

Current research agenda for health plan leaders

Topic	What we're researching	Why it matters
Medicare Advantage (MA) market outlook	<ul style="list-style-type: none"> What is the state of the current MA competitive landscape? What are the major changes impacting the MA regulatory environment? How are MA plans evolving their approach to product design? Where/how do MA plans pivot in a new growth environment? 	Given rising medical loss ratios and recent policy changes impacting risk adjustment, part D, and Star ratings, MA plans are facing major headwinds. Health plans must understand the shifting landscape to pursue sustainable growth in the MA market.
Employer-sponsored insurance (ESI) market outlook	<ul style="list-style-type: none"> What are the top trends and priorities within employer health benefits? How can plans incorporate transparency and steerage in commercial benefit design to help contain rising costs? What are employers' current approaches to high-cost drug spend? 	Employer-sponsored insurance (ESI) faces mounting challenges as enrollment stagnates and employers intensify cost-control efforts. To remain competitive, plans must anticipate market shifts, adapt product strategies, and identify new levers for sustainable growth in the ESI segment.
Regulatory landscape and impact on government LOBs	<ul style="list-style-type: none"> What are the major provisions in OBBBA for health plans? What should plans be watching in the regulatory landscape? What have we learned from past work requirements and ACA subsidies? How will Medicaid and Marketplace plans adapt to the changing landscape? 	OBBBA introduces structural changes that could reshape eligibility, enrollment, and benefit design across Medicaid and ACA Marketplaces. Understanding these impacts is critical for leaders to anticipate enrollment volatility, adjust product strategies, and prepare for potential inflection points in state and federal policy.
Health plan operational efficiency	<ul style="list-style-type: none"> Where are the key areas that health plans can improve processes? How can plans use AI to find operational efficiencies? How much cost can be reduced by optimizing operational processes? 	Operational inefficiencies drive up administrative costs and erode margins for health plans. As competitive pressures and regulatory requirements increase, plans must streamline workflows, reduce manual processes, and leverage AI to automate tasks.
AI for clinical and coverage decision-making	<ul style="list-style-type: none"> How are stakeholders investing in AI for clinical decision-making? What are their plans, partnership strategies, and barriers to adoption? What potential futures and inflection points should leaders anticipate? 	AI is reshaping clinical decisions. Health plan leaders must understand how this affects evidence generation, product adoption, and payer-provider dynamics.
AI in revenue cycle and payment integrity	<ul style="list-style-type: none"> How is AI transforming revenue cycle management, including claims processing, coding, and prior authorization? How does AI enhance payment integrity by detecting underpayments, fraud, and missed reimbursement opportunities? 	AI-driven revenue cycle and payment integrity tools impact how providers get paid and how value is assessed. Health plan leaders must align pricing, contracting, and value propositions with these evolving systems.
Specialty pharmacy trends	<ul style="list-style-type: none"> What are the current dynamics impacting the specialty pharmacy market? What key trends do we see in health system-owned specialty pharmacies? 	Specialty drugs now account for over half of U.S. drug spending. Health plans must understand the costs and landscape of these drugs, as well as who is administering them, to potentially curb spending.