CONFLUENCE
HEALTH STRATEGIES

NABIP GEORGIA 2026

The Circle of Healthcare

HEALTHCARE SYSTEMS · GOVERNMENT & PRIVATE PAYORS · BROKER SUPPORT · PATIENT IMPACT

You are standing at the confluence. That is why you matter more, not less.

Jason Bearden Founder & Managing Principal, Confluence Health Strategies

01 You heard twelve forces. It's one system.

Affordability, products, policy, pharmacy, AI, consolidation. All currents in the same river.

01

Affordability

The pressure under every renewal.

02

Value-Based Care

Payor and provider alignment.

03

Product Innovation

ICHRA, DPC, PEO, level funding.

04

PBMs & Pharmacy

Cost, access, and transparency.

05

Medicare / FMO

CY2027 rules and Part D.

06

AI & Advocacy

Workflow versus trust.

07

M&A

What independence means now.

08

State Policy

Georgia going its own way.

02 Picture one client.

In one week they touch six parts of a system that never talk to each other. Except through you.

- A renewal they can't decode.
- A drug suddenly not covered.
- A parent aging into Medicare.

One call to make sense of it. Yours.

THE GOVERNMENT CURRENT

The state has a plan. You're about to hear it directly.

Listen as a translator. Your clients can't read a CMS rule. They can call you.

Emily Yona, Chief of Staff, Georgia Department of Community Health

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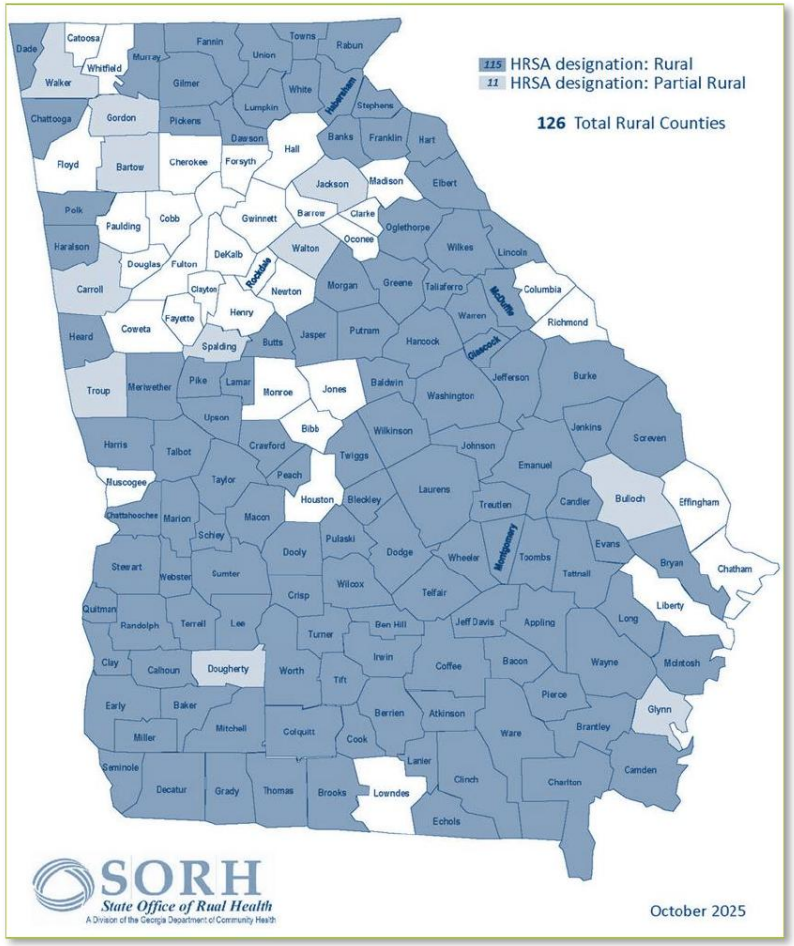
What is GREAT Health?

TRANSFORMING HEALTH FOR RURAL POPULATIONS, FOR RURAL PROGRESS.

Georgia's Rural Health Transformation Program led by the Department of Community Health.

The Georgia Rural Enhancement and Transformation of Health (GREAT) Health Program will serve millions of Georgians across 126 rural and partially rural counties to expand access, improve outcomes, and support value-based care opportunities across Georgia.

