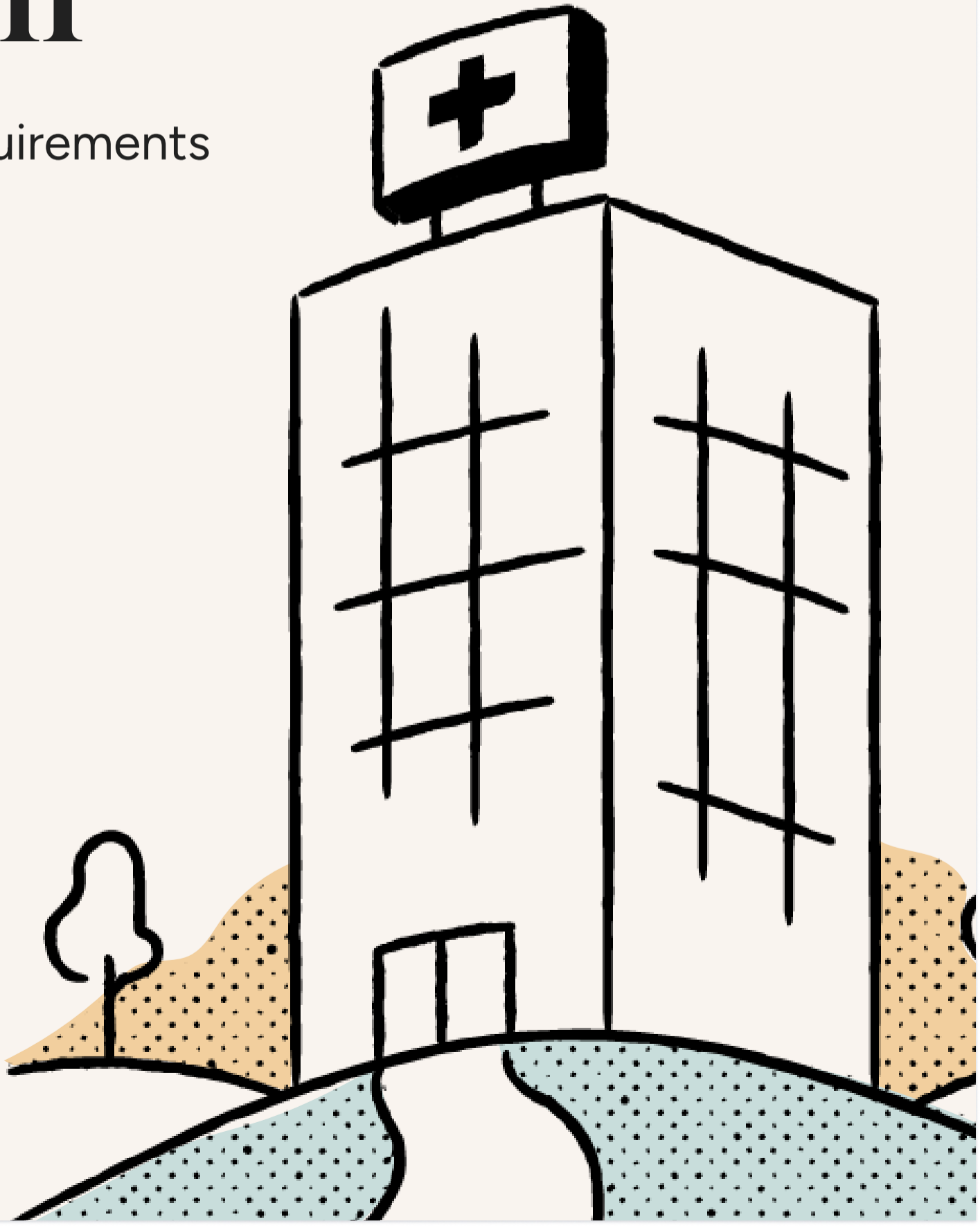


Rural Health Transformation Program

Scope of Work Requirements



This document includes Tom Solution information that demonstrate solution scope and summary of requirements to facilitate drafting of state proposals

