



Leveraging AI to drive end-to-end value

FEBRUARY | 2025

Agenda

How health plans are using AI

Use of AI in
care management

Use of AI in
care navigation

Use of AI in
customer service

AI innovation drives better health, experience and savings

Enhancing the member care journey

Improved care management

Identification of members with most clinical need
Enhanced engagement
Tailored recommendations

Personalized care navigation

Personalized outreach
Self-service decision support
Higher quality, lower cost care recommendations

Streamlined customer service

Intelligent call routing
Support for faster, higher quality responses to questions

Building on a strong foundation

Leading product offerings

Customized and cost-efficient product and network design

Efficient core operations

Fraud, waste and abuse monitoring
Efficient claims approval

Enhancing the member care journey

Care navigation

Simplified and engaged care journey to empower smart consumer and care decisions



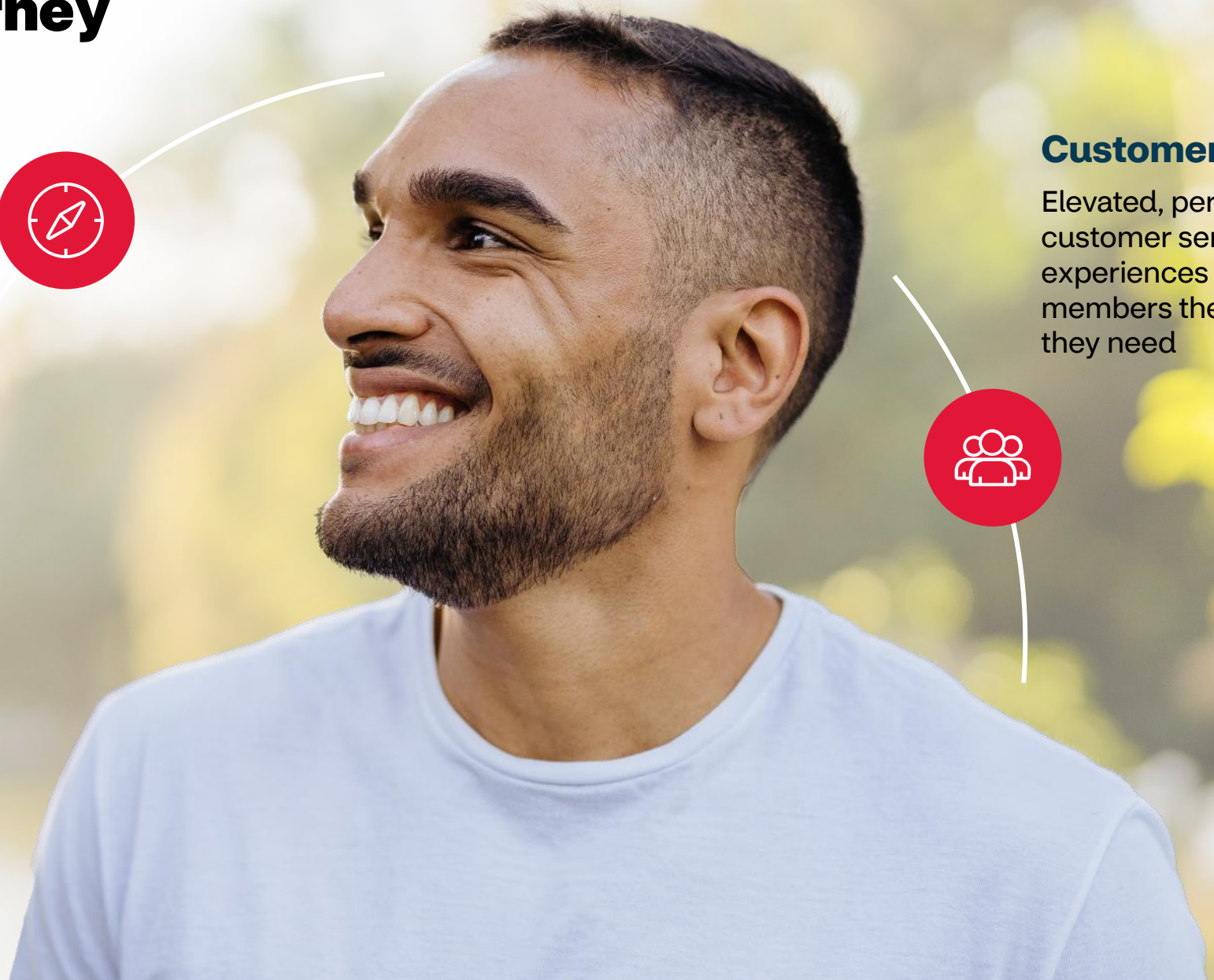
Care management

Better, more timely engagement and clinical outcomes



Customer service

Elevated, personalized customer service experiences to offer members the support they need