$218.9M	5	29
Year 1 Funding	Initiatives	Strategies



Five GREAT Health Initiatives

1	2	3	4	5
Transforming for a Sustainable Health System in Rural Georgia	**Strengthening the Continuum of Care in Rural Georgia**	**Connecting to Care to Improve Healthcare Access in Rural Georgia**	**Growing a Highly Skilled Healthcare Workforce in Rural Georgia**	**Leveraging Technology for Healthcare Innovation in Rural Georgia**
Prepares rural hospitals and clinics to succeed in a multi-payer value-based care model aligned with CMS's AHEAD* Model, improving outcomes and financial stability.	Expands behavioral health, public health, and emergency response systems to address root causes of disease and improve coordination across care settings.	Increases access through telehealth, mobile services, and new care delivery models that bring care closer to rural communities.	Builds and sustains a pipeline of healthcare professionals through training, incentives, and rural placement programs.	Enhances care delivery through Electronic Medical Record systems, cybersecurity, AI, and digital tools that enable data-driven population health management.

**Achieving Healthcare Efficiency through Accountable Design (AHEAD)*

AHEAD AND VALUE-BASED CARE

The Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model

Components of AHEAD

- Cooperative Agreement Funding
- Hospital Global Budgets
- Primary Care AHEAD & PCMH
- Geo AHEAD

Statewide Accountability Targets

- Total Cost of Care Growth Targets (All-Payer)
- Primary Care Investment Targets (All-Payer)
- Quality and Population Health Targets

AHEAD Global Budgets

Hospital Global Budget

DESCRIPTION

- A defined budget cap (i.e. ceiling or maximum) from each participating payer (Medicare, Medicaid, commercial) that covers a defined set of hospital-related services for a defined set of patients whose care is paid for by the participating payers.
- Calculated based on an analysis of Medicare, Medicaid, and commercial payments in previous years, with updates to reflect inflation, changes in populations served, and services provided.
- Goals of global budgets include a focus on care quality and efficiency over patient volume while providing stability of revenue.

WHAT IS INCLUDED

- Defined population and set of services administered by hospital (e.g., inpatient, outpatient, lab/radiology, emergency department).

Transition to HR1

GEORGIA PATHWAYS TO COVERAGE™

- Working Families Tax Cut Legislation – signed on July 4, 2025
- Georgia was first state to have a community engagement requirement
- Caregivers and medically frail exemptions
- Partnership opportunity with brokers

03 Here's what that means at the kitchen table.

The state described a direction. Your client will experience it as a coverage decision.

WHAT THE STATE IS BUILDING		WHAT YOUR CLIENT FEELS
A shift to value-based care.	TRANSLATES	*"Will my hospital still be there?"*
Rural transformation: GREAT Health.		*"Can I see a doctor close to home?"*
Integration and plan alignment.		*"Do I switch plans? Who helps me?"*

A $218.8M program doesn't sit at a kitchen table. You do.

04 I've sat in every seat at this table.

Health plan P&L. State budget. Provider margin. The patient. Each optimizes for something different.

C — Carrier

Medical loss ratio and membership.

S — State

Budget predictability and access.

P — Provider

Margin and volume.

P — Patient

"Will this work for me, and can I afford it?"

05 Every conversation now starts with cost.

The highest single-year employer trend in over a decade. Pharmacy is the fastest-moving piece.

9%

MEDIAN EMPLOYER TREND

Projected for 2026.

7.6%

EVEN AFTER PLAN CHANGES

The lever only goes so far.

24%

OF EMPLOYER SPEND IS RX

41% are changing PBMs.

06 Healthcare is becoming state-specific again.

Georgia Access. GREAT Health. PBM oversight. Pathways. No national platform knows your state like you do.

NATIONAL SIGNAL	GEORGIA EXAMPLE	WHAT IT MEANS FOR YOU
Exchanges going state-based	Georgia Access, not HealthCare.gov	**You navigate rules a call center can't**
Rural health transformation	GREAT Health: $218.8M, 93 hospitals	**Your rural clients ask you first**
PBM scrutiny nationwide	GA PBM licensing + NADAC pricing	**You translate the money flow**
Medicaid going its own way	Pathways work requirement	**You explain coverage gaps locally**

THE QUIET PART

Let's say it out loud.

AI can read the plan. Consolidation can buy the agency. Neither can sit at the table.

You are not the cost of this system.

You are the sense of it.

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07 The more it fragments, the more you matter.

Complexity doesn't shrink the broker's role. It's the whole reason the role exists.

AS THE SYSTEM…	…THE BROKER MATTERS MORE
Adds more products,	**…the more they need a guide.**
Adds more rules,	**…the more they need a translator.**
Adds more fear,	**…the more they need trust.**

08 Come back to that client.

The renewal. The drug letter. The frightened parent. Who made it make sense?

- ✕ They didn't call the carrier.
- ✕ They didn't call the state.
- ✕ They didn't call an app.

They called you.

→ YOU

You are standing at the confluence.

Everything in healthcare meets in one place. That place is you.

Jason Bearden Founder & Managing Principal

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