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HEALTH & BENEFITS
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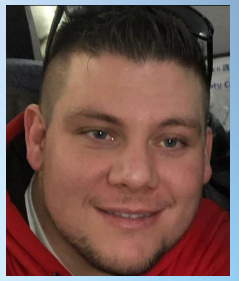
Revolutionizing the Claim Process: Ai-Powered Reimbursement and Substantiation, Driving Unmatched Success and Efficiency

AUDIO VISUAL SPONSORS

VISA Mesirow kotapay

Agenda

- The “why”: Challenges and opportunities
- Our roadmap to transformation
- Demo
- Applying AI to solve reimbursement customer needs



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Challenges and opportunities

We aim to minimize consumer friction, leading to improved operational efficiency.

- **Consumers are uncertain** about the required documentation and confused about information needed to file a claim
- **Frustration around the** lengthy process from claim submission to claim approval
- **Consumers** want the ability to self-service, without need to contact customer service for help
- **Expectations that AI** is used in products to enhance service quality and assist in product usage
    - "70% of consumers expect AI to enhance service quality, and 52% are interested in AI that assists with product usage or website navigation"

"Our employees find that the platform is not as user friendly as expected, with many reporting lengthy and difficult processes to get claims approved."

Addressing the challenges and opportunities

Document Verification

Verification that date of service, amount, and expense are present on the document uploaded.

Auto-Populate Claim Form

Data will be extracted from the document to pre-populate the claim form so the consumer doesn't have to do the manual work and avoids errors and questions.

Auto-Adjudication of Claims

Claims can be approved and bypass the claims processor if they meet the appropriate criteria.

Key outcomes for consumers, employers, and administrators

- **Increase Automation:** Improve the consumer experience and reduce staffing
- **Service Deflection:** Reduced customer service contacts for denied claims and questions on claims
- **Plan Longevity:** Reduced frustration leading to higher enrollment and usage of accounts - retention rate

Current reimbursement workflow

Consumer logs into the consumer portal

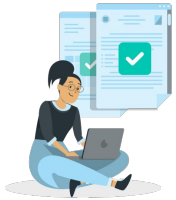
Consumer decides to request a reimbursement and selects an account

System verifies Accounts Active

Consumer uploads a Document

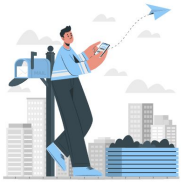
System validates document size and type

Consumer fills out the claims form with required information



Consumer agrees to terms & conditions and submits the claim

System runs the claim through claims engine for plan rules, DOS, etc



Claim sent to claims processor for processing

New and improved reimbursement workflow

Consumer logs into the consumer portal

Consumer decides to request a reimbursement and selects an account

System verifies Account is Active

Consumer Uploads a Document

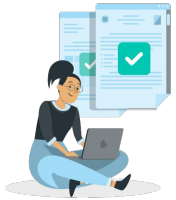
System validates document size and type

AI validates document for DOS, Amount, Expense

Passes a Y/N Auto-adjudication Flag to Claims Rules Engine

Consumer Fills out the claims form with required information

AI Auto-populates claims form



Consumer agrees to terms & conditions and submits the claim

System runs the claim through claims engine for plan rules, DOS, etc

Claims are decisioned

DEMO

2025 milestones

Q1 2025	Q2 2025	Q3 2025	Q4 2025
Pilot Partners	**Document Verification** Verification that date of service, amount, and expense are *present* on the document uploaded	**Auto-adjudication of Claims & Auto-Population** Auto-adjudication 30% of documents that fall within the threshold of confidence This will be for “Reimburse Myself” and “Receipts Needed” on the consumer portal.	**Continued Improvement on Auto-Adjudication & Release to Mobile App** Auto-adjudication 50% of documents that fall within the threshold of confidence

