Current trends in artificial intelligence use in managed care

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CONCLUSIONS

- Five key trends in AI adoption were identified across HCDMs from 2024 to 2026:
  1. Adoption moving from exploration to implementation
  2. PA emerging as the leading UM application
  3. AI expanding into clinical and medication-related support
  4. AI's value proposition expanding from efficiency to proactive intelligence
  5. Governance, integration, and trust continuing to constrain scale
- Sustainable AI adoption will require reliable data, clear governance, and human oversight alongside technical capability, and organizations that align AI use with defined needs and measurable outcomes will be best positioned to realize its value in clinical and access decisions.
- Over the next 1 to 3 years, HCDMs expect AI to move from isolated task support to connected workflows, with continued PA and UM automation, predictive analytics for proactive risk identification, and a shift toward agentic workflows that link insights to action.

BACKGROUND & OBJECTIVE

- Artificial intelligence (AI) has rapidly evolved from a futuristic concept to a practical tool with growing real-world applications in healthcare and managed care. This shift has been driven by advances in data availability, automation, and digital engagement that can help organizations manage information and support decision-making.
- The complex managed care environment, shaped by rising costs, regulatory demands, and high administrative volumes, creates pressure for AI adoption, though meaningful implementation requires reliable data, clear governance, transparency, and appropriate human oversight.
- Few published studies have examined the large-scale integration of AI applications within the managed care pharmacy environment, representing a unique opportunity to document and analyze emerging trends.
- **Objective:** To assess current trends in AI adoption, utilization, and governance among healthcare decision makers (HCDMs) across a three-year survey series (2024–2026).

METHODS

- An online survey series was conducted across three waves (2024, 2025, and 2026) among HCDMs using Cencora's proprietary Managed Care Network (MCN).
  - MCN is a research panel of more than 160 healthcare executives, medical and pharmacy directors, and other experienced individuals in managed care, representing over 310 million covered lives in the US.
  - Most of the MCN members are currently employed in a managed care organization.
  - Participation in these surveys was voluntary, and a modest honorarium was provided to participants who completed the surveys.
- All three surveys used quantitative methods to examine payer perspectives on AI; the 2026 survey also included qualitative questions.

Table 1. Key respondent demographics

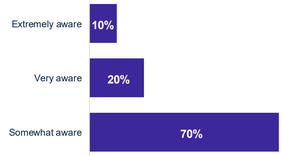
2024	2025	2026
Survey period: March 18 to April 16, 2024	**Survey period:** February 6 to March 5, 2025	**Survey period:** July 13 to July 16, 2026
Sample size: 30	**Sample size:** 28	**Sample size:** 30
Employer type: 40% health plans; 33% health systems; 13% PBMs; 3% specialty pharmacies; 11% other	**Employer type:** 50% health plans; 29% PBMs; 21% IDNs	**Employer type:** 60% health plans; 20% PBMs; 20% IDNs
Respondent Role: 67% pharmacists; 27% pharmacy directors; 3% medical directors; 3% contracting managers	**Respondent Role:** 75% pharmacy directors; 25% medical directors	**Respondent Role:** 70% pharmacy directors; 20% medical directors; 10% clinical pharmacists
Organizational geographic scope: **Not reported**	Organizational geographic scope: **54%** national **46%** regional	Organizational geographic scope: **47%** national **53%** regional

RESULTS

Trends in AI adoption across survey years (2024–2026):

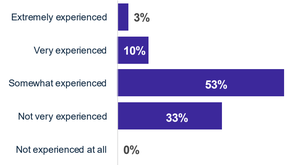
- In 2024, AI awareness was high (70% somewhat aware) (**Figure 1a**), but experience remained limited, with only 13% reporting being very or extremely experienced (**Figure 1b**).
- By 2025, 29% of payers used AI tools to inform access decisions (**Figure 2a**), with top reported benefits including aggregation of information (64%), increased staff productivity (61%), and reduction in drug review time (57%) (**Figure 2b**).
- In 2026, 37% of organizations remained in the pilot stage, while 53% were scaling AI beyond initial pilots and 10% had fully operationalized AI within routine workflows (**Figure 3**).

