

Edition - June 2026

# The Next Evolution of Care Management



## Opening Snapshot

Care management is entering a new operational era.

Healthcare organizations now have access to more connected information across the healthcare journey than ever before. Interoperability initiatives, APIs, and expanding longitudinal visibility are improving how organizations understand utilization, engagement, coordination, and patient needs across populations.



This progress is creating new opportunities for healthcare organizations to support earlier interventions, stronger collaboration, and more proactive engagement strategies across the ecosystem.

As 2027 approaches, care management is becoming the proving ground for connected healthcare. The value will come from how quickly organizations can turn information into earlier action, stronger coordination, and measurable impact across the member journey.

The next phase of care management is becoming more connected, more informed, and more proactive.

## Feature Insight

### Care Management Is Becoming More Connected, Longitudinal, and Operationally Intelligent

Care management is moving into a more strategic role across healthcare organizations.

What was once often limited by fragmented systems, delayed visibility, and disconnected workflows is now being reshaped by connected data, real-time information exchange, and broader longitudinal insight across the member journey.



This shift matters because care management is where information becomes action.

FHIR® supports this evolution by helping healthcare information move in a more structured and standardized way across systems. For care management teams, that creates a stronger foundation to understand encounters, conditions, utilization patterns, care gaps, and engagement opportunities earlier.

Forward-looking organizations are using connected information to support:



#### Earlier Intervention Opportunities

Identifying rising risk, care gaps, and utilization concerns before they become harder to manage.



#### Stronger Payer-Provider Collaboration

Improving communication and alignment across the teams responsible for member outcomes.



#### More Responsive Workflows

Supporting faster coordination across authorization, utilization, and care management activities.



#### Longitudinal Member Visibility

Building a more complete view of the member journey across encounters, transitions, and engagement touchpoints.



#### More Proactive Engagement

Helping care management teams act with greater context across populations and healthcare experiences.

The next evolution of care management is creating new opportunities for organizations to move beyond access and turn connected insight into earlier action, smarter coordination, and stronger performance across the member journey.

## A Shift Happening Beneath the Surface

One of the more encouraging shifts happening across healthcare is that care management is becoming more operationally integrated across the ecosystem.

Historically, many care management efforts operated downstream from operational decision making, often responding after utilization of events, care gaps, or coordination challenges had already occurred.



Connected healthcare environments are beginning to change that dynamic.

Organizations now have greater opportunities to support earlier visibility, more proactive engagement, and stronger operational coordination across populations.

This evolution helps move care management from a primarily reactive function toward a more connected operational strategy that supports responsiveness across utilization, coordination, and patient engagement efforts.

As healthcare organizations continue investing in interoperability and longitudinal visibility, many leaders are increasingly viewing care management as a strategic driver across value-based care and population health initiatives.

## What We Are Watching

### CMS Is Moving MA Toward Clinically Validated Performance

CMS' 2027 Medicare Advantage proposals signal more than a technical risk adjustment change. They point to a broader shift in how performance, documentation, and reimbursement are expected to connect.

CMS has proposed excluding diagnoses from unlinked chart review records and audio-only encounters from risk score calculations, increasing the emphasis on diagnoses supported by documented clinical encounters. Milliman's analysis also highlights the potential financial impact of these proposed and finalized 2027 changes across plan types, markets, and member populations.

For MA organizations, the implication is clear: performance must be proven closer to the point of care.

That changes where operational strength matters most:

#### Documentation must reflect active management

Risk adjustment accuracy will depend more heavily on provider documentation tied to real encounters and clinical activity

#### Care management becomes part of revenue integrity

Identifying risk is no longer enough. Organizations need to show how patient complexity is being managed over time.

#### Risk, quality, utilization, and care teams need one operating view

The work cannot stay separated if reimbursement, outcomes, and accountability are becoming more closely connected.

#### Earlier intervention becomes a financial and clinical advantage

The ability to identify rising risk sooner supports better care decisions and stronger performance under value-based models.

The takeaway is that coding accuracy, clinical documentation, and care management can no longer operate separately. CMS is continuing to push Medicare Advantage toward a model where patient complexity must be supported by documented, ongoing clinical management.

#### Resource:

[Milliman, Unlinking from the Past: Potential Impact of 2027 Part C & D Proposed Rule](#)

[CMS Proposes 2027 Medicare Advantage and Part D Payment Policies to Improve Payment Accuracy and Sustainability | CMS](#)

## CMS Update

[Moving Prior Authorization into the 21st Century | CMS](#)

[Coming Soon: CMS to Provide \\$50 Monthly Access to GLP-1 Medications for Medicare Beneficiaries | CMS](#)

[HHS and CMS Announce First Meeting of Healthcare Advisory Committee | CMS](#)

[CMS Announces Aggressive Nationwide Crackdown on Fraud with Six-Month Hospice and Home Health Agency Enrollment Moratoria | CMS](#)

[CMS Announces Early Adopters to Advance Solutions for Electronic Prior Authorization, Accelerating Momentum Ahead of 2027 Requirements | CMS](#)

[Medicaid Managed Care State Directed Payments and Medicaid Fee-For-Service Targeted Medicaid Practitioner Payments Proposed Rule \(CMS-2449-P\) | CMS](#)

## Conference Spotlight



AaNeel will be attending AHIP 2026, June 9 to 10, in Las Vegas. As healthcare leaders focus on operational performance, affordability, and connected healthcare strategies, conversations are increasingly centered on how organizations improve coordination, strengthen longitudinal visibility, and support more proactive care management across populations.

We look forward to connecting with healthcare leaders who are advancing the next generation of connected care management operations.

## 1 Minute Insight

FHIR® (Fast Healthcare Interoperability Resources) is an interoperability standard developed by HL7 International that helps healthcare systems exchange information through standardized APIs.



FHIR® significantly improved how healthcare information moves across connected systems, making it easier for payers, providers, applications, and healthcare technologies to exchange data in a more consistent and scalable way.

As interoperability efforts continue to mature, organizations are increasingly focused on how connected information supports stronger care management coordination, earlier intervention opportunities, and more proactive operational strategies across the healthcare journey.

That is where connected healthcare begins translating into operational value.

<https://www.fhir.org/>

## Closing Thought

The future of care management will not be defined by visibility alone.

It will be defined by how effectively organizations use connected information to support earlier interventions, stronger coordination, and more responsive healthcare experiences across the healthcare journey.

Healthcare organizations now have greater opportunities than ever before to create more connected and proactive care management strategies across populations.

The next evolution of care management will be shaped by how effectively organizations turn connected visibility into coordinated action.