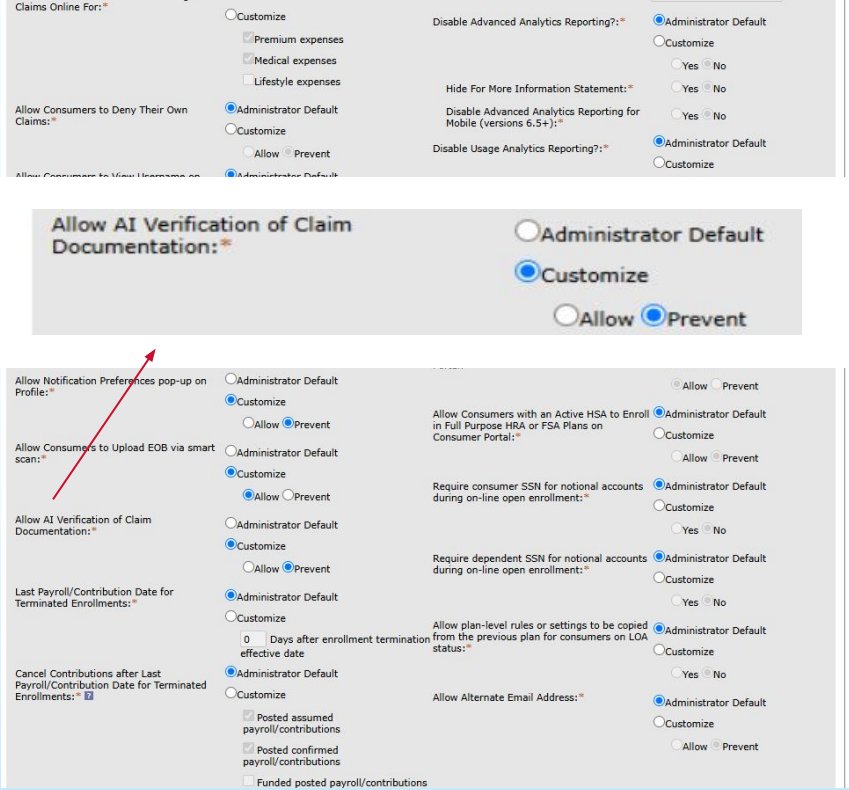
Target User: 213(d) General Medical FSA Consumer

Document verification - Q2

- Administrator and employer level setting to enable/disable
- Consumers can opt-out during the workflow
- Works for Medical claims filed by Account and by Plan

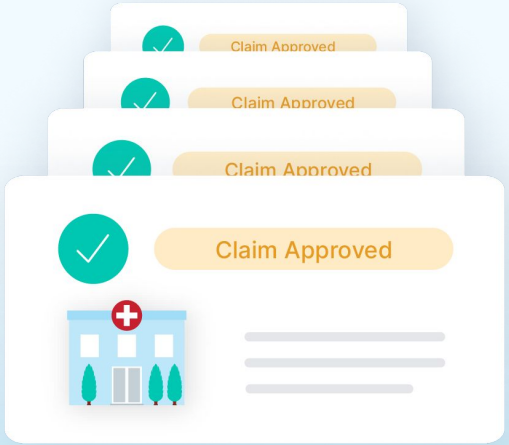
We are validating the presence of:

- A date
- An expense
- An amount greater than $0.00



Auto-adjudication and auto-population - Q3

- Must have document verification enabled to have auto-adjudication
- Setting to enable/disable on the plan design
- General Purpose Medical FSA for 2025
- Looking ahead into 2026 and beyond:
  - Extend to other plan types
  - Continued improvement on auto-adjudication
  - Denials (with the ability to enable/disable this functionality)
  - Integration with vendor to eliminate the need for documentation on the part of the consumer



