit Day 2

@ Knight Center

7:30 – 8:00 AM Networking Breakfast

8:00 – 8:30 AM National Keynote Speaker (CMS RHTP Leadership)

8:30 – 9:15 AM **Rural Case Studies: Highlights – Sign posting Poster Sessions**

9:15 – 10:15 AM **Transforming Rural Primary Care w/AI: Case Study**  
Networking Break

10:45 – 12:00 AM Rural Innovator Pitches – Session 1

12:15 – 1:15 PM Networking Lunch

1:30 – 2:30 PM **How Rural NC Improved Outcomes, Lowered Costs by improving Access To Health Related Social Needs: Case Study**  
Networking Break

3:00 – 4:15 PM Rural Innovator Pitches – Session 2  
Networking Break

4:30 – 5:00 PM From Summit to RHTP Yr 2 Outcomes: CRHI Role  
Plan and Next Steps

# Next Meeting

| 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.  | Finalize Charter; Identify Challenges and Solutions, Initial RFP Feedback |
| ETC #3  | July 9   | Virtual          | 1:00–3:00 p.m.  | Technology Discussions; Finalize 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.  | Project Updates; Refine Workplan/Budget                                   |
| ETC #6  | Sept. 24 | Virtual          | 1:00–2:30 p.m.  | Project Updates; Refine Workplan/Budget                                   |
| ETC #7  | Oct. 22  | Virtual          | 1:00–2:30 p.m.  | Final Workplan and Budget Review                                          |