

Payer Perspectives

Executive Takeaway

The relationship between payers and health systems is rapidly shifting from a contracting-focused model to a strategic partnership model centered on affordability, population health, data transparency, value-based care, and AI-enabled innovation. Organizations that collaborate on shared outcomes rather than negotiate solely on reimbursement will be best positioned for success.

Questions To Take Back To Your Organization

1. How collaborative are our payer relationships today?
 2. Where can greater flexibility improve member or employee outcomes?
 3. Are we effectively using data to demonstrate value?
 4. What AI use cases could improve efficiency or engagement?
 5. How will our organization participate in future value-based care models?
-

Key Considerations

1. Collaboration Is Replacing Traditional Payer-Provider Tension

Panelists from Anthem, Aetna, and EHN emphasized that successful relationships now depend on:

- Early stakeholder engagement
- Open communication
- Joint problem-solving
- Shared responsibility for affordability and outcomes

Takeaway: The most successful health systems view payers as strategic partners, not vendors.

2. Flexibility Is Becoming a Competitive Differentiator

Payers are increasingly willing to support:

- Custom network arrangements
- Provider-owned health plans
- Alternative reimbursement models
- ACO and shared-risk relationships
- Employer-specific benefit strategies

Takeaway: Health systems have more flexibility today than they did 5-10 years ago to design innovative partnerships and employee health solutions.

Key Considerations (continued)

3. Data Has Become a Strategic Asset

Organizations are leveraging data to:

- Demonstrate value
- Guide population health strategies
- Drive employer purchasing decisions
- Improve consumer engagement
- Measure performance outcomes

Takeaway: Future partnerships will be built as much on analytics and transparency as on reimbursement terms.

4. Affordability Remains the Shared Challenge

Discussion consistently returned to:

- Healthcare cost pressures
- Regulatory changes
- Government funding impacts
- Alternative funding approaches
- Value-based care

Takeaway: Affordability is no longer solely a payer concern. It is a shared business challenge requiring joint solutions.

5. AI Is Moving From Experimentation to Impact

Examples discussed included:

- Revenue cycle optimization
- Coding automation
- Member engagement
- Administrative efficiency
- Workforce productivity

Notable example:

- OhioHealth's use of Hippocratic AI for member outreach reportedly generates longer engagement times and scalable consumer interactions with human escalation pathways when needed.

Takeaway: AI is expected to become a major operating lever for both payers and providers over the next several years.

In Summary

Collaboration is the new competitive advantage.

Health systems and payers that solve problems together will outperform those focused solely on contract negotiations.

Value-based partnerships will continue to expand.

ACOs, shared-risk arrangements, and provider-owned plan models remain key growth areas.

Employers are demanding more flexibility.

Customized networks, carve-outs, and innovative benefit structures are becoming increasingly common.

Data is becoming the currency of partnership.

Organizations that can demonstrate performance and value through analytics will have a strategic advantage.

AI adoption is accelerating.

Leading organizations are already using AI to improve administrative efficiency, consumer engagement, and operational performance.

The future payer-health system relationship is moving beyond reimbursement discussions toward shared accountability for affordability, member experience, population health, and long-term sustainability. Organizations that embrace collaboration, data-driven decision making, and innovation will create the strongest competitive position in the years ahead.