Applying AI to Solve Reimbursement Customer Needs

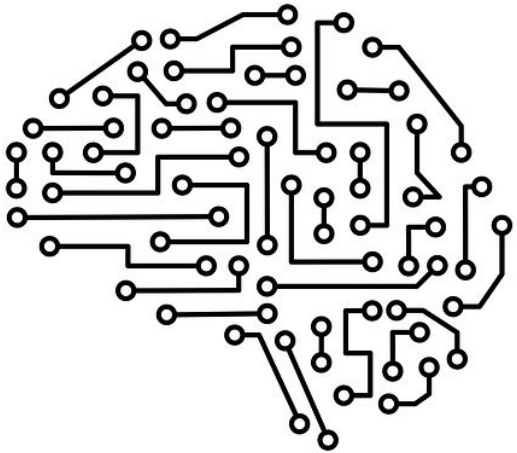
Using AI to solve customer problems (in Health & Benefits)

Large language models (LLMs) are a type of AI that can:

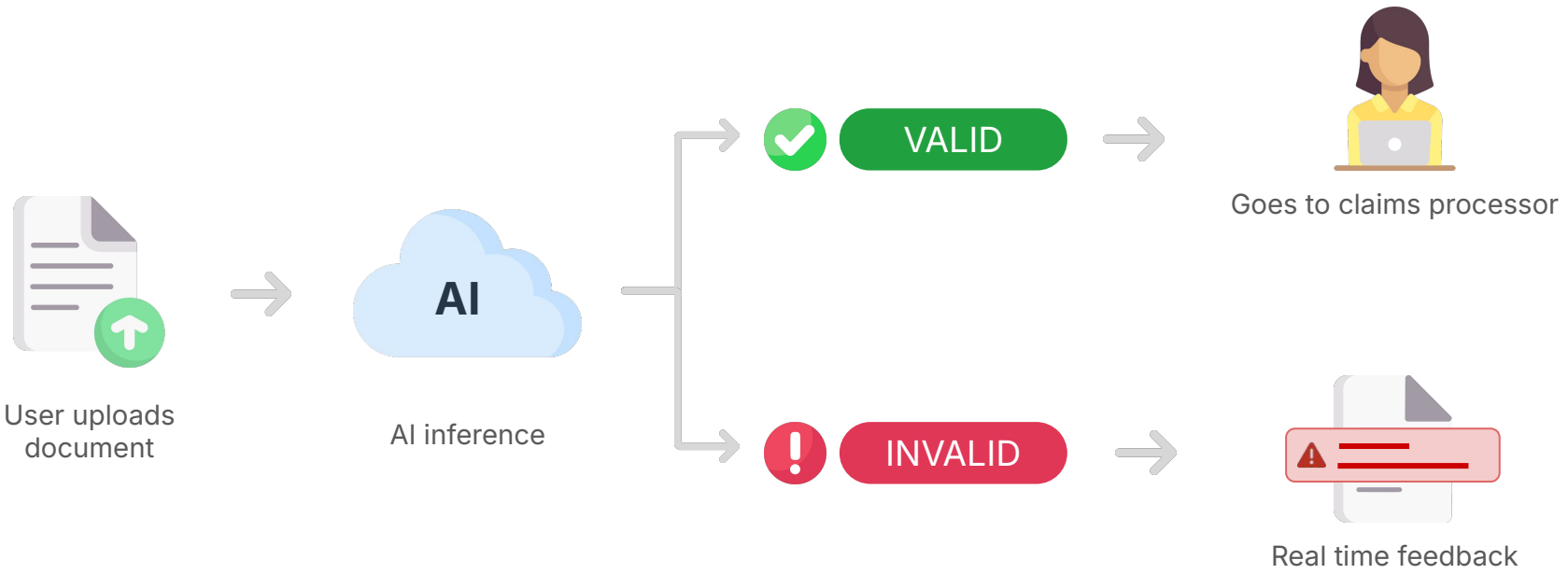
- Analyze text
- Answer questions
- Assist with complex decision-making

They *should* be used in the health and benefits space to:

