



Briea for Rural Health Transformation (RHT)

The Execution Infrastructure That Converts \$50B Funding Into Measurable Outcomes

Proactive | Omnichannel | Multilingual | CMS-Aligned | Built for RHT

**THE \$50 BILLION PROGRAM WILL NOT FAIL ON FUNDING.
IT WILL FAIL ON EXECUTION.**

Rural Health Transformation Program — Now Live. · \$50 Billion · \$10B/year · FY2026–FY2030 · CMS-Governed
· Performance-Linked

States Are Now Accountable. Not for Plans — for Outcomes.

On July 4, 2025, President Trump signed the One Big Beautiful Bill Act (Public Law 119-21), creating the Rural Health Transformation Program — the largest federal investment in rural healthcare in American history. \$10 billion per year, FY2026 through FY2030, administered by CMS's Office of Rural Health Transformation. All 50 states applied. All 50 received awards averaging \$200 million per state in Year 1.

Every dollar is accountable to measurable outcomes across five pillars: chronic disease management, behavioral health, preventive care adherence, technology effectiveness, and workforce sustainability. Funding continuation depends on demonstrated results — not good intentions.

46% of rural hospitals operating in the red; 432 vulnerable to closure <i>(Chartis, Feb 2025)</i>	756 rural hospitals at risk — 323 face closure within 3 years <i>(CHQPR, 2025)</i>	\$87B projected rural hospital revenue losses, 2025–2034 <i>(Urban Institute, 2025)</i>
\$100B+ lost annually to medication non-adherence; 100,000+ preventable deaths/year <i>(NIH; Magellan Health)</i>	61.85% of all U.S. Mental Health Shortage Areas are in rural geographies <i>(HRSA, 2024)</i>	80% of rural Americans live in medically underserved areas <i>(BCBSA, 2024)</i>

The Root Cause Is Not Clinical. It Is Operational.

Clinicians are skilled. Plans are written. Prescriptions are issued. But between the clinical encounter and the patient's kitchen table — where the medication is or isn't taken, the lab order is or isn't completed, the follow-up is or isn't scheduled — there is a structural void. No platform reaches rural patients before the crisis, not after.

WHAT FALLS INTO THE VOID - Medications not taken as prescribed - Diagnostics ordered but never completed - Follow-up appointments missed or forgotten - Behavioral health decline undetected for weeks - Care plans never revisited after discharge	WHAT THIS COSTS \$7,000+ annual excess cost per non-adherent diabetic <i>(AdereTech)</i> \$15K–\$18K per single preventable readmission <i>(MedPAC)</i> \$19,000 annual excess cost per unmanaged behavioral health case <i>(AdereTech)</i>
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Briea Is the Execution Infrastructure RHT Is Missing. Not a telehealth platform. Not a wellness app. Not a reporting tool. Briea is the proactive execution layer that ensures healthcare actually happens — for every patient, in every county, 365 days a year.

The RHT Program Requires Measurable Outcomes Across ≥3 Use-of-Funds Categories. Briea Directly Addresses All Five — Built for This Purpose.

RHT NOFO — Use of Funds Category A

PILLAR 1: Prevention & Chronic Disease Management

What Is at Stake

- \$100B+** lost annually to non-adherence (*NIH*)
- \$7,000+** excess cost per non-adherent diabetic (*AdereTech*)
- \$15K–\$18K** per preventable readmission (*MedPAC*)
- 50% of chronic patients do not adhere globally; rural rates higher

What Briea Delivers — Directly

- Dynamic 1-year care plan auto-built at intake — updated weekly
- Proactive outreach engine — voice, WhatsApp — retries until completion
- Diagnostics execution — HbA1c, lipid panels, BP checks tracked until confirmed
- Care is not prescribed and forgotten. It is executed and verified.

RHT NOFO — Use of Funds Category C

PILLAR 2: Consumer-Facing Technology Solutions

What Is at Stake

- ~60% of rural households lack broadband adequate for standard telehealth
- App-dependent platforms exclude elderly, low-literacy, Spanish-speaking populations
- Zero engagement = zero CMS-reportable outcomes

What Briea Delivers — Directly

- WhatsApp-native full care delivery — zero app download required
- Voice-first AI interaction — natural conversation for seniors & low-tech populations
- Zero infrastructure dependency — one mobile phone with basic data is all that's needed
- Briea is the only platform in the U.S. delivering full clinical pathways through WhatsApp.