Care Management

Improved care management support

Care management

Capabilities



IDENTIFICATION

Proactively identify members who are a good fit for clinical programs



OUTREACH

Determine best time to reach individuals after minor clinical events



ACTION

Prioritize gaps in care based on actions more likely to improve outcomes and reduce utilization


EFFICIENCY

Gen-AI models help clinicians prep for patient interactions and summarize cases

Up to
90% increase
in savings per
engaged member¹

¹ Across fully insured members.

AI Case Prep Tool (1/2)

Member: ANDERSON , ROBERT

Age
50

Gender
Male

^ Member Overview

Did we get this right?
Generated By AI ☆☆☆☆☆

- **Program Identified:** Member was identified for the Readmission Avoidance Program on 2024-03-10.
- **Reason Identified:** Active inpatient admission. Admitted on 2024-03-09 for DX: GASTROENTERITIS, Provider: Springfield General Hospital, Phone Number: 321-654-9870
The key factors driving this opportunity for this member are:
 - Multiple Inpatient Events within the past 6 months: 3 inpatient admissions in the last 6 months.
 - Nonspecific Gastritis/Dyspepsia: most recent indication on 2023-08-11.
 - Potential medication non-adherence.
- **Clinical Summary:** In the last 30 days, the member was flagged for the following risk factors: High readmission risk, High inpatient admission risk, High future cost risk, High ER visit risk. The member has the following clinical impact factors: Potential medication non-adherence, Two or more major chronic conditions, Drug-drug interactions, DME significant.
- **Context/Barriers:**
 - Member has not had a primary care provider (PCP) visit in the last 6 months

Note: Refer to the data tables below to verify the information produced in this section is correct and complete

^ Conditions


All Time

Condition	Date of First Indication	Date of Recent Indication	↓
Hypertension	2016-12-07	2024-01-24	
Diabetes Mellitus	2022-01-10	2024-01-11	
Cataract	2020-09-10	2023-11-14	
Iron Deficiency Anemia	2022-02-06	2023-10-10	
Non-Infectious Hepatitis	2022-02-16	2023-08-29	
Nonspecific Gastritis/Dyspepsia	2018-09-04	2023-08-11	
COVID-19	2022-01-10	2023-07-07	
Diverticular Disease	2022-02-08	2023-05-24	
Obstructive Sleep Apnea	2020-01-23	2023-05-12	
Obesity	2018-06-05	2023-01-12	

AI Case Prep Tool (2/2)

Member Details **Notes Summary 5**

Case Notes Summary

 **Generated By AI** Did we get this right? ☆☆☆☆☆

Author: Isabella Rossi
Title: Case Manager
CM Note Date: 2024-02-09

The member was admitted to Memorial Hospital on 2/6/2024. The discharge planning details, including the discharge date, destination, needs, family/support contacts, member's activity level, medication list, barriers to discharge, and MD contact, are currently unknown. The case manager has provided a list of in-network Home Health Care Agencies for potential post-discharge care. The member's benefits include a \$600 deductible and a \$3,000 coinsurance limit. The case manager will continue to follow up for discharge planning needs.

Author: Isabella Rossi
Title: Case Manager
CM Note Date: 2023-08-24

The member is currently in the MICU and has been referred to the CM department. The anticipated discharge destination is home, but the exact date and discharge needs/services are unknown. The member's activity level is as tolerated, and their mental status is unknown. The member's medications are managed by the hospital. There are no known barriers to discharge, and the member's primary insurance is Aetna. The CM department has offered assistance with discharge planning and finding in-network providers. Follow-up activities include a post-discharge call.

