

Health Care AI Dealmaking

How Leading Partnerships Are Being Built

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Name something your organization does today that it could not, in principle, contract out by 2030

Artificial intelligence tools are being developed and deployed to take on tasks requiring **judgment** and more **nuanced communications** skills

Function	AI Role	Risks and Considerations
 Member and provider service	Benefits explanations, intent recognition, record retrieval, conversation summaries	Wrong coverage answers, outdated network data, language access, human escalation
 Prior auth and concurrent review	Extract clinical facts, match criteria, route cases, predict care needs	Individualized/human review requirements, omissions, hidden criteria, timely decisions
 Claims and payment processing	Auto-adjudicate routine claims, apply edits and pricing logic, route exceptions, draft denial and appeal correspondence	Prompt-pay and claim-turnaround requirements, contract and benefit interpretation, denial notice adequacy, appeal rights
 Program integrity and addressing FWA	Screen providers and claims, detect aberrant billing patterns, triage investigative referrals, prioritize audits, summarize records	False positives, contract interpretation, explainability of flags, allegation support, due process in payment suspensions, self-disclosure obligations
 Care management	Predict deterioration, identify gaps, prioritize outreach	Missed high-need members, biased proxies, effectiveness of the resulting intervention
 Risk adjustment and coding	Identify documentation gaps and candidate diagnoses	Clinical substantiation, unsupported codes, correction of errors
 Network and product management	Forecast demand, analyze provider patterns, support contracting	Data quality, inappropriate steering, applicable rating and benefit restrictions
 Enterprise operations	Draft communications, software development, search policies and answer questions	Confidentiality, incorrect output, unapproved employee use

Innovation is often coming through **partnerships** rather than through purely internal builds or simple off-the-shelf licenses

Deal Structure	Why chosen
 Full acquisition (control)	Full data and IP control; integration into captive services arm; strategic where the target is a services business, not a pure model developer
 Asset purchase + perpetual license	Buyer wants the technology and IP rights without assuming the whole entity; seller retains other business lines
 PE platform roll-up / recapitalization	Aggregates data scale and cross-sell across payer clients; AI drives recurring services revenue
 Minority investment + commercial agreement	Preserves optionality; avoids consolidating an unprofitable early-stage AI company; structures data access through commercial deal
 Newco / restructuring to commercialize internal AI	Monetize internally built capability to third parties; isolates for-profit services from nonprofit plan; addresses tax-exemption and MLR treatment
 Cloud/foundation-model strategic partnership	Access to compute and models without acquisition; data-residency and governance controls negotiated contractually

Five questions leaders must answer in considering an AI partnership

1 Value alignment

- Does the partnership tie to a strategic priority: affordability, member experience, Stars, compliance
- Does the partnership solve a specific, articulable problem or address a clear need

What does a “home run” look like in five years, and how will we know?

2 Measurable impact

- Metrics fixed before signing
- Baseline and evaluation plan agreed with the partner

If it is a home run, what will we measure to prove it?

3 Compliance and regulatory capabilities

- Data privacy and security
- Transparency on use, outputs, and data flows
- Safeguards against bias, hallucination, and unsafe recommendations

Is the partner experienced with this regulatory environment?

4 Technical and data readiness

- Business owner and end users committed
- Integrates with the relevant platforms (claims, UM, and care management)
- Required data is available and usable

Will it be ready to go on day one, and how can we drive adoption?

5 Partner maturity

- Prior deployments at health plans
- Model documentation: intended use, risks, update cadence
- No black-box coverage decisions

Can the partner execute and show us how it works?

Pass/fail: all five must pass. One failure pauses the evaluation until it is fixed (or ends it)