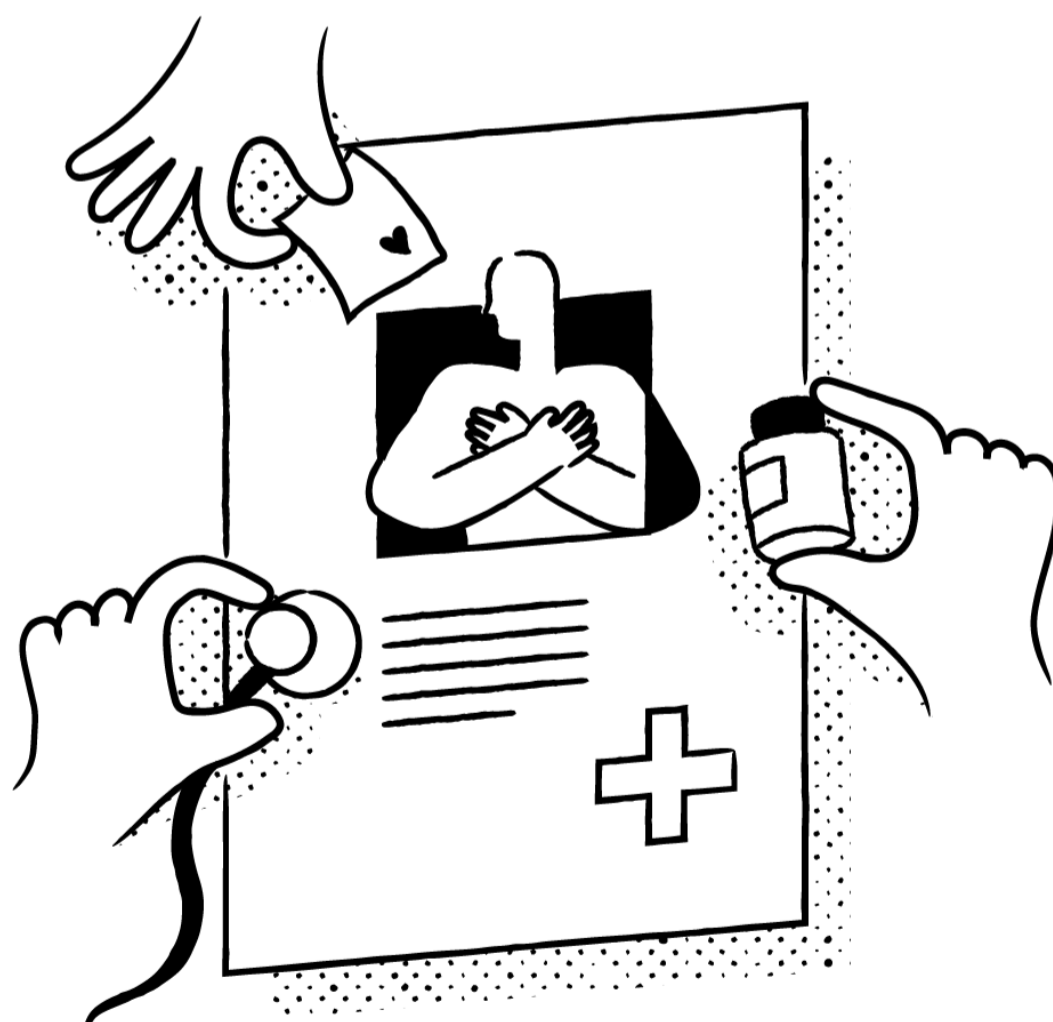
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Rural Health Commitments

A proactive, data-driven care model built for rural communities. Connecting access, coordination, and accountability across the care journey

Enable Always-On, Coordinated Access

Unified access layer connecting residents to primary, preventive, behavioral, maternal, and urgent care, local first, virtual when needed, through a coordinated experience.

Proactively Engage Every Patient

Actively identifies needs and engages all patients, regardless of risk level, through continuous outreach and care connections where they are.



Deliver 24/7 Access Through Best Next Action-Driven Care

AI-enabled decision support surfaces the right intervention, at the right time, through trusted local and virtual channels including always-available access to primary, behavioral, maternal, and urgent care support, while preserving clinical judgment.

Integrate Whole-Person, Community-Centered Care

Medical, behavioral, and social care coordinated across providers and community organizations.