Figure 1a: Payer awareness of AI utilization (2024)



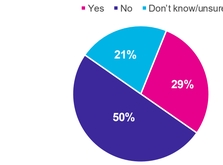
Survey question: How would you rate your awareness of the utilization or application of AI in healthcare? (N=30)

Figure 1b: Payer experience with AI utilization (2024)



Survey question: How would you rate your experience with the utilization of AI in healthcare? (N=30)

Figure 2a: Utilization of AI tools to inform access decisions (2025)



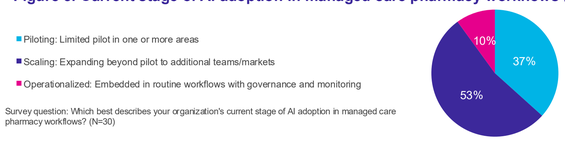
Survey question: Are you currently using AI tools to inform access decisions at your organization? (N=28)

Figure 2b: Benefits of utilizing AI in the access decision-making process (2025)



Survey question: What are the benefits of utilizing AI in the access decision-making process? Please select all that apply. (N=28)

Figure 3. Current stage of AI adoption in managed care pharmacy workflows (2026)

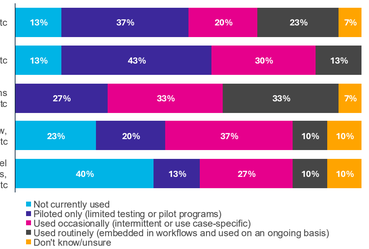


Survey question: Which best describes your organization's current stage of AI adoption in managed care pharmacy workflows? (N=30)

2026 key findings across functional domains:

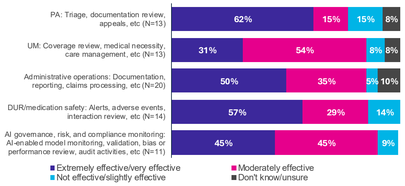
- Administrative operations showed the deepest integration (33% routine use), while utilization management (UM) remained earliest in adoption, with 43% reporting pilot-only use (**Figure 4**). Prior authorization (PA) showed the strongest perceived effectiveness, with 62% of current users rating AI-enabled tools very or extremely effective, followed by drug utilization review (DUR) and medication safety at 57% (**Figure 5a**); administrative operations, however, generated the greatest measurable value so far (42%) (**Figure 5b**).
- For PA, documentation completeness was the most frequently reported AI-supported task (67%), followed by clinical decision support (63%) and turnaround time (50%); only 17% reported AI had not been used in their PA process (**Figure 6**).
- For DUR and medication safety, monitoring or identifying high-risk members for outreach was the top AI application (57%), followed by optimizing medication alerts, identifying drug-drug interactions, and predicting medication adherence risks (40% each) (**Figure 7**).
- Seventy percent of organizations reported formal or informal AI governance practices; however, bias and fairness assessment prior to implementation (19%) and ongoing bias monitoring (29%) remained notably low relative to privacy and policy-based practices (**Figure 8**); qualitative responses emphasized retaining human verification of AI outputs and clinician authority over final decisions.
- Despite progress across functional domains, integration with existing systems remained the top cross-cutting barrier to broader AI adoption, ranked first by 40% of respondents, followed by data privacy concerns (23%) (**Figure 9**).

Figure 4. Frequency of AI-enabled tool use across managed care functional domains (2026)



Survey question: In the past 12 months, how frequently have AI-enabled tools been used in the following areas at your organization? (N=30)

Figure 5a: Perceived effectiveness of AI-enabled tools by functional domain (2026)



Survey question: For areas where AI-enabled tools are currently used, how effective have they been at delivering meaningful operational or clinical impact at your organization (eg, improvements in efficiency, accuracy, quality, consistency, decision support, or risk mitigation)? Please consider effectiveness relative to the primary goals of each area, rather than overall satisfaction.
Note: This question was asked to respondents who answered "used occasionally" or "used routinely" to at least 1 functional domain from the following question: In the past 12 months, how frequently have AI-enabled tools been used in the following areas at your organization (PA, UM, administrative operations, DUR/medication safety, and AI governance, risk, and compliance monitoring)?

