Bright Spots in Healthcare Episode Guide

From Chart Chase to Competitive Advantage: The 2027 Medicare Advantage Playbook

Live: September 24, 2026 | 12:00 PM – 1:00 PM ET

Featured Guests:

- Michael Farina, Vice President, Healthcare Quality, CDPHP
- Mariah Osborn, Director, Medicare Stars, UPMC Health Plan
- Daniel Weaver, Senior Vice President, Stars and Quality, Zing Health
- David Burianek, Chief Strategy Officer, MedOrion

Session Topics & Flow:

12:00 PM | Welcome & Opening

What needs to happen earlier in the year for Q4 to become less of a scramble? The conversation explores how plans are using clinical information, coordinating teams, and helping members follow through throughout the year. Panelists share practical examples to inform the 2027 playbook, including what it takes to make these approaches work with limited resources.

12:06 PM | Starting the Year With What You Already Know

Daniel Weaver explains why plans can begin acting on what they know about returning members in January instead of waiting for initial HEDIS results. He describes the opportunity to connect information across departments that may not recognize how their work contributes to quality performance.

12:12 PM | Making Clinical Data Actionable Throughout the Year

Michael Farina describes how CDPHP added natural language processing to its supplemental clinical data process. Record review fell from approximately 10–12 minutes to under two minutes while the number of HEDIS measures reviewed expanded from four to seventeen, supporting a more current view of patients for providers.

12:16 PM |Sustaining Quality Work With Limited Resources

Mariah Osborn explains how UPMC combines clinical data with provider, operations and community feedback to understand barriers to care. Complaints, grievances and member surveys help teams identify where transportation, appointment access, caregiving responsibilities or lack of trust call for a different response.

12:21 PM | Understanding Why Care Is Not Happening

David Burianek discusses the pressures facing leaner quality teams and the value of ongoing engagement across measures. He describes how an always-on approach can reduce reliance on separate campaigns and give teams room to address needs requiring additional attention.

12:25 PM | Making the Most of a Member Interaction Nilda González explains how Daniel Weaver explains how Zing uses a Member 360 view to connect a member's immediate concern with other relevant care needs. By addressing the reason for contact first and offering practical assistance with scheduling, transportation, refills, or testing, teams can help members take a useful next step while they are already engaged.

12:31 PM | Connecting Plan and Provider Quality Goals

Michael Farina discusses how CDPHP aligns provider incentives with the CMS benchmarks the plan must meet. Regular practice engagement, actionable gap lists, and ways to return missing clinical information give providers clear expectations and practical support for achieving shared quality goals.

12:34 PM | Looking Behind Low Engagement

David Burianek explains why low engagement does not necessarily mean a member does not care. He discusses using behavioral insights to support a conversation with a clinician without opening with depression or stigma, focusing on what is right for the member.

12:38 PM | Acting While the Follow-Up Window Is Still Open

Mariah Osborn describes UPMC's work on seven-day emergency department follow-up. Combining data sources helps identify likely eligible members earlier, while clear roles across care management and provider partners reduce duplicate outreach and support capture of completed care.

12:42 PM | Bringing Quality Improvement Into the Community

Mariah Osborn discusses bringing community engagement under quality improvement and shares UPMC's eight-week Medicare Faith and Wellness Challenge. Recurring contact in trusted community settings helps build relationships and gives the plan feedback to shape additional interventions.

12:46 PM | Turning Benefit Changes Into an Opportunity to Help

David Burianek shares a client plan's use of Annual Notice of Change communications and two-way texting to help members understand benefit changes before January. He describes how earlier assistance reduced call volume in January and February.

12:49 PM | Closing the Information Gap for New Members

Daniel Weaver discusses the challenge of understanding new members before they begin using care. He connects early information gathering and chronic-condition verification with the opportunity to anticipate needs and engage members sooner.

12:52 PM | Audience Q&A and Community Engagement Follow-Up

Michael Farina addresses how CDPHP evaluates gaps identified through NLP, including clinical context, exclusions and contraindications. Mariah Osborn then expands on community engagement, explaining how a consistent presence helps members become more comfortable sharing information and asking questions.

12:55 PM | Supporting Members in Rural Communities

The panel discusses in-home and community-based care, equipping provider offices for testing, remote record access, lab connectivity and telehealth. The conversation also considers how member education and advocacy can support care coordination.

12:58 PM | Closing Remarks

Eric Glazer thanks the panelists and audience and closes the discussion on improving Medicare Advantage performance in 2027 and beyond.

How to Engage:

Questions or feedback: Contact Producer Nicole Roberts at nroberts@brightspotsventures.com