Drive Longitudinal Accountability & Measurable Outcomes

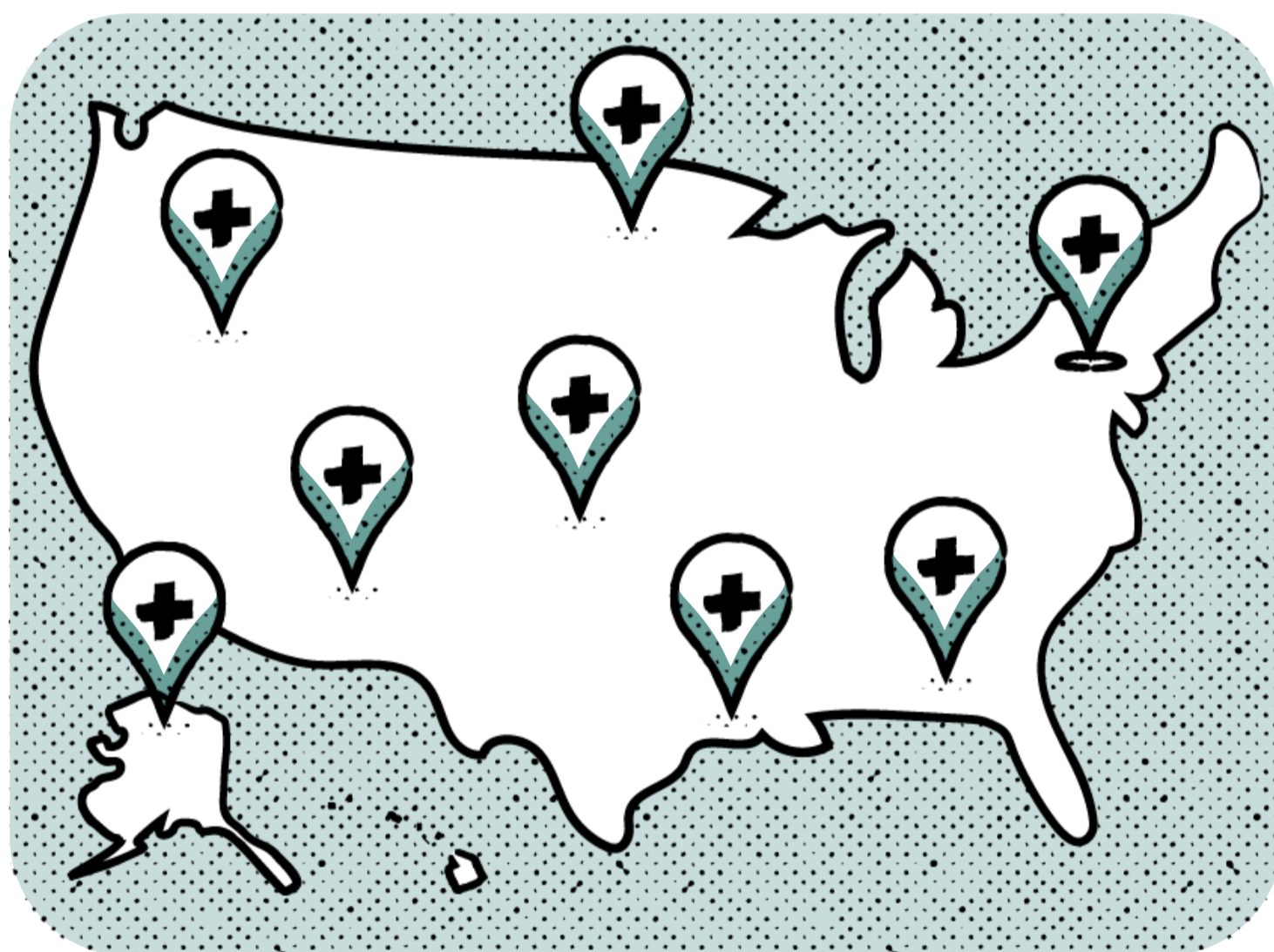
Unified records and transparent measurement of access, quality, cost, and equity with actionable dashboards—with shared accountability across partners.