RHT Strategic Goal — Make Rural America Healthy Again

PILLAR 3: Behavioral Health

What Is at Stake

- 61.85%** of all U.S. Mental Health Shortage Areas are rural (*HRSA, 2024*)
- \$19,000** annual excess cost per unmanaged behavioral health case (*AdereTech*)
- Stigma, lack of anonymity, zero provider access — most patients never self-identify until crisis

What Briea Delivers — Directly

- Validated screening in every care cycle — PHQ-9, GAD-7, PSS-10, PSQI, WHO-5
- Proactive check-ins via private voice & WhatsApp — no self-report dependency
- Structured escalation pathways — flags tracked until resolution or clinical referral
- Every interaction timestamped and CMS-reportable automatically

PILLAR 4: Technology & CMS Reporting (Category D)

- Time-stamped interaction logs generated automatically as care is delivered
- Adherence tracking, escalation records, and population dashboards in real time
- CMS-ready evidence — no manual reporting burden, no retroactive reconstruction
- EHR integration layer (HL7/FHIR) — no workflow disruption

PILLAR 5: Workforce Sustainability (Categories B & E)

- Automates all routine outreach, follow-up, and monitoring — zero staff time on chasing
 - Higher CCM completion rates → more CPT codes billed per coordinator
 - Improves HEDIS and STAR scores → protected reimbursement revenue
 - PMPM model aligns directly with Category B allowable Provider Payment structures

WHY NOTHING ELSE IN THE UNITED STATES DOES THIS FOR RURAL HEALTH

Three Structural Capabilities. No U.S. Competitor Offers All Three.

01 PROACTIVE OUTREACH ENGINE — *The Platform That Calls First*

Every other digital health platform in the United States is reactive. It sends a notification and waits. In rural America — where patients work physically demanding jobs, live in low-connectivity environments, and are not monitoring health app alerts — waiting is operationally equivalent to never reaching the patient at all.

Briea initiates. On the scheduled date and time, Briea reaches out first — across voice, text, and WhatsApp. If unanswered, it retries at structured intervals until contact is made. Clinical staff receive exception summaries, not outreach logs. No staff time consumed. No patient passively lost.

This single inversion — from reactive to proactive — is the mechanism through which adherence actually happens at population scale in rural environments.

02 WHATSAPP-NATIVE FULL CLINICAL CARE DELIVERY — *Exclusive to Briea in the U.S.*

No U.S. platform currently delivers a complete clinical care pathway — reminders, care plans, behavioral health screening, diagnostic follow-up, escalation protocols, and interaction logging — through WhatsApp without an app download or account setup. Briea does. Exclusively.

With approximately 40% of rural households lacking adequate broadband for standard telehealth, WhatsApp-native delivery determines whether a rural health program reaches its enrolled population or a fraction of it.

Every competitor requires something the rural patient may not have. Briea requires only what virtually every rural patient already has: a mobile phone with basic data and WhatsApp installed.

03 MULTILINGUAL AI AT CLINICAL FIDELITY — *41 Million Americans Cannot Wait for a Translator*

Over 41 million native Spanish speakers live in the United States (U.S. Census Bureau). A disproportionate number work in rural agricultural, food processing, and service economies — precisely the populations at the intersection of chronic disease burden and RHT's equity mandate.

Briea delivers dynamic, real-time AI conversation in Spanish and all major global languages — not pre-translated static content, but contextually intelligent, clinically accurate interaction in the patient's own language.

No other U.S. platform combines multilingual AI conversation with WhatsApp-native delivery and proactive outreach simultaneously. Briea does — in a single integrated system.

Why Assembling Multiple Vendors Cannot Achieve the Same Result

Some RHT implementers will attempt to stitch together a reminder platform, a telehealth tool, a behavioral health app, a care coordination dashboard, and a translation service. This will fail for three specific reasons:

- Each point solution requires separate patient onboarding — destroying the low-friction access rural populations require.
- No integrated intelligence exists across disconnected systems. Briea's dynamic care plan updates in real time across behavioral health scores, diagnostic results, and medication adherence simultaneously.
- The audit trail fragments across platforms — making CMS-reportable documentation labor-intensive, inconsistent, and legally fragile.