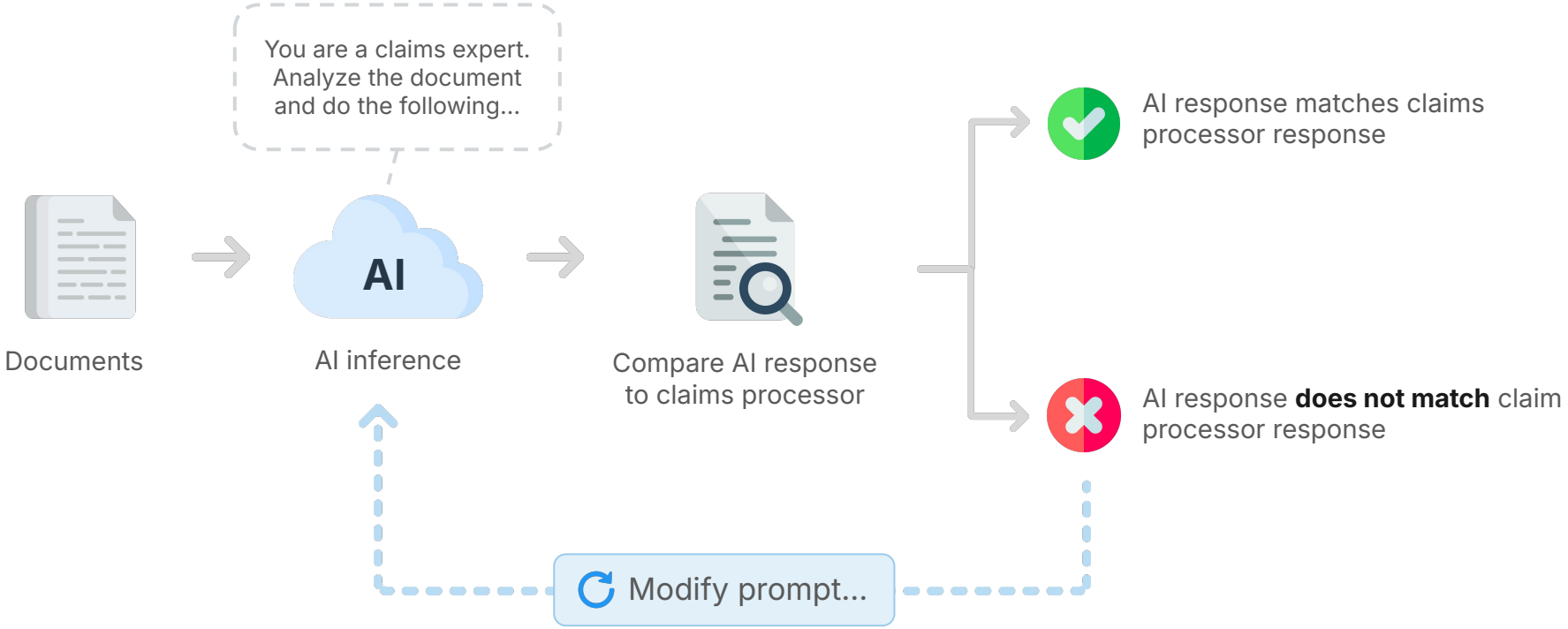
- Reduce processing time
- Improve customer experience
- Save on costs



Document verification: Our first use of AI in claims



How it was built



How we measure success

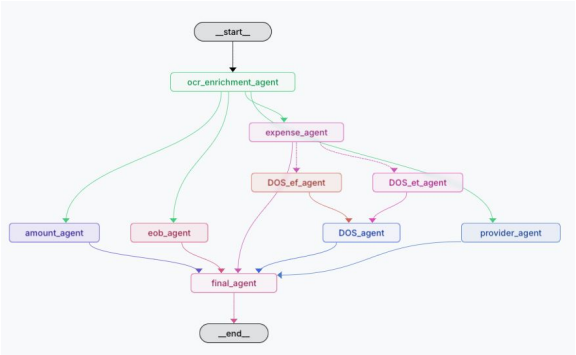
Category	Precision
Medical Expenses	99.2%
Dental	95.2%
Vision	99.2%
Mental Health	100%
Coinsurance	100%

This microservice has been rigorously tested across various types of claims to ensure it can **consistently** perform to a high degree of precision.

Precision: "When the tool says a document is invalid, how often is it *actually invalid*?"