| | Rural Patients | Rural Providers | Health Systems |
|-------------------|--|---|---|
| Experience | Tom keeps patients on track with proactive check-ins, evidence-based guidance, and timely support through a digitally integrated system of care | Tom empowers rural providers by reducing burden, surfacing real-time insights, and coordinating care, so clinicians can focus on patients and keep care local | Tom and CHRA increase health system market reach and growth by providing care coordination, and cross continuum engagement – Supporting market reach, patient alignment, and care retention |
| Features / Impact | <ul style="list-style-type: none"> Proactive outreach & check-ins Faster, coordinated access, & reminders Always on care source with direct connection to care services More preventive care completed | <ul style="list-style-type: none"> Less administrative burden Actions embedded in EHR Integrated digital care resources extending reach of local providers Closed-loop care coordination Data aggregation (EHR, claims, RPM) | <ul style="list-style-type: none"> Digitally integrated care ecosystem Local-first care orchestration Post-discharge & non-acute coordination at scale Interoperable integration with existing EMRs |

Integrated Primary Care and Care Orchestration Platform for Rural Health Transformation

Overview: A comprehensive, AI-enabled technology and services platform to support implementation of statewide Rural Health Transformation (RHT) initiatives. The selected vendor shall deliver capabilities that expand access to primary, behavioral, maternal, and specialty care across rural, frontier, and Tribal communities; enable regional coordination across clinics, independent providers, Tribal health organizations, health systems, and hospitals; reduce unnecessary travel and transport utilization; modernize data and analytics; and support measurable, sustainable improvements in health outcomes and cost of care.

The solution must be purpose-built for rural and frontier operating environments, including low-bandwidth connectivity, geographic dispersion, transport-dependent care delivery, and diverse governance models, while integrating seamlessly with existing state, Tribal, Medicaid, provider, and public health infrastructure without requiring replacement of core clinical systems.



Functional Scope: The Vendor shall provide:

Hybrid Care Delivery & Frontier Access Expansion

- Infrastructure supporting virtual, mobile, in-person, local, and tribal-based care
- Multi-modal patient engagement (phone, SMS, app, low-bandwidth interfaces)
- AI-enabled Best Next Action engine for symptom review, escalation, and care navigation
- Dynamic routing that accounts for weather, transport availability, and regional capacity
- Autonomous scheduling, outreach, and care-gap closure
- Rural- and frontier-optimized mobile experiences

Workforce Augmentation & Administrative Relief

- AI-enabled documentation, automation, and task orchestration
- Risk stratification and prioritization to help small teams manage large regions
- Virtual extender support (primary care, behavioral health, specialty)
- Support for team-based care models including CHAPs, nurses, and community health workers
- Workforce productivity and performance dashboards

Prevention, Wellness & Lifestyle Change

- AI-personalized health promotion and outreach
- Multi-language, low-literacy engagement tools
- Automated, behavior-responsive workflows
- Community wellness and prevention program integration
- Support for maternal, pediatric, and chronic disease prevention initiatives

Innovation & Statewide AI Ecosystem

- Cloud-native, API-first architecture
- Multi-agent AI orchestration layer
- Sandbox and testbed environment for rural and frontier innovation
- Scalable statewide infrastructure that supports future pilots and partners
- Secure integration of emerging technologies and devices

Mobility, Transportation & Community Coordination

- Transportation referral, routing, and coordination (including air/ground transport)
- Closed-loop trip confirmation and follow-up
- AI-assisted transport decision support to reduce unnecessary travel and medevacs
- No-show mitigation and missed-appointment analytics
- Multi-agency coordination (Tribal health, public health, community services)

Chronic Disease, Behavioral Health & Economic Mobility

- Integrated clinical, behavioral health, and community-based workflows
- Predictive and prescriptive risk stratification
- Best-next-action workflows for recovery, stabilization, and follow-up
- Closed-loop referrals to Tribal and community supports
- Linked health, utilization, and economic outcome analytics

Data, Interoperability & Analytics

- Data ingestion and normalization across State, Tribal, Medicaid, provider, and public health, and provider systems
- FHIR-based unified longitudinal patient record
- Real-time dashboards for providers, regions, Tribal partners, and the State
- Predictive and prescriptive analytics for access, utilization, and outcomes
- Analytics-driven workflow execution and performance management

