



Stop Engaging, Start Activating; The New Architecture of Medicare Advantage Performance

From outreach to outcomes: rethinking how plans drive sustainable performance



The Intersection of Persistent Challenges in Medicare Advantage

Cost pressure in Medicare Advantage is no longer cyclical—it's structural. What's changed is not the existence of these pressures but their convergence; creating a gap that operational efficiency alone cannot close

- Medical cost trend continues to outpace revenue
- Utilization is rising across inpatient, specialty, and pharmacy
- Payers are absorbing higher-cost members and increased volatility
- Administrative efficiency alone cannot close the gap

The Critical Question

Where does action translate to economic impact?

- Admin-only actions generate short-term savings
- Outcome-driven actions determine long-term margin

True member engagement—particularly when it is timely, consistent, and aligned to member needs—will play a more meaningful role in shaping both experience and utilization patterns than it has historically.

What Must Change Now

Sustainability requires shifting effort, not just reducing it. The goal is not doing less, it's ensuring more of what's done actually changes outcomes.

Focus where impact compounds:

- Changing member behavior
- Improving outcomes
- Lowering total cost of care

External pressures—utilization, cost trend, and risk mix—will persist. Plans can't control them, but they can control where they invest. Delaying this shift may preserve near-term results, but it puts long-term viability at risk.

Leaders are being asked to close a widening gap

~1% proposed revenue increase

~9% medical cost trend

"The math doesn't work. That's money we have to go find. But we know, members increasingly prefer benefit richness. It's a challenge either way."

– Chief Sales Officer, National Health Plan



It's Not a Lack of Investment. It's Investment that Doesn't Drive Outcomes.

In a structurally compressed margin environment, there is no single solution. Progress depends on steady improvements across several high-cost, duplicative areas of spend.

Improving **how and when plans engage with members** is critical to aligning with new expectations from CMS; particularly evidenced by [changes to Medicare Advantage Star Ratings](#), announced on April 2nd, 2026.

Engagement is often treated as a satisfaction strategy. In reality, it is an economic one. When engagement fails, costs don't just increase—they compound: missed care, delayed intervention, higher acuity and avoidable utilization.

Evidence

Administrative processes limit impact on outcomes and cost

"Care managers are paid to dial out, but people still don't pick up."

– CEO, Medicaid Health Plan

Members are managed by product, resulting in fragmented experiences and duplicated effort

"Our commercial members age-in to Medicare, and we treat them like a new person entirely. The member is n=1 but we don't communicate as if they are."

– VP Risk Adjustment, Medicare Advantage

Outreach and interventions are manual and impact is inconsistent

"We change the color of our direct mail thinking it will increase our connection with members. Meanwhile, we have a room full of undeliverable mail."

– CEO, Medicaid Health Plan

Technology is accelerating workflows without changing how decisions are made

"We've spent billions on technology, yet nothing's improved"

– CEO, Medicare-Medicaid Health Plan

A New Model for Medicare Advantage Sustainability

No more scaling activity without impact.

What matters now is how the priorities leaders choose translate into execution. Centering efforts on the member and tying them to the right outcomes can improve both margin and mission.

But that only happens when actions consistently drive better decisions—not just more activity. Technology plays a role, but only when it changes how decisions are made. Otherwise, it accelerates fragmented, manual workflows that don't meaningfully impact cost of care.

Sustainability requires a shift away from recovering missed actions after the fact, and toward guiding decisions earlier—where costs, utilization, and outcomes are still shaped. This is how plans move from short-term savings to measurable, compounding economic impact.



Influence Member Behavior Earlier

Focusing on root causes shifts effort from recovering missed actions to guiding decisions before costs are incurred.

In practice: A high-risk member is guided to schedule preventive care before a gap appears in reporting.

When Utilization Inevitably Occurs, Recover Thoughtfully

When cost-bearing events occur (e.g., ER visit, inpatient or post-acute discharge, high-cost imaging, or a missed refill), follow-up is timely, coordinated, and drives a clear next step—rather than just a required touchpoint.

In practice: A member discharged from the ER receives a message within 24 hours with real guidance: “Here are 2 in-network options near you with availability. I can connect you, what time works best?”

Member Clarity and Navigation as an Economic Advantage

When navigation is simple and well-timed, members do the right things with minimal effort, strengthening retention, appropriate utilization, and overall plan performance.

In practice: A member is guided to exactly where to go for labs and how much it costs— not just reminded to “complete testing”

Make Member Action Consistent

Plans know which actions drive performance. The issue is completion. Drips converts member outreach into completed actions by guiding people through the moments where they would otherwise drop off.

The organizations that outperform in Medicare Advantage will not be those that do more. They will be those that ensure members take actions.

Plans Use Drips to Drive Completed Actions

Performance improves when members actually follow through:

- Schedule and attend visits
- Complete assessments
- Stay adherent
- Choose the right site of care
- Follow their discharge plan of care

Drive Member Behavior Change

Plans aren't short on generating activity. Few have the bandwidth to manage ongoing performance and execution. Drips actively manages the path to completion:

- Provides member context through SMS
- Interprets member intent and adapts in real time
- Guides to the simplest next step
- Recovers missed opportunities

We make existing workflows perform to their potential.

More completed actions = improved financial performance

Quality Performance

Risk Capture Opportunity

Avoidable Cost Reduction

Typical Drips Impact in Year 1

\$2.33–\$5.00 PMPM Gross Margin

\$4–\$6MM annual upside

- **\$14.44 PMPM** impact from reduced readmissions among included members
- **\$3M gross margin value** through appropriate ER diversion
- **\$9.7M impact** from a two-part approach focused on unable-to-reach members without an AWV in the last 12 months: **24% HRA completion rate** and **71.8% AWV completion rate**
- **\$6.7M+ gross margin impact** from improved refill rates in non-adherent MAPD members