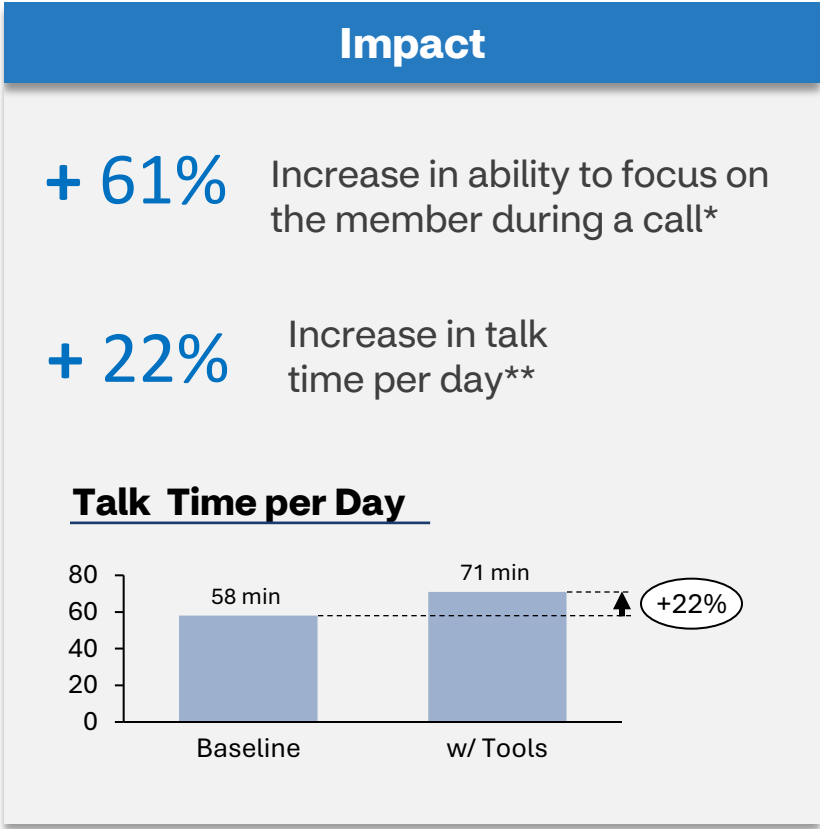
Author: Isabella Rossi
Title: Case Manager
CM Note Date: 2023-08-21

The member is currently in the hospital, in the MICU. The anticipated discharge date and needs/services are unknown. The member is expected to return home after discharge. There are no known barriers to discharge. The member's activity level is as tolerated, and medications are managed by the hospital. The member is enrolled in the Aetna One specialty program. The follow-up activities include a post-discharge call.

Care Management clinicians use AI case prep and call summarization, facilitating more talk time and focus on the member

All Commercial Clinicians have access to AI tools for case prep and call summarization

Utilization	
Expanded access to all CP RNs and additional clinical roles (>1,000)	
620k	Total case prep searches
260k	Total call summaries generated
8s	Median Time for note generation after call



2025 Goal
Evolve Case Prep into Case Assistant , by building capabilities to enhance member engagements and outcomes by leveraging AI to surface : <ul style="list-style-type: none">• more robust and timely clinical data from EMR• Intelligent care plan incorporating more advanced models• plan-specific benefits, member-specific barriers, supports

All data as of 04/07/2025
*Based on survey of all commercial users pre and post call documentation tool access
** Other initiatives may have also influenced talk time in this time-period

Care Navigation

Next Best Action: AI, cross-functional teams, and multi-channel outreach enable behavior change

Capabilities

A Advanced analytics









- Predict care gaps
- Predict expected out of pocket expense
- Personalization with AI driven automated improvements

B Humans in the loop

- Clinical review of all content
- Association driven care plan recommendations
- Agile marketing with hundreds of tests per care gap and automated learning

Deepen consumer engagement

Multichannel communications

- | | |
|---|--|
|  Direct mail |  Mobile/website |
|  Email |  Providers |
|  Calling |  Google search |
|  Text |  Pharmacy |

Utilizing behavioral economics

- | | |
|---------------|--------------|
| Loss aversion | Default bias |
| Social proof | Incentives |

Behavior change

Site of care selection	Emergency department alternatives, imaging, diagnostics, pharmacies 10% decrease in hospital radiology
Provider selection	Primary care and specialists with Smart Compare 10% increase in high quality primary care visits
Wellness	Screenings, annual checkups, vaccinations 9% increase in annual checkups
Condition mgmt.	Reducing avoidable complications, medication adherence +5% medication adherence

Customer Service

AI agent productivity

Empowering the agent to spend more time with customers



Automated, real time call summarization solution

Example

Summaries can also support future talking points

1. Member has recently **inquired** about **finding in-network providers**, one should confirm that they have found a provider and scheduled a visit. If they have not, **offer to help** while you have them on the phone.
2. The member has been **prescribed multiple medications**, all of which appear to be related to heart and fluid management. It would be beneficial to **discuss her medication regimen** and ensure she understands her prescriptions and the importance of **adherence**.
3. If the member has any **gaps in care**, such as breast cancer screenings, ask them if they would like to **schedule** a follow-up call with the healthy outcomes team.