Value-Based Care Enablement

- Automated gap detection and outreach
- Best Next Action support for chronic disease, maternal health, and behavioral health
- Attribution and risk stratification across regional populations
- Population-level intervention automation
- Value-based financial and clinical analytics aligned to Medicaid and CMS RHT reporting

Program Integrity : The Vendor shall provide:

- Program and project management services
- Statewide and regional data integration and onboarding
- Configuration of Best Next Action and AI models
- Workflow design and optimization for frontier settings
- Training and change management for State, Tribal, and provider users
- Ongoing support, updates, and continuous improvement

Program Integrity Scope: Fraud Prevention

- Real-time anomaly and outlier detection
- Cross-data reconciliation (claims, encounters, transport, RPM, clinical events)
- Predictive risk scoring for fraud, waste, and abuse
- Detection of duplicate, inconsistent, or inappropriate service patterns
- State, regional, Tribal, and provider-level integrity dashboards
- Automated audit packets and escalation workflows

Requirements : Integrated Primary Care and Care Orchestration Platform

Care Delivery & Access Expansion

- 1.1 Vendor must provide a hybrid care delivery platform supporting virtual, mobile, and in-person modalities.
- 1.2 Vendor must support multi-modal and multi-lingual patient engagement (SMS, phone, email, app, portal) including low-bandwidth options.
- 1.3 Vendor must provide an AI-driven engine that continuously identifies, prioritizes, and initiates patient-specific care steps.
- 1.4 Vendor must support dynamic AI navigation and symptom review, including routing to appropriate care settings based on clinical risk and operational capacity.
- 1.5 Vendor must autonomously initiate patient outreach, scheduling, reminders, and care-gap closure workflows.
- 1.6 Vendor must provide continuous patient monitoring and risk detection using ADT events, clinical, claims, behavioral, and contextual data.
- 1.7 Vendor must provide multi-modality engagement experiences optimized for rural connectivity constraints.

Mobility, Transportation & Social Care Coordination

- 2.1 Vendor must provide a transportation referral, ordering, and scheduling platform linking NEMT, transit programs, volunteer drivers, and community transport.
- 2.2 Vendor must provide closed-loop transportation confirmation linked to the associated care event.
- 2.3 Vendor must provide AI that triggers need-based transportation workflows automatically when a care interaction is due.
- 2.4 Vendor must have workflows for transportation-related no-show risk and initiate automated mitigation pathways.
- 2.5 Vendor must orchestrate tasks across multiple agencies (NEMT, transit, human services, community orgs).
- 2.6 Vendor must provide analytics to identify access gaps, mobility barriers, and transportation-related care disruption.

Requirements : Integrated Primary Care and Care Orchestration Platform

Workforce Augmentation & Administrative Relief

3.1 Vendor must provide AI-enabled documentation support (transcriptions, summarization, coding support, clinical data extraction, structured notes).

3.2 Vendor must provide automated task workflow creation and completion to reduce manual administrative burden.

3.3 Vendor must provide Best Next Action prompts that surface in clinical workflow and guide preventive, chronic, and behavioral health care.

3.4 Vendor must support virtual workforce extenders, including 24x7 support, behavioral health, specialty care, care navigation, and symptom review.

3.5 Vendor must provide rising-risk prediction models that automatically trigger proactive outreach workflows for patients, and attributed clinicians.

3.6 Vendor must provide workforce dashboards showing task load, time savings, care team performance, and capacity expansion.

Data, Interoperability & Analytics Requirements

4.1 Vendor must ingest, normalize, and reconcile data from EHRs, Medicaid, HIE, hospital systems, SDoH networks, payors, claims feeds, and devices.

4.2 Vendor must provide a FHIR-compliant longitudinal patient record integrating data from multiple sources.

4.3 Vendor must provide real-time dashboards for state, regional, and provider users with customizable segmentation.

4.4 Vendor must provide an AI decision layer that converts insights into patient-specific tasks, outreaches, escalations, and care pathways.