Figure 5b: Functional domain with the most measurable value so far (2026)



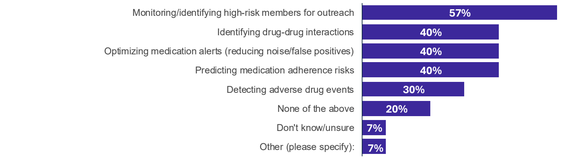
Survey question: Which one area has generated the most measurable value so far based on observable improvements such as efficiency gains, cost or time savings, quality improvements, improved decision support, or risk mitigation? (N=24).
Note: This question was asked to respondents who answered "slightly effective," "moderately effective," "very effective," or "extremely effective" to at least 1 functional domain (Figure 5a).

Figure 6. PA tasks supported by AI-enabled tools (2026)



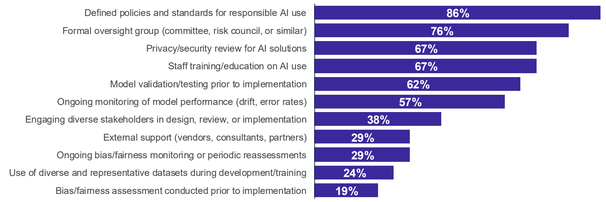
Survey question: Which of the following prior authorization tasks, if any, have been supported by AI-enabled tools in your organization? Please select all that apply. (N=30) Note: 1 response for "Other (please specify): "Starting pilot – TBD".

Figure 7. AI applications in DUR and medication safety (2026)



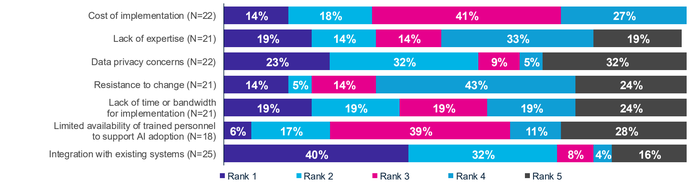
Survey question: What aspects of drug utilization review or medication safety in your organization currently leverage AI? Please select all that apply. (N=30)
Note: 2 responses for "Other (please specify)": "Starting pilot – TBD"; "Pilot".

Figure 8. AI governance practices in managed care organizations (2026)



Survey question: What AI governance practices does your organization currently have in place to support responsible and equitable AI use? (N=21)
Note: This question was asked to respondents who answered "YES" to the following question: Does your organization currently have any formal or informal governance practices in place related to the use of AI (eg, oversight, policies, monitoring, or risk management)?

Figure 9. Top barriers to AI adoption in managed care pharmacy workflows (2026)



Survey question: What are the top barriers that limit AI adoption most in workflows within your organization today? Please rank the top 5 barriers where 1 = the most challenging barrier, 2 = the second most challenging barrier, and so on until you have ranked 5 selections.

LIMITATIONS

- This research reflects the perspectives of managed care professionals identified from Cencora's MCN research panel; other stakeholders such as healthcare providers, patients, and manufacturers were not represented.
- Since respondents voluntarily completed each survey, voluntary response bias may exist, and results may over-represent individuals with a stronger interest in AI adoption.
- Due to small sample sizes across each survey wave, results are directional and may not be generalizable to all payer organizations.
- Respondent composition varied across survey years and included greater representation from pharmacy directors and health plans, which may affect generalizability across all payer types and limit direct year-to-year comparability.

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Key: AI, artificial intelligence; DUR, drug utilization review; HCDMs, healthcare decision makers; IDN, integrated delivery network; MCN, Managed Care Network; PA, prior authorization; PBM, pharmacy benefit manager; TBD, to be determined; UM, utilization management; US, United States.



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