Briea is a single system. One enrollment. One interaction history. One dashboard. One audit trail. One PMPM contract. One CMS-compliant evidence stream — generated automatically, as care is delivered.

FULL BRIEA PLATFORM — COMPLETE CAPABILITY REFERENCE

PRIMARY FOR RHT EXECUTION:

Proactive voice & WhatsApp outreach | Dynamic 1-year care plans | Behavioral health screening (PHQ-9, GAD-7, PSS-10, PSQI, WHO-5) | Diagnostic adherence management | Multilingual AI conversation | EHR & payer integration (HL7/FHIR) | Population-level CMS dashboards | PMPM commercial structure

AVAILABLE WHERE RHT STATE PLANS SUPPORT BROADER WELLNESS MANDATES:

Structured fitness programming | AI-guided nutrition & weight management | Home care & senior citizen engagement | DIY & coach-enabled care delivery | Consumer wellness rewards & family health support

THE DECISION EVERY RHT STATE, HOSPITAL, FQHC AND ACO NOW FACES

Awards are distributed. CMS monitoring has begun. The five-year clock is running. The only remaining question is whether the execution infrastructure you deploy will produce the outcomes CMS measures — or produce another well-intentioned program that leaves the gap exactly where it found it.

The Financial Logic Is Decisive

\$2.4M–\$3.6M annual CMS readmission penalty exposure per hospital <i>(CMS; MedPAC)</i>	\$450K–\$900K saved/year from a 10% reduction in avoidable readmissions <i>(AHRQ HCUP; MedPAC)</i>	\$19,000 excess costs avoided per behavioral health case identified before crisis <i>(AdereTech)</i>	\$100B+ in medication non-adherence costs — rural populations carry disproportionate share <i>(NIH)</i>
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Briea's PMPM deployment is recovered many times over — through penalties avoided, readmissions prevented, reimbursement metrics strengthened, and clinical staff hours recaptured from administrative outreach and redirected to high-value care.

For state RHT program officers: Briea is a Category B-aligned, PMPM-structured deployment that generates time-stamped, patient-level, population-scale evidence your CMS annual reporting obligations demand — generated in real time as care is delivered, not retrospectively assembled.

Deployment Is Immediate. No Pilot Phase. No Build Risk. No Patient Training.

FOR THE PATIENT	FOR CLINICAL STAFF	FOR ADMINISTRATORS
- No app to download - No account to create - No broadband needed - No tech literacy required - No patient training required <i>Briea reaches them — in their channel, in their language, on the day the care plan requires it.</i>	- No outreach calls to make - No follow-up logs to maintain - No manual documentation - No workflow disruption - No new staff required <i>Staff receive exception reports — only patients needing clinical judgment, flagged with full context.</i>	- No audit trail to assemble - No reports to manually compile - No documentation to reconstruct - Real-time dashboards active - CMS reporting ready on demand <i>Every interaction timestamped and structured — accountability built in from Day 1.</i>

<u>ZERO ADDITIONAL FRICTION</u> - No new clinical staff required - No patient app downloads required - No broadband upgrades required - No disruption to existing workflows - No months-long implementation delay - Briea connects to your enrolled population and begins reaching patients from Day 1.	<u>WHO SHOULD TALK TO BRIEA NOW</u> - State RHT program teams seeking Category B-aligned technology execution - Rural hospitals & CAHs exposed to CMS readmission penalties - FQHCs, ACOs & Medicaid MCOs serving rural chronic disease populations - Population health contractors & digital health deployment partners - Healthcare technology integrators seeking white-label RHT platform
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There Is Nothing Like Briea for Rural Health Transformation in the United States.

Proactive · Omnichannel · Multilingual · WhatsApp-Native · CMS-Aligned · Deployed Today

Make Rural America Healthy Again — with the only platform purpose-built to execute it.

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"Healthcare doesn't break at the point of care. It breaks in the days, weeks, and months after. Briea ensures it never does."

Briea is a health technology initiative of Anant Softech Private Limited. Briea does not provide billable clinical services and does not submit claims. All clinical billing and practitioner supervision is performed by licensed U.S. providers in accordance with applicable CMS requirements.