4.5 Vendor must provide predictive and prescriptive analytics capable of automatically initiating interventions.

4.6 Vendor must provide closed-loop integration so analytics can directly execute workflows without manual intervention.

Requirements : Integrated Primary Care and Care Orchestration Platform

Value-Based Care Enablement

5.1 Vendor must automatically detect quality gaps across CMS, HEDIS, UDS, state measures.

5.2 Vendor must automatically initiate gap-closure tasks and patient outreach.

5.3 Vendor must provide continuous measure recalculation and real-time patient status.

5.4 Vendor must provide automated attribution and measure tracking.

5.5 Vendor must provide patient-level behavioral nudges (reminders, education, self-scheduling).

5.6 Vendor must support advanced VBC analytics including cost, utilization, disparities, and ROI.

5.7 Vendor must support automated population-level interventions.

Chronic Disease, Behavioral Health & Economic Mobility

6.1 Vendor must provide predictive + prescriptive risk models for chronic disease, SUD, mental health, and social needs.

6.2 Vendor must initiate Best Next Action engagement when patients qualify for recovery, chronic care, or employment-related supports.

6.3 Vendor must support closed-loop referrals across clinical, behavioral health, recovery, workforce, and employer partners.

6.4 Vendor must detect adherence, transportation, behavioral health, or social barriers and automatically assign tasks across agencies.

6.5 Vendor must provide dashboards linking health outcomes with employment and economic progress.

Prevention, Wellness & Lifestyle Change

7.1 Vendor must support personalized preventive care pathways.

7.2 Vendor must support AI-personalized recommendations for screenings, nutrition, activity, and wellness.

7.3 Vendor must dynamically adapt outreach cadence based on patient risk and engagement.

7.4 Vendor must integrate with nutrition/activity tracking tools and community programs.

7.5 Vendor must provide low-literacy, multilingual and multi-channel (video / text) interfaces optimized for rural populations.

Requirements : Integrated Primary Care and Care Orchestration Platform

Innovation & AI Ecosystem

8.1 Vendor must use an API-first, cloud-native architecture supporting modular plug-ins.

8.2 Vendor must provide an AI orchestration layer capable of coordinating tasks across EHRs, devices, analytics, and communication channels.

8.3 Vendor must support multi-agent architectures.

8.4 Vendor must provide a sandbox/testbed for pilot testing new technologies.

8.5 Vendor must provide predictive + prescriptive models tightly coupled with automated execution engines.

8.6 Vendor must support statewide scalability and technology commercialization.

Program Integrity & Fraud Prevention

9.1 Vendor must support detection of anomalous utilization patterns inconsistent with clinical risk, provider norms, or expected care pathways.

9.2 Vendor must support identification of potential improper billing events by aligning workflows, clinical documentation, patient engagement events, and claims.