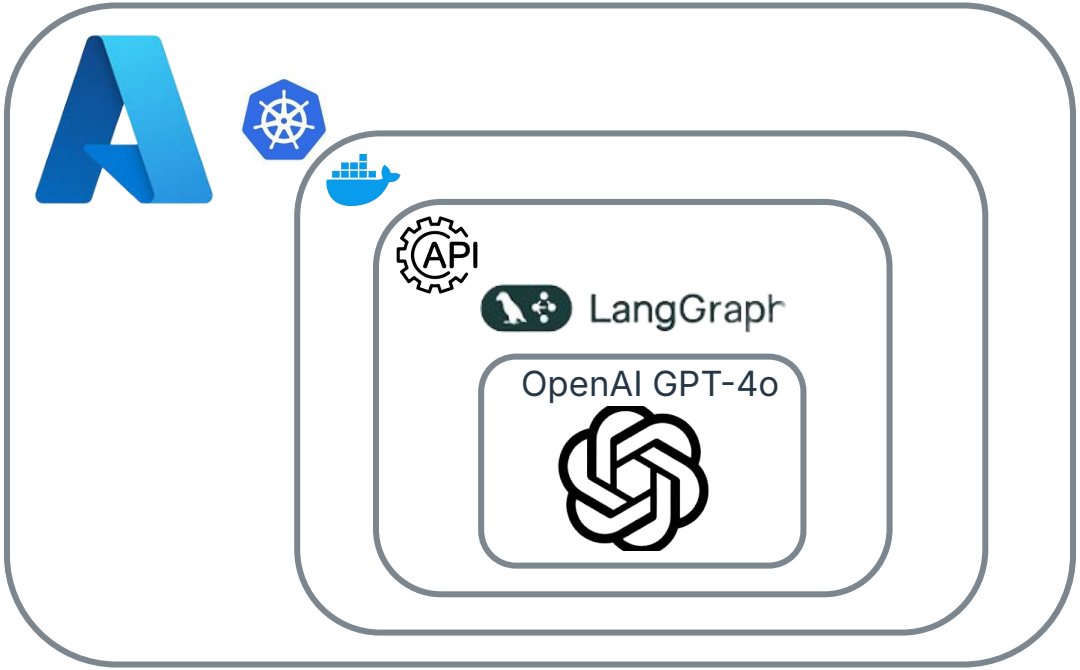
Evaluation of the AI service

- Average time of inference across asynchronous requests:
  - ~15 seconds per document at 10 requests per second
- Fully asynchronous, can process many documents in parallel
- Rigorous pre-deployment verification + testing
- Continuous monitoring of deployed systems
- Human in the loop: periodically send an AI handled document back to a human adjudicator.



AI claims microservice in production

- Our Microservice Lives in Azure, under a HITRUST Certified Instance
- We utilize Azure's BAA-covered services with proper encryption and security controls to de-identify PHI/PII in claims data.
- We implement Azure Policy and Privileged Identity Management for minimum necessary access to sensitive data.



FAQs

What measures are in place to ensure the confidentiality and security of consumer information?

Claim reimbursement with AI runs within a consumer's authenticated session, all of the security measures and confidentiality protections currently in place when a consumer accesses their CDH Benefit information remains in place when a consumer uses document verification.

Is it compliant with HIPAA?

Yes, the Claims AI is designed to comply with HIPAA privacy and security regulations. We have implemented robust security measures and protocols to protect Protected Health Information (PHI) and comply with HIPAA regulations.

How is sensitive data (PII/PHI) handled when interacting with the AI?

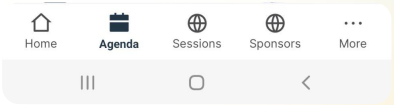
All data remains within our secure cloud environment on Azure, and no information is stored outside of this controlled environment.

Thank you for attending!

LEAVE A REVIEW

Step 1 - Open WEX Events mobile app

Step 2 - Click “Agenda”



Step 3 - Open Session

Step 4 - Click “Take Poll”