Potential Impacts of AI in Healthcare on Older Adults in Wisconsin

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GWaar
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Greater Wisconsin Agency on Aging Resources

- Service area includes 70 counties and 11 tribes.
- Training and technical assistance on aging programs and services to counties and aging units.
- Advocacy, education, and outreach.
- Programs include the statewide Guardianship Support Center, Elder Abuse Hotline, Senior Medicare Patrol, and Veteran's Self-Directed Home and Community-Based Services.

Wisconsin Aging Advocacy Network (WAAN)

- Collaboration of organizations and individuals working with and for older Wisconsinites to:
  - Shape public policy
  - Improve quality of life for older people
- 13 statewide member organizations.
- Educate the community and policymakers on priority policy issues, coordinate grassroots advocacy activities, and advocate for change.
- Aging Advocacy Day in odd-numbered years.
- Top policy issues include ADRCs, meals on wheels, falls prevention, and transportation.

Opportunities

- Healthcare and insurance providers self-report increased use of AI.
- There are no federal guidelines on AI usage in healthcare.
  - States can shape what this looks like, but few have.
- Wisconsin can craft policy that both embraces new technology and protects consumers.

AI in Medicare

- **WISeR Pilot Project (2026-2031)**
  - Applies AI models to determine if certain, high-cost, non-emergency services will be covered.
  - All denials are reviewed by a licensed physician before final determination is made.
- **Care Navigation (proposed)**
  - AI Agents help beneficiaries find care and select plans.
- **Fraud Detection**
- **Medicare Advantage**
  - More widespread use, since about 2022
  - Used in prior authorizations and coverage determinations for SNFs

AI in Medicaid

- **AI Agents to Assist with enrollment and eligibility**
  - Medi-Cal's Angelica
- **¼ of States are using AI chatbots to support enrollees**
  - Embedded into the website to answer questions
  - Integrated into application/renewal portals
- **Streamline administrative processes**
  - Ohio's BabyBot

Consumer Scams & Fraud

- **Voice cloning or deepfake calls impersonating Medicare or doctors**
- **Identify theft and impersonation of beneficiaries**
- **Fake telehealth/online doctors**
- **False claims or billing for services not provided**
- **Fraudulent enrollment**
  - Troy Health, Inc. in North Carolina, a Medicare Advantage provider, was charged with using AI tools to collect beneficiary information and fraudulently enroll them in MA plans.

Considerations

- **Transparency**
  - Opt-in vs. Opt-out.
  - How is private health data collected and stored?
- **Accountability**
  - Human oversight for crucial medical decisions.
- **Complex medical needs for older adults and older adults with disabilities**
- **Cost**
  - Upfront cost-savings vs. costliness and time of potential appeals

Policy Recommendations

- **Require disclosure of AI Use by Practitioners**
- **Ensure human oversight of certain healthcare decisions**
  - Coverage denials and other adverse determinations.
- **Require disclosure of AI Use by Insurers**
  - Explanation with any coverage denial or other adverse determination to the enrollee.
  - Reporting requirements to OCI and/or DHS.
- **Require testing and re-testing**
  - New AI tools should be deployed on a pilot basis before widespread use.

Key Takeaways

- AI is already in use by providers and insurers—whether patients are aware or not.
- Absence of legislation provides opportunity to decide how we want AI to impact Wisconsinites.
- AI is not perfect! Human oversight is needed to ensure crucial healthcare decisions are reviewed.
- Educating the public on AI can help avoid fraud and scams.
- Policy solutions should put the consumer at the forefront.

Thank You!

Questions & Comments