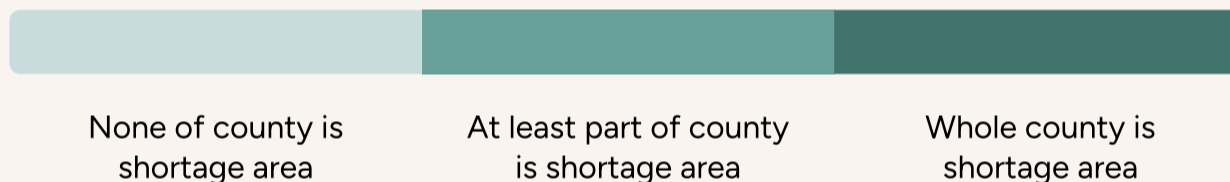
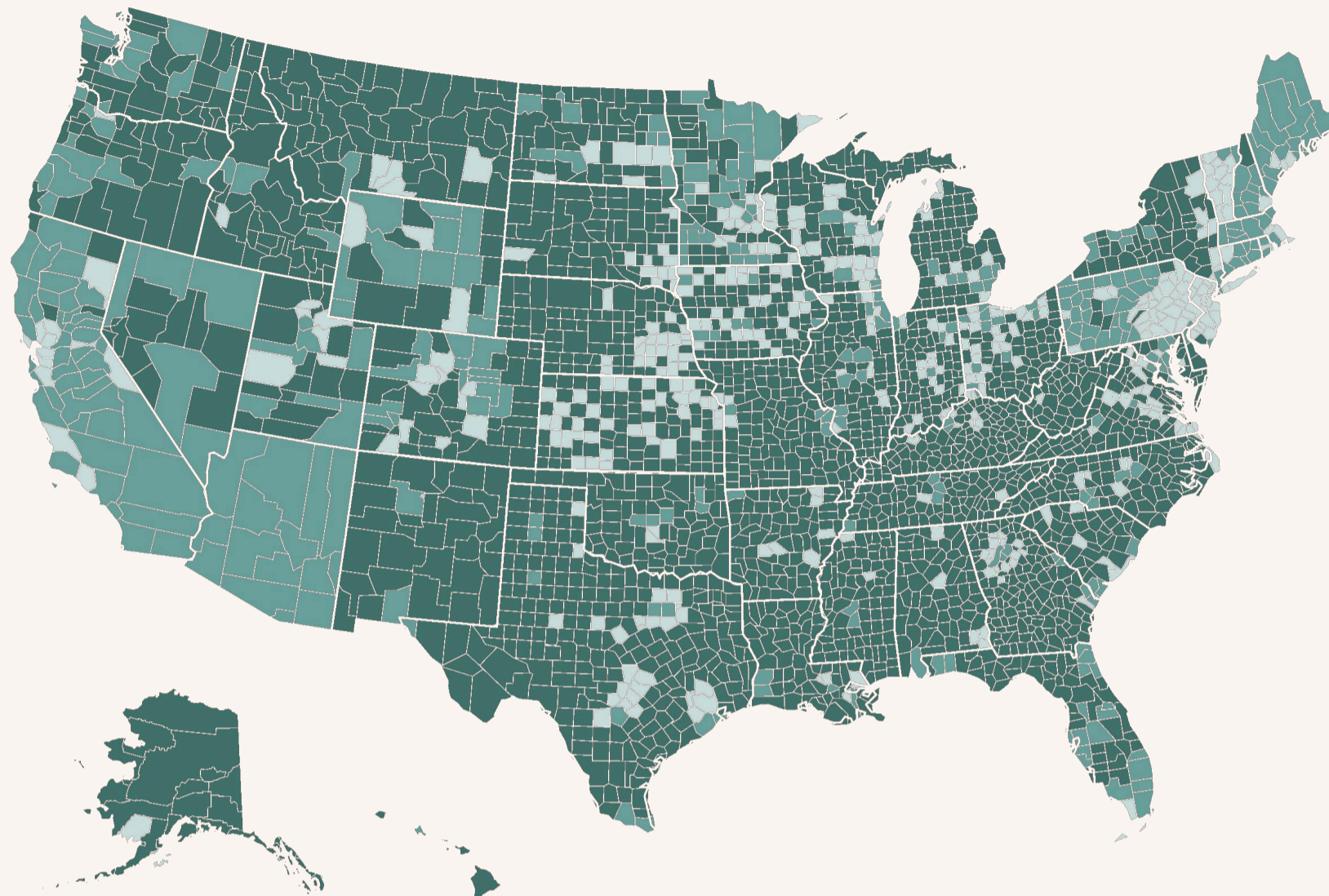
9.3 Vendor must support surfacing high-risk patterns (e.g., duplicate claims, excessive service ordering, transportation misuse, opioid or behavioral health anomalies).

9.4 Vendor must support real-time state dashboards for outlier detection and program-integrity alerts.

9.5 Vendor must support automated escalation pathways and documentation for review teams.

9.6 Vendor must support identification of patterns of waste, abuse, or improper utilization that reduce quality, increase cost, or undermine VBC incentives.

Health Professional Shortage areas by county



Source: [Health Professional Shortage Areas: Primary Care, by County, July 2025.](#)

About Lumeris:

Lumeris is a physician-first healthcare transformation company based in St. Louis, Missouri, with more than 15 years of proven leadership in healthcare operations and value-based care enablement.

Founded by doctors and guided by deep clinical, operational, and technical expertise, we help health systems and physician organizations deliver better outcomes, lower costs, and a better experience for patients and providers.

Today, we're combining our legacy of success with the power of AI to pioneer Primary Care as a Service (PCaaS)—expanding access, reducing burden, and making it easier for physicians to focus on what matters most: caring for people.



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