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TECHNOLOGY

From Decisions to Outcomes: An Executive Guide to the Agentic Health Plan

Where agentic AI can turn each payer decision into an earlier signal and coordinated action

Payer Executive Guide
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The closed-loop payer workflow

How shared context can connect each decision to the next appropriate clinical, administrative or financial action.

Health plan decisions rarely end within a single department. In a connected agentic operating model, the context established during intake and utilization management can inform care management action, claims validation and payment integrity - while downstream outcomes strengthen the decisions that follow.

1. Request + signal	2. UM decision	3. CM action	4. Claim + payment	5. Learning loop
Intake and data-quality agents normalize the request and expose missing context.	Benefits, policy and clinical evidence are assembled into a traceable decision record.	New risk, condition or support signals can trigger prioritization, outreach and follow-up.	Authorization context follows the claim to support validation and payment accuracy.	Downstream findings strengthen upstream policy, evidence requirements and workflow design.

Shared context throughout: Member + clinical + policy + operational + financial data
Evidence | Decision Record | Governance

The strategic value of agentic AI is not more bots completing more tasks. It is the ability to preserve context across departmental boundaries - so a UM decision can inform care management, strengthen claims and payment integrity workflows, and improve the next decision.

Three shifts executives should expect

The operating-model change is larger than task automation.

The move to agentic AI represents more than another phase of workflow automation. It changes how information, decisions and accountability move across the organization, shifting the focus from completing isolated tasks to coordinating action and continuously improving outcomes.

From workflow completion	To coordinated action: the decision triggers the next appropriate clinical, administrative or financial step.
From lost handoffs	To persistent context: evidence, rationale, approvals and actions move forward in one traceable record.
From downstream detection	To continuous improvement: payment-integrity findings can strengthen the policy and decision logic used upstream.

The goal is not an autonomous health plan.
It is a more connected, proactive and accountable one.

What changes at each handoff

A practical view of how a coordinated agentic layer can carry context and action across the payer enterprise.

The greatest friction often occurs between workflows, when context must be reconstructed and the next team must determine what happened upstream. A coordinated agentic layer can preserve evidence, rationale and decision history across these handoffs, enabling each function to act with greater speed, consistency and clarity.

Decision moment	What the agentic layer contributes	Coordinated next action	Executive value
Request received	Normalizes entry points; checks completeness, consistency and confidence.	Route cleanly, request missing information or surface an exception.	Fewer avoidable touches and less downstream rework.
UM review	Applies benefit and policy context; assembles clinical evidence and provenance.	Advance bounded actions or deliver an organized case for human review.	Better first-pass quality, consistency and traceability.
Risk signal identified	Carries authorization context into the shared member view.	Prioritize CM outreach, update segmentation or recommend follow-up.	Earlier intervention around member risk, cost and support needs.
Claim received	Connects the authorization, policy, documentation and decision history.	Support cleaner claims handoff and prospective validation.	Stronger payment accuracy and fewer preventable mismatches.
Integrity issue found	Identifies recurring coding, documentation or policy patterns.	Feed the finding into upstream rules, requirements and workflow design.	Prevent avoidable leakage and repeated downstream rework.
Outcome measured	Preserves actions, approvals and results in the shared decision record.	Refine routing, permissions, policies and human-review thresholds.	Continuous measurement, governance and operating-model improvement.

The Executive Test

A plan is moving toward an agentic operating model when it can answer yes to these questions:

An effective agentic operating model requires more than individual AI capabilities. These questions can help health plan leaders evaluate whether their organization has the shared context, governance, traceability and cross-functional execution needed to move from isolated automation to coordinated enterprise value.

Question	Yes	No
Can decision context move from UM into care management and payment integrity without being reconstructed at every handoff?	☐	☐
Can authority be bounded by role, risk and confidence, with clear human approval points?	☐	☐
Are evidence, rationale, sources, actions and approvals preserved in one traceable record?	☐	☐
Can an early clinical or cost signal trigger the appropriate next action inside the production workflow?	☐	☐
Can downstream findings improve upstream policy, evidence requirements and decision logic?	☐	☐
Can the organization measure fewer touches, less rework, stronger consistency and better coordinated outcomes?	☐	☐

From connected decisions to enterprise value

Turning every decision into a stronger signal for what comes next.

The promise of agentic AI is not simply faster task completion. It is a health plan operating model in which intelligence, context and accountability move with every decision - allowing an authorization to inform care management, a clinical determination to support accurate payment, and a downstream finding to improve the next upstream action.

Health plans that build this connected foundation can reduce friction and rework while creating earlier opportunities to manage member risk, cost and outcomes. The result is not an autonomous health plan, but a more coordinated, proactive and accountable one.

Vital Data Technology is advancing an enterprise agentic layer in which specialized agents operate on unified context, preserve decision integrity and help coordinate execution across UM, care management and payment integrity.

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