

Navigating the Fog: How Health Plans Can Succeed Through Policy and Market Shifts

February 19, 2026

- 1. Given all of the impacts to revenue that we're seeing for health plans and all the challenge that they're facing, what's the experience of your company as to what the biggest levers are that if you pull on that lever, you're going to see the biggest results, the highest decrease in costs or the highest improvements?**

That's tough because it does feel like there is no one big bang area where you can work on your risk adjustment strategy. Risk adjustment is critical, don't get me wrong, but I think it's important to understand what the risk adjust is what the risk fees and payments have in terms of your business bottom line, especially in the Medicare Advantage base. I would say across the board what we're seeing is a consolidation and streamlining of the integration. Making sure that as you're working across, you know, especially with these shifts, you may need to start working with vendors differently. So, where you were asking them to do chart reviews in the past, maybe you need to work with them or maybe they're shifting their business model.

- 2. Where do you focus if you've got a limited amount of capital and you also have to make some of the operational changes and the technology changes. Where do you put your money into which line of business for the next five years? What's going to be the best return do you think if you're doing it right?**

I think as a health plan you really got to figure out what your core competencies are and what can you do is set apart what's a commodity versus what's available in the community. I'm a huge believer in California's delegated model. And I think it makes a lot more sense for the health plans to be doing oversight, robust and strong oversight of delegation, but also making their member services best in class, making sure that their provider relations is again also first in class.

It's amazing that in 2026 you know the big provider issues are still getting their claims paid right, getting their capitation checks on time and being able to make referrals in an easy way. So those are the things I would concentrate on.

- 3. Where things are going right now, we see a lot of health plans that are looking at and saying is that something I want to do? What do you think health plans should be doing if they get a inquiry from a large provider system asking to partner?**

I think if you can expand your HMO model for MA as opposed to PPO it would be a winning combination if you have a hospital partner that is willing to do what needs to be done to reduce readmissions and avoidable admissions. You know that is where the savings still are.

4. What do you think are going to be some of the best practices for health plans as they look to incorporate AI in the front end?

We've actually worked with a partner on that for our call center capabilities where they made it sort of an adaptable model with using these AI agents in the call center to be able to support simpler requests and also allowed it to be easily opted out so that user such that, somebody calls in who felt that they were uncomfortable even with those easy requests were fine, but feel satisfaction.

When people are choosing it, it is working on those simpler tasks. We haven't started shifting into attempting to use those AI agents and tools to be able to do more complex call center type functions, but the fact that people who are using it are finding it. Meeting the need is a great proof point to be able to even expand there. And potentially what I think it needs is marketing to be able to have the plan share the outcomes right and have people say, look, I used it, it was successful, it met my need. It's not something that is going to be a risk of giving you bad information when you're handling those